Australian Government
Department of Health and Aged Care

First 24 hours checklist

Management of acute respiratory infections or outbreaks in residential aged care homes

The first 24 hours in managing an acute respiratory infection (ARI) outbreak, like COVID-19, influenza and respiratory syncytial virus (RSV), in a residential aged care home is critical to minimising the spread of infection and its impact on residents, staff and visitors. This checklist is to help residential aged care providers and their staff to manage an ARI case or outbreak in the first 24 hours. Please visit the links within the checklist for more information.

The first 24 hours

Residential aged care providers must take all possible steps to prepare for and manage an outbreak in their home. An outbreak management plan (OMP) should be up to date and well-rehearsed for immediate activation.

Immediate steps: within 30 minutes – 6 hours

Activity	Steps to action within 30 minutes to 6 hours	Checklist

Isolate ARI cases – staff and residents	**Staff member(s)**
	Acute respiratory infections (ARI) –
	• If **on-site**, and the staff member is unwell, apply a surgical mask, leave the premises until they are well.
	• If **off-site**, check rosters to confirm when previously on-site.
	• Staff members who are a positive case should be excluded from the workplace until their acute symptoms have resolved and the recommended exclusion period has lapsed as per CDNA ARI Guideline or local public health unit (PHU) advice.
	  ○ In the event of critical staff shortages, liaise with local PHU/Department of Health and Aged Care if serious concerns regarding continuity of care or resident welfare.
	Resident(s):
	• Sensitively inform resident(s) and the resident's family or representative of their diagnosis.
	  ○ Ensure residents retain dignity and choice by discussing isolation preferences if they test positive to COVID-19 or they are unaffected.	

	• To inform your discussions with residents, you should always complete a risk assessment. Refer to the CDNA ARI Guidelines for guidance.
	• Make sure resident(s) have been assessed, prior to testing positive, by a General Practitioner (GP) or Nurse Practitioner (NP) for clinical care and suitability for antiviral treatment (COVID-19 and influenza).
	• Oral antivirals should be administered as soon as possible:
	  ○ **COVID-19** antiviral medications should be started within **5 days** of symptom onset
	  ○ **influenza** antiviral medications are most effective when started within **48 hours** of symptom onset.	

Activate your Outbreak Management Plan (OMP)	• Activate your OMP when the first resident tests positive for COVID-19, influenza or RSV and while awaiting test results of other residents for a potential outbreak. • Your IPC lead should be made aware of the positive case/outbreak and guide implementation of the OMP. • Notify key personnel identified in your OMP, including senior management, to implement their roles and to coordinate on-site leadership at all times.	

Implement IPC measures	• IPC Leads should implement enhanced IPC measures, identify and address any gaps including:
	  ○ review COVID-19 and influenza vaccination status of residents and staff
	  ○ undertake a local risk assessment to inform:
	  ▪ the appropriate level of personal protective equipment (PPE) for staff providing direct care or working within zones and PPE stations, hand hygiene and waste disposal are available
	  ▪ cohorting/zoning and relocation requirements
	  ▪ entry/access points to homes
	  ▪ dedicated breakout areas for staff within the zone.
	• Ensure environmental cleaning and disinfection of affected areas is completed by trained staff.	

Continue to monitor residents and staff	• Test symptomatic residents
	  ○ Ensure all symptomatic residents remain cohorted, either alone or with other COVID-19 positive residents, depending on their choice. You should identify residents and staff who may be considered high risk exposures and consider your plan for cohorting:
	  ○ If practical, cohort residents together where more than one resident case is positive with the same pathogen. Residents who are identified as contacts with similar exposures may also be cohorted together, depending on their choice to do so.
	• Encourage and facilitate GP/NP to continue to provide residents their routine primary care as needed either onsite and/or virtually.
	• Review COVID-19, influenza and RSV vaccination status of residents and staff - during an outbreak, encourage and support vaccination, in accordance with ATAGI recommendations.	

Control movement of people entering the building	• Receiving visitors is an important contributor to a resident's wellbeing and restrictions on visiting should be as least restrictive as possible, proportionate to the specific risk at hand and guided by a risk assessment. • RACHs should maintain access for Essential Visitors (those identified through Partners in Care and Named Visitor models) as well as for residents who are palliative or receiving end of life care). • To avoid further spread of infection, limit staff and visitors to specific areas of the home. Refer to the Sector Code for Visiting in Aged Care Homes or the CDNA ARI Guidelines for guidance on allowing visitors to your home. • Understand your jurisdiction's ARI screening protocols and follow the screening requirements in line with your state or territory public health advice.	
Reporting cases	• Notify positive COVID-19 cases in a RACH to the Commonwealth via the My Aged Care Service and Support Portal. Notification requirements for ARI outbreaks may differ between jurisdictions, and local requirements should be followed.	

	• Notify other care providers, RACHs, and hospitals where residents have had an exposure and have subsequently been transferred or require immediate transfer for care.	
Enact your communication plan.	• Communicate with residents, staff, families and visitors to inform them of the situation as soon as the OMP is activated. • Additionally, inform residents, families and visitors entering the RACH during an outbreak of the current situation, as well as any associated restrictions or recommendations. • Consider contacting OPAN for assistance/guidance with communicating with residents, families and loved ones.	
Check personal protective equipment (PPE) stocks and waste management	• You should have sufficient stocks of PPE available before an outbreak. • Do a stocktake of PPE, cleaning supplies and RATs and order additional supplies from commercial suppliers if required. • Contact existing waste removal suppliers and inform them of the potential increase in waste removal needs.	

Convene your first Outbreak Management Team (OMT) meeting	• Once an outbreak has been declared, homes should convene an internal OMT meeting and confirm roles and responsibilities:
	  ○ Outbreak Management Lead
	  ○ IPC lead(s).
	• Make sure you have as much information available before the OMT
	  ○ Includes number of onsite residents and staff, vaccination rates, number of positive cases, if you are cohorting staff and residents, workforce levels and IPC (includes PPE and waste).
	• Ensure the OMT meets and communicates regularly, with decisions documented.
	• The OMT should contact the local PHU if additional advice is needed, particularly in the event of sustained, unexplained transmission.
	• Regularly notify, update and report to your home's senior leadership and governing body.	

Workforce planning	• You should have workforce plans ready for an ARI outbreak and these should be regularly reviewed. • Support and use your existing workforce as efficiently as possible, including roles for isolated staff, Partners-in-Care and volunteers. • Manage staff identified as contacts using the CDNA ARI Guideline as guidance. • Once all existing recruitment resource channels have been exhausted, the Commonwealth may be able to assist approved providers with time-limited surge workforce support.	
ARI testing	• Test residents and staff for pathogens in line with advice from CDNA ARI Guideline, PHU or broader public guidance. • Follow PHU guidance of the use of PCR and RATs to diagnose influenza, RSV or COVID-19. • Report any COVID-19 positive results to the Commonwealth via the My Aged Care Service and Support Portal..	
Clinically monitor and manage impacted residents	• Manage impacted residents based on their clinical needs and in line with jurisdictional public health requirements. This includes detecting and responding to deterioration and decisions on health management and hospital transfers. • Discuss clinical management and treatment options, which includes pre-assessment for antiviral treatments, with GPs/NPs, in-reach services, or the PHU as required.	
Review advance care directives	• Clinical staff should familiarise themselves with any positive residents' advance care directives and make sure clinical decisions consider these plans and involve residents, families and representatives.	
Continue ongoing care	• Make sure that the ongoing care needs of all residents continue to be met (including medication rounds, assistance with meals and hydration, assistance with toileting and access to visitors).	

Within 6 hours to 12 hours

Action	Steps to action within 12 hours to 24 hours	Checklist
Cohort, zone and relocate	• In line with the CDNA ARI Guideline consider any zoning/cohorting requirements of residents who have tested positive as well as negative residents. • Where possible, residents should have their own room and bathroom. • Make sure staff comply with restrictions on use of shared areas, for example breakrooms. • Make sure staff rostering supports cohorting and staff are aware if they are caring for residents in isolation. • Discuss cohorting options including those outlined in your OMP with the PHU.	

Command based governance structure	• Move to the command-based governance structure outlined in your OMP.
	• Ensure senior leadership is onsite at all times including weekends and public holidays.
	• Provide thorough handovers for new staff for every shift and confirm:
	  ○ The Outbreak Management lead, IPC Lead and onsite facility manager.
	  ○ Everyone's roles and responsibilities.
	  ○ What to do if there is a problem.
	• Make sure escalation processes are well understood by all staff	

Enhance IPC measures	• Determine the on-the-ground IPC Lead for **each** shift.
	  ○ The IPC Lead should check outbreak IPC protocols are implemented.
	• Clean and disinfect residents' rooms often, as per guidelines on environmental cleaning.
	• Commence increased cleaning and disinfection of:
	  ○ any shared areas
	  ○ shared equipment
	  ○ frequently touched surfaces.
	• Provide orientation, IPC and PPE training for any new staff.	

Talk about vaccinations	• Talk to residents, their families or representatives about vaccination. • Emphasise the benefits of receiving vaccinations for COVID-19, influenza and RSV. • Organise vaccinations for residents yet to receive their vaccination for influenza, COVID-19 or RSV with either with their GP, Pharmacist or NP. • If you are unable to get a GP, NP or Pharmacist to administer the vaccination, organise a Commonwealth vaccination clinic. Speak to your PHN or email RACFVaccineClinics@health.gov.au for help book in a clinic.	

Within 12 hours to 24 hours

Action	Steps to action within 12 hours to 24 hours	Checklist
Social contact	• Homes should maintain residents' social contact with family, friends and loved ones. • Make sure residents have access to IT equipment to enable continued social contact. • Action social contact arrangements in your OMP. • Maintain visitors and Partners-in-Care and Named Visitors initiatives. • Consider a volunteer. • Clean shared IT equipment after each use.	
Follow-up communication	• Establish and maintain daily communication for residents, families and staff as per your communication plan. • Provide OPAN information kits to residents, families and staff that include details for advocacy services.	
Primary health care and allied health supports	• Continue primary health care and allied health support. • Make sure there is strong ongoing clinical governance of routine care. • Ensure there is access to a GP/NP to support treatment for residents who have tested positive. • Notify GP's of any residents that test positive to COVID-19.	
Support staff	• Establish fatigue management plans and share support information. • Continue to offer support to staff who are unable to attend work due to testing positive for an infectious respiratory disease. • Pre-plan and allocate offsite responsibilities to staff who are asymptomatic. • Consider a "buddy" system for peer support.	
Stay up to date with changes	• Stay up-to-date with your local arrangements. • Assign a staff member to review relevant state or territory webpages related to ARI, including updates from the Commonwealth and state or territory health department.	