Australian Government

COVID-19 Escalation Tiers And Aged Care Provider Responses

November 2020

Overview

1. Australian Health Sector Response to COVID-19

The Australian Health Sector Emergency Response Plan for Novel Coronavirus (the Health Sector Plan) is designed to guide the Australian health sector response to COVID-19. The strategic objectives across all stages and activities proposed in the Health Sector Plan are to:

- Identify and characterise the nature of the virus and the clinical severity of the disease in the Australian context
- Minimise transmissibility, morbidity and mortality
- Minimise the burden on/support health systems
- Inform, engage and empower the public.

Activities to be implemented will be selected by the Australian Health Protection Principal Committee (AHPPC), in consultation with relevant parties and on advice from expert bodies. The AHPPC manages the implementation of the national health sector response, in consultation with relevant stakeholders.

2. Aged care response to COVID-19

The AHPPC recognised early in the COVID-19 pandemic that residents of residential aged care facilities (RACFs) were particularly vulnerable to COVID-19. Accordingly, the health and wellbeing of this population has been in the deliberations of the AHPPC throughout the pandemic.

National aged care statements and guidelines reviewed and endorsed by the AHPPC (and developed by the AHPPC subcommittees of Communicable Diseases Network Australia (CDNA) and Infection Control Expert Group (ICEG)) are:

- CDNA national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia
- Coronavirus (COVID-19) Guide for Home Care Providers
- AHPPC Coronavirus (COVID-19) Statement: Recommendations to Residential Aged Care Facilities
- ICEG Coronavirus (COVID-19) Environmental cleaning and disinfection principles for health and residential care facilities
- ICEG Coronavirus (COVID-19) guidelines for infection prevention and control in residential care facilities
- AHPPC advice on residential aged care facilities
- AHPPC update to residential aged care facilities about minimising the impact of COVID-19

- ICEG Coronavirus (COVID-19) – Recommended minimum requirements for the use of masks or respirators by health and residential care workers in areas with significant community transmission
- ICEG guidelines on cleaning and disinfection of protective eyewear in health and residential care facilities
- AHPPC Guide to the Establishment of an Aged Care Health Emergency Response Operations Centre.

The Aged Care Quality and Safety Commission also provides a range of useful guidance materials.

3. Government support for providers and workers

The Australian Government provides support to Australian Government-funded aged care services (residential and in-home care) with a COVID-19 outbreak. This includes additional personal protective equipment (PPE), workforce support and cost reimbursements.

Further information and links to available supports are available at the Department of Health's Government support for providers and workers webpage.

4. Purpose and audience

This document is to provide guidance for aged care providers on actions (recommended or required) to be undertaken depending on the COVID-19 situation within the community.

The Department of Health has developed the escalation tiers and aged care providers response framework overleaf. This has been reviewed against and is consistent with the national aged care statements and guidance listed in section 2 above.

Reviews of these documents have been undertaken to ensure consistency between this guidance and the escalation tiers and aged care provider responses.

The primary intended audience is residential aged care providers.

5. Commonwealth definition of a hotspot

The Commonwealth trigger for consideration of a COVID-19 hotspot in a metropolitan area is the rolling 3 day average (average over 3 days) of 10 locally acquired cases per day. This equates to over 30 cases in 3 consecutive days.

The Commonwealth trigger for consideration of a COVID-19 hotspot in a rural or regional area is the rolling 3 day average (average over 3 days) of 3 locally acquired cases per day. This equates to 9 cases over 3 consecutive days.

6. Table 1 – escalation tiers

Table 1 details three escalation tiers and provides an overview of the:

- situation or scenario that is commonly seen against each tier
- overarching public health objective against each tier
- focus of action that residential aged care providers should take in response to a situation of escalating, or de-escalating, COVID-19 outbreak.

7. Table 2 – provider actions by escalation

Table 2 provides a detailed list of the actions that residential aged care providers should take in response to a situation of escalating, or de-escalating, COVID-19 outbreak.

It is important to note that:

- the primary focus should be on preventative action
- any action that is required at Tier 1, will automatically be required at Tier 2 and Tier 3 above.
- as a matter of best practice, residential aged care providers should complete this checklist when first received. This will help to determine whether there are any future actions that may be required but which may not yet be in place.

Table 1: Proposed escalation tiers

		TIER 1	TIER 2	TIER 3

Situation		• Epidemic* of no transmission or no locally acquired cases; only cases are those from people who have travelled overseas	• Epidemic* of jurisdictionally defined hotspots such as:
			– localised outbreaks with cases occurring in:
			   › households,
			   › licenced venues,
			   › fitness centres,
			   › shopping centre
			• OR
			– a single case in a setting with high transmission risk such as a correctional facility or a RACF
			• OR
			– a flag such as an upstream source not able to be identified
				Epidemic* of COVID-19 in the community

Public Health Objective		• Prevent introduction of COVID-19	• Investigate and control if required • Prevent further COVID-19 spread • End the chain of transmission	• Control COVID-19 transmission • Prevent seeding to new areas • Clinical care
Focus of Action		• Preparedness i.e., getting everything in order	• Tier 1 plus a ramp-up of activities such as: – raising awareness – encouraging people in specific locations to come forward for testing – a renewed focus on IPC training – (depending on what is occurring in the community) compulsory mask use; visitation considerations, asymptomatic testing or implementation of single site worker arrangements	• Tiers 1 and 2 as well as public health interventions such as: – mask wearing – visitation restrictions – asymptomatic testing – single site worker arrangements – encourage people to work from home – avoiding nonessential travel i.e. a fullramp up of all activities

*An epidemic or outbreak is the occurrence of more cases of disease than expected in a given area or among a specific group of people over a particular period of time (*Source: https://www.cdc.gov/csels/dsepd/ss1978/lesson6/section2.html*)

Table 2: Provider actions by escalation tier

Sections

1. Surveillance
2. Visitation restrictions
3. Infection prevention and control, infection control training and PPE
4. On site escalation
5. Aged Care Response Centre
6. Planning
7. Communication
8. Residents, resident identification and movement
9. Workforce
10. Contact tracing

● Required   ○ Recommended

ACTIONS	TIER 1	TIER 2	TIER 3
1. Surveillance			
Screening of staff and visitors at point of entry	●	●	●
Maintain a COVID Outbreak Management Plan (OMP)	●	●	●
Maintain an up to date register of employees including address and any other employment arrangements	●	●	●
2. Visitation restrictions			
Ensure visitation restrictions comply with public health orders, and the Industry Code for Visiting Residential Aged Care Homes during COVID-19	●	●	●
Ensure that RACF's have alternative arrangements to keep family members connected with relatives in care to manage the risks of mental and emotional wellbeing	●	●	●
3. Infection prevention and control, infection control training and PPE			
Ensure masks and PPE use in accordance with national guidelines and public health orders	●	●	●
All staff have completed Infection Control and Prevention (ICP) training and are competent in its use. Regular refresher ICP training conducted to maintain staff competency (this includes donning and doffing of PPE)	●	●	●
Clean and dirty areas need to be identified, including corridors, office areas, meal areas and bathrooms	●	●	●

ACTIONS	TIER 1	TIER 2	TIER 3
Resident cohorting plan including areas for donning and doffing agreed and tested	●	●	●
Facility and staff training around other modes of infection prevention and control such as resident cohorting	●	●	●
Ensure adequate supply of PPE is available, counting stock each day and replenishing according to established trigger thresholds	●	●	●
4. On site escalation			
Single case in a residential care facility (worker or resident) • Instigate first 24 hour protocols, including deployment of: – Rapid response case manager – Testing – Aspen (or other approved equivalent) First Responder Nurse – Emergency PPE from the National Medical Stockpile – Workforce surge support	–	●	●
5. Aged Care Response Centre			
Engagement with aged care health emergency response centre	○	○	●
6. Planning			
COVID Outbreak Management Plan in place (and has exercised) that includes: • Escalation processes • Roles and responsibilities, including identification of clinical and OMP team lead • Contingency plans for additional staffing, including if management staff are unable to attend the facility • Floor plan including zoning, donning and doffing locations	●	●	●
Contact details of managers, contractors (such as cleaning, food supply and waste management) readily available	●	●	●
Maintain an accurate list of all staff, contractors and visitors who attend the facility, including dates and times, with contact details	●	●	●
Maintain an accurate list of which visiting health professionals are able to continue providing face to face services (in line with local level restrictions)	●	●	●

ACTIONS	TIER 1	TIER 2	TIER 3
Determine if waste management contractors have capacity to increase frequency of collection due to increased PPE use	●	●	●
Determine how to provide food for staff and residents in the event of an outbreak including ensuring culturally appropriate food and special diets where required	○	○	●
Ensure generic passwords and access to IT systems for surge staff	○	○	●
Systems to access secure areas, key, proximity passes need to be set up	○	●	●
Provide signage in shared areas e.g. team rooms regarding maximum number of people permitted	○	●	●
Confirm contact with the local public hospital, and ensure connection to primary care, GPs and geriatric in-reach	○	●	●
Screening staff and visitors on entry to the facility as well as the enforcement and support of staff, to stay home when unwell in accordance with public health orders.	●	●	●
Implement increased cleaning protocols	●	●	●
7. Communication			
Notify the Department of Health and State officials immediately, in addition to notifying your public health unit if you have any confirmed COVID-19 cases of either residents/care recipients or workers in your facility, service or program report to the Department at agedcareCOVIDcases@health.gov.au	○	●	●
Systems in place to manage communications and engagement with families of residents and community that support the RACF including a register of full contact details	●	●	●
Facilitate resident and family access to independent advocacy support and ensuring contact details are provided for OPAN state/territory Service delivery organisation	●	●	●
Early engagement with residents, families and staff on possible scenarios to enable understanding of such situations should they arise.	●	●	●
Conducting meetings (e.g., Zoom or similar) with families of residents in affected RACFs	○	○	●

ACTIONS	TIER 1	TIER 2	TIER 3
8. Residents, resident identification and movement			
Wristband identification of residents, particularly in instances where in-reach teams are being utilised or hospital transfer is required or if surge or replacement workforce are being used.	○	●	●
Contemporary residents' records, including Next of Kin (NOK) and Advanced Care Directives (ACD) status, need to be maintained and accessible by staff as needed.	●	●	●
Master List of contacts (including alternate contacts) available securely offsite	●	●	●
For each resident, a prepacked bag, stored in their room, with a copy of a current ACD, medication chart, known allergies, a 24 hour supply of continence products (if required), any special care advice (e.g. if they react in certain ways.), NOK and GP details	○	●	●
Consideration of including advice on at what point of an outbreak is it best for families to remove their family member from a RACF to care for them at home that is informed by resident's view.	●	●	●
Establish a plan, including resident communication strategy, for cohorting residents and staff which is ready to activate immediately to reduce transmission.	○	●	●
9. Workforce			
Staff rosters to be organised in teams or cohorts and allocated to designated areas so not all staff become close contacts in an outbreak	○	○	●
Plan for a staff surge taking into account additional demands on staff time, such as the delays caused by donning and doffing of PPE, case management the need for more frequent breaks	○	●	●
Zone staff to minimise staff movement and reduce the risk of an entire workforce needing to quarantine	○	○	●
Identified area/s for staff to change out of uniforms before going home	○	○	●
Understand work, health and safety requirements (refer to Safe Work Australia)	●	●	●
More front of house staff to contact families and take calls	○	○	●
Consideration of implementing single site worker arrangements	○	○	●

ACTIONS	TIER 1	TIER 2	TIER 3
Consideration should be given to the following when mobilising replacement/surge staff, including: • Profile and needs of the resident population • Staffing profile, including management team and how this will be increased to allow for infection control and ongoing replacement of staff if further transmission occurs • Facility layout and feasibility of implementing cohorting • Handover procedures (resident records, advance care directives, access codes to medicines and equipment)	●	●	●
10. Contact tracing			
Contact tracing of staff in aged care services needs to be done with urgency to reduce the potential of multiple staff members being considered close contacts. Accurate staff shift records are required.	○	●	●