Australian Government

BE COVIDSAFE

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Infection Control Expert Group

COVID-19 Infection Prevention and Control for Residential Care Facilities

This Infection Control Expert Group (ICEG) advice is also endorsed by the Australian Health Protection Principal Committee. It provides guidance on:

- infection prevention and control (IPC); and
- the use of personal protective equipment (PPE), in residential care facilities (RCFs) during the COVID-19 pandemic.

For more guidance on infection prevention and control during the COVID-19 pandemic, see the Department of Health website.

ICEG recommends health care facilities and RCFs assess their COVID-19 risk and use the hierarchy of controls to apply a range of infection prevention measures.

In areas with significant community transmission of COVID-19 (defined by jurisdictional public health units) , health and care workers[1] may need to take extra precautions in certain clinical settings. This may include safeguards *above those usually indicated for standard and transmission-based precautions*. See ICEG guidelines on PPE in areas with significant community transmission for more information.

As a national document, the guidance on PPE contained here, is the **minimum standard**. ICEG continually reviews the advice as the situation changes. Check with your state or territory health department for specific advice for your area.

Use all PPE in line with the advice in the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019). It is also important to be mindful of the COVID-19 situation in your area.

For current case definitions and testing criteria see the Communicable Diseases Network Australia National Guidelines for Public Health Units.

Background

COVID-19 is an acute respiratory infection caused by the virus SARS-CoV-2. RCFs are vulnerable to outbreaks of respiratory infections and older people are among those most at risk of severe disease and death from COVID-19.

No COVID-19 vaccine is currently available. Staff, residents and visitors must avoid exposure to reduce the risk of an outbreak in a RCF. IPC measures and physical distancing are key to avoiding exposure and protecting residents and staff if an outbreak occurs.

[1] Includes health care workers, personal care workers and support staff who have direct contact with patients or residents in health and residential care facilities, where the risk of COVID-19 transmission is judged to be significant.

The Communicable Diseases Network Australia has published additional advice on managing COVID-19 outbreaks in RCFs .[2]

General principles of infection prevention and control in RCFs

- RCFs should base infection prevention and control measures on a risk assessment process and application of a range of infection prevention measures. Manage the risk related to COVID-19 using the hierarchy of controls.
- Provide information about routine IPC to staff, residents (as far as possible) and visitors (as appropriate).
- Train all staff in basic IPC practices, when they:
    - begin working at the facility; and
    - at regular intervals (annually or more frequently, as required, e.g. when the risk of an outbreak is higher due to a community outbreak).
- Training should be appropriate to their roles and should include, at least, hand hygiene and the use of PPE.

Routine IPC measures relevant to any infectious disease risk

- **Not coming to work if unwell.**
- **Limiting needless movement** of residents and staff within and between facilities.
- **Annual influenza vaccination** of residents, staff and all visitors to RCFs.
- **Isolating or keeping positive residents together** who have an infection caused by the same pathogen.
- **Standard, contact and droplet precautions** when caring for a resident with a respiratory infection. **Frequent cleaning and disinfection** (at least daily) of floors and surfaces. Clean frequently touched or dirty surfaces more often.[3]
- **Cough etiquette and respiratory hygiene** for staff, residents (if possible) and visitors.
- **Hand hygiene** using soap and water or alcohol-based hand rub (ABHR) (e.g. after going to the toilet, coughing, blowing the nose and before eating). Use extra hand hygiene when caring for a resident with a respiratory infection.
- **Appropriate use of PPE,**[4] especially when caring for a resident with a respiratory infection.

Spread of COVID-19

COVID-19 most commonly spreads through:

- Direct contact with droplets from an infected person's cough or sneeze. This can be avoided by good cough and, respiratory hygiene and physical distancing (see below).
- Close contact[5] with an infectious person.
- Touching objects or surfaces (e.g. bed rails, doorknobs or tables) contaminated with respiratory droplets from an infected person, and then touching the face, especially the mouth, nose or eyes.

Collection of respiratory specimens

Specimens for diagnosis of COVID-19 and other respiratory viral infection should be collected by a trained health care professional or pathology collector.

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[2] See Communicable Diseases Network Australia *Guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia*

[3] See *Environmental cleaning and disinfection principles for health and residential care facilities*

[4] Supplies of personal protective equipment may be limited during a significant outbreak especially if it is prolonged. State and Commonwealth authorities endeavour to secure and distribute adequate supplies. It should be used only as recommended.

[5] See the Communicable Diseases Network Australia *COVID-19 National Guidelines for Public Health Units*

Advice on appropriate PPE for collection of specimens is available on the Department of Health website.[6]

Placement of residents within the RCF

With appropriate IPC precautions, many residents with COVID-19, and their contacts, can be safely cared for within the facility. However this will depend on local response plans and if RCF can accommodate the residents safely.

Placement of residents with suspected, probable or confirmed COVID-19

Isolate residents with **suspected, probable or confirmed COVID-19 and care for them in single rooms**.

- Residents should be isolated while they are infectious (as determined by the local public health unit).
    - During this time, after a risk assessment, if they are well enough and able to, they may leave the room for exercise. Ideally exercise should take place outside to reduce the chance of transmission. They must have supervision and not come into contact with other residents.
    - If residents leave their room while infectious, they need to:
        - wear a surgical mask;
        - perform hand hygiene before leaving their room; and
        - avoid touching objects or surfaces in common areas.
    - The person accompanying/supervising them should also follow these steps.
- Remind staff and residents of the need for cough etiquette and respiratory hygiene.
- Staff and visitors in contact with ill residents must follow standard contact and droplet precautions (see below).
- Supplies of PPE should be readily available and placed outside the room.
- Residents with dementia may need special arrangements to support them in isolation.
- Staff caring for residents who have COVID-19 should be kept together as far as possible. This reduces the chance of the virus spreading to other staff and residents.

If single rooms are not available, keeping positive residents together, should be based on risk assessment. However, there must be enough staff to care for them. If this is not possible facilities should consider sending them to hospital or to another facility where they can isolate in separate rooms.

Placement of residents who are close contacts of a confirmed COVID-19 case

- Any resident who remains well but has been in close contact with a confirmed or probable case should be quarantined in a single room for 14 days. This includes the period extending 48 hours before symptoms began in the confirmed or probable case.
- Monitor these residents for symptoms of COVID-19 (at least daily).
- Test quarantined close contacts periodically, in consultation with the local Public Health Unit.
- Residents may leave their room for exercise or activity, with supervision by a staff member, if needed, to ensure that they avoid contact with other residents.
- If a single room is not available, do an assessment, to assess risk, including how likely their original contact was to cause infection. Residents in quarantine may share a room, only if they are able to fully co-operate with the same precautions as confirmed cases (see above). They should be assessed and tested frequently, and if one contracts COVID-19, they must be separated immediately. The resident who has COVID-19 should be isolated, in hospital or another facility, if necessary. The other resident should remain in quarantine.

[6] Refer to *Coronavirus (COVID-19) guidance on use of personal protective equipment (PPE) in non-inpatient health care settings, during the COVID-19 outbreak*

Hospital transfer of residents with suspected, probable or confirmed COVID-19

- The decision to transfer COVID-19 positive residents from their home or residential care facility to hospital is made case-by-case. This takes into account:
    - their medical needs;
    - the advice of public health experts and clinicians managing the outbreak;
    - whether the RCF has staff to care for them appropriately; and
    - local health care system arrangements.
- The layout and ability of providers to separate / cohort infected and non-infected residents on-site is also a consideration.
- Decisions should consider the wishes of the resident and/or their family or representative and any advanced care directives and local state or territory response plans.
- Some aged care homes across Australia have successfully managed outbreaks of COVID-19 while continuing to care for residents within the facility. This requires that staff consistently practice appropriate IPC precautions (including correct use of PPE) to avoid close contact (and therefore the need to quarantine themselves).
- Advise the ambulance service and hospital, in advance, that the resident is from a RCF where COVID-19 is suspected or confirmed.
- If the resident needs urgent medical attention, the RCF should call 000 and advise the operator of the COVID-19 risk.

PPE in areas of significant community transmission

Always use PPE as part of a comprehensive risk management plan and a range of measures to manage the risk related to COVID-19. This includes using the hierarchy of controls. In geographic areas with significant community transmission of COVID-19:

- In all settings within the RCF, use **standard precautions** (including eye protection) AND wear a **surgical mask.**

See advice on the use of PPE by health care workers in areas with significant community transmission for more information.

IPC measures when a resident has suspected, probable or confirmed COVID-19

Standard Precautions are IPC practices used routinely in health care. Use standard precautions in RCFs with a suspected or proven COVID-19 outbreak and **apply to all staff and all residents.**

Key elements are:

- **Hand hygiene** before and after each resident contact and after contact with potentially contaminated surfaces or objects (even when hands appear clean).
    - Gloves[7] are not a substitute for hand hygiene. Staff should perform hand hygiene before putting gloves on and after taking them off.
- **Use of PPE** if exposure to body fluids or heavily contaminated surfaces is expected (gown, surgical mask, protective eyewear, and gloves).
- **Cough etiquette and respiratory hygiene.**

[7] Vinyl gloves are not recommended for the clinical care of residents in the context of COVID-19. Powder-free latex or nitrile gloves are accepted as superior in clinical care and are less likely to be breached compared with vinyl gloves. Gloves should be selected and worn in line with the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019).

    - Cough into a tissue (and discard the 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 and other locations.

Note: RCFs should **train all staff in the correct use of PPE,** appropriate to their role. Incorrect removal of PPE increases the risk of personal contamination and spread of infection.

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. Airborne spread may occur during aerosol generating procedures.

A. Contact and droplet precautions

These precautions apply to:

- Health care workers and RCF staff during the clinical consultation and physical examination of residents with suspected or confirmed COVID-19, or who are in quarantine.
- All staff when in contact with ill residents.

Key elements are:

- **Standard precautions** (as above).
- **Use of PPE** including gown, surgical mask, protective eyewear, and gloves **when in contact with an ill resident.**
    - Protective eyewear can be in the form of safety glasses, eye shield, face shield, or goggles.
- **Isolation of affected residents** in a single room. If a single room is unavailable see: “Placement of residents with suspected or proven COVID-19” (above).
- **Enhanced cleaning and disinfection** of the ill resident’s environment.[8]
- **Limit the number** of staff, health care 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**. Use a spacer or puffer instead.

Note: When caring for an asymptomatic resident in quarantine, follow contact and droplet precautions (PPE includes a gown, surgical mask, protective eyewear, and gloves).

B. Airborne precautions

Use particulate filter respirators (PFRs), such as P2 or N95 respirators, instead of surgical masks **in addition to all other precautions outlined above,** when performing certain high-risk (aerosol generating) procedures (AGPs) on patients with COVID-19.[9] However, it is not likely that AGPs will be performed frequently in a RCF.

In addition, use of a **particulate filter respirators (PFR)** such as P2 or N95 respirator, may be considered when one or both of the following apply:

1. **Clinical care of residents with suspected, probable or confirmed COVID-19, who have cognitive impairment, are unable to cooperate, or exhibit challenging behaviours**.[10]
2. **Where there are high numbers of suspected, probable or confirmed COVID-19 patients/residents AND a risk of challenging behaviours and/or unplanned aerosol-generating procedures** (e.g. including intermittent use of high flow oxygen).

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[8] See *Environmental cleaning and disinfection principles for health and residential care facilities*

[9] Refer to *Guidance on the use of personal protective equipment (PPE) in hospitals during the COVID-19 outbreak*

[10] There is anecdotal evidence of a link between health and care worker infection and **challenging behaviour,** such as shouting, by patients/residents who are agitated or find instructions hard to follow, especially during the first week of infection, when viral load may be high. However, there are many factors that may contribute to this and there is no direct evidence that the use of a PFR will prevent health or care worker infection.

In these situations, use of a PFR, for up to four hours, if tolerated, will avoid the need for frequent changes of face covering.

Note: Only staff who have been trained in their use should use PFRs. Fit check with each use to ensure an adequate face seal. Unless there are enough trained staff to care for residents in these circumstances, transfer infected residents who are distressed and exhibiting challenging behaviours to hospital, if possible.

Showering or bathing residents with confirmed COVID-19

Health and care workers may continue to shower residents with confirmed COVID-19, unless:

- their medical condition interferes with the ability to shower safely, or
- the conditions pose an unacceptable risk to staff or other residents.[11]

Provide alternative hygiene care, such as a bed bath, if the risk of a shower is unacceptably high. All staff helping with showering or bathing should wear appropriate PPE.

For instance, when assisting a resident in showering:

- Wear a surgical mask, face shield, fluid resistant gown and water resistant boots or shoe covers.
- Turn on extractor fans while showering and leave the door open, if possible.
- Use a gentle stream of water from a handheld shower head, to reduce the risk of droplet aerosols.
- Avoid getting the mask wet, as much as possible.
- Replace gowns and masks after the shower and clean and disinfect reusable face shields.

Exclusion from work for RCF staff for COVID-19

RCF staff who have **epidemiological risk factors for COVID-19** (besides being a health or residential care worker with direct patient contact) or **symptoms consistent with COVID-19**[12] should:

- Not attend work.
- Seek medical advice and be tested.
- Remain in quarantine (if needed) until cleared.

Preparing for and responding to COVID-19 outbreaks in RCFs

The RCF should form an **Outbreak Management Team** to develop an Outbreak Management Plan.[10] In relation to infection prevention and control, the Plan should:

- Include easily found internal policies and procedures on routine, standard and transmission-based IPC precautions (as outlined above).
- Be informed by advice and on-site risk assessment from an IPC professional.
- Ensure adequate supplies of PPE, ABHR and cleaning materials.
- Ensure staff know the symptoms and signs of COVID-19.
- Ensure staff have training in IPC procedures (as above), including use of PPE.
- Consider the need to extend the use of PPE if the numbers of cases, contacts and/or resident areas or zones affected increase significantly. This may include using PPE beyond the situations recommended in this document.
- Include a systematic strategy for detecting cases and managing residents or staff who develop symptoms consistent with COVID-19.
- Consider the need for a program of repeat tests for those in quarantine.[11]
- Ensure daily hand-over for ARI monitoring and outbreak detection for staff performing this task.
- Notify the local Public Health Unit if the RCF suspects an ARI or COVID-19 case.

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[11] A risk assessment should be undertaken to determine whether showering conditions are acceptable (e.g. whether the room is sufficiently ventilated, whether the layout of the shower room enables safe showering, whether it is appropriately distanced from other residents, whether the resident is able to cooperate, etc.).

[12] Communicable Diseases Network Australia *COVID-19 National Guidelines for Public Health Units*

- Ensure residents have reviewed their Advanced Care Directives, in consultation with relevant family members or persons with medical power of attorney.

Resident movement during an outbreak

- Avoid non-essential resident transfers to minimise spread.
- Limit internal movement of residents, visitors and staff within the facility, as far as possible, to help stop the spread.
- Implement physical distancing measures in shared living and dining areas.
- Follow, and keep up to date with, relevant guidelines for outbreak management in RCFs.[13]

New admissions and readmissions during an outbreak

- RCFs should restrict admission of new residents. Depending upon the extent of the outbreak and the layout of the building, restrictions may be applied to a floor, a wing or the entire facility.
- This will protect new residents and avoid extending the outbreak.
- Residents who are in hospital for any reason, including COVID-19, should, if possible, be readmitted to the RCF as soon as they are well enough. Consider this case by case, including the patient's clinical condition and the circumstances within the facility. If in doubt, talk to a consultant infection prevention and control professional.
- Discuss appropriate next steps for placement of the resident with them, their representative, and their hospital team.
- New and returning residents should be screened for relevant symptoms.

Visitor restriction and signage

Movement of visitors into and within the facility should be limited and physical distancing measures maintained. Implement the following **IPC precautions**.

- Follow, and stay up to date with, relevant advice on outbreak management in high-risk settings[11] and visitor restrictions.
- If appropriate implement IPC precautions to protect staff and other residents, visiting restrictions may be relaxed in the context of end-of-life palliative care.
- Encourage and facilitate phone or video calls, or visits with physical barrier (e.g. window. balcony or 'see-through' fence) between residents and their friends and family members to maintain social contact while visiting restrictions are in place.
- Ensure all visitors, including essential external providers:
    - Visit only one resident (or staff member).
    - Go directly to the resident's room or area designated by the RCF, and avoid shared areas.
    - Stay 1.5 metres from residents, if possible.
    - Use ABHR or wash their hands before entering and on leaving the RCF and the resident's room.
    - Practise cough etiquette and respiratory hygiene.
    - If visiting a resident who is in isolation or quarantine, follow contact and droplet precautions, as directed by RCF staff.
- Post signs or posters at the entrance and other strategic locations to remind visitors of the precautions including donning and doffing instructions at PPE stations.
- Screen visitors on entry to the facility for epidemiological (recent travel, contact with a COVID-19 case) and clinical risk factors (acute respiratory infection, fever/history of fever or loss of smell or taste).

[13] See Communicable Diseases Network Australia *Guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia*

Duration of isolation precautions for confirmed COVID-19 patients

- Stopping isolation precautions for residents who have had COVID-19 should be determined **case-by-case** by the local public health unit.[14]
- Outbreak precautions for the facility should stay in place until at least 14 days after the last case is diagnosed, or on advice from the public health unit.

Environmental cleaning

- During an outbreak, RCFs need to increase cleaning and disinfection of shared areas and residents' rooms.
- Clean frequently touched surfaces and disinfect often.
- Any resident care equipment should be cleaned and disinfected between each use or used exclusively for individual residents.[15]

Handling of Linen

- Soiled linen should always be treated as infectious.
- Routine procedures are enough for handling linen from residents in a RCF with a COVID-19 outbreak. This includes the linen of residents in quarantine or isolation.
- Relatives should not take linen home for washing.
- Place grossly contaminated / soiled linen in a soluble plastic bag and then in the linen skip. Alternatively, line the linen skip with a plastic bag for soiled linen.

Food service and utensils

- Follow the rules of food hygiene in food preparation and service.
- Perform hand hygiene before preparing or serving food to residents.
- Disposable crockery and cutlery are not needed.
- Wash crockery and cutlery in a dishwasher, if available. Otherwise wash with hot water and detergent, rinse in hot water and leave to dry.
- Cutlery and crockery from ill residents does not need to be washed separately. Hot water and detergent will kill the virus.
- Staff should wash or sanitise their hands after collecting or handling used crockery and cutlery. Trays and utensils can be contaminated with saliva or droplets from coughing or sneezing.
- Clean and disinfect trays and trolleys used for delivery of food after use.

Waste Management

- Manage waste in line with routine procedures.
- Dispose of clinical waste in clinical waste streams.
- Dispose of non-clinical waste of into general waste streams.

Management of Deceased Bodies

- CDNA and AHPPC have endorsed advice for handling of bodies affected by COVID-19.[16]
- Normal processes apply to managing deceased bodies.

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[14] See Communicable Diseases Network Australia *Guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia*

[15] See *Environmental cleaning and disinfection principles for health and residential care facilities*

[16] See *Advice for funeral directors*

- RCFs should follow the same precautions when handling the body as when caring for the resident during life. RCFs should follow contact and droplet precautions if the deceased person had COVID-19.
- Place deceased bodies in a leak-proof bag. Staff handling deceased bodies should wear a gown, surgical mask, protective eyewear and gloves.

APPENDIX 1: CONTACT AND DROPLET PRECAUTIONS FOR SUSPECTED OR CONFIRMED COVID-19

Requirements	Contact and Droplet Precautions for COVID-19
Single room	Yes, or keep patients with same virus together (in consultation with an infection control professional, or infectious diseases physician). Maintain separation of at least 1.5 metres. It is recommended single patient rooms have ensuite facilities. If ensuite facilities are not available, provide a dedicated toilet and bathroom for use by individuals or for patients who are sharing a room.
Negative pressure*	No
Hand hygiene	Yes
Gloves	Yes, if there is direct contact with the patient or their environment.
Gown/apron	Yes, if there is direct contact with the patient or their environment.
Surgical Mask	Yes. Remove mask after leaving patient's room.
Protective eyewear	Yes. This may be in the form of safety glasses, eye shield, face shield, or goggles.
Special handling of equipment	Single use or, if reusable, reprocess according to manufacturer's instructions before reuse. Avoid contaminating surfaces and equipment with gloves used between tasks.
Transport of patients	Surgical mask worn by carer/health care worker if patient is coughing/sneezing or has other signs and symptoms of an infectious disease spread by respiratory route. Surgical mask for patient (if tolerated) when they leave the room. Change patients on oxygen therapy to nasal prongs and have a surgical mask over the top of the nasal prongs for transport (if medical condition allows). Advise transport staff of level of precautions to be maintained. Notify area receiving the patient.
Alerts	When keeping patients with the same virus together, they need minimum of 1.5 metres of separation. Visitors to patients' rooms must wear a fluid resistant surgical mask and protective eyewear and perform hand hygiene. Remove PPE and perform hand hygiene on leaving the room. Do not take Patient Medical Records into the room. Infection Control Precautions.
Room cleaning	Enhanced cleaning

APPENDIX 2: RECOGNISING AND MANAGING COVID-19 IN RESIDENTIAL CARE FACILITIES

QUICK REFERENCE GUIDE

Activity	Detail
COVID-19 suspected or Acute Respiratory Illness	Even minor symptoms present (resident or staff member): • A cough • Shortness of breath • Fever • Sore throat • Loss of taste or smell Inform your senior nursing staff on duty; symptoms of COVID-19 in the elderly may not be typical.
Implement precautions as soon as resident shows acute respiratory illness symptoms	• Increase infection prevention and control measures • Contact resident's GP • Isolate resident if possible • Collect swabs as directed by medical officer • Warn visitors of risk
Infection control coordinator	Name: ……..….. Ph: ……... Pager: …….
Notify	• Your state/territory public health unit • Resident's GP and relatives or representative, all staff, all visiting GPs, allied health workers, volunteers, or anyone in contact with your facility
Document	• Details of resident(s) or staff member with symptoms • Onset date of acute respiratory illness symptoms for each resident • Types of symptoms • Their contacts – to identify 'at risk' groups
Manage residents who are ill	• Isolate from residents who are well • Dedicate staff where possible • Dedicate equipment: hand basin, towels (laundered daily), ensuite bathroom, containers for safe disposal of gloves, tissues, masks, towels • Staff use personal protective equipment • Transfer to hospital if condition warrants or jurisdictional requirement
Restrict contact	• Symptomatic staff off work (and seek testing for COVID-19) • Limit staff movement into restricted area • Inform visitors and limit visit times • Suspend all group activities
Prevent spread	• Increase infection prevention and control measures • Personal hygiene – ensure good hand hygiene and respiratory etiquette • Environment – enhance cleaning measures • Medical – transfer to hospital if required

HAND HYGIENE BEFORE AND AFTER CONTACT WITH RESIDENTS

Source: Adapted from the Influenza Kit for aged care providers.