Quick Guide to the CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia

An overview of the guidelines for management of suspected or confirmed COVID-19 cases in RCFs.
Disclaimer

The following information is entirely credited to and quoted from the CDNA and The Australian Government, Department of Health 2020.
• Aged care facilities are high-risk settings for infectious disease outbreaks. This is because there is often high density living with extensive close physical contact between staff and residents during the provision of care.

• Residents are at increased risk of severe illness and death due to their age and presence of co-morbid conditions. There are often many visitors, volunteers and staff moving between the community and facilities, which can promote the spread of infectious diseases.

• Residents of aged care facilities who require testing for SARS-CoV-2 should be tested on site, where feasible.
RCF CONSIDERED SPECIAL RISK SETTING

"Staff (including Healthcare workers) who have direct patient contact in a hospital or residential/aged care facility."

CDNA National guidelines for public health units.

"Healthcare workers and other staff with close patient contact who work in hospitals or residential/aged care facilities should take additional precautions because they come into contact with a high caseload of potentially vulnerable patients."

CDNA National guidelines for public health units.
PREVENTION DIRECTION FROM CDNA

• In addition to usual preventative protocols, aged care facilities should ensure that high rates of influenza vaccination are maintained amongst all occupants and staff.

• Messaging to discourage unwell visitors from visiting facilities and occupants should be reinforced, and care should be taken to ensure unwell staff and volunteers know not to present to work while symptomatic with any infectious condition.

• Visitors, residents and staff should be encouraged to increase their frequency of hand hygiene (with soap and water or using alcohol hand rub), surface cleaning, and to use correct cough/sneeze etiquette.
OUTBREAK DIRECTION FROM CDNA

• The vast majority of aged care facilities should have frameworks and protocols for testing and isolation in the event of respiratory disease outbreaks.

• Outbreaks of COVID-19 in residential care facilities should be managed with close reference to the *Coronavirus (COVID-19) guidelines for outbreaks in residential care facilities*.

• The guidelines provide specific advice on the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia.
Flowchart COVID-19 Management in RCF - CDNA

See Appendix 1 for Flowchart for COVID-19 Management in RCF (pg.24-25)
OUTBREAKS IN THE RCF

• It can be difficult to tell the difference between a respiratory illness such as COVID-19 and a respiratory illness caused by other viruses based on symptoms alone. Suspected COVID-19 cases are referred to as a ‘suspect case’ until a causative pathogen is identified through diagnostic testing (for example, nose and throat swab collection).

• While all respiratory viruses can cause outbreaks and significant morbidity and mortality, COVID-19 is acknowledged as a significant health risk particularly for the elderly and individuals with co-morbidities or low immunity.

• These guidelines will assist RCFs to manage all types of respiratory outbreaks, but the focus is predominantly on COVID-19.
RCF Requirements and Responsibilities During an Outbreak — CDNA

“The vast majority of aged care facilities should be primed and already have frameworks and protocols for testing and isolation in the event of respiratory disease outbreaks.” CDNA

- The primary responsibility of managing COVID-19 outbreaks lies with the RCF, within their responsibilities for resident care and infection control.
- All RCFs should have in-house (or access to) infection control expertise, and outbreak management plans in place.

RCFs are required to:
- Detect and notify outbreaks to state health departments.
- Self-manage outbreaks in accordance with this guideline, *the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)*, and *the Australian Health Sector Emergency Response Plan for Novel Coronavirus (2020)*.
- Confirm and declare an outbreak (refer to section 5).
- Follow advice on infection control measures and appropriate use of PPE, available on the Department of Health website.
- Confirm and declare when an outbreak is over (refer to section 5).
Declaring an Outbreak — CDNA

A potential COVID-19 outbreak is defined as:

- Two or more cases of ARI in residents or staff of an RCF within three days (72 hrs.)

A confirmed COVID-19 outbreak is defined as:

- Two or more cases of ARI in residents or staff of an RCF within three days (72 hrs.)
  AND
- At least one case of COVID-19 confirmed by laboratory testing

While the definitions above provide guidance, the state/territory PHU will assist the RCF in deciding whether to declare an outbreak.
It is the responsibility of RCFs to identify and comply with relevant legislation and regulations. RCFs must fulfil their legal responsibilities in relation to infection control by adopting standard and transmission-based precautions as directed in the *Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)* and by state/territory public health authorities.

Facilities must identify a dedicated staff member to plan, co-ordinate and manage logistics in an outbreak setting as well as communicate and liaise with the state/territory health department.

See Appendix 2 for COVID-19 Outbreak Checklist (pg.26)
“The prevention strategies outlined in this guideline should be included in the RCF outbreak management plan”

CDNA 2020
Appendix 3

**Template:** Letter to Families – Preventing Spread of COVID-19 (pg 27)
Forming the Outbreak Management Team — OMT

The OMT meets daily too:

• Direct and oversee the management of the outbreak

• Monitor the outbreak progress and initiate changes in response, as required

• Liaise with GPs and the state/territory Department of Health

See Appendix 9 for an overview of forming an Outbreak Management Team including roles and functions (pg. 38)
RECOGNISING COVID-19

- COVID-19 is a contagious viral infection that generally causes respiratory illness in humans.
- Presentation can range from no symptoms (asymptomatic) to severe illness with potentially life-threatening complications, including pneumonia.
- COVID-19 is spread by contact with respiratory secretions and fomites.
- Elderly residents often have non-classic respiratory symptoms. *RCFs should consider testing any resident with any new respiratory symptom*
SYMPTOMS OF COVID-19

• The most common signs and symptoms include: • fever (though this may be absent in the elderly) • dry cough

• Other symptoms can include: • shortness of breath • sputum production • fatigue • sore throat • loss of taste • loss of smell • diarrhoea

• Less common symptoms include: • headache • myalgia/arthralgia • chills • nausea or vomiting • nasal congestion • haemoptysis • conjunctival congestion

• Older people may also have the following symptoms: confusion or behavioural change, worsening chronic conditions of the lungs, loss of appetite
CDNA Case Definition - UPDATED 13th May 2020

Confirmed case
A person who: i. tests positive to a validated specific SARS-CoV-2 nucleic acid test; OR ii. has the virus isolated in cell culture, with PCR confirmation using a validated method; OR iii. undergoes a seroconversion to or has a significant rise in SARS-CoV-2 neutralising or IgG antibody level (e.g. four-fold or greater rise in titre).

Probable case
A person who: i. has not been tested, with fever (≥38°C) or history of fever (e.g. night sweats, chills) OR acute respiratory infection (e.g. cough, shortness of breath, sore throat) AND is a household contact (refer to Contact definition below) of a confirmed or probable case of COVID-19; OR ii. has detection of SARS-CoV-2 neutralising or IgG antibody AND has had a compatible clinical illness AND is a close contact (refer to Contact definition below) of a confirmed or probable case of COVID-19.

Suspect case
Clinical and public health judgement should be used to determine the need for testing in hospitalised patients and patients who do not meet the clinical or epidemiological criteria. A person who meets the following clinical AND epidemiological criteria:
Clinical Criteria: Fever (≥38°C) or history of fever (e.g. night sweats, chills) OR acute respiratory infection (e.g. cough, shortness of breath, sore throat).
Epidemiological criteria: i. In the 14 days prior to illness onset: Close contact, (refer to Contact definition) with a confirmed or probable case - International or interstate travel - Passengers or crew who have travelled on a cruise ship - Healthcare, aged or residential care workers and staff with direct patient contact - People who have lived in or travelled through a geographically localised area with elevated risk of community transmission, as defined by public health authorities ii. Hospitalised patients, where no other clinical focus of infection or alternate explanation of the patient’s illness is evident.
Residents with suspected or confirmed COVID-19 require appropriate healthcare support, including access to their primary care provider for medical management. Special considerations in the management of residents with suspected or confirmed COVID-19 in an RCF include:

- Immediately isolate ill residents and minimise interaction with other residents.
- If COVID-19 is suspected, have a low threshold for requesting medical review and testing.
- Transfer residents to hospital only if their condition warrants. If transfer is required, advise the transport service provider and hospital, in advance, that the resident is being transferred from a facility where there is potential or confirmed COVID-19. A sample transfer advice form is provided at Appendix 7.
- Notify the appropriate authorities as outlined in section 4.
IPC Advice for Suspected or Confirmed COVID-19 in a RCF

REFER TO THE FOLLOWING GUIDELINES

COVID-19 Infection Prevention and Control for Residential Care Facilities:

IN ADDITION

Guidance on use of personal protective equipment (PPE) in noninpatient healthcare settings, during the COVID-19 outbreak:
Specimen collection in the context of suspected or confirmed COVID-19

The recommended test and methods of sampling for COVID-19 is outlined in the CDNA COVID-19 Interim National Guideline. Once requested by a medical officer, collection by an appropriately trained GP or pathology provider is the preferred option for obtaining appropriate respiratory samples. RCF staff who have received the applicable training in respiratory sample collection and the proper use of PPE may also collect the appropriate samples. Residents do not need to be transferred to hospital for the purpose of testing for COVID-19. Guided by the clinical picture, the responsible medical officer may request testing for additional respiratory pathogens.

In certain high-risk outbreak settings, PHU may consider testing asymptomatic contacts to inform management of the outbreak.

- Refer to the following document - Specimen collection in the context of suspected or confirmed COVID-19
- See - CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia Appendix 4 for Swab Collection Procedure (pg. 29)
Notification of Suspected or Confirmed Cases of COVID-19

Laboratory confirmed COVID-19 is a notifiable disease in all Australian states and territories.

If an outbreak is suspected, the local state/territory Department of Health must be notified immediately.

Local Public Health Units (PHU) will assist with advice and guidance on appropriate follow on actions.
Transfer of Resident with Suspected or Confirmed COVID-19

Transfer of residents with suspected or confirmed COVID-19:
Transfer to a hospital only if their condition warrants. If a transfer is required, advise hospital and ambulance service, in advance, that the resident is transferring from a facility, where there is potential or confirmed COVID-19.

All transfers during an outbreak of COVID-19:
If the resident requires transfer to another facility, including a hospital, advise the hospital and transport provider in advance that the resident is being transferred from a facility where there is potential or confirmed COVID-19.

See Appendix 7 for a Transfer Form (pg.35)
Health care workers and other members of staff who develop symptoms of respiratory illness should immediately be excluded from the facility and remain away whilst a diagnosis is sought.

If COVID-19 is excluded, the staff member may be able to return to work once cleared and asymptomatic.

If a diagnosis of COVID-19 is confirmed, the staff member must be excluded until they meet the criteria for release from isolation outlined in the CDNA COVID-19 Interim National Guideline.

The RCF must make appropriate notification to the relevant authorities.

For additional information go to: CDNA COVID-19 Interim National Guideline
Release from Isolation Criteria — CDNA

Cases are considered to pose a risk of onward transmission and require isolation until the criteria listed in the release from the isolation section have been met.

Find the "Release from isolation criteria" in the Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units, page 15 on.

Declaring an Outbreak Over — CDNA

• The time from the onset of symptoms of the last case until the outbreak is declared over can vary. Generally, a COVID-19 outbreak can be declared over if no new cases occur within 14 days (maximum incubation period) following the date of isolation of the case.

• A decision to declare the outbreak over should be made by the OMT, in consultation with the PHU, who may recommend a longer period prior to declaring the outbreak over.

The following tool is recommended by the CDNA to give a framework for the outbreak debrief and any auditing requirements: https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-9-472
The CDNA recommends that residential care facilities regularly review the CDNA COVID-19 Interim National Guideline for updates and changes.
Further Information and Additional Resources

• Bug Control COVID-19 Flip Chart

• The CDNA recommends the use of this document to guide transmission-based precautions with regards to COVID-19 cases: https://www.who.int/docs/default-source/coronaviruse/clinical-management-of-novel-cov.pdf?sfvrsn=bc7da517_2

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