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| Acute respiratory infections, including COVID-19 and influenza, in residential care facilities |
| Outbreak management checklist  **Version 2.2 – May 2025** |
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This checklist is for the operators of residential care facilities. It summarises what you need to do to manage cases and outbreaks of any acute respiratory infection, including COVID-19, influenza and respiratory syncytial virus (RSV). For more detail on the actions, see the full guidelines and additional resources available at [Acute respiratory infection management in residential care facilities](https://www.health.vic.gov.au/infectious-diseases/acute-respiratory-infection-management-rcf) <https://www.health.vic.gov.au/infectious-diseases/acute-respiratory-infection-management-rcf>.

## Acute respiratory infection

You should regularly monitor residents for symptoms of an acute respiratory infection and promote self-monitoring by staff. This is to detect respiratory infections early and enable prompt testing and management of symptomatic people.

**Symptoms of acute respiratory infection** may include:

* New or worsening respiratory symptoms: cough, difficulty breathing, sore throat, runny nose, blocked or stuffy nose.
* They might also have:
  + headache, muscle aches, fatigue (tiredness), nausea or vomiting and diarrhoea. Loss of smell, taste and appetite can also occur
  + fever (≥37.5°C) can occur but may not be present in older people.
* In older people, other symptoms may include confusion or an increase in confusion, change in usual behaviour, falling, or worsening of usual illnesses (for example, increasing difficulty breathing in someone with heart failure).

## Case isolation and staff exclusion periods

* **COVID-19:** Resident cases should isolate, and staff cases should be excluded from work for five days since symptom onset (or positive test if asymptomatic) provided that acute symptoms have resolved and a COVID-19 RAT is negative. Or, isolation or work exclusion can end after day seven if acute symptoms have resolved and there has been no fever for 24 hours, no testing required. Some residents should isolate for longer as guided by a medical practitioner. See full guidelines for more details.
* **Influenza:** Resident cases should isolate, and staff cases should be excluded from work for five days after symptom onset, and until symptoms have ceased. If antiviral treatment has started, isolation or work exclusion can end 72 hours after starting treatment, regardless of symptoms.
* **RSV and other acute respiratory infections:** Resident cases should isolate, and staff cases should be excluded from work, until acute symptoms have resolved.

## Outbreak definitions

* **COVID-19 outbreak:** two or more residents in the facility test positive to COVID-19 (PCR or RAT) within a 72-hour period.
* **Influenza outbreak:** two or more residents in the facility test positive for influenza within a 72-hour period.
* **RSV:** outbreak two or more residents in the facility test positive to RSV within a 72-hour period.
* **Other acute respiratory infection outbreak:** three or more resident cases of acute respiratory infection (ARI) in the facility within a 72-hour period.

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| Case and outbreak management checklist | Page reference | Checkmark with solid fill |
| Identify |  |  |
| Identify people with symptoms of acute respiratory infection. | 23, 26 |  |
| Identify if you meet the definition of an outbreak. | 25 |  |
| Activate your outbreak management plan in response to single case or outbreak. | 28 - 47 |  |
| Implement infection control measures |  |  |
| Isolate symptomatic residents. Seek and follow infection prevention and control advice. Cohort symptomatic residents with same diagnosis where practical. | 28-29  36-37 |  |
| Close door to the room of symptomatic residents if safe. Optimise ventilation – See Air quality and ventilation section. | 13 |  |
| Implement zoning system where practical. | 17, 29, 36 |  |
| Exclude symptomatic staff from workplace. | 30, 31, 39 |  |
| Staff must use recommended personal protective equipment (PPE) when caring for symptomatic people, confirmed cases and COVID-19 contacts. This may include surgical masks or P2/N95 respirators, depending on the infection, and eye protection, gloves and gowns when required. | 14, 28-29, 36-37 |  |
| Ensure symptomatic visitors do not enter the facility. Any essential visitors should be educated on how to safely use the same PPE as recommended for staff. | 32, 43-44 |  |
| Display a transmission-based precautions sign outside suspected or confirmed case room. | 29, 37 |  |
| Reinforce standard precautions (hand hygiene, cough etiquette) and mask-wearing throughout facility. | 28-29, 36 |  |
| Ensure availability of alcohol-based hand rub at each bed space and in communal areas. | 45 |  |
| Display outbreak signage at entrances to facility. | 31 |  |
| Increase cleaning and disinfecting of high touch surfaces to at least twice a day. | 20-21 |  |
| Establish additional staff break areas, encourage physical distancing and taking outside breaks, when possible. | 17 |  |

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| Test unwell residents and staff |  |  |
| Test all symptomatic residents and staff using a COVID-19 rapid antigen test (RAT) as soon as possible. | 26 |  |
| If RAT negative, organise multiplex respiratory PCR testing for symptomatic residents. | 26 |  |
| Identify isolation / exclusion period once test results known |  |  |
| Isolate residents for the recommended time. Cohort residents with same diagnosis, if needed. | 29-30, 41, |  |
| Exclude staff from work for the recommended time. | 30-31, 41-42 |  |
| If COVID-19 identified, 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, organise 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. | 33 |  |
| Identify COVID-19 contacts. | 25, 33-35, 37-39 |  |
| Regularly test residents and staff who are contacts. | 33-34, 37-39 |  |
| Develop to plan for contacts for monitoring for symptoms and regular testing and consider options for self-quarantine. | 34-35, 37-39 |  |
| Communicate mask wearing policy for resident contacts in shared areas and if leaving facility. | 38 |  |
| Implement mask recommendations for any staff who are contacts. | 38-39 |  |
| Recommendations for residents who are not considered contacts | 40 |  |
| Notifications at start of outbreak |  |  |
| Report COVID-19 cases to the Australian Government as required. | 26 |  |
| Report situations to WorkSafe as required. | 26 |  |
| Contact the general practitioner (GP) of unwell residents for clinical review. | 27 |  |
| Notify the Victorian Department of Health / LPHU of an outbreak – recommended for all respiratory outbreaks. | 27 |  |
| Inform families and staff of outbreak. | 19, 43 |  |
| Provide the LPHU outbreak letter to all residents’ GPs. | 30 |  |

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| Restrictions during outbreaks |  |  |
| Restrict movement of staff between areas of facility, wherever possible. | 30-31, 38-39 |  |
| Ensure that only staff who are up-to-date with vaccinations care for unwell residents, whenever possible. | 31 |  |
| Avoid resident transfers between affected and unaffected areas of facility, and new admissions to affected area of facility, when possible. Re-admit existing residents with appropriate planning and precautions. | 31 |  |
| Communal activities can occur if physical distancing can be maintained, and ventilation optimised. Consider moving any activities to outdoors where possible and in smaller groups. | 13, 22, 29, 40, 45 |  |
| Antivirals for COVID-19 or influenza |  |  |
| Check standing orders or discuss with residents’ GPs whether antivirals should be given for *treatment* of COVID-19 or influenza. | 30, 37 |  |
| Check standing orders or discuss with residents’ GPs whether antivirals can or should be given for *prevention* of influenza infection in residents at risk and unvaccinated staff. | 30 |  |
| Ventilation |  |  |
| Increase fresh air into rooms by opening windows. The door of a confirmed case or unwell resident should be kept closed when safe to do so. | 13 |  |
| Run bathroom exhaust fans where possible, with bathroom door slightly open. | 13 |  |
| Optimise ventilation through ventilation systems, as advised by maintenance staff. | 13 |  |
| Use portable air cleaners/filters if needed to improve areas with poor air flow, if available. | 13 |  |
| Vaccination |  |  |
| Recommend and offer COVID/influenza vaccination to all staff and residents who remain well and who are not up to date with vaccination. | 12 |  |
| Monitor outbreak |  |  |
| Monitor outbreak progress. Regularly monitor for new symptoms in residents and staff, isolate and test symptomatic people. Regularly test COVID-19 contacts. | 32, 42 |  |
| Continue to update the case list daily at the facility. Include both positive and negative test results. Note hospitalised cases. | 32, 42 |  |
| Residential care facilities should send case lists to the LPHU twice weekly. | 32, 42 |  |
| During an outbreak, contact the LPHU for advice as required and notify the LPHU within 24 hours if any deaths occur | 32, 42 |  |
| If COVID-19 is identified during an outbreak of another virus (for example, influenza or RSV), follow the infection prevention and control guidelines for COVID-19 and manage the COVID-19 contacts – see Section 8. | 36 |  |
| Declare outbreak over |  |  |
| All outbreaks (COVID-19, influenza, RSV or other respiratory viruses) can be declared over seven days after the last case tests positive, or the date of isolation of the last case (whichever is longer). | 32, 45, 47 |  |
| Review |  |  |
| Review your outbreak management plan | 32, 46 |  |
| Undertake a multidisciplinary debrief to identify lessons learned and ongoing education requirements | 32, 46 |  |
| Update your outbreak management plan to include learnings from your review, if needed | 11 |  |

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