



# OUTBREAK MANAGEMENT

Coronavirus  
(COVID-19)

An outbreak of COVID-19 in a residential care facility is likely to be worse than an outbreak of influenza.

In the outbreak in the aged care facility in Washington state USA, two thirds of residents (80/120) were infected. Of these, 32 per cent died.\*

It is possible that residents will not be able to be transferred to a hospital. For this reason, it is important to have advanced care plans in place ahead of outbreaks.

The information in this session should be read in conjunction with [Coronavirus Disease 2019 \(COVID-19\) Guidelines for Outbreaks in Residential Care Facilities](#).

Information regarding the COVID-19 pandemic is continually evolving, so please ensure that you regularly review the information at the [Australian Government Department of Health](#), as well as your [local state or territory health department](#).

\* European Centre for Disease Prevention and Control. Novel coronavirus disease 2019 (COVID-19) pandemic

## Symptoms of COVID-19

The most common signs and symptoms include:

- fever (note: fever may be absent in the elderly)
- dry cough

Other symptoms can include:

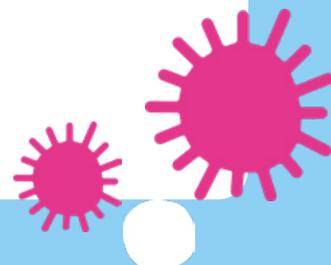
- shortness of breath
- coughing up thick mucus or phlegm
- fatigue

Older people may also have the following symptoms:

- increased confusion
- worsening chronic conditions of the lungs
- loss of appetite

Less common symptoms include:

- sore throat
- headache
- myalgia/arthralgia (generalised muscle or joint pain)
- chills
- nausea or vomiting
- nasal congestion
- diarrhoea
- haemoptysis (coughing up blood)
- conjunctival congestion (red, swollen and watery eyes)



## When is it an outbreak? 2 in 3

An outbreak is considered to have started if:

- 2 people in 3 days become sick with the symptoms AND at least one of these has a positive test for COVID-19.

While this is a guideline, the state/territory public health unit will assist in deciding whether to declare an outbreak.

## If you think an outbreak has started

- **Notify the local state/territory public health unit.** Depending on the stage of COVID-19 outbreak in the community, they may only be able to provide telephone support. Use the form at Appendix 5 in the [Coronavirus Disease 2019 \(COVID-19\) Guidelines for Outbreaks in Residential Care Facilities](#)
- **Establish an Outbreak Management Team.** This team will need to meet daily to monitor the outbreak and initiate changes. They should liaise with GPs and the public health unit as required. A small number of staff might need to perform multiple roles in the team.

Team members need to include:

- Chairperson
- Secretary
- Outbreak coordinator
- Media spokesperson
- Outside specialists if available: public health officer and general practitioner

## Outbreak Management Team STEPS

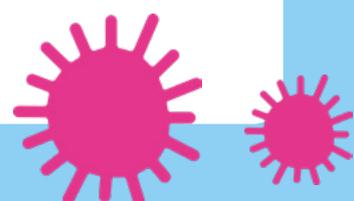
### 1. Clarify roles and responsibilities of the team

Clarification of the roles and responsibilities is available in the [COVID-19 Guidelines for Outbreaks in Residential Care Facilities](#).

### 2. Document the cases

Make a table such as the one below and update it daily.

Patient name/initials	Date the resident became unwell	Room location	Is the resident in a single room?	New location if moved
SD	13/3/2020	Lvl 2 Room 17	Yes	
LR	15/3/2020	Lvl 2 Room 18	No	Lvl 3 shared with other COVID case



### 3. Ensure affected residents are not spreading the virus to others

Place the unwell resident/s in a single room with own ensuite if feasible. Where possible, restrict the resident to their room.

If not feasible:

- Give highest priority of a single room to residents with excessive cough and sputum production.
- Place residents who are diagnosed with COVID-19 together in the same room with suitable roommates. Do not place residents who have not had a positive test into this room as they may have another infection such as influenza.
- Separate residents' beds keeping them apart by at least 1.5 metres.
- Keep a curtain drawn between residents' beds.
- Ensure all roommates have been vaccinated against influenza.

#### Ensure appropriate Infection Prevention Control (IPC) measures are used.

**Standard precautions** are IPC practices used routinely in healthcare and in any RCF with a suspected or proven COVID-19 outbreak, **they apply to all staff and all residents.** Key elements are:

- Hand hygiene before and after each episode of resident contact and after contact with potentially contaminated surfaces or objects (even when hands appear clean).
  - gloves are not a substitute for hand hygiene. When gloves are worn hand hygiene should be performed before putting them on and after taking them off.
- Use of PPE (gloves, gown, mask and eye protection) if exposure to body fluids or heavily contaminated surfaces is anticipated.
- Cough etiquette and respiratory hygiene
  - cough into a tissue (and discard tissue immediately) or into the bend of the elbow; perform hand hygiene.
- Regular cleaning of the environment and equipment.
- Provision of alcohol-based hand sanitiser at the entrance to the facility.

**Transmission-based precautions** are IPC practices used **in addition to standard precautions** to reduce transmission due to the specific route of transmission of a pathogen. Respiratory infections, including COVID-19, are most commonly spread by contact and droplets. Less commonly airborne spread may occur e.g. during high risk procedures.

#### a) **Contact and droplet precautions apply to:**

- care of all residents with suspected or confirmed COVID-19
- all staff when in contact with ill residents
- health care providers during clinical consultation or collection of diagnostic specimens.



Key elements are:

- standard precautions (as above)
- use of PPE, including gown, gloves, surgical mask, and eye protection when in contact with an ill resident
- isolation of ill residents in a single room, if unavailable see above
- enhanced environmental cleaning and disinfection of the ill resident's environment<sup>1</sup>
- limit number of staff, healthcare workers, and visitors in contact with the ill resident
- nebulisers have been associated with a risk of transmission of respiratory viruses and their use should be avoided. A spacer or puffer should be used instead.

**Note: All RCF staff should be trained in the correct use of PPE**, appropriate to their role. Incorrect removal of PPE is associated with a risk of personal contamination and spread of infection.

- a) **Airborne precautions are recommended**, in addition to all precautions outlined above, only when performing certain high-risk procedures and their use is unlikely to be needed in a RCF<sup>2</sup>.

**Note:** P2/N95 respirators should be used only when required for high-risk procedures and only by staff who have been trained in their use. They should be fit checked with each use to ensure an adequate face seal is achieved.

#### 4. Assign dedicated staff to these residents

It is preferable to allocate specific residential care facility staff to the care of residents in isolation. Allocated staff members should not move between care for COVID-19 patients to providing care for others.

**Considerations to choosing dedicated staff:** Ensure staff have recently completed infection control training. Do not assign staff who are at risk of having more severe disease if they are infected.

Information on people who are more at risk can be found on the [What you need to know page](#).

#### 5. Raise awareness

Signage should be placed to identify the need for droplet precautions in addition to standard precautions for infection control.

<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/approach-1-droplet-standard-precautions-photo>

<sup>1</sup> Refer to: Environmental Cleaning and Disinfection Principles for COVID-19 <https://www.health.gov.au/resources/publications/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities>

<sup>2</sup> Refer to: Interim recommendations for the use of personal protective equipment (PPE) during hospital care of people with Coronavirus Disease 2019 (COVID-19). <https://www.health.gov.au/resources/publications/interim-recommendations-for-the-use-of-personal-protective-equipment-ppe-during-hospital-care-of-people-with-coronavirus-disease-2019-covid-19>



## 6. Prevent COVID-19 from spreading to outside the facility

Suspend group activities, particularly those that involve visitors, musicians, exercise leaders.

Postpone visits from non-essential external providers (e.g. hairdressers, podiatrists).

Inform regular visitors including families of the outbreak of COVID-19 and request only essential visits. Children under 16 should not attend unless there are extenuating circumstances.

Visitors that do attend on a humanitarian basis should record their name and phone number on a register of visitors, visit only the ill resident, comply with personal protective equipment (PPE) as directed by staff, only enter the patient's room, not communal areas, and perform hand hygiene after leaving the resident's room and the facility.

## 7. Enhanced environmental cleaning

During an outbreak, enhanced cleaning of communal areas and residents' rooms is required. Frequently touched surfaces should be cleaned frequently and any resident care equipment cleaned and disinfected between each use or used exclusively for individual residents.<sup>3</sup>

- Cleaning staff should wear impermeable disposable gloves, a surgical mask and eye protection or a face shield while cleaning.
- Use a Therapeutic Goods Administration (TGA) listed disinfectant with a virucidal claim for general disinfection, floors should be cleaned with a detergent solution.
- Perform routine cleaning and take care to disinfect frequently touched surfaces with disinfectant solution/wipe at least daily or when visibly dirty; including bed rails, bedside tables, light switches, remote controllers, commodes, door handles, sinks, walking frames, walking sticks, handrails, food trays and table tops
- Clean and disinfect equipment after each use (as per normal IPC practice).
- Clean and disinfect surfaces that have been in direct contact with or exposed to respiratory droplets between each patient episode.
- For terminal cleaning, use either a 2-step clean (detergent first then disinfectant) OR a 2-in-1 step clean (using a combined detergent/disinfectant).

## 8. Monitoring the progress of the outbreak

Increase active observation of all residents for signs and symptoms of COVID-19. Update the table of cases every day.

The outbreak management team should call the state/territory public health unit if:

- There are more cases than can be managed; OR
- The number of new cases each day is increasing.

## Declaring the outbreak over

An outbreak of COVID-19 can be declared over if no new cases occur within 14 days following the date of isolation of the last case.

The decision to declare the outbreak over should be made by the Outbreak Management Team in consultation with the public health unit.

<sup>3</sup> Refer to: Environmental Cleaning and Disinfection Principles for COVID-19 <https://www.health.gov.au/resources/publications/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities>

