

Quick reference guide

Acute respiratory infection outbreaks, including COVID-19 and influenza, in residential care facilities (RCFs)

OFFICIAL

This checklist is for the operators of residential care facilities. It summarises what you need to do to prevent, prepare for and manage an outbreak of any acute respiratory infection, including COVID-19 and influenza. When you need more details on the actions, please see the full guidelines and the additional resources listed.

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| Outbreak preparedness checklist. See Section 4 of guidelines for more information (pages 16 – 25) | ✓ |
| Prepare an Outbreak Management Plan (OMP). Review your plan each time COVID-19 pandemic orders or other public health advice changes. | |
| Check residents and staff are up to date with COVID-19 and annual influenza vaccinations and keep records. Make sure staff have had mandatory vaccinations, unless they have an exemption | |
| Increase ventilation to get more outside clean air indoors | |
| Use respirators and face masks to reduce spread of infection. Make sure you follow face mask requirements in pandemic orders and PPE guidelines. | |
| Check that residents can get anti-viral treatment if needed for influenza or COVID | |
| Educate staff and residents about acute respiratory infection symptoms and testing requirements. Staff should not attend work while unwell. Have a plan to test residents. | |
| Practice using your OMP so that staff know what to do if there are unwell residents and what to do in an outbreak | |
| Train staff to use personal protective equipment (PPE) correctly | |
| Plan what to do if staff are unwell. Make sure you will have enough staff for essential tasks. | |
| Make sure there is enough stock of PPE, test kits, alcohol-based hand rub, cleaning supplies, waste disposal supplies | |
| Educate visitors and residents' families about checking for symptoms, not coming to the facility when unwell, getting tested, wearing masks. Be ready to communicate with these groups during an outbreak. | |
| Have a plan to clean and disinfect the facility more often during an outbreak. | |
| Have a plan to manage waste | |
| Review other infection prevention and control measures such as signs promoting COVIDSafe behaviour, masks, physical distancing, and hand hygiene | |

| Outbreak management checklist See Sections 6-11 of guidelines for more information (pages 28 – 57) | ✓ |
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| Identify people with acute respiratory infection symptoms | |
| Check regularly for residents and staff who have symptoms of an acute respiratory infection <ul style="list-style-type: none"> new or worsening respiratory symptoms: cough, difficulty breathing, sore throat, runny nose, blocked or stuffy nose they might also have: <ul style="list-style-type: none"> headache, muscle aches, fatigue (tiredness), nausea or vomiting and diarrhoea. Loss of smell and taste and loss of appetite can also occur. fever ($\geq 37.5^{\circ}\text{C}$) can occur, but this is less common in elderly people in elderly people, other symptoms may include confusion or an increase in confusion, change in usual behaviour, falling, or worsening of usual illnesses (e.g. increasing difficulty breathing in someone with heart failure) | |
| Test unwell residents and staff | |
| Test all residents and staff with symptoms of acute respiratory infection using a COVID-19 rapid antigen test (RAT). Do this as soon as possible. If the RAT is positive, no further testing is required. If the RAT is negative, contact the GP to organise a nose and throat swab for multiplex respiratory PCR (or otherwise at least a PCR for COVID-19 and influenza) as soon as possible. | |
| Other actions when your facility has exposure to a person with an acute respiratory infection or an outbreak | |
| Activate your outbreak management plan – you do not need to wait until you meet the outbreak definition to do this, as many of the actions are the same for exposure to one case | |
| Isolate unwell residents in their own room. If this is not possible, isolate them in a room with other people who are unwell with the same illness <ul style="list-style-type: none"> Residents with COVID-19 <u>must</u> isolate at home for at least 5 days and up to 7 days from the date their first positive test was taken. It is <u>strongly recommended</u> that all residents with COVID-19, regardless of their symptoms, isolate at home for 7 days from the date their first positive test was taken. People may be infectious for up to 10 days after testing positive, and sometimes longer. <ul style="list-style-type: none"> If they are asymptomatic, so do not have acute symptoms of COVID-19 (fever; chills or sweats; cough; sore throat; shortness of breath; runny nose; or loss of or change in sense of smell or taste) on the fifth or sixth day <u>after</u> their positive test was taken, it is <u>strongly recommended</u> that they remain in isolation until the start of the seventh day after their positive test was taken to reduce risk of further transmission in the facility If they have symptoms on the fifth and sixth day <u>after</u> the positive test was taken they can leave isolation on the seventh day after their positive test was taken. | |

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| <ul style="list-style-type: none"> ○ If they have ongoing symptoms on the seventh day after their positive test was taken or are severely immunocompromised they should seek advice from the medical practitioner or LPHU before leaving isolation. ○ After leaving isolation it is strongly recommended to wear a face mask indoors away from home and outdoors where they cannot physically distance until the start of the tenth day <u>after</u> the positive test was taken ○ After leaving isolation it is strongly recommended to consider taking a RA test prior to attending a workplace, sensitive setting or visiting people at higher risk of severe illness until the start of the tenth day <u>after</u> the positive test was taken. If they are positive they should stay home. • Residents with influenza should isolate for at least 5 days from the start of their symptoms • Residents who have a respiratory infection that is not COVID-19 or influenza should isolate until they have recovered from the acute illness | |
| <p>Staff should not work while they are unwell with an acute respiratory infection.</p> <ul style="list-style-type: none"> • Staff with COVID-19 <u>must</u> isolate at home for at least 5 days and up to 7 days from the date their first positive test was taken. People may be infectious for up to 10 days after testing positive, and sometimes longer. <ul style="list-style-type: none"> ○ If they do not have symptoms on the fifth or sixth day <u>after</u> the positive test was taken they can leave isolation, but are <u>not</u> able to attend work until the seventh day <u>after</u> their positive test was taken. ○ If they have symptoms on the fifth and sixth day <u>after</u> the positive test was taken they can leave isolation on the seventh day <u>after</u> their positive test was taken. ○ If they have ongoing symptoms on the seventh day <u>after</u> their positive test was taken or are severely immunocompromised they should seek advice from the medical practitioner or LPHU before attending work. ○ After leaving isolation it is strongly recommended to wear a face mask indoors away from home and outdoors where they cannot physically distance until the start of the tenth day <u>after</u> the positive test was taken ○ After leaving isolation it is strongly recommended to consider taking a RA test prior to attending a workplace, sensitive setting or visiting people at higher risk of severe illness until the start of the tenth day <u>after</u> the positive test was taken. If they are positive they should stay home. • Staff with influenza need to stay away from work for at least 5 days from the start of their symptoms • Staff who have a respiratory infection that is not COVID-19 or influenza should stay away from work until they have recovered from the acute illness | |
| <p>Staff must use personal protective equipment (PPE) including P2/N95 masks, eye protection and when required, gloves and gowns. See full guideline for more details.</p> | |
| <p>Provide PPE outside the room</p> | |
| <p>Display a sign outside the room</p> | |
| <p>Reinforce standard hygiene (hand hygiene, cough etiquette)</p> | |
| <p>Increase alcohol-based hand rub sites. Make sure there is alcohol-based hand rub at each bed space.</p> | |
| <p>Display a sign about the outbreak at every entrance to the facility</p> | |

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| Increase cleaning and disinfecting of high touch surfaces to at least twice a day (e.g., door handles, light switches, trays, tables, equipment, chair arms) | |
| If people test positive for COVID-19, identify and manage contacts | |
| Note: if the first COVID-19 case in your facility tested positive on a RAT but does not have symptoms and is not a contact of a case, organize a PCR test within 48 hours to confirm the result. While waiting for the PCR result, isolate the case, identify contacts and organise contact testing. | |
| <p>Identify COVID-19 close contacts and social contacts</p> <ul style="list-style-type: none"> • Infectious period - starts 48 hours before the case developed symptoms, or if the case does not have symptoms, starts 48 hours before the positive test • COVID-19 close contact— a person who has had a total of four or more hours of contact (cumulative) in an indoor space with a COVID-19 case in a residential setting during their infectious period, or a person identified as a close contact by a Local Public Health Unit (LPHU) • COVID-19 social contact—a person with 15 minutes of face-to-face contact, or more than two hours of contact with a COVID-19 case during their infectious period in an indoor setting <p>Notes – see full guidelines for details:</p> <ul style="list-style-type: none"> • Recent COVID-19 cases who left isolation in the last 4 weeks are not considered as contacts • staff are usually considered to be social contacts • If a staff member is a COVID-19 case, residents are usually considered social contacts • if the COVID-19 case or person exposed to the case was wearing an N95 respirator mask for the whole time, the person is not considered a contact. They should monitor for symptoms, and get tested if they get symptoms | |
| <p>Test residents who are close contacts and consider quarantine options</p> <ul style="list-style-type: none"> • Option 1: Residents are not required to quarantine if they do 5 rapid antigen tests, at least 24 hours apart, over 7 days, and have negative results. They must wear a mask in any indoor space that is not their home, unless they have an exception to wearing a mask. It is recommended that they wear masks in shared areas of their facility. They should not visit other care facilities or hospitals, and it is strongly recommended they do not visit other areas or wings in their facility. • Option 2: Residents may quarantine for 7 days in their home – their home is considered the wing or area they live in larger residential homes. They must do a RAT on the first and sixth day of their quarantine period. It is also recommended to do a RAT on the third day. It is recommended that they wear masks in shared areas of their facility. <p>Note</p> <ul style="list-style-type: none"> • Recent COVID-19 cases who left isolation in the last 4 weeks do not need to quarantine. | |
| <p>Recommend testing for staff or residents who are social contacts. Social contacts should do a RAT each day for 5 days after being notified of being a contact. To reduce testing of residents, testing could be done on the first, third and sixth days.</p> <p>If they get symptoms, they should isolate and do a RAT or PCR.</p> | |
| Notify cases and outbreaks | |

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| <p>Notify a resident's positive RAT. Use the online form to report a rapid antigen test result (RAT) <https://coronavirus.vic.gov.au/report> This informs the Local Public Health Unit (LPHU) and the Victorian Department of Health.</p> <p>Staff must report their own positive RAT</p> | |
| Report COVID-19 cases to the Australian Government and WorkSafe if required - see full guideline for details | |
| Contact the GPs of unwell residents for clinical review | |
| <p>Update case lists daily - monitor number of unwell residents and check if you have an outbreak</p> <ul style="list-style-type: none"> • COVID-19 outbreak—two residents test positive for COVID-19 within 72 hours • Influenza outbreak—two residents test positive for influenza within 72 hours • Respiratory syncytial virus (RSV) outbreak—two residents test positive for RSV within 72 hours • Potential respiratory infection outbreak—three residents develop acute respiratory infection symptoms within 72 hours | |
| <p>Notify the LPHU and Victorian Department of Health of an outbreak</p> <ul style="list-style-type: none"> • You must do this for a COVID-19 outbreak • It is strongly recommended you do this for an influenza, RSV or other potential respiratory outbreak | |
| Inform families and staff of outbreak | |
| Provide the LPHU outbreak letter to all residents' GPs | |
| Restrictions during outbreaks | |
| Restrict movement of staff between areas of facility | |
| Ensure that only vaccinated staff care for unwell residents | |
| Avoid resident transfers if possible | |
| Restrict unwell visitors | |
| Communal activities can occur if physical distancing can be maintained (consider moving any activities to outdoors where possible and in smaller groups) | |
| Antivirals for COVID-19 or influenza | |
| <p>Check standing orders or discuss with residents' GPs whether antivirals can or should be given for:</p> <ul style="list-style-type: none"> • treatment of COVID-19 (within 5 days of positive test or symptom onset) • treatment of influenza or suspected influenza (within 48 hours of symptom onset) • prevention of influenza infection in residents at risk and unvaccinated staff – this may be considered if the antiviral medicines can be given to the target group within a 24 hour time period | |
| Ventilation | |
| Increase fresh air into rooms, e.g., open windows and doors, while keeping it a comfortable temperature. Some evaporative cooling or commercial ventilation systems can be set to increase fresh outside air intake. | |

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| Use portable air cleaners/filters if needed to improve areas with poor air flow (if available) | |
| Vaccination | |
| Recommend and offer vaccination to all staff and residents who are not up-to-date with vaccination | |
| Monitor outbreak | |
| Monitor outbreak progress. Keep checking for new symptoms in residents and staff | |
| Continue to update the case list daily at the facility. Include both positive and negative test results. Note hospitalised cases. | |
| Residential Care Facilities should send case lists to the LPHU twice weekly. | |
| During an outbreak, contact the LPHU for advice as required | |
| Notify the LPHU within 24 hours if any deaths occur | |
| If COVID-19 is identified during an outbreak of another virus (e.g., influenza, RSV), follow the infection prevention and control guidelines for COVID-19 and manage the COVID-19 contacts | |
| Declare outbreak over | |
| <p>Declare the outbreak over when there are:</p> <ul style="list-style-type: none"> • for COVID-19 - no new cases in the final round of testing in affected wings/areas, and it is 7 days since the most recent positive test. Note: this may be later if advised by the LPHU • for influenza, RSV or other respiratory viruses - no new cases for 8 days since the onset of symptoms in the most recent case | |
| Review | |
| Review your outbreak management. Think about what worked well or what could have worked better. Update your outbreak management plan if needed. | |