

SA Department for Health and Wellbeing &
Commonwealth Department of Health

Joint Protocol: Management of COVID-19 Outbreaks in South Australia Residential Aged Care Facilities

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**Government
of South Australia**
SA Health



Australian Government

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1. Parties

The South Australian Government represented by the Department for Health and Wellbeing (DHW) and **The Commonwealth Government** represented by the Department of Health (DoH).

2. Purpose

The purpose of this protocol is to formalise the coordination of government support to an aged care approved provider in their management of a COVID-19 exposure or outbreak in a Commonwealth funded residential aged care facility (RACF) in South Australia (SA). This includes facilities funded by the Commonwealth under the Multi-purpose Service (MPS) and the National Aboriginal and Torres Strait Island Flexible Aged Care (NATSIFAC) programs.

This protocol outlines the roles and responsibilities of relevant parties, governance structures, escalation procedures and expectations around information sharing, coordination activities and timeframes.

3. Objectives

The primary objectives of this protocol are to optimise safety, health and wellbeing for all residents and staff in impacted RACFs (irrespective of their COVID-19 status), and to contain and control the outbreak to bring it to an end as quickly and safely as possible.

4. When to Implement this Protocol

The protocol will be enacted to guide the roles and responsibilities of key parties in a range of COVID-19 scenarios; from a COVID-19 exposure in a RACF by a staff member or visitor, through to multiple concurrent outbreaks in RACF requiring a large-scale emergency response. It is intended to operate while COVID-19 is being managed under pandemic arrangements and the State Control Centre – Health (SCC-H) is in operation.

Each outbreak will differ according to conditions within the RACF, the wider local circumstances such as extent of community transmission, the number of outbreaks, the local geographical context and other variables.

The protocol is intended to be a companion to the [SA COVID-19 Strategy for Residential Aged Care Facilities](#) and the *RACF Rapid Response Team escalation process*.

5. Situation and Response

The protocol will be applied proportionately based on a risk assessment of the features of the outbreak and the wider SA context. The response will be guided by situational triggers and level of risk, with only those RACF COVID-19 outbreaks identified by the Communicable Disease Control Branch, COVID Operations (CDCB) via a risk assessment as 'high' or 'critical' risk being escalated to the SCC-H to facilitate a coordinated response. RACF providers experiencing COVID-19 exposures and outbreaks assessed by CDCB as 'low' or 'medium' risk will continue to receive support to manage the situation by CDCB and the Commonwealth DoH, in line with usual practice.

5.1 Exposure and outbreak definitions

The definitions used to guide the public health response and management of COVID-19 in South Australian RACF are aligned to the [CDNA National Guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia](#), which may be updated from time to time¹:

A RACF COVID-19 exposure is defined as:

Any case of COVID-19 in staff, residents or a visitor at the facility during their infectious period that does not meet the definition of an outbreak.

A RACF COVID-19 outbreak is defined as either:

- > Two or more residents of a RACF who have been diagnosed with COVID-19 via rapid antigen test (RAT) or PCR test within 5 days and has been onsite at the RACF at any time during their infectious period; or
- > Five or more staff, visitors and/or residents of the RACF diagnosed with COVID-19 through RAT or PCR test within past 7 days who worked/visited during their infectious period.

The infectious period is generally considered to commence 48 hours prior to symptom onset or test date if asymptomatic, and to last for 10 days.

5.2 RACF exposure to a COVID-positive case

COVID-19 is a notifiable disease under the *South Australian Public Health Act 2011*. Individual results of staff and/or residents of a RACF who test positive to COVID-19 must be reported to the Communicable Disease Control Branch (CDCB), Department for Health and Wellbeing (DHW) and the Commonwealth Department of Health (DoH).

Upon confirmation of a RACF COVID-19 Exposure, CDCB will liaise with the RACF directly, as required, to monitor the situation and provide advice.

Whilst any active RACF COVID-19 exposures or outbreaks exist in South Australia, CDCB will provide a daily **Aged Care Summary Report**, inclusive of all current exposures and outbreaks, to the following agencies:

- > Office for Ageing Well (OfAW)
- > SCC-H
- > DoH
- > Aged Care Quality and Safety Commission (ACQSC)

5.3 Identified RACF COVID-19 Outbreak

Once a **COVID-19 outbreak** has been identified, the RACF is required to send a line list of positive residents (including names and dates of birth) and staff (including names and mobile phone numbers) to CDCB. CDCB will undertake an initial risk assessment of the outbreak to determine the priority level for response.

¹ Notification of one or more cases among residents, and/or two or more staff triggers a Commonwealth response proportionate to the facility's case situation.

Where the outbreak is assessed by CDCB as 'medium' risk or below, CDCB will liaise with the RACF directly, as required, to monitor the situation and provide advice to the facility to support them in managing the outbreak.

Where the outbreak is assessed by CDCB as 'high' or 'critical' risk, CDCB will escalate the matter to the SCC-H to coordinate the response.

Upon notification of a 'high' or 'critical' risk COVID-19 outbreak in a RACF, the SCC-H Aged Care Response Team (or other appointed team) will contact the RACF to discuss the outbreak situation and schedule an initial Outbreak Management Team (OMT) meeting. The timeframe for this meeting will depend on the level of risk identified and any other relevant factors.

The initial OMT meeting will include delegates from the following agencies:

- > SCC-H
- > CDCB
- > OfAW
- > DoH
- > ACQSC
- > Impacted RACF
- > SA Ambulance Service (SAAS), if required

The outcomes of the OMT meeting will determine whether the outbreak requires a Response Coordination Team (RCT) to be established, and/or a Health Rapid Response Team (HRRT) (including clinical support) to be assigned. It will also define the actions required by the RCT and/or HRRT, including whether the HRRT with clinical support (e.g. SAAS or HRRT clinicians) will be deployed to the RACF or whether support will be provided remotely.

In some circumstances, a HRRT (including clinical support) will be deployed to the site following initial phone contact with the RACF, to enable a more thorough assessment of the situation and level of risk to be undertaken. In the instance of the outbreak being reported after hours or where an immediate clinical response is required, SAAS may be engaged to provide such support 24/7.

If clinical intervention is required, the relevant Local Health Network Aged Care Rapid Response Team will be deployed as part of the HRRT, as advised by the SCC-H forward commander.

Regular OMT meetings will be scheduled throughout the duration of the outbreak to coordinate and monitor the response. An RCT and/or HRRT (including deployment of a LHN Aged Care Rapid Response Team) may be established and assigned at any stage during the outbreak, as required.

The primary aims of the OMT meetings are to:

- a) support the RACF in establishing a response through their own RACF Outbreak Coordinator and Management Team
- b) manage the outbreak to minimise transmission of COVID-19
- c) transition the RACF back to business as usual.

An RCT will be established if the outcomes of an OMT indicate that additional coordination of resources or escalation of action is required. The RCT will identify the increased response actions required, consider risks and mitigations, and coordinate the appropriate agency/service providers to execute and manage them accordingly

The RCT will include delegates from the following agencies, and may include additional senior delegates, as required:

- > SCC-H
- > CDCB
- > OfAW
- > DoH
- > ACQSC
- > Relevant LHN, if required
- > SAAS, if required

5.4 Multiple RACFs with Identified COVID-19 Outbreaks

During high-risk periods of multiple concurrent COVID-19 outbreaks in RACFs, the Deputy State Controller SCC-H, will activate the **SA Aged Care COVID Emergency Response Group** to provide strategic direction, active oversight and escalated decision making.

The activation of the SA Aged Care COVID Emergency Response Group will be communicated to relevant Ministers via Department Officials in both DoH and DHW.

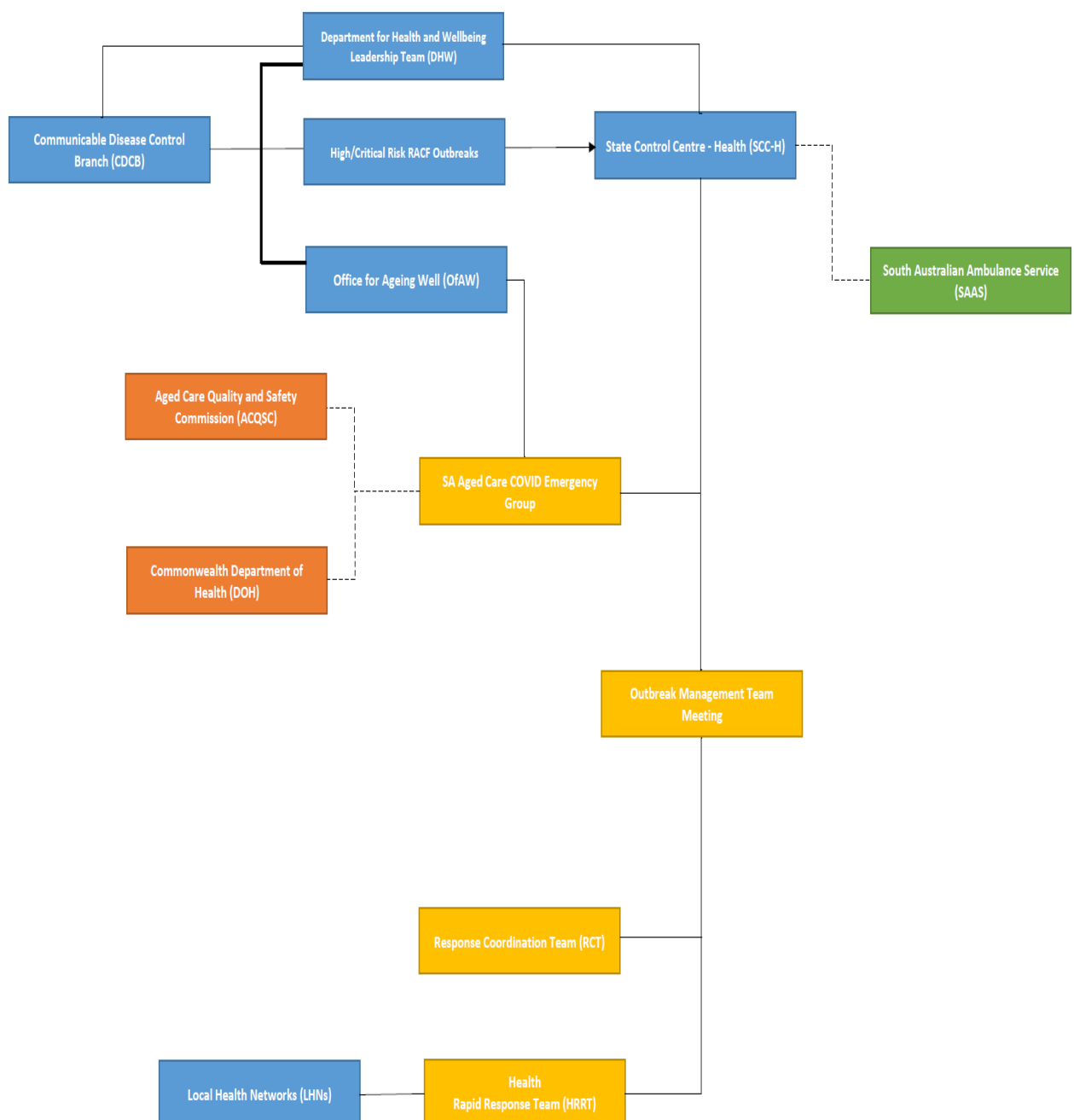
The Chair of the group will be nominated by the Deputy State Controller SCC-H, with the agreed Terms of Reference enacted (see [Appendix 1- Terms of Reference](#)) and include delegates from the following agencies:

- > OfAW (Director, OfAW is the nominated Chair)
- > SCC-H
- > CDCB
- > DoH
- > ACQSC
- > Relevant non-government agencies, eg. Clinpath, Aged Rights Advocacy Service (ARAS)
- > Others as required, eg. SAAS, LHNs

6. Governance

The **SA Aged Care COVID Emergency Response Group** (refer to [Appendix 1 for Terms of Reference](#)) and activities outlined in this Protocol relating to a coordinated response to a 'high' or 'critical' risk RACF COVID-19 outbreak sit within the governance structure of the existing SCC-H.

Once South Australia is no longer operating under state or public health emergency provisions, CDCB will continue to support all RACF experiencing COVID-19 outbreaks, in line with usual practice. Coordinated aged care COVID-19 response meetings, based on the existing SA Aged Care COVID Emergency Response Group, may continue to be convened in situations where coordination of State and Commonwealth government support is required. Updated Terms of Reference and membership for this group will be developed, as required, to reflect South Australia's transition to managing COVID-19 under usual business arrangements.



7. Roles and responsibilities

7.1 SA Government – SA Health

Office for Ageing Well (OfAW)

Role:

- > Coordinate preparedness activity for the SA aged care sector.
- > Support the RACF (provider) in an outbreak event.

Tasks:

- > Support RACF in the coordination of COVID-19 preparedness activities.
- > Develop and collate supporting policies and resources to support RACF in the prevention, preparation, management and recovery stages of responding to COVID-19.
- > Undertake regular engagement with representatives from the aged care sector, including aged care peak organisations, ageing advocacy organisations and aged care providers, to share information and consult on COVID-19 issues relevant to the sector.
- > Chair the SA Aged Care COVID Emergency Response Group and provide secretariat support, as required.
- > Facilitate COVID-19 related communications to RACF on behalf of SA Health.

Communicable Disease Control Branch (CDCB)

Role:

- > Lead the public health response to reduce the incidence and impact of communicable and infectious diseases in South Australia.
- > Provide technical advice and guidance (including clinical, epidemiology and infection control) to support the on-ground management of high risk COVID-19 events, and integration with established CDCB protocols for the management of COVID-19 cases and close contacts.

Tasks:

- > Undertake risk assessments in relation to all reported RACF COVID-19 outbreaks using an Outbreak Triage Tool and Risk Assessment.
- > Where an outbreak is assessed as 'low' or 'medium' risk, provide advice and guidance to the RACF, as required, to support management of the outbreak.
- > Escalate COVID-19 outbreaks identified as 'high' or 'critical' risk to the SCC-H Aged Care Response Team (or other appointed team) for a coordinated response.
- > Provide advice and recommendations on COVID-19 testing of individuals in RACF, including surveillance testing and the appropriate use of Rapid Antigen Testing (RAT).
- > Liaise with SCC-H and HRRTs regarding on-site clinical risk management of individual residents.
- > Participate as a member of the SA Aged Care Emergency COVID Response Group, RCT and OMT meetings to:
 - o provide epidemiological updates and updates to assist in the management of individual high-risk COVID-19 events and maintain a level of operational preparedness relevant to the current state-wide situation

- ensure direct liaison and communication channels with key stakeholders are maintained and to ensure CDCB directions are understood and supported.
- > Provide advice on close contacts and staff furloughing requirements.
- > Provide advice and direction to support IPC in the RACF, including as a member of a HRRT deployment providing support on-site or remotely.
- > Provide outbreak management as per current internal protocols.
- > Develop resources for to support management of an outbreak, as required.
- > Support implementation of RACF's Outbreak Management Plan (OMP), including providing mentoring and coaching to the RACF Outbreak Management coordinator and IPC leads in relation to outbreak management processes and infection prevention and control guidance.
- > Provide advice in relation to declaring an outbreak closed in relation to prescribed RACF who have had a prescribed quarantine period declared under the relevant South Australian Emergency Management Direction or other public health legislation, where required.
- > Provide the required scope of SA Health reporting, including dashboard analysis.
- > Provide daily Aged Care Summary Reports, inclusive of all current RACF exposure and outbreak sites, to the SCC-H, OfAW, DoH and ACQSC.

State Control Centre – Health (SCC-H)

Role:

- > The SCC-H is the operations team established by DHW to meet its requirements as control agency for COVID-19 in SA. The Aged Care Response Team (or other appointed team) within the SCC-H is tasked with coordinating the response to 'high' or 'critical' risk COVID-19 outbreaks in RACF.
- > Operationalise the public health response and coordinate the emergency response for 'high' or 'critical' risk COVID-19 outbreaks in RACF; supports the establishment and deployment of HRRTs (including coordinating clinical support provided by LHNs) and other emergency response supports.
- > Key liaison for the public health emergency response, including activating the SA Aged Care COVID Emergency Response Group.

Tasks:

- > Upon notification of a 'high' or 'critical' risk outbreak from CDCB, contact the impacted RACF and convene an initial meeting of the Outbreak Team Meeting (OMT).
- > Establish a Response Coordination Team (RCT) if additional coordination of resources or escalation of action is required.
- > Assign a Response Officer to assist in managing the outbreak. A Forward Commander may be required if a support team or HRRT are required on-site at the RACF.
- > Assign and manage the HRRTs comprised of a Forward Commander and clinical staff from the relevant LHN or DHW, depending on the response required.
- > Prescribed authorised officer to declare a prescribed quarantine period in relation to a prescribed RACF under the relevant South Australian Emergency Management Direction, if required in the circumstances.
- > Support the RACF and HRRT in (a) scheduling OMT meetings in line with the level of risk, and (b) effectively managing the public health aspects of the event.
- > Establish a clearly defined, flexible and scalable command and control structure at the

- outbreak location (where deemed necessary and appropriate).
- > Prescribed authorised officer to declare an outbreak closed in relation to releasing a prescribed RACF from a prescribed quarantine period under the relevant South Australian Emergency Management Direction, where required.
- > Establish a means of direct communication between the outbreak site, DHW and the Commonwealth, which includes the capacity for regular tri-directional situation reports.
- > Coordinate the technical advice (i.e. clinical and infection control measures) to the RACF via the OMT meetings.
- > Coordinate the additional support necessary for the effective containment of COVID-19.
- > Liaise with key government and other stakeholders to ensure:
 - o CDCB directions in relation to outbreak management are supported consistently by the SA Aged Care Emergency COVD Response Group and stakeholders
 - o clear and accurate messaging to government and external media
 - o seamless coordination between CDCB, LHN clinical support lead, the Commonwealth and other key parties.

SA Ambulance Service (SAAS)

Role:

- > Maintain emergency response capacity and support to RACF residents.
- > In the initial stages of a response, and prior to the arrival of the HRRT and associated clinical support, SAAS may be requested to provide initial on ground clinical support. SAAS may also be requested to lead on the ground responses should SCC-H require such as in the event of increasing outbreak cases.

Tasks:

- > Establish a rapid Incident Management team to oversee initial event.
- > Immediately insert information into SACAD to ensure identification of epidemiological risk.
- > Continue to provide emergency responses into the RACF as required, completing a full risk assessment and donning appropriate PPE.
- > Be guided by direction from the SCC-H for ongoing requirements.

Health Rapid Response Team (HRRT)

Role:

- > Delivers the public health emergency response and supports RACFs in executing their roles. This may be delivered physically onsite or in a virtual capacity, contingent on the circumstances.
- > The scope of the HRRT response will be proportionate to the situation-specific risks and state-wide capacity, and may include deployment of the relevant Local Health Network Aged Care Rapid Response Team

Tasks:

- > Assist the RACF management with immediately establishing an Outbreak Management Coordinator and OMT, if the RACF has not yet done so.
- > Support implementation of the RACF OMP.
- > Undertake onsite RACF infection control risk assessment and provide expert advice on COVID-19 infection prevention and control.

- > Active surveillance, investigation and management of cases in staff and residents.
- > Facilitate contact tracing and management if requested by CDCB.
- > Support the RACF manager in their role in leading the outbreak response, including providing clinical and operational support.
- > Ensure that public health and initial infection control measures are implemented to control the outbreak. If barriers are identified that cannot be resolved locally, escalate to SCC-H to ensure appropriate resourcing and outcomes.
- > Regularly liaise with SCC-H and RCT, if relevant, and seek support immediately where outbreak containment issues are identified.
- > Provide mentoring and coaching to RACF outbreak team infection control leads.
- > Provide IPC and other support to RACF complementary to any additional IPC and other supports implemented e.g. Commonwealth Clinical First Responder (CFR).
- > Establish direct liaison with SCC-H and participate in OMT and RCT meetings.

Local Health Networks (LHNs)

In 'high' or 'critical' risk COVID-19 outbreaks in RACF, LHNs may be requested to provide on-ground clinical support as part of a HRRT and/or to make best use of any pre-existing arrangements between LHNs and RACFs to ensure the safety of residents and support IPC measures.

Role:

- > Each LHN is responsible for developing patient flow within their hub and spoke model in line with the overall SA COVID-19 Acute Care Response Strategy
- > Establish an Aged Care Rapid Response Team, to be deployed by SCC-H to a RACF outbreak site as part of a HRRT.
- > Facilitate hospital transfers and repatriation.
- > In line with the principles in the COVID-19 Primary Health Care Response Strategy, support residents to be cared for in place by deploying the Aged Care Rapid Response Team to assess clinical deterioration or significant issues of concern in relation to quality and safety of care.
- > Work collaboratively with residents' usual general practitioners and other treating health care professionals, as nominated by the RACF Outbreak Coordinator.
- > Provide advice in relation to infection control and testing requirements.
- > Support clinical governance within the RACF.
- > Assess and provide advice in relation to OMPs developed by RACF, which are sites of concern to the ACQSC and DoH
- > Retain responsibility for the safety and quality of any intervention performed by LHN staff.
- > LHN nurse to conduct clinical review of a COVID positive resident and escalate to the regular GP, and then escalate as per the pathway defined in the *RACF Rapid Response Team escalation process*.

Tasks:

- > In the event of escalating cases, and with direction from the Deputy State Controller and SCC-H, operationalise the respective LHN workforce COVID 19 Inpatient Integrated Strategy Plans.
- > Implement agreed clinical lead and outreach model with specialist clinician support to maximise clinical care of residents both COVID-19 positive and negative.
- > Provide on the ground clinical support:
 - o In partnership with CDCB, advise on infection prevention and control measures,

- including isolating and cohorting residents (for both COVID-19 positive and negative residents), with support for monitoring as needed.
- Determine, through the LHN clinical governance mechanisms, the level and type of specialist care required by residents of the RACF during the period of the outbreak.
 - Support RACF staff / GPs / visiting allied and other health professionals to in providing appropriate patient-centred care, and review/develop advance care plans for residents.
 - In conjunction with the RACF, provide clinical information and support to GPs, Nurse Practitioners, and allied health professionals, where indicated.
 - Implement processes to minimise and manage clinical deterioration, including both care-in-place and transfers to hospital in line with the SA COVID-19 Strategy for Residential Aged Care Facilities.
 - Facilitate priority COVID-19 testing of RACF staff, if required.
- > LHN Nurse Consultant provides review and assessment of residents, which is communicated to the staff at the RACF.

7.2 Commonwealth Government

Commonwealth Department of Health (DoH)

Role:

- > Provide funding for aged care services and supports for RACFs' capacity to manage COVID-19 outbreaks or exposures².

Tasks:

- > Support viability and capacity of provider to manage outbreak such as access to targeted support services i.e. Commonwealth COVID-19 outbreak reimbursement grants, and guidance materials
- > Support RACF outbreak notifications and case number reporting through the My Aged Care Portal for providers reporting a COVID-19 outbreak or exposure in a RACF.
- > Access to Commonwealth Case Management teams
- > Facilitate access to surge workforce resources, including the RCSA Portal, Clinical First Responders and standing nurse teams (where most appropriate)
- > Facilitate access to personal protective equipment (PPE) and rapid antigen test (RAT) kits from the National Medical Stockpile (NMS).
- > Facilitate rapid response COVID-19 in-reach surge pathology testing services (if required and in collaboration with the state government)³.
- > Support access to COVID vaccines for residents and staff (first, second and boosters)
- > Facilitate targeted IPC training and support (if required and in collaboration with DHW and ACQSC). These resources should only be engaged after joint agreement with DHW and deployed in a mutually agreed manner as soon as deemed necessary.

²² Notification of one or more cases among residents, and/or two or more staff triggers a Commonwealth response proportionate to the facility's case situation.

³ In South Australia, SA Health and DoH have agreed to testing arrangements facilitated directly between CDCB, RACFs and Clinpath, with DoH to be informed of all testing to ensure contract obligations are adhered to.

- > Assist RACFs with access to aged care advocacy services for residents and their representatives and notify national and state-based advocacy services of outbreaks
- > Provide financial assistance for costs associated with COVID-19 outbreak management, under Commonwealth COVID-19 outbreak reimbursement grants.
- > Respond to media requests directed to the Department and liaise with state public health relations to ensure consistent messaging.
- > Participate as a member of the joint SA Aged Care Emergency Response Group to ensure direct liaison and communication channels with key stakeholders are maintained.
- > Work collaboratively with RACFs and other stakeholders such as SA Health and Clinical First Responders to assess risk at the facility, and to coordinate appropriate response.
- > Work collaboratively with RACFs and other stakeholders to support resident continuity of access to primary care, and as needed, liaise with SA Primary Health Networks to identify local primary care support and facilitate access to general practice / general practitioner.
- > Work collaboratively with RACFs, SA Health and other stakeholders to support the use of acute health sector resources (facilities and staff) to support RACFs managing outbreaks, where possible.

Aged Care Quality and Safety Commission (ACQSC)

Role:

- > Provides regulatory oversight of RACFs to protect and enhance the safety, health, well-being and quality of life of people residing in the RACF.

Tasks:

- > Provide guidance to support the provider's compliance with the *Aged Care Quality Standards*.
- > Monitor compliance with the *Aged Care Act 1997* and *Aged Care Quality and Safety Commission Act 2018*.
- > Respond to identified compliance issues, including escalating concerns that cannot be resolved locally immediately, as a member of the SA Aged Care COVID Emergency Response Group and RCT.
- > Take action to work with the provider to resolve complaints received about the service.
- > Provide regulatory information and intelligence, including service/provider risk ratings.
- > Support DHW and the DoH to provide alerts and messaging to the aged care sector.
- > Monitor and support providers for infection control and other risks, including targeted monitoring programs.
- > Integrate the Commission regulatory case coordination with operational outbreak management.
- > Participate as a member of the SA Aged Care COVID Emergency Response Group to ensure direct liaison and communication channels with key stakeholders are maintained.
- > Should the situation warrant, following the decision of the Deputy State Controller SCC-H (in collaboration with the Commonwealth Chief Medical Officer, or delegate),

establish a physical presence within the SCC-H to assist with the SA Aged Care Emergency COVID Response.

Residential Aged Care Facility (RACF)

Role

- > Maintain a current Outbreak Management Plan (OMP) to ensure preparedness in the event of a COVID exposure or outbreak, including engagement with CDCB, LHNs, GPs and allied health services.
- > In the event of an identified confirmed positive case of COVID-19 in a RACF, lead and manage implementation of the RACF OMP to support the safety, health and wellbeing of residents and staff as required by legislation, other regulatory instruments and relevant guidelines, including:
 - o the *Aged Care Act 1997*
 - o the CDNA Guidelines
 - o SA legislation and the *SA COVID-19 Strategy for Residential Aged Care Facilities*
 - o resources provided by ACQSC.
- > Communicate a consistent and timely message to engage staff, residents and their families about exposure and outbreak response measures, and to build trust and confidence when there is broader vulnerability.

Tasks

- > Regularly review the RACF COVID-19 OMP to ensure consistency with Commonwealth, State and industry guiding documents in prevention, preparedness and outbreak management actions (ensuring currency with Emergency Directions and public health recommendations).
- > Maintain records of residents, visitor and staff movement to assist with contact tracing.
- > Monitor the screening and entry restrictions for residents, workforce and visitors at the RACF, in line with current Emergency Management Directions.
- > Arrange / direct COVID-19 testing for residents, staff or visitors displaying symptoms of COVID-19 infection and notify state agencies such as CDCB, as required.
- > On identification of a COVID-19 outbreak, implement and maintain the site's OMP, supported by the specialist role of the RACF IPC Lead. The plan will include all the elements as noted in guiding documents, for example: zoning and cohorting, communication with stakeholders, infection prevention and control practices (including PPE escalation protocols), workforce management, etc. Consideration may be given to implementing all or part of the OMP following an earlier COVID-19 exposure, in case of an outbreak developing.
- > Notify and liaise with CDCB and the Commonwealth DoH (via the My Aged Care provider portal) regarding positive COVID-19 test results in staff and residents.
- > Immediately establish an Outbreak Management Coordinator.
- > Work with CDCB and pathology services (Clinpath) to facilitate contact tracing and testing.
- > Attend coordinated OMT meetings convened by the SCC-H for the duration of the outbreak, at a cadence determined by SCC-H.
- > Convene internal OMT meetings in accordance with the facility's OMP.

- > Liaise with the resident's usual GP and the resident and their family regarding care location decision (care-in-place or hospital transfer if clinically indicated) and inform CDCB of any COVID-positive residents who are transferred to hospital.
- > Assess staff resources as detailed in the OMP:
 - contingency planning in the event of significant staff absence
 - surge staff planning – including sourcing staff through labour hire agencies, staff from within the broader organisation, and other providers.
- > Implement infection prevention and control escalation measures, including:
 - implement PPE systems as per the current exposure and outbreak guidelines.
 - in consultation with CDCB, consider isolating and cohorting residents, if appropriate
 - implement resident and workforce zoning, where appropriate
 - provide priority refresher education on PPE, hand hygiene, and environmental cleaning, including any agency staff
 - institute standard and transmission-based precautions (contact and droplet)
 - educate and monitor the IPC and PPE practices of essential visitors (eg. end of life, partners in care)
 - monitor potential work practice breaches (e.g. food trolleys, medication trolleys, computers and mobile devices)
 - display “Outbreak” signage throughout the RACF
 - designate a support role to monitor PPE donning, doffing, and disposal for potential breaches.
 - Monitor the induction and competency of all staff (including agency) in IPC and PPE practices.
- > Liaise with the resident's usual GP, and, where appropriate the HRRT, about the clinical management of individual COVID-positive residents and report the required resident clinical data to the OMT.
- > Utilise Rapid Antigen Testing, where appropriate for screening purposes and for surveillance testing in line with CDCB advice.
- > Implement additional entry restrictions where appropriate, aligned with long term resident wellbeing and the national [Industry Code for Visiting Residential Aged Care Homes during COVID-19](#).
- > Implement workforce management strategies, including isolation and quarantining as advised by CDCB; special outbreak rosters; sourcing surge workforce.
- > Implement a timely and responsive COVID-19 exposure and outbreak communication policy with residents and their families, ensuring transparency and open disclosure.
- > Provide additional support to prevent deterioration in the health and wellbeing of residents during any periods of restricted movement in the RACF (including issues such as de-conditioning, exacerbation of chronic illness, and psychosocial needs).
- > Work with residents, families and GPs to update advanced care plans / advance care directives for residents.
- > Facilitate the support of aged care advocacy services (eg. ARAS).

SA Aged Care COVID Emergency Response Group

Terms of Reference



Australian Government



**Government
of South Australia**

SA Health

1. Introduction

The SA Aged Care COVID Emergency Response Group informs and coordinates specialist aged care advice and response as required by the existing SCC-H structure. The SA Aged Care COVID Emergency Response Group will be stood-up in the event of increasing scale and complexity of outbreaks in residential aged care settings. The Department of Health and Wellbeing and the Commonwealth Department of Health have established this group to contain and control outbreaks in residential aged care settings with the objective of bringing these events to an end as quickly and safely as possible.

2. Role and Function

The SA Aged Care COVID Emergency Response Group provides strategic direction, active oversight and escalated decision making to:

- > provide a coordinated response mechanism to mobilise resources using existing mechanisms where possible
- > determine escalating outbreak management priorities when needed
- > identify, coordinate and provide additional surge capacity and capability to rapidly respond to COVID-19 outbreaks in residential aged care settings
- > coordinate and allocate staffing, including surge workforce as needed and ensure appropriate capacity and safety of surge staffing
- > identify key messaging required and ensure communication is made to aged care stakeholders relevant to the outbreak and situational events
- > identify priority areas of action, risks and gaps in the aged care response and communicate these to the SCC-H and Commonwealth and State escalation points, as required
- > coordinate prevention and preparedness activities to minimise the risk of outbreaks, especially following exposure events
- > coordinate the continuity of care to minimise impacts on clinical, physical and mental health of the residents of a RACF
- > ensure situational updates between the state and Commonwealth are provided to inform immediate planning and response
- > effectively integrate with existing state public health emergency response systems, in particular, communication, data and reporting
- > function within the State's emergency management framework.

3. Membership

The Chair of the SA Aged Care COVID Emergency Response Group is the Director, Office for Ageing Well. A Deputy Chair may be selected, and this person will assume the role of the Chair in absence of the Director.

The ordinary membership shall be determined by the priorities identified as the current focus for the SA Aged Care COVID Emergency Response Group. For the current priorities, membership will consist of:

- > OfAW, Director (Chair)
- > CDCB, Director COVID Operations
- > CDCB, Aged Care Outbreak Team delegate

- > CDCB, IPC Team delegate
- > SCC-H Aged Care Response Team (or other appointed team) delegate
- > DoH, SA/WA State Manager or delegate
- > DoH, Case manager(s)
- > ACQSC, Regional Director SA/WA/NT or delegate
- > Relevant non-government organisations, eg. Clinpath, ARAS
- > Others as required, eg. SAAS, LHNs
- > Relevant experts or guests may be invited to participate in certain parts of the meeting discussion with approval from the Chair.

3.1 Proxies

Members of the SA Aged Care COVID Emergency Response Group may nominate a proxy to attend a meeting if the member is unable to attend, subject to the following conditions:

- > prior agreement from the Chair, and
- > the delegate is required to have relevant authority to exercise the decision-making powers of the member.

3.2 Term of Appointment

Members are appointed to the Group for the duration of the priority work that they are responsible for and subject to these Terms of Reference.

4. Operational Mechanisms

4.1 Frequency of Meetings

The SA Aged Care Emergency COVID Response Group shall meet daily throughout a high-risk outbreak period and the immediate post outbreak period, or otherwise in accordance with a meeting schedule determined by the Chair. Additional / extraordinary meetings may be called as required by the Chair.

4.2 Protocol for Communication

The Group will develop a consensus approach to the formal communication to both internal and external stakeholders, including:

- > minuted meeting discussion and decisions out-of-session correspondence and communication
- > time-critical escalation of information.

4.3 Agenda items

The Chair will determine the formal standing agenda, but members may raise an item under 'Other Business' if necessary and if time permits.

4.4 Decision making

The SA Aged Care COVID Emergency Response Group will make decisions and provide advice to the SCC-H.

Decisions are primarily made in-session at meetings. Should a decision be required that cannot be delayed until the next meeting, the Chair may approve that an out-of-session decision be sought

from members via email.

Members are not only to represent the views of their own areas, but are to represent the best interests of aged care consumers and the South Australian public in decision making.

A quorum is constituted when more than two thirds of the group members are in attendance and must include the Chair or the Deputy Chair.

4.5 Executive Support

Executive support (the Secretariat) for the SA Aged Care COVID Emergency Response Group shall be provided by the Office for Ageing Well.

A standing agenda will be followed for meetings.

The Secretariat will record decisions and action items arising out of each meeting, and circulate these to members as soon as possible after the meeting.

The Secretariat will maintain an accurate and up to date electronic record on Objective of the SA Aged Care COVID Emergency Response Group's discussions, including at a minimum:

- > Terms of Reference, agendas and records of each meeting, including action and decision items
- > Papers circulated for discussion or information papers tabled at meetings
- > Correspondence received or prepared on behalf of the SA Aged Care COVID Emergency Response Group

The group files are the property of DHW and must be preserved in accordance with the State Records Act 1997 and the Freedom of Information Act 1991.

4.6 Conflicts of interest and behaviour

Where a member has a pecuniary interest (its origin being external to the organisation) in a matter which is before the meeting for discussion, that member should not take part in the discussion or decision unless the Chair of the meeting is satisfied that the interest is unlikely to affect the member's independent judgment in the matter. The interest must be declared to the Chair and recorded in the minutes.

Members' behaviour is to be based on the principles of the South Australian Public Sector Code of Conduct and the relevant Government Directives and Guidelines.

4.7 Review Date

The SA Aged Care COVID Emergency Response Group will review the relevance and value of its work and Terms of Reference on a three-monthly basis or at the agreement of the group.

5. Reporting

The SA Aged Care COVID Emergency Response Group will report to the State Control Centre - Health, as required, and outcomes distributed to the Commonwealth Department of Health.

5.1 Document Control Information

Version	Effective From	Effective To	Change Summary
2.0	15 March 2022		Updated for the evolving COVID-19 situation in South Australia
1.1	5 March 2021	15 March 2022	Updated draft for Joint Protocol
1.0	19 November 2020	5 March 2021	First draft

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Appendix 2 – Membership

Name/Trigger	Members	Functions	Meeting Frequency
<p>Outbreak Management Team (OMT)</p> <p>TRIGGER: Identification of a ‘high’ or ‘critical’ risk COVID-19 outbreak in a RACF that has been escalated to the SCC-H for coordinated response.</p>	<ul style="list-style-type: none"> > RACF Outbreak Coordinator and other delegates, as required including: <ul style="list-style-type: none"> o CEO o RACF Manager o Clinical Supervisor o Workforce Manager > CDCB, Aged Care Outbreak team delegate > CDCB, IPC team delegate > SCC-H, Aged Care Response Team delegate > Forward Commander and other members of the Clinical HRRT (as required) > Commonwealth DoH, SA/WA State Manager or delegate, and/or Commonwealth Case Manager > ACQSC, Regional Director SA/WA/NT or delegate > Clinpath > Office for Ageing Well delegate > SAAS delegate (as required) <p>CHAIR: SCC-H Aged Care Response Team with Secretariat support by SCC-H</p>	<ul style="list-style-type: none"> > SCC-H to stand up an OMT meeting upon identification of a high-risk COVID-19 outbreak in RACF to coordinate appropriate management of the outbreak. > Ensure strong and effective management structures in place to manage the outbreak > Implement the OMP– noting that this plan will remain dynamic > Support the RACF provider to implement appropriate control measures, including restriction of resident movement, restriction of non-essential visitor access, rapid audit of infection prevention and control, access to and correct usage of PPE > Assess staff resources and surge staff planning within the OMP and activate the Commonwealth workforce surge program (if required) > Ensure resources are adequate, including: <ul style="list-style-type: none"> o PPE o Laboratory and testing (including access to RAT) > Identify and investigate all positive COVID- 19 cases > Establish approach to clinical care, including 	<p>Meeting frequency to be determined based on a risk assessment and may be adjusted throughout the outbreak according to scale and complexity.</p>

		<p>escalation pathway to and from hospital</p> <ul style="list-style-type: none"> > Ensure a communication strategy is in place for each resident and their representative (use external expertise as required, eg. ARAS) > Support communication between all stakeholders. > Document agreed actions, including points of dissent. > Report and escalate progress, issues and learnings to the SCC-H. 	
<p>Response Coordination Team (RCT)</p> <p>TRIGGER: Confirmation a COVID-19 outbreak in a RACF where additional coordination of resources or escalation of action is required.</p> <p>[RCT membership, roles and frequency of meetings for RACF exposures and outbreaks will be scaled determined on a situation-specific basis]</p>	<ul style="list-style-type: none"> > Deputy State Controller, SCCH (as required) > Commander, SCCH (as required) > SCCH Aged Care Response Team delegate > Director CDCB COVID Operations or delegate > CDCB Aged Care Outbreak Team delegate > CDCB Nursing Director Infection Control Service or delegate > Director, Office for Ageing Well or delegate > Deputy Chief Executive, System Leadership and Design (as required) > Forward Commander of the Clinical HRRT > Relevant LHN delegate > SAAS delegate (as required) 	<ul style="list-style-type: none"> > The RCT meeting is convened in the event of a high risk or escalating outbreak in a RACF and chaired by SCC-H. > The RCT will identify the increased response actions required, consider risks and mitigations, and coordinate the appropriate agency/service providers to execute and manage them accordingly > Based on the risk assessment, the RCT will plan and recommend interventions to manage the very high risk COVID-19 outbreak and deescalate the situation. 	<p>In the event RCT is activated, meeting frequency adjusted according to the scale and complexity of the COVID outbreak.</p>

	<ul style="list-style-type: none"> > Commonwealth DoH SA/WA State Manager, or other senior delegate > ACQSC Regional Director SA/WA/NT, or other senior delegate > Any other relevant or applicable person/agency depending on the circumstances. <p>CHAIR: SCC-H Commander or delegate, with Secretariat by SCC-H</p>		
<p>Health Rapid Response Team (HRRT)</p> <p>TRIGGER: The requirement to physically deploy a HRRT (including clinical support) in response in an aged care outbreak will be evaluated by the SCC-H at OMT on a situation-specific basis</p>	<ul style="list-style-type: none"> > DHW Forward Commander > LHN Aged Care Rapid Response Team, as required > Additional supports as required, including infection control specialist(s) 	<ul style="list-style-type: none"> > The HRRT's Forward Commander is the incident controller and will work closely to support the RACF's Outbreak Management Team. > The HRRT may be deployed to the RCF to establish an onsite presence. > The HRRT may be onsite providing clinical and infection control support throughout the period of an outbreak. > 	<p>The HRRT will report back to the SCC-H via regular OMTs</p>
<p>SA Aged Care COVID Emergency Response Group</p> <p>TRIGGER: In the event of multiple, concurrent COVID-19 outbreaks in RACFs</p>	<p>DHW</p> <ul style="list-style-type: none"> > OfAW, Director or other senior delegate > CDCB, COVID Operations Director or senior delegate > CDCB, Aged Care Outbreak Team delegate 	<p>The SA Aged Care COVID Emergency Response Group provides strategic direction, active oversight and escalated decision making in the event of multiple, concurrent COVID-19 outbreaks in RACF:</p> <ul style="list-style-type: none"> > Provides a coordinated 	<p>Meeting frequency will be determined by the relative risk of the COVID event</p>

	<ul style="list-style-type: none"> > CDCB, IPC team delegate > SCC-H Aged Care Response Team delegate <p>Commonwealth</p> <ul style="list-style-type: none"> > DoH, SA/WA State Manager, or delegate > Relevant Case Manager(s) > ACQSC, Regional Director SA/WA/NT, or delegate <p>Non-government organisations / Others as required</p> <ul style="list-style-type: none"> > ARAS > Clinpath > SAAS > LHNs > Relevant experts or guests may be invited to participate in certain parts of the meeting discussion with approval from the Chair. <p>CHAIR: Director, Office for Ageing Well with Secretariat by OfAW</p>	<p>response mechanism to mobilise state and Commonwealth resources, using existing mechanisms where possible and escalating priority if needed.</p> <ul style="list-style-type: none"> > Identifies, coordinates and provides additional surge capacity and capability to rapidly respond to COVID-19 outbreaks in RACF, or to provide additional preparedness support to RACF located in identified high risk areas. > Identifies priority areas of action, risks and gaps in the aged care response and escalates these to relevant Commonwealth and State leadership, as required. > Coordinates prevention and preparedness activities minimise the risk of outbreaks in RACF, especially in event of community wide transmission > Ensures situational updates between the state and Commonwealth are provided to inform immediate planning and responding. 	
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Appendix 3 – Acronyms

ACQSC	Aged Care Quality and Safety Commission
ARAS	Aged Rights Advocacy Service
CDCB	Communicable Disease Control Branch
CDNA	Communicable Diseases Network Australia
CFR	Clinical First Responder
DHW	Department for Health and Wellbeing (DHW)
DoH	Department of Health
IPC	Infection Prevention Control
LHN	Local Hospital Network
MPS	Multi-Purpose Services Program
NATSIFAC	National Aboriginal and Torres Strait Island Flexible Aged Care
NMS	National Medical Stockpile
OfAW	Office for Ageing Well
OMP	Outbreak Management Plan
OMT	Outbreak Management Team
PPE	Personal Protective Equipment
RCT	Response Coordination Team
RACF	Residential Aged Care Facility
SCC-H	State Control Centre – Health
SAAS	SA Ambulance Service

Appendix 4 - Joint Parties

SIGNED

for and on behalf of the
Commonwealth of Australia
Acting through the Department of Health

Signature:



Name:

Michael Lee

Position: **Deputy Secretary, Ageing and Aged Care**
Department of Health

Date:

29 / 3 / 22

SIGNED

for and on behalf of the
The South Australian Government
Acting through the Department for Health and Wellbeing

Signature:



Name:

C.H. McGowan

Position: **Chief Executive**
Department for Health and Wellbeing

Date:

18 / 3 / 22

For more information

Joint Protocol: Management of COVID-19 Outbreaks in South Australia Residential Aged Care Facilities

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