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COVID-19 Outbreak Management Plan and Preparedness Checklist for Residential Aged Care Facilities

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COVID-19 Outbreak Management Plan and Preparedness Checklist for Residential Aged Care Facilities

This checklist is designed to guide and assist Residential Aged Care Facilities (RACFs) to develop their Outbreak Management Plan (OMP) and to prevent and be prepared for a COVID-19 outbreak. Facilities should ensure that the checklist items have been incorporated in their OMP and preparedness activities.

The OMP should enable the RACF to rapidly identify and respond to a COVID-19 outbreak. It should contain enough operational detail to enable any member of staff to understand the facility's processes and plans during a COVID-19 outbreak.

For ease of use, the OMP checklist is divided into 4 sections, based on the following phases of the outbreak response. However, it is not expected that facilities necessarily structure their OMP in this way.

1. Prevention
2. Preparedness
3. Response
4. Recovery

The checklist is not exhaustive, and RACFs may wish to include additional items in their OMP, based on particular circumstances and requirements. It is recommended that the development of the OMP be informed by an Infection Prevention and Control professional.

Background

ACT Health will declare an outbreak upon confirmation of a single confirmed case of COVID-19 in a resident, staff member or frequent attendee of a RACF.

Upon declaration of an outbreak, ACT Health will convene an **Outbreak Management Team (OMT)**. The overarching objective of this team is prompt containment of the outbreak through public health action and timely communication. The membership of this team will include ACT Health staff, Commonwealth Government, senior staff from the RACF and other stakeholders supporting the outbreak response.

RACFs should convene an **institutional Outbreak Management Team**. This is referred to as the **RACF OMT** in this document. Membership will include key members of staff from the RACF.

The outbreak will be managed in accordance with the RACF's OMP and overseen by the OMT, in collaboration with the RACF OMT.

This checklist has been directly informed by the COVID-19 CDNA National Guidelines for Public Health Units, the CDNA national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia and ACT Health processes and plans for managing a public health response to COVID-19 in a residential care facility.

Appendix 1 provides a list of useful resources and reference documents to assist in developing your OMP.

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1. PREVENTION (actions to be completed now to prevent the entry of COVID-19)	
Screening	**In OMP**
There is a screening process in place prior to entry to the facility for all visitors, staff, volunteers, contractors, and residents being admitted or re-admitted which includes the following: • Screening for symptoms of COVID-19 (including new onset loss of taste or smell) • Screening for epidemiological risk factors (including being in a geographical area of risk in the last 14 days as advised by the latest ACT CHO Alert[1]). • Compliance with visitor restrictions as per the ACT Public Health (Residential Aged Care Facilities) Emergency Direction, including the requirement for visitors, staff, volunteers and contractors to be vaccinated with the 2020 influenza vaccine.	☐
The following information about the screening process is included in the OMP: • The sources of public health information that the criteria are based on, who is responsible for checking this information and how often it is reviewed; • The information collected as part of the screening process; • How the requirement to be screened is communicated to people before entering the facility; • Measures in place to ensure that everyone is screened before entering the RACF; • Measures in place to ensure that only those that meet the screening criteria enter the RACF; • Process for ensuring visitors (including staff, volunteers and contractors) have evidence of current influenza vaccination; and • Approach for managing new and returning residents who have symptoms of COVID-19 or epidemiological risk factors.	☐
Infection Prevention and Control (IPC)	**In OMP**
Infection prevention and control practices to prevent exposure to COVID-19 and transmission within the facility are included in the OMP: • An IPC Lead has been designated at the RACF who is responsible for overseeing IPC processes and can directly report to the Chief Executive and Executive leadership team. • Tissues, alcohol-based hand rub and lined waste bins are available throughout the facility, including at the entrance to the RACF, in each resident's room and in work and communal areas. • There is a process in place for ensuring that alcohol-based hand rub containers, and handwash and paper towel dispensers are regularly checked and refilled.	☐

[1] Public health advice on visitor restrictions to high-risk settings such as aged care facilities is provided in Chief Health Officer (CHO) Alerts which are emailed to RACF managers at the time the advice takes effect. The latest CHO alert is also available on the CHO Alerts webpage. If you are a RACF manager and would like additional key staff to be added to the CHO Alert email distribution list, please email Medical.covid@act.gov.au.

• Hand-washing facilities with paper towels and liquid soap are clearly signposted throughout the facility. • There is a process for monitoring stock levels of IPC consumables (including alcohol-based hand sanitiser, liquid hand soap, paper towels and detergent/disinfectant surface wipes), PPE, respiratory swabs, cleaning products and clinical waste bags. A member of staff has been nominated to lead this. • There is a process for how additional IPC consumables and PPE will be accessed, including at surge periods during a COVID-19 outbreak. • Steps have been undertaken to ensure physical distancing, where possible, for residents, visitors, staff, volunteers, and contractors. • Processes are in place to monitor staff physical distancing e.g. during handover, breaks, entry and exits. • Breaks are staggered to ensure minimal numbers of staff in communal areas. • Staff have been proactively zoned (or cohorted) to working in certain wings of the facility/work zones and there is a process in place to monitor this. • Consider rostering staff in teams that are on at different times (e.g. Team A and Team B to avoid unnecessary contact between teams) if possible. • Consider a single and controlled point of entry and exit into each RACF building. • Consider staggered start times for staff to prevent congestion at facility entrance. • Implement contactless deliveries, where possible. • Develop a process for managing non-compliance with IPC requirements (e.g. non-compliance with physical distancing requirements, non-disclosure of symptoms).	
Training and Education of Staff	**In OMP**
The OMP outlines a plan for training and competency of all staff (including casual and agency staff, volunteers, administration, catering, laundry and cleaning staff/contractors) on the following topics (appropriate to the staff member's role): • COVID-19 signs and symptoms (in the elderly population and themselves, noting that elderly have more subtle changes in their condition including feeling drowsy and loss of appetite) importance of early detection and reporting of symptoms; • What to do if staff are experiencing symptoms of COVID-19 (don't come to work, get tested and stay at home while symptomatic and/or awaiting COVID-19 test results); • What to do if a resident is experiencing symptoms of COVID-19; • Hand and respiratory hygiene (sneeze and cough etiquette); • PPE including correct PPE selection and donning and doffing technique; • Collection and handling of respiratory swabs, where appropriate and in alignment with the staff's prior training and skillset; and • IPC including standard and transmission-based precautions, safe handling and disposal of clinical waste, processing of reuseable equipment, cleaning of shared	☐

equipment, environmental cleaning, safe handling and laundering of linen, and safe food handling and safe handling and cleaning of used food utensils. *Online COVID-19 infection control training is available on the Commonwealth Department of Health website – all RACF staff are **strongly encouraged** to complete this or similar training.* The training plan should consider and include: • A process for recording the date of training completion/competency assessment for all staff; • A plan for regular refresher training; • How staff are encouraged to intervene when they observe IPC breeches by providing advice and/or reporting their concern to the IPC Lead; and • A process for monitoring competency in PPE and IPC measures including hand hygiene (e.g. audits) and providing corrective education where appropriate.	
Cleaning	**In OMP**
Appropriate (i.e. fit for purpose and cleanable) cleaning products and equipment are readily available for use by cleaning staff as well as carers and staff providing clinical care.	☐
Cleaning staff have received training and are competent in the following: • Correct cleaning techniques; • What chemicals and equipment need to be used for different circumstances; • The dilution of chemicals as per manufacturer's instructions; and • Cleaning protocols for COVID-19 positive residents.	☐
Communications	**In OMP**
Clear communications are provided to all visitors, staff, volunteers, contractors, and residents about: • Symptoms of COVID-19 and to monitor themselves for these symptoms; • Importance of not visiting if they have symptoms of COVID-19, are in quarantine as a contact of a known case, or have recently travelled from a geographical area of risk; • Hand and respiratory hygiene (cough and sneeze etiquette), and physical distancing; and • The entry screening process for visitors, staff, volunteers and contractors and the requirement to successfully complete the screen in order to gain entry to the RACF.	☐
Signage is displayed at the entry and throughout the RACF to instruct anyone entering the facility to: • Implement hand and respiratory hygiene, cough and sneeze etiquette and physical distancing when possible; and • Not to enter or remain in the facility if they have symptoms of COVID-19.	☐

Signage is displayed that identifies the total number of staff and residents able to be in communal areas.	☐

2. PREPAREDNESS (actions to be completed as soon as possible to prepare for managing a COVID-19 outbreak)	
Governance	**In OMP**
The RACF establishes a RACF Outbreak Management Team ahead of an outbreak that is appropriate to the size and staffing of the facility. • The OMP outlines the roles and responsibilities of this team, and who has been nominated to perform these roles; • All members of the OMT have been educated in their roles and responsibilities; • The team meets regularly to update the OMP in line with the latest COVID-19 guidance from the Commonwealth Department of Health, Aged Care Quality and Safety Commission, ACT Health Chief Health Officer (CHO) Alerts[1] and Public Health Directions; and • The OMP describes the nominated members of staff who review the guidance, the sources of information reviewed, the frequency of review, and the process for actioning the guidance or directions.	☐
Ensure that a nominated spokesperson from the RACF OMT can directly report to the RACF Chief Executive Officer.	☐
Nominate a media spokesperson, if required and develop a Communications Plan.	☐
Outline roles and responsibilities of all members of staff in the event of an outbreak.	☐
Identify and engage an external Infection Prevention and Control specialist to support preparedness for a potential COVID-19 outbreak, where required.	☐
Identify that an outbreak is declared by ACT Health in a RACF upon confirmation of a single COVID-19 case in a resident, staff member or frequent attendee.	☐
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 the daily briefing meeting during a COVID-19 outbreak for the Outbreak Response Team that includes items such as: situation, pathology results and testing, communication, education, barriers/challenges, staffing levels, escalation requirements, reports, family/visitor issues, resident issues/changes to condition/transfers, supply and stock levels.	☐
Workforce and service delivery	**In OMP**
For each member of staff currently working at the RACF, record whether they are: • Casual/permanent/agency staff; • Part-time/full-time; • Work across multiple facilities or workplaces; • Would be willing to work during an outbreak;	☐

• Have risk factors for developing severe COVID-19 disease (with staff consent); • If their role is essential and may not be easy to replace in case of staff absence.	
Identify a team of staff who will be caring for COVID-19 cases.	☐
Develop a workforce contingency plan to cover an absentee rate of at least 20 to 30% (keeping in mind that 80-100% of the workforce may be furloughed), which considers and includes: • Plan to support a rapid surge in workforce and a higher proportion of Registered Nurse staff than usual. The Provider should fill the roster through usual workforce arrangements and agency contacts as far as possible, noting the risks when using casual or external nursing agency workforce. During an outbreak, staff should not work at other facilities. Where the provider is unable to sufficiently staff the facility, ACT Health and the Commonwealth Department of Health can assist by facilitating access to temporary surge workforce. • Contact list for casual staff members or external nursing agencies to enable timely activation of a surge workforce. • Plan for what to do if key staff or the CEO become unwell. • Plan to ensure continued delivery of essential services and hiring of additional staff if needed e.g. catering, cleaning and laundry. • Plan how staff who are furloughed can continue to support business continuity while in quarantine at home e.g. draft communications etc.	☐
Consider sourcing an infection prevention and control expert to be on-site each day of a COVID-19 outbreak to assist with education, PPE compliance, resident isolation, standard and transmission-based precautions compliance and environmental cleaning auditing.	☐
Plan to zone staff to certain areas of the facility following cohorting of residents (e.g. residents with COVID-19, residents with symptoms awaiting test results, and residents without symptoms). Staff working in different zones should not interact. ACT Health will provide further guidance on staff zoning during a COVID-19 outbreak.	☐
Plan to roster staff into teams that are rostered on at different times (e.g. Team A and Team B for high risk areas to avoid unnecessary contact between teams if possible).	☐
Develop a plan for orientation induction and training in PPE and infection control measures for surge workforce staff, and where possible, prior to commencing work.	☐
Determine which services are regarded as essential, and which services will continue, stop or start in an outbreak situation in the context of staff shortages.	☐
Consider plans for changes to the uniform policy during a COVID-19 outbreak e.g. staff change out of their uniform at the facility and go home in a clean change of clothes.	☐

Infection Prevention and Control	In OMP
The RACF has updated its IPC manual in line with national standards and guidelines, and includes COVID-19 outbreak management procedures.	☐
PPE needs in the event of an outbreak have been assessed. To do this, estimate the PPE requirements for isolation of all residents initially. Each time a staff member enters and exits a resident's room they need to don and doff new PPE. Work out how often staff need to enter a resident's room each day (it may be 10 or more times depending on dependency or care needs). Also take into account medication administration, night staff and when two staff are needed to provide care. Multiple this number by the number of residents at your facility. Facilities should ensure that there is adequate stock onsite and/or readily available to enable safe and effective infection prevention and control. Additional PPE can be made available from ACT Health and the Commonwealth National Medical Stockpile.	☐
Consider developing a checklist for daily auditing of IPC and stock levels during an outbreak.	☐
The RACF has designated a location in the facility where the bulk PPE stock required during a COVID-19 outbreak can be safely and securely stored.	
An outbreak kit/box has been assembled containing equipment and supplies for quick access in the event of an outbreak (e.g. PPE, signage, cleaning supplies).	☐
Plan for how to cohort residents with COVID-19 together. Consider how rooms may need to be re-arranged or areas repurposed to facilitate this. Cohorting of residents will need to be done with advice from ACT Health.	
Ensure that signage, tape and temporary barriers are available to segregate areas if necessary	☐
Develop a plan for how to manage the death of a resident during a COVID-19 outbreak, including precautions to take when handling the body and whom to inform.	☐
Cleaning, laundry, waste management and catering	**In OMP**
Develop a cleaning plan which includes: • Procedures for enhanced cleaning in the event of an outbreak; • Allocated roles and responsibilities of staff; • A clear process for who is cleaning the rooms of residents with COVID-19 i.e. cleaners or carers who are appropriately trained; and • A nominated member of staff to oversee changes to the delivery of cleaning services including increased frequency of cleaning, liaison with contractors, or hiring extra cleaning staff. During a COVID-19 outbreak: • Clean frequently used areas at least daily. Clean high touch areas (e.g. door handles and light switches) at least twice daily and shared equipment (e.g. blood pressure machines) every time following use.	☐

• Cleaning during an outbreak should be undertaken using either a 2-step process with a detergent followed by a hospital grade disinfectant, or a 1-step process using a combination detergent/disinfectant product. Detergents and disinfectant should be TGA approved as being effective against Coronavirus or Norovirus. See Commonwealth Department of Health, Therapeutics Goods Administration Website for a list of disinfectants for use against COVID-19.	
Develop a catering plan that outlines: • Modifications which may be required in the event of an outbreak, including considering plans to outsource catering, if the RACF uses in-house catering; and • A nominated member of staff to oversee the changes to catering, meal delivery and pick up services.	☐
Develop a laundry and waste management plan, with special considerations made for a COVID-19 outbreak (including management of increased workload and safe storage of contaminated waste (including large volumes of PPE) and linen until removal/collection). The plan should include a nominated member of staff to oversee changes to delivery of laundry (including increased frequency of laundry services, liaison with contractors or hiring extra laundry staff) and waste services in the event of an outbreak.	☐
Ensure the RACF has adequate supply of linen and contaminated waste disposal products.	☐
Clinical Care and Resident Wellbeing	**In OMP**
Ensure residents are offered annual influenza vaccination and keep records of vaccination.	☐
Ensure residents are up to date with pneumococcal vaccination and keep records of vaccination.	☐
Update advance care plans for each resident.	☐
Plan for how telehealth appointments with GPs and other healthcare professionals will be facilitated during an outbreak and identify residents who would be suitable for telehealth options.	☐
Plan for how you will enable staff to assist residents with Facetime/WhatsApp etc. to connect with family and friends during an outbreak where this is available. Extra staff will be needed to assist residents with communications/use of technology.	☐
Test the impact on IT infrastructure from increased use of technology and alert your IT support team in advance that issues will need to be prioritised during an outbreak.	☐
Organise General Practitioner (GP) review of all residents currently prescribed nebulisers to consider change to metered aerosols with spacers where clinically appropriate.	☐
Review plans for the delivery of CPAP/BiPAP in the event of an outbreak, since extra PPE precautions would be required for COVID-19 cases.	☐

Plan for access to and management of oxygen supplies and equipment, and 'urgent use' medications, including syringe drivers, in case of increased demand in an outbreak.	☐
Prepare documentation to support the public health response	**In OMP**
The following information is recorded for all visitors (including healthcare professionals and contractors) and is available to send to ACT Health electronically (i.e. in an excel spreadsheet) in a COVID-19 outbreak: • First and second name; • Contact telephone number; • Date and time of entry into the RACF; • Purpose of visit (e.g. name of resident visiting); and • Time of exit.	☐
A detailed facility floor plan is included in the plan which outlines the resident's rooms (and whether they are single or multiple occupancy), facility exits, communal areas, food preparation areas, wings and how staff are assigned to working in these areas.	☐
An up-to-date excel spreadsheet of resident details is available to send to ACT Health in a COVID-19 outbreak. Please include resident name, DOB, gender, wing, room number, occupancy of the room (i.e. single or multiple), vaccination status, and Medicare number.	☐
An up-to-date excel spreadsheet of all staff employed by the facility is available to send to ACT Health in a COVID-19 outbreak. Please include staff name, DOB, gender, contact details, next of kin, Medicare number (if available) and any other workplaces they are employed at.	☐
Processes have been established for robust documentation, including staff rosters, staff attendance and unit/area that staff have worked in.	☐
Documentation Processes	**In OMP**
Review documentation processes that may need to be modified during an outbreak (e.g. consider moving to paper-based resident notes should external staff be brought into the RACF and not have IT access).	☐
Consider setting up a central place for forms and resources that may be useful to RACF staff in the event of an outbreak, including staff who may not be familiar with the facility.	☐
Communication	**In OMP**
There is clear signage at the entrance of the RACF outlining the requirement to fill in the visitors' log upon entry to the RACF.	☐
Clear communications are provided to staff about the OMP, RACF pandemic processes and up-to-date public health advice.	☐
Clear communication to residents, families, staff, volunteers and other stakeholders (including healthcare professionals) about the facility's COVID-19 preparedness	☐

planning, latest public health advice, and what to expect during a COVID-19 outbreak.	
Consider communications to GPs before an outbreak to outline how telehealth appointments will be facilitated in the event of an outbreak.	☐
Consider setting up an email address and phone number that is not publicly available that can be activated during a COVID-19 outbreak to facilitate direct communication between the facility and the OMT. Ensure relevant staff have access to the email inbox.	☐
Communication Plan	**In OMP**
Develop a communications plan to guide the facility to provide clear, honest, consistent and timely information to: • Residents, their next-of-kin and visitors • Staff (including agency staff) volunteers and contractors • Media • Central office (if applicable) • Other key stakeholders (including GPs, in-reach clinical services and other healthcare providers) Ensure communication is two-way – answer questions from residents, family and staff and provide them with a means to ask further questions.	☐

The communication plan should include:
• Nominated staff dedicated to developing, implementing and managing the communication plan, including dedicated staff member/s for liaising with families;
• Identified communication channels such as emails, phone calls, webinars, website and social media;
• Identify whether residents have communication needs e.g. translator or culturally appropriate communication.
• Phone script for sensitively informing a resident's family of a COVID-19 diagnosis;
• Email templates, holding statement, phone scripts and talking points focused on initial announcement of the outbreak and what residents, families and staff should expect during the outbreak period;
• Arrangements to manage a very high volume of calls from families and the media (e.g. this may be as high as 1000-2000 in the first 24 hours);
• Protocols for managing media enquiries including a single point of contact;
• A strategy for providing information to residents, families and staff during the outbreak period including:
  ○ Messaging for staff on how infection risks are managed and support available for staff;
  ○ How families will be updated on the status and welfare of individual residents;
	☐

○ Information for families and friends on what precautions are being taken in the facility to contain the risk; ○ Options for connecting residents with families during extended periods of isolation e.g. window visits, video calls, phone calls; and ○ Options for residents to connect to fellow residents (where relevant) ○ Daily follow-up communications to update residents, families and other stakeholders. • Develop FAQs for residents (this will need to be updated frequently) which includes information on: ○ How residents will be kept informed and frequency of communications; ○ Who they can ask if they have a question; ○ How their families/carers will be kept informed and frequency of communications; ○ Visitor arrangements; ○ How to communicate with their family during the outbreak; and ○ Consider responding to concerns about the safety of staff and other residents. The Older Persons Advocacy Network (OPAN) can assist with communications to residents and families.	
Internal contact lists are regularly updated, available to relevant staff members and include the following contacts: • All members of staff, volunteers, contractors • Residents (where appropriate) and their next of kin; • Facility and Provider Management; and • RACF OMT members and delegates (in case members are not available).	☐
Develop an up-to-date list of key contacts during a COVID-19 outbreak that is regularly updated, clearly displayed and publicised to staff members who may require using it: • ACT Health • Commonwealth Department of Health • Capital Health Network • GPs providing care to RACF residents • In-reach clinical services e.g. GRACE, PEACE, HITH • Allied health providers • Local Hospitals • Pathology services • PPE stockists and other suppliers	☐

• Contractors (clinical waste, laundry, catering, cleaning) • IT and telecommunications providers	
3. RESPONSE (actions to be undertaken during outbreak)	
Early Detection	**In OMP**
A system is established to monitor staff and residents for symptoms of COVID-19 with high vigilance and low threshold for investigation.	☐
Staff are aware of the steps to be undertaken if a staff member or resident develops COVID-19 symptoms and these are included in the OMP. For residents who develop COVID-19 symptoms, they should be immediately isolated in a single room with an ensuite (where available), contact and droplet precautions implemented, the treating clinician contacted for assessment and to arrange testing, and a review of all residents and staff for symptoms of COVID-19 should be undertaken. For staff who develop COVID-19 symptoms, even very mild symptoms, they should immediately exclude themselves from work, arrange for testing and isolate at home.	☐
The OMP states when the Communicable Disease Control (CDC) section at ACT Health needs to be notified. The CDNA COVID-19 national guidelines for residential care facilities recommend testing any resident or staff member with acute respiratory infection (including loss of smell or taste) or fever for COVID-19. Alert CDC when specimens for COVID-19 are collected. Contact CDC on (02) 5124 9213 during business hours and page (02) 9962 4155 after hours.	☐
Steps in the first 24 hours following identification of a COVID-19 case.	**In OMP**
Please refer to the Commonwealth Department of Health 'First 24 hours – managing COVID-19 in a residential care facility' fact sheet for the steps in a COVID-19 outbreak response that should be included in your OMP. Please note the below specific ACT Health guidance with respect to the steps in the fact sheet: **Step 1 – Isolate and Inform the COVID-19 positive case** • The COVID-19 Response Team (Public Health) at ACT Health will be notified first of a case of COVID-19 in an aged care facility, will collect further information and notify senior management at the facility. • If the facility becomes aware of a case of COVID-19 in a resident, staff member or frequent attendee and the facility has not been contacted by ACT Health, immediately contact ACT Health on (02) 5124 9213 during business hours and page (02) 9962 4155 after hours. **Step 4 – Lockdown the residential aged care facility** • Staff should not be allowed to move across wings of the facility.	☐

- All residents will need to be isolated initially (in single rooms where possible). Staff will need to use contact and droplet precautions when providing care to a resident.
- ACT Health will provide guidance on any additional immediate actions to implement.

Step 8 – Release an initial communication

- The initial communication about the outbreak should include the following information and ACT Health can provide guidance on this:
  - Number of confirmed COVID-19 cases;
  - That all staff and residents are being tested as a precaution; and
  - That ACT Health will contact staff and visitors directly if they are determined to be close contacts and are required to quarantine.
- Ensure that cleaning staff/contractors, catering staff/contractors, maintenance personnel, transport personnel, volunteers, GPs caring for residents at the facility and in-reach clinical services are informed of the outbreak in the initial communication.

Step 9: Contact Tracing

- If the case is a staff member, determine the shifts worked during their infectious period (48 hours prior to symptom onset). ACT Health will assist in determining the timing of symptom onset.

Step 10 – Identify key documents

- Provide the requested documentation to ACT Health to support contact tracing (see the 'Prepare documentation to support the public health response' section in Preparedness).
- ACT Health will send the facility a line list template for the facility to record details of residents and staff who are symptomatic, being tested or who have COVID-19. This needs to be completed daily by the facility and provided to ACT Health.
- Where possible, ACT Health Public Health team members including an infection control officer and public health doctor will visit the facility to assess the layout collect information and provide IPC advice.

Step 13 – First meeting of the Outbreak Management Team

- ACT Health will convene an OMT with representatives from the RACF and Commonwealth Government as soon as feasible.
- The OMT and RACF OMT should meet at least daily in the initial phases and regularly until the outbreak is declared over.

Step 14 – Bolster your staff and plan your roster

- Allocate dedicated staff to work with residents with COVID-19 and maintain a register of staff members caring for residents with COVID-19.

Ensure that staff members: • Do not move between their allocated room/wing and other areas of the facility or care for other residents; • Monitor themselves for signs and symptoms of COVID-19 and do not attend work if unwell (even if symptoms are very mild); and • Do not work in other facilities. **Step 15 – Conduct testing** • ACT Health, in conjunction with the facility, will facilitate urgent testing of all residents and staff. • Testing will be undertaken by the ACT Government clinical services or by Sonic Healthcare through the Commonwealth Department of Health. **Step 16 – Clinical management of COVID-19 cases** • If a resident is being transferred to hospital, they should wear a surgical mask if tolerated and the transport provider and receiving hospital must be informed that there is a COVID-19 outbreak at the facility. • Provide the resident's GPs with the contact details of the clinical oversight manager from the facility and arrangements for telehealth. **Step 17 – Cohorting and relocation** • ACT Health will provide advice on cohorting arrangements in the facility. • Decisions about relocation of residents will be undertaken on a case-by-case basis in consultation with the facility and other key stakeholders and is dependent on a number of factors.	
4. RECOVERY (actions to be undertaken once the outbreak is over)	**In OMP**
In conjunction with ACT Health, declare the outbreak over.	☐
Manage transition of services back to normal arrangements, if required.	☐
Continue IPC practices to prevent COVID-19 entry into the facility and plan for the possibility of another outbreak.	
Complete an outbreak report.	☐
Senior staff to participate in an ACT Health-led After Action Review (AAR) to evaluate the strengths and areas of potential improvement in the outbreak response.	☐
Revise the OMP based on the outcomes of the AAR.	☐
Encourage staff to access leave, if practical.	☐
Consider supporting or continuing to support access to counselling services for residents, staff and volunteers.	☐

Appendix 1 – Reference Documents and Resources

Preparedness and Response Reference Documents and Resources

- Commonwealth Department of Health (DoH) COVID-19 resources for aged care providers
- COVID-19 CDNA National Guidelines for Public Health Units
- CDNA national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia
- Commonwealth DoH – First 24 hours – managing COVID-19 in a residential care facility
- ACT Health COVID-19 Aged Care Webpage
- ACT Health Chief Health Officer Alerts
- ACT Health Webinars (refer to bottom right-hand side of webpage under 'COVID-19 Webinar Recordings'
- Aged Care Quality and Safety Commission COVID-19 Information
- NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)
- Leading Age Services Australia COVID-19 Support
- Aged Care Quality and Safety Commission COVID-19 Are you alert and ready? (this preparedness resource has been developed for facilities in Victoria but includes some useful general preparedness advice)

Infection Prevention and Control

- ICEG COVID-19 guidelines for infection prevention and control in residential care facilities
- ICEG guidelines on cleaning and disinfection of protective eyewear in health and residential care facilities
- COVID-19 environmental cleaning and disinfection principles for health and residential care facilities
- Disinfectants for use against COVID-19 in the ARTG for legal supply in Australia
- Hygiene and cleaning for the health workforce during COVID-19

Entry Screening Processes

- Entry Screening Advice of the Aged Care Quality and Safety Commission
- ACT Public Health (Residential Aged Care Facilities) Emergency Direction

Workforce

- Commonwealth DoH COVID-19 aged care workforce measures frequently asked questions

Communication

- Commonwealth DoH Advice on communicating with families for aged care facilities and staff in Victoria (this includes guidance for establishing communication and providing initial and ongoing communications during a COVID-19 outbreak).
- Older Persons Advocacy Network COVID-19: Information for older people, families and carers
- The Australian Government Aged Care Quality and Safety Commission has developed a range of consumer facing resources on what to expect during a COVID-19 outbreak. These resources are available for download and include some translated resources. Hard copies of

A3 and A4 posters can also be ordered. These resources are available on the Aged Care Quality and Safety Commission website.

- Health Consumers Queensland Communication and engagement checklist: Residential care facilities (aged care, disability, and community support)
- ACT Government COVID-19 Be mindful of your responsibility in our shared spaces poster
- ACT Government COVID-19 Practise good hand hygiene poster

Staff Training

- Online COVID-19 infection control training is available on the Commonwealth DoH website – all RACF staff are **strongly encouraged** to complete this or similar training.
- COVID-19 wearing personal protective equipment in aged care video
- ACT Health COVID-19 specimen collection guidance for residential care facilities

After Death

- ACT Health COVID-19: Guidance for Funeral Industry Workers

Acknowledgments

- NSW Clinical Excellence Commission. Aged Care Facilities COVID-19 Outbreak Management Checklist. V 1.0, August 2020.
- Aged Care Quality and Safety Commission COVID-19 Are you alert and ready? A resource for Victorian residential aged care services. V 1.0, 30 June 2020.