


# Aged Care Facilities COVID-19 Outbreak Management Checklist

## Outbreak Management Checklist


### COVID-19 Response in Residential Aged Care

This checklist is designed to guide and assist residential aged care facilities in identifying and managing an outbreak of COVID-19. A number of key actions should be taken to reduce the risk of transmission and to manage the outbreak effectively and efficiently. This step-by-step approach does not require each action to be undertaken sequentially; in practice many of the steps may be carried out simultaneously. Additional items to be added by the aged care facility as required, based on local risk assessments, governance, staffing and building structures.


The outbreak will be managed in accordance with the local COVID-19 Outbreak Management Plan and overseen by the Outbreak Management Team.

TASKS	ACTIONS/RESPONSIBILITY	
<b>Recognise potential or suspected outbreak</b>		
<b>Resident(s)</b>		
Identify confirmed, probable or suspected case/s <a href="#">using current case definition</a>		
Testing of confirmed, probable or suspected case/s completed		
Determine how test results will be received and the timeframe		
Seek urgent medical review of probable and suspected cases		
<b>Notification of a staff member with suspected, probable or confirmed symptoms</b>		
Confirmation of test positive. If at work, remove staff member immediately from work area and send home for self isolation		
Determine shifts worked during period of infectivity (48 hours prior to onset of symptoms)		
Notify local Public Health Unit <ul style="list-style-type: none"> <li>- Number of residents; and/or</li> <li>- Number of staff</li> </ul>		


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TASKS	ACTIONS/RESPONSIBILITY	
<b>Outbreak declared</b> Based on definition from <a href="#">CDNA</a>		
<b>Pandemic Plan activated</b>		
<b>Outbreak management team convened</b>		
Set up daily briefing sessions for outbreak management team		
Determine what will be included in the daily team briefing and risk assessments		
Communication strategy activated		
Determine if visitors will be restricted or no visitors permitted		
<b>Begin collection of preliminary information (Contact Tracing &amp; Outbreak Investigation)</b>		
This <a href="#">information will be required</a> with the ongoing notification to the local NSW Public Health Unit – preference is the information is recorded electronically on an excel spreadsheet. Paper based records are also acceptable ( <b>See examples in Appendix A</b> )		
<b>Residents</b> <ul style="list-style-type: none"> <li>Resident name, DOB</li> <li>Room and building number</li> <li>Signs and symptoms and date of onset</li> <li>Possible source of transmission</li> </ul>		
<b>Staff</b> <ul style="list-style-type: none"> <li>Signs and symptoms and date of onset</li> <li>COVIDsafe App installed</li> <li>Possible source of transmission</li> <li>Number of residents cared for during the period - names</li> <li>Review of staff roster for period of infectivity</li> </ul>		


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<ul style="list-style-type: none"> <li>Review of staff allocation for period of infectivity</li> </ul>		
<b>TASKS</b>	<b>ACTIONS/RESPONSIBILITY</b>	
<b>Staff who work across multiple facilities</b> <ul style="list-style-type: none"> <li>Ask staff to self-declare secondary employment</li> <li>Determine if there is a transmission risk if staff work across multiple facilities or has a secondary employment</li> </ul>		
<b>Visitors</b> <ul style="list-style-type: none"> <li>Visitor log – legible names, contact details, date/time and who they visited</li> </ul>		
<b>Notify</b>		
Notify GPs of suspected residents included in the outbreak (contact and/or symptomatic) – document in health record		
Notification to the Primary Health Network (PHN) may be required if other aged care facilities within the PHN		
Notify General Manager/Director of Nursing & Midwifery local hospital (as per Protocol to support joint management of a COVID-19 outbreak in a residential aged care facility (RACF) in NSW)		
Notify residents and families of suspected outbreak – document in health record		
<b>Notify staff of suspected outbreak</b>		
<ul style="list-style-type: none"> <li>Executive/management</li> </ul>		
<ul style="list-style-type: none"> <li>Nursing and care staff</li> </ul>		
<ul style="list-style-type: none"> <li>Allied health staff</li> </ul>		

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TASKS	ACTIONS/RESPONSIBILITY	
<ul style="list-style-type: none"> <li>Cleaning staff/contractors</li> </ul>		
<ul style="list-style-type: none"> <li>Catering staff/contractors</li> </ul>		
<ul style="list-style-type: none"> <li>Laundry staff/contractors</li> </ul>		
<ul style="list-style-type: none"> <li>Maintenance personnel</li> </ul>		
<ul style="list-style-type: none"> <li>Transport personnel</li> </ul>		
<ul style="list-style-type: none"> <li>Volunteers</li> </ul>		
<ul style="list-style-type: none"> <li>Others (e.g. chaplains, pet therapy, gardeners)</li> </ul>		
<b>Reinforce/implement infection control measures</b>		
Reinforce/re-educate standard precautions throughout facility immediately. Keep education records of staff trained		
Ensure access to adequate supply of hand soap, paper towels and TGA registered/approved alcohol-based hand rub. Review placement of alcohol-based hand rub products		
Ensure adequate availability of tissues and lined waste bins throughout facility and in resident's rooms		
Display respiratory hygiene and cough etiquette signage (refer to state and territory government websites) – educate affected residents + provide tissues, bin and hand hygiene product (depending on capability of resident)		
Offer influenza vaccination to residents and staff who have not been immunised Consider pneumococcal vaccination for those eligible residents		
Implement transmission-based precautions immediately. Keep education records of staff trained		


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TASKS	ACTIONS/RESPONSIBILITY	
Determine if a PPE Buddy is required for any staff – review of PPE breaches		
Identify and isolate / cohort all symptomatic residents, and suspect and probable cases until negative test result received		
Dedicate staff to affected resident/s or identified outbreak zones		
Provide PPE stations outside affected resident room/s (gloves, surgical masks, long-sleeved impermeable gowns, eye/face protection) – for standard and transmission based precautions		
Display <a href="#">contact and droplet precaution</a> signage outside affected rooms		
Display PPE donning and doffing signage		
Dedicate equipment to affected resident/s if possible. Shared equipment must be cleaned and disinfected between each resident use		
Provide cleaning (detergent/disinfectant wipes) for cleaning of shared equipment		
Display outbreak signage at entrances to facility		
Increase environmental cleaning frequency (see below) <ul style="list-style-type: none"> <li>• Provide enhanced cleaning for specified shared areas that may have been used by suspected COVID-19 residents</li> <li>• Review furniture and fixture in outbreak zones to ensure they are in good repair and fit for purpose – able to be cleaned</li> </ul>		
Declutter furniture and store those not required to reduce cleaning		
Avoid the use of nebulisers and use spacers where possible.		

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If a nebuliser is required, staff will require airborne/contact/droplet precautions		
TASKS	ACTIONS/RESPONSIBILITY	☑
Screening and testing		
Organise the collection of specimens by a trained healthcare professional or pathology collector		
Advise staff to monitor themselves for <a href="#">symptoms of respiratory illness</a> and to stay home and seek testing if unwell Determine how information can be gathered for staff taking sick leave – for symptoms of COVID-19		
Closely monitor the health of staff, including fever screening, where appropriate		
Exclude symptomatic staff until test results available		
Restrict		
Restrict movement of staff between areas of facility and between other facilities		
Avoid resident transfers within the facility if possible		
Ensure staff and GPs are aware of infection prevention and control guidelines for transferring residents to and from hospital, including isolation requirements for new and returning residents		
If visitors are restricted: Screen visitors for <a href="#">risk factors</a> and exclude as necessary + <ul style="list-style-type: none"> <li>• Flu vaccination</li> <li>• Temperature check</li> <li>• Scheduled visits</li> <li>• Ensure physical distancing</li> <li>• Limit number of visitors</li> </ul>		

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<ul style="list-style-type: none"> <li>Decide if children will be restricted</li> <li>Other – to be decided by facility</li> </ul>		
TASKS	ACTIONS/RESPONSIBILITY	
Restrict movement of visitors. Visiting in resident rooms only – not communal areas		
Close communal areas in affected areas		
Suspend non-essential group activities e.g. excursions, concerts, art and craft activities		
Postpone visits from non-essential external providers (e.g. hairdressers and allied health professionals).		
Organise/facilitate Telehealth options for residents with GPs and other health providers		
Ensure other means of electronic communication between residents and family/friends		
Monitor		
Continue to monitor clinical symptoms of residents, not just for COVID-19		
Monitor outbreak progress through increased observation of residents for <a href="#">symptoms of respiratory illness</a>		
Maintain line listing of suspect, probable and confirmed cases (staff and residents)		
Screen new and returning residents before entry		
Update Public Health Unit daily – same person to provide reports to enable consistent information is provided. Information discussed at Outbreak Response Meeting		
Review care plans regularly particularly for at-risk and vulnerable residents		

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TASKS	ACTIONS/RESPONSIBILITY	<input checked="" type="checkbox"/>
Staff break room away from resident outbreak zones		
<b>Environmental cleaning and disinfection</b>		
Allocate trained staff for cleaning of affected areas – ensure they are skilled to perform routine, additional and terminal cleaning		
Provide cleaning staff with disposable gloves, surgical masks, gowns/aprons and eye/face protection for cleaning tasks		
Schedule daily cleaning of all well resident's rooms and communal areas using neutral detergent		
Schedule <b>at least daily</b> cleaning and disinfecting of symptomatic resident's rooms (2-step or 2-in-1 clean) ( <a href="#">definition and instructions</a> )		
Schedule <b>at least twice daily</b> (or more frequent) cleaning and disinfecting of frequently touched surfaces (2-step or 2-in-1 clean) e.g. taps, handrails, bedside tables, tables, doors, counters, taps, toilets, light switches and shared equipment		
Schedule terminal cleaning of ill resident's rooms when moved, transferred or discharged		
Supply suitable detergent/disinfectant solution/wipe for cleaning and disinfecting shared equipment between each resident use. ( <a href="#">definition and instructions</a> )		
<b>Catering</b>		
Ensure only catering staff perform food and drink preparation activities		



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TASKS	ACTIONS/RESPONSIBILITY	<input checked="" type="checkbox"/>
Wash crockery and cutlery as usual. Disposable crockery and cutlery are not required		
<b>Laundry</b>		
Adhere to AS/NZS 4146:2000 Laundry practice		
Provide laundry staff with long-sleeved fluid-resistant gowns and disposable gloves for transporting or handling soiled/contaminated linen/laundry		
Provide plastic bags for soiled/contaminated linen and educate staff on double bagging if required for transfer to laundry		
Ensure linen is washed using hot water (>65 degrees for 10 minutes) with standard laundry detergent		
Ensure shared linen is dried in a dryer on a hot setting		
Ensure personal laundry is laundered on site and not taken home by family members		
Restrict family members entering laundry unless supervised		
<b>Waste management</b>		
Manage waste in accordance with routine procedures		
Dispose clinical waste in clinical waste streams		
Provide staff with gloves and aprons for transporting or handling contaminated waste		
Other priorities decided by aged care facility		
<b>Staff stations</b>		

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TASKS	ACTIONS/RESPONSIBILITY	✓
<ul style="list-style-type: none"> <li>• Free of clutter</li> <li>• No shared food or drinks</li> <li>• Free of personal mobile devices</li> <li>• Personal drink bottles/cups must be cleaned and labelled</li> <li>• Regular shift cleaning of shared electronic equipment eg phones, computers</li> <li>• Maintain physical distance when able to</li> </ul>		
<b>Other priorities to be decided by aged care facility</b>		
Exit strategy for the outbreak – declare the outbreak over		
Communication and debriefing at the completion of the outbreak		

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## References

- Communicable Diseases Network Australia (2020). Coronavirus (COVID-19) guidelines for outbreaks in residential aged care facilities. Australian Government Department of Health. <https://www.health.gov.au/resources/publications/coronavirus-covid-19-guidelines-for-outbreaks-in-residential-care-facilities>
- Communicable Diseases Network Australia (2020). Coronavirus Disease 2019 (COVID-19). Australian Government Department of Health. <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>
- Infection Control Expert Group (2020). Coronavirus (COVID-19) guidelines for infection prevention and control in residential care facilities. Australian Government Department of Health. <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/advice-for-people-at-risk-of-coronavirus-covid-19/coronavirus-covid-19-advice-for-people-in-aged-care-facilities>
- Australian Guidelines for the Prevention and Control of Infection in Healthcare, Canberra: National Health and Medical Research Council (2019). <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019>
- NSW Health Residential aged care facility outbreak management <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/racf-outbreak-management.aspx>
- Protocol to support joint management of a COVID-19 outbreak in a residential aged care facility in NSW  
[Protocol to support joint management of a COVID-19 outbreak in a residential aged care facility \(RACF\) in NSW](#)
- NSW COVID-19 Incident Action Plan <https://www.health.nsw.gov.au/Infectious/covid-19/Documents/racf-incident-plan.pdf>
- COVID outbreak governance – residential aged care facilities <https://www.health.nsw.gov.au/Infectious/covid-19/Documents/racf-outbreak-roles.pdf>
- When to use PPE in aged care <https://www.health.gov.au/resources/publications/coronavirus-covid-19-when-to-use-personal-protective-equipment-in-aged-care>
- Leading Age Services Australia (LASA) – COVID-19 Resources <https://lasa.asn.au/covid-19>

## Acknowledgement:


- Australian Commission Safety and Quality in Health Care
- NSW Health Communities of Practice

# Aged Care Facilities COVID-19 Outbreak Management Checklist

## Appendix A

An example of a contact tracing assessment record from ISLHD

**SARS CoV 2**  
**Contact Tracing assessment and record**



**COVID-19 Exposure Record**

This sheet is to be completed by the IMACS CNC or delegate, and retained by IMACS when complete

**Index case information**

Name		Date first symptoms noted	_/_/_	Symptoms / comments	
DOB / MRN / Employee Number		*Category staff(S) / patient or resident (P/R) / visitor(V) / other(O)			
Hospital / facility / ward / dept	Contact phone number for facility / ward / dept				
Contact name for facility / ward / dept					
Exposure commenced (48 hours prior to symptom onset)	Date _/_/_	Time _:_	Exposure ended (date and time of isolation or transfer)		Date _/_/_ Time _:_

**Exposed Contacts- assessment of susceptibility and record of actions taken**

Name AND Telephone number	Patient/ resident room/bed number	Date of Birth or MRN	Contact description				Initial COVID test date	Initial COVID PCR test result	Initial COVID serology result	Exclude / isolate		Onset of symptoms _/_/_	NOTES including date and result of subsequent COVID tests
			Type	From	To	mins				From	To		
			Face to face: FF; > 15 minutes – no appropriate PPE										
			Same room: SR; > 2 hours – no appropriate PPE										

An electronic outbreak investigation record from ISLHD

SARS CoV2 OUTBREAK INVESTIGATION - ILLNESS REGISTER (LINE LISTING)																											
DATE:		FACILITY NAME:				NUMBER OF PATIENTS / RESIDENTS:																					
CASE DEFINITION: CONFIRMED, PROBABLE and SUSPECTED case definitions as published in <a href="https://www1.health.gov.au/internet/main/publishing.nsf/Content/7A8654A8C8144F5FCA2584F8001F91E2/\$File/COVID-19_SoNG-v3.4.pdf">https://www1.health.gov.au/internet/main/publishing.nsf/Content/7A8654A8C8144F5FCA2584F8001F91E2/\$File/COVID-19_SoNG-v3.4.pdf</a>																											
MRN (ISLHD patient) or date of birth	bed number	Is a transfer from home or another facility? (Y/N)	Surname	Firstname	Sex	Age	Date of onset of symptoms (dd-mmm)	Headaches	Fever	Cough	Sore throat	Shortness of breath	Loss of smell or taste	Abdominal Pain(s)	Diarrhoea	Myalgia	Other	Date of illness resolution (dd-mmm)	Sample Submitted to a laboratory? (Y/N)	pathology result	Link to known case or contact MRN Add comment	Seen by a Doctor? (Y/N)	Admitted to Hospital (Y/N)	Deceased (Y/N)	Date out of isolation (dd-mmm)	Comments	