



Australian Government



VICTORIAN AGED CARE RESPONSE CENTRE

Outbreak Management Plan

Good Practice Guide

Preparation is essential in ensuring staff and management effectively identify, respond to, and manage a potential COVID-19 outbreak in a residential aged care facility (RACF).

An Outbreak Management Plan (OMP), tailored to individual facility requirements, should provide clear triggers for activation by on-site shift leaders, including reporting lines and defined roles, and enable escalation dependent on community transmission and severity.

[COVID-19 Escalation Tiers and Aged Care Provider Responses](#) provides detailed recommendations.

Outbreak event

Contact the Victorian Department of Health (previously DHHS) Case Contact Outbreak Management (CCOM): teamone.ccom@dhhs.vic.gov.au and the Australian Department of

Health: agedcareCOVIDcases@health.gov.au, support will be provided within first 24 hours.

Following notification, enact the OMP and begin contact tracing to minimise the spread of COVID-19.

OMP	Ensure the following incorporated	Achieved
Ensure plan effectiveness	Review the plan regularly for Victorian Department of Health public health direction updates.	
	Schedule regular 'stress testing' of the OMP with staff to clarify roles and responsibilities; identify and address gaps.	
Coordinate the Outbreak Management Team (OMT)	Designate roles: senior organisational leader, outbreak coordinator (infection prevention and control (IPC)), communication, clinical personnel (registered nurse). One person may have multiple roles.	
	Document roles: responsibilities, contact details, roster with leave provisions.	
	Implement policies that allow the OMT authority to make rapid risk-based decisions on outbreak management.	
	Designate backup for each key management role.	
Prepare staff and systems	Promote policies to support employees to stay home when unwell.	
	Document staff (nursing, care staff, allied health, kitchen services, etc) personal contact and roster details. Information should be easily accessible for shift leaders.	
	Note staff able to work in an outbreak. Note staff with capacity to increase hours. Note staff working at multiple sites.	

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OMP	Ensure the following incorporated	Achieved
	Identify agencies, or alternatives: extending shifts or pre-emptive recruitment, to access surge workforce (up to 80% furlough).	
	Document minimum staff requirements in all areas: including kitchen services, nursing and personal care assistants (PCA) and environmental services. - Consider impact of fatigue, increased tasks and workload, staff cohorting.	
	Produce surge workforce resources: orientation procedures and activities, handover processes, care planning, resident preferences, and personal protection equipment (PPE) requirements. - Consider process to allow access to electronic systems, resident clinical records, essential items including medication cabinets.	
	Identify working from home arrangements and responsibilities for furloughed staff: administration, family engagement and communication, off-site support.	
Ensure practical floorplan zoning	Review facility layout, plan for cohorting residents. Plan allocation of staff to zones.	
	Identify donning and doffing stations, entry and exit points, meal delivery, laundry removal, waste removal, PPE storage, staff break areas within zones. - Consider scenarios: one or multiple COVID-19 positive resident(s), one or multiple close contact(s).	
	Identify shared equipment requirements that will need zone allocation: meal trays, medicine trolleys, medical aids. - Consider flow of food, servery items, supplies, equipment, waste, laundry: ensure no or limited cross over from one zone to another.	
	Prepare for resident and nominated representative consent for on-site cohorting, and relocating possessions.	
	Plan for managing residents with wandering behaviours.	
Establish regular, consistent communication approaches	Detail differing communication needs: - Residents, families and friends, nominated representatives - Community visitors - Staff, contractors, visiting health professionals.	
	Establish outbreak communication channels, taking into account needs identified: - Phone calls, emails, website updates and online meetings - Timing and regularity of contact.	
	Core messages in communication includes changes in: - Visits and access for residents - Rooms, food service, shower routines - Managing end-of-life care - Potential changes aligned to cultural requirements.	
	Designate a staff member (and second) to lead communication activities, including managing inbound and outbound phone calls.	

OMP	Ensure the following incorporated	Achieved
	Develop templates for emails, website updates, online meeting invitations, and media responses, consider culturally appropriate language and translations.	
	Stock appropriate devices and resources, such as smartphones or tablets, or clear areas for window visits, to facilitate visitor contact.	
	Establish process for communication of COVID-19 positive results to residents and staff, consider support and compassion requirements, as well as culture requirements.	
	Using VACRC and Victorian Department of Health resources, prepare IPC, PPE and visitor guidance posters, designate display areas and source suitable multi lingual resources.	
Prepare PPE stock management	Ensure Tier 3 PPE stocks are sufficient for initial response 48-72 hours and supply chains are accessible ongoing. - Identify options and secure storage for large PPE stocks on-site.	
	Train all staff, including non-clinical areas such as kitchen services and reception, on different PPE types and use. - Conduct regular refresher training for donning and doffing. - Implement a buddy system to ensure IPC compliance.	
	Establish PPE stock control strategy, define escalation process for procuring large amounts of PPE.	
Infection prevention and control measures	Hand hygiene products readily accessible throughout facility.	
	Document screening process and update as necessary. Monitor Victorian Department of Health updates regularly.	
	Monitor transmission based precaution compliance.	
	Test asymptomatic staff, including night duty and regular contractors.	
	Document and update staff training and competencies.	
	Prepare signage for urgent isolation of residents.	
Plan waste management	Establish process for managing large waste volumes from point of generation to transport from facility.	
	Establish supply chain options for linen and waste management.	
	Train all staff on safe removal of waste.	
Prepare management of food services	Document and update staff training and competencies in safe food handling practices relevant to roles.	
	Plan safe food delivery to residents and minimise exposure to kitchen staff.	
	Identify alternate food provision if kitchen is required to close.	
	Plan for use and stock disposable crockery and cutlery, identify accessible supply chain.	
Prepare environmental cleaning strategy	Prepare for increased cleaning capacity, including supplies.	
	Document process for safe use of cleaning equipment.	
	Train staff in appropriate cleaning process in an outbreak.	

OMP	Ensure the following incorporated	Achieved
	<ul style="list-style-type: none"> - Develop a facility outbreak cleaning plan in line with Victorian Department of Health guidance. 	
Establish supports for continuity of care, physical and emotional wellbeing	<p>Detail contacts for all residents' GP, medical specialists and allied health professionals.</p> <ul style="list-style-type: none"> - Plan access processes, such as telehealth and in-reach services. - Telehealth access for counselling and emotional support. 	
	<p>Develop connections with local health service hub and residential in-reach services for clinical care support.</p> <ul style="list-style-type: none"> - Establish pathways for potential resident transfer to hospital. 	
	<p>Establish conditioning activities that provides movement and support while residents are required to physical distance. This can include:</p> <ul style="list-style-type: none"> - Video exercise classes - Outdoor access. 	