

SA, Department for Health and Wellbeing &  
Commonwealth, Department of Health

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

Version 1.0



**Australian Government**



**Government  
of South Australia**

SA Health

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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 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 the event of a single community transmitted case of COVID-19 **with known links to aged care**, through to multiple concurrent outbreaks in residential aged care facilities requiring a large scale emergency response. Each outbreak event will differ according to the circumstances of the RACF, the wider local circumstances such as extent of community transmission, the number of outbreaks, the geographical local and other variables.

The protocol is intended to be a companion to the [SA COVID-19 Strategy for Residential Aged Care Facilities](#) and the [Integrated Response Framework for the Management of Multiple Outbreaks in Residential Aged Care Facilities in South Australia](#).

## 5. Situation and Response

Application of the protocol will be applied proportionately based on identifying and understanding the features of the outbreak and the wider SA situation and context. Response (see [Appendix 2 - Health Rapid Response Plan Flow Chart](#)) will be guided by situational triggers and the following differential aged care response.

## 5.1 Identified COVID-19 Case in the Community – Linked to Aged Care

**Upon the confirmation of an identified COVID-19 case in the community, that has known links or is in proximity to a RACF** (for example, a close contact of the identified case works in a RACF or a hotspot is declared which includes one or more RACF within the catchment area), State Control Centre – SA Health (SCC-H) will notify the Director, Office for Ageing Well (OfAW).

Within 12 hours of the identified case, the DHW Director, OfAW, will convene an initial **Aged Care Response Meeting** with delegates from the following agencies:

- > DoH, State Manager, or delegate
- > Aged Care Quality and Safety Commission (ACQSC), Regional Director SAWA/NT

The purpose of this meeting is to:

- a) Assess the proximity and risk of the community outbreak to a RACF; and
- b) Coordinate any required preparedness activity.

These meetings will be held as regularly as required, for the duration of the event and will be reported back to SCC-H by the DHW Director, OfAW.

## 5.2 Identified COVID-19 Case in a RACF

**In the event that a resident, staff member or frequent visitor of a RACF tests positive for COVID-19**, SCC-H will activate a **Response Coordination Team (RCT)** and **within 3 hours** deploy the required **Health Rapid Response Team (HRRT)** inclusive of the In-Reach Metropolitan Residential Aged Care Registered Nurse Support Program in accordance with *COVID-19 Health Rapid Response Plan*.

HRRT and the Communicable Disease Control Branch (CDCB) will liaise with the impacted RACF (provider). The RACF (provider) must establish an Outbreak Management Team (OMT) with support from the HRRT and CDCB, which will include a delegate for the following:

- > RACF Outbreak Coordinator, and/or CEO or senior delegate
- > Facility Manager
- > Clinical Supervisor
- > Workforce Manager

The RACF Outbreak Coordinator must then schedule a meeting with the SCC-H RCT within 3 hours to confirm establishment of the OMT and commence a response to the outbreak.

In the event of an identified COVID-19 case in a RACF, the SCC-H RCT will include, in addition to the standing members, aged care representation from:

- > OfAW
- > DoH
- > ACQSC

SCC-H RCT members from DoH and ACQSC will notify their respective leadership within one hour of joining the SCC-H RCT.

The primary role of the aged care members within the SCC-H RCT will be to:

- a) Work with the impacted RACF (provider) in establishing a response through their own RACF Outbreak Coordinator and Management Team.
- b) Coordinate preparedness activity with other RACF premises in close proximity to the outbreak event, or known to have had exposure to a high risk site or person.

### 5.3 Multiple RACFs with Identified COVID-19 Cases

**In the event of multiple, concurrent COVID-19 outbreaks in RACFs**, the Deputy State Controller SCC-H, or delegate in consultation with the Commonwealth Chief Medical Officer (CMO), or delegate will activate a **SA Aged Care Emergency Response Group** (within the existing SCC-H structure) to provide strategic direction, active oversight and escalated decision making.

The SA Aged Care Emergency Response Group will initially convene a virtual meeting within 12 hours of this decision. Should the Deputy State Controller SCC-H, determine the event is stretching the states resources, a request will be made through the Chief Executive, DHW (or their delegate) to the Secretary, Commonwealth DoH (or their delegate) for additional resources to be physically located in the SCC-H to assist in managing the associated workload.

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

This decision will be documented in writing and will immediately be reported to relevant Ministers (including First Ministers where relevant), and relevant departmental officials.

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 the following delegates:

#### **DHW**

- > SCC-H, Deputy State Controller or delegate
- > OfAW, Director
- > CDCB, Aged Care Outbreak Coordinator
- > CDCB, Public Health Officer – Contact Tracing and Risk Assessment
- > DHW Rapid Response Team (HRRT), Forward Commander for each RACF Site
- > Nursing Team Leader, In-Reach Nurse Support Program

#### **Commonwealth**

- > DoH, State Manager, or delegate
- > ACSCQ, Regional Director SA/WA/NT

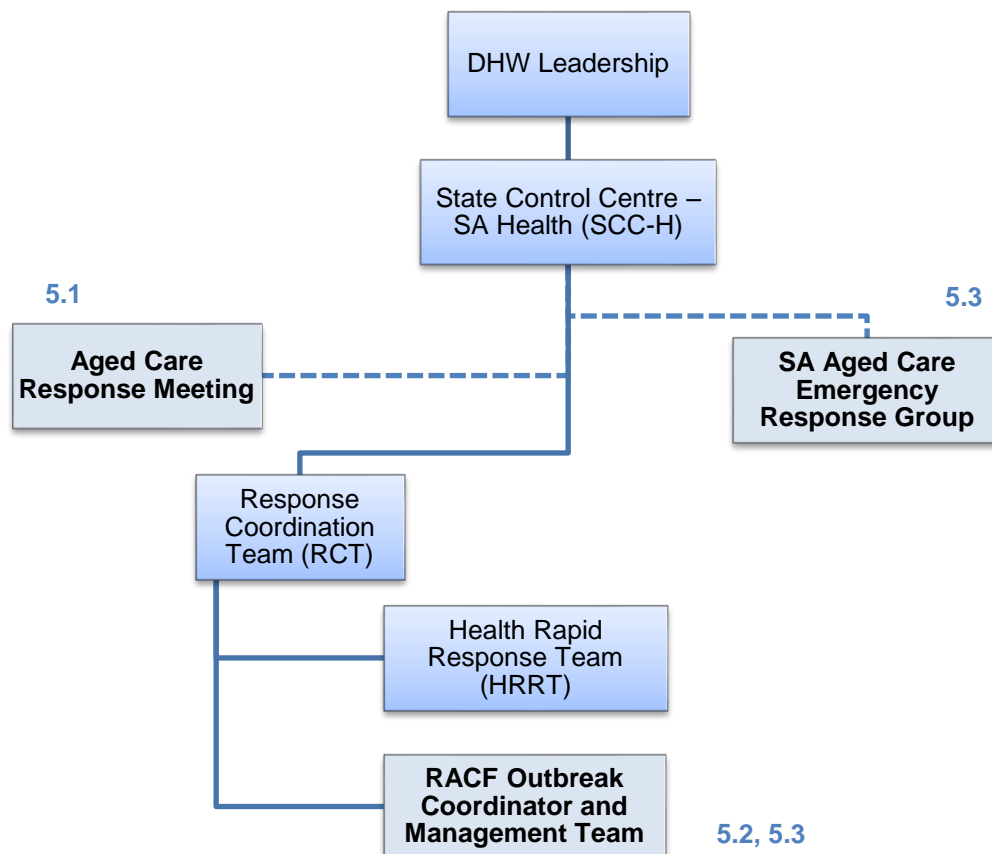
## Others as required

- > SCC-H Planning Officer
- > LHN Nursing / Clinician and / or Geriatrician Lead
- > CDCB, IPC Liaison
- > ADF Liaison Officer
- > Home Affairs Liaison Officer
- > Relevant experts or guests may be invited to participate in certain parts of the meeting discussion with approval from the Chair.

## 6. Governance

The **Aged Care Emergency Response Group** (refer to [Appendix 1 for Terms of Reference](#)) sits within the governance structure of the existing SCC-H. Additional resources to scale up an Aged Care Emergency Response Group from a virtual meeting to a physical presence will be undertaken through communication between the CE, DHW (or their delegate) and the Secretary, Commonwealth DoH (or their delegate).

The governance structures below (and in [Appendix 3 - Governance Chart](#)) will be activated in the event of an outbreak (see [Appendix 2 - Health Rapid Response Plan Flow Chart](#)):



## 7. Roles and responsibilities

### 7.1 SA Government Department for Health and Wellbeing (DHW)

#### Office for Ageing Well (OfAW)

##### Role:

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

##### Tasks:

- > Convene an initial Aged Care Response Meeting in an identified COVID-19 Outbreak event.
- > Coordinate preparedness activity with other RACF premises in close proximity to a community outbreak event, or RACF residents, staff or frequent visitors known to have had exposure to a high risk site or person.
- > Participate in the SA Aged Care Emergency Response Group.
- > Develop and collate supporting policy and tools for RACF providers, in preparedness of a RACF outbreak event.

#### State Control Centre – SA Health (SCC-H)

##### Role:

- > Operationalises the public health response and coordinates the emergency response supporting HRRTs, LHNs and other emergency response supports.
- > Key liaison point for the public health emergency response, including the SA Aged Care Emergency Response.
- > The SCC-Health is the operations team established by DHW in order to meet its requirements as control agency for COVID-19 in SA.

##### Tasks:

- > Activate the DHW Rapid Response Plan upon CDCB notification and convene an initial meeting of the RCT, no later than 3 hours from the time of initial notification of the high risk COVID-19 event to CDCB.
- > Declare an outbreak and prescribed quarantine period in relation to a prescribed RACF under the relevant South Australian Emergency Management Direction.
- > Convene the RCT throughout the aged care outbreak/s - core members of this team will be staffed from SCC-H, CDCB, SAPOL, Health Protection and Licensing Services (HPLS) and the Commonwealth Case Lead/s and Manager/s. Other members will be drawn from those organisations that will have a key role in responding to the incident.
- > Assign a Forward Commander, Public Health Officer and Operations team member to assist in managing the outbreak.
- > Assign and manage the HRRTs comprised of above and augmented by additional members depending on response required.
- > Support the RACF and HRRT in a) convening a RACF Outbreak Management Team meeting, and b) effectively managing the public health aspects of the incident.
- > Establish a clearly defined, flexible and scalable command and control structure at the incident location (where deemed necessary and appropriate).



- > Establish a means of direct communication between the incident site and DHW and the Commonwealth, which includes the capacity for regular bi-directional situation reports.
- > Provide technical advice to public and private stakeholders at the impacted site (i.e. clinical and infection control measures).
- > Coordinate the additional support necessary for the effective containment of COVID-19.
- > Where the SCC-H has limited capacity to respond, initiate surge support discussions with the State Controller and the SA Aged Care Emergency Response Group.
- > Liaise with key government and government contracted stakeholders to ensure:
  - o CDCB directions are supported consistently by the SA Aged Care Emergency Response Group and stakeholders.
  - o Clear and accurate messaging to government and external media requests.
  - o Seamless coordination between CDCB, LHN lead, Commonwealth and other key parties.
- > Notify the ACQSC and DoH of all cases and deaths during the outbreak, and when the outbreak is closed.
- > Maintain strong linkages with the National Incident Room (NIR) and its reporting products and the CDCB to ensure access to the most up to date risk assessment information and epidemiological information as part of overall national health sector response.
- > If required based on outbreak progression, and in collaboration and agreement with the Commonwealth, facilitate access to Australian Defence Force/Home Affairs resources, via the already established process through Emergency Management Australia.

### **Communicable Disease Control Branch (CDCB)**

#### **Role:**

- > Leads the public health response; aims to reduce the incidence and impact of communicable and infectious diseases in South Australia.
- > Provides expert advice on COVID-19 infection prevention and control (IPC).

#### **Tasks:**

- > Identify a high risk COVID-19 event and commence completion of 'initial outbreak report form'.
- > Provide urgent notification to the Chief Public Health Officer (CPHO); SCC-Health Commander; DHW Emergency Management Duty Officer (EMDO) and Commonwealth DoH.
- > Provide advice and recommendations on COVID-19 testing of asymptomatic individuals in RACF.
- > Provide technical advice and guidance (including clinical, epidemiology and infection control) to support the on-ground management of the high risk COVID-19 event, and integration with established CDCB protocols for the management of COVID-19 cases and associated contact tracing.
- > Responsible for keeping the RCT informed via scheduled Response Coordination Team meetings, coordinated by SCC-H. This will assist the HRRT to maintain a level of operational preparedness relevant to the current state-wide situation.
- > Provide lead advice and direction to support IPC in RACF.
- > Provide contract tracing and management.
- > Provide advice to HRRT, LHN, and other Infection Prevention and Control Teams deployed.
- > Develop resources for HRRT, LHN and other IPC support teams during the outbreak.

- > Provide mentoring and coaching to outbreak team infection leads.
- > Review and provide expert advice on RACF's OMPs.
- > Interview the case(s) using the CDCB Notifiable Case Form and confirm swab results. The agreed CDCB script is used for case interviews.
- > Support implementation of RACF's OMP and provide infection prevention and control guidance.
- > Participate as a member of the SA Aged Care Emergency Response Group to ensure direct liaison and communication channels with key stakeholders are maintained and to ensure CDCB directions are understood and supported consistently.
- > Provide notification of Case Closures to the CPHO; SCC-Health Commander; DHW EMDO, the Commonwealth DoH and the RACF provider

### **SA Ambulance Service (SAAS)**

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 be also be requested to lead on the ground responses should SCC-H require such as in the event of increasing outbreak cases.

#### **Role:**

- > Maintain emergency response capacity and support to RACF residents.

#### **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 requirement.

### **Health Rapid Response Team (HRRT)**

#### **Role:**

- > Delivers the public health response and supports RACFs in executing their roles - this may be delivered physically onsite or in a virtual capacity, contingent on the circumstances.

#### **Tasks:**

- > Establish an Outbreak Management Coordinator and Outbreak Management Team in conjunction with the RACF management immediately, if the RACF has not yet established this.
- > Chair outbreak management meetings as regularly as required until outbreak is closed, in the event RACF is unable to do so, or delegate chairing to LHN lead or Commonwealth Case Lead in the event of multiple outbreaks.
- > Notify CDCB of any deaths in the RACF.
- > 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.
- > Undertake onsite RACF Infection Control and Risk Assessment.

- > 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.
- > Where the HRRT has limited capacity to respond, the HRRT should discuss surge support with SCC-H.
- > Regularly liaise with SCC-H and the RCT and/or the SA Aged Care Emergency Response Group and seek support immediately where containment issues are identified.
- > Provide expert advice on COVID-19 infection prevention and control with advice from CDCB.
- > Support implementation of the RACF OMP and provide infection prevention and control guidance.
- > Provide mentoring and coaching to RACF outbreak team infection leads.
- > Provide IPC and other support to RACF complementary to any additional IPC and other supports implemented e.g. AUSMAT, CFRs.
- > Establish direct liaison with the SA Aged Care Emergency Response contact officer in SCC-H.
- > Provide assistance with prefilled pathology forms to facilitate staff and resident surveillance swabbing
- > If RACF staff accredited in swabbing, ensure equipment available onsite.

### **Local Health Networks (LHNs)**

In the initial stages of a response, and prior to the arrival of the HRRT and associated clinical support, LHNs *may* be requested to provide initial on ground clinical support. This may be requested while CDCB risk assessment and analysis is underway and/or to make best use of any pre-existing arrangements between LHNs and RACFs to ensure the safety of residents and support IPC and lockdown measures, if required. LHNs may also be requested to lead on the ground responses should SCC-H require such as in the event of increasing/multiple outbreak cases.

#### **Role:**

- > Each LHN is responsible for developing patient flow within their hub and spoke model in line with the overall COVID 19 South Australian Inpatient Integrated Plan.
- > Facilitate hospital transfers and repatriation.
- > Operationalise the COVID 19 South Australian Inpatient Integrated Plan, as required by the State Controller and SCC-H.
- > Establish clinical outreach team, infection control and testing requirements.
- > Work collaboratively with residents' usual general practitioners and other treating specialists, as nominated by the RACF Outbreak Coordinator.
- > Support clinical governance within the RACF.
- > Establish direct liaison with the SA Aged Care Emergency Response contact officer in SCC-H.
- > Assist in facilitating priority testing of RACF staff when undergoing surveillance testing
- > Assist in facilitating surveillance testing of RACF residents when inpatients in their sites

#### **Tasks:**

- > In the event of escalating cases, and with direction from the State Controller and SCC-H, operationalise the respective LHN workforce COVID 19- Inpatient Integrated Strategy plans.

- > Implement agreed clinical lead and outreach model (for example, Hospital in the Home /geriatric outreach model) with specialist clinician support to maximise clinical care of residents both COVID-19 positive and negative.
- > Provide on the ground clinical support:
  - In partnership with CDCB, advise on infection prevention and control measures, including isolating and cohorting residents (for both COVID-19 positive awaiting transfer and negative residents), with support for monitoring as needed.
  - Determine, through the LHN Clinical Governance mechanisms, the level and type of specialist and support care required by residents of the RACF during the period of the declared outbreak.
  - Support RACF staff/GPs/ visiting allied and other health professionals to support appropriate patient-centred care and review/develop advance care plans for residents.
  - Liaise regularly in conjunction with RACF and provide clinical information and support to GPs, Nurse Practitioners, and allied health professionals where indicated.
  - Implement processes to minimise and manage clinical deterioration, including support to transfer 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.

## 7.2 Commonwealth Government

### Commonwealth Department of Health (DoH)

#### Role:

- > Provides funding for aged care services and supports the RACF's capacity to manage the outbreak acting as the single point of contact and supports RACF sector outbreak prevention and preparedness.

#### Tasks:

- > Provide subsidy funding for aged care services and support the RACF's capacity to manage the outbreak.
- > Support viability and capacity of provider to manage outbreak.
- > Allocate state-based 24/7 case manager.
- > Facilitate adequate access to primary care for residents of the RACF to ensure continuity of clinical care.
- > Facilitate access to resources, including Clinical First Responders and surge workforce (where required).
- > Facilitate access to personal protective equipment (PPE) from the National Medical Stockpile (NMS) as required and pending exhaustion of existing commercial arrangements.
- > Provide funding to assist management of the outbreak, where appropriate.
- > Facilitate rapid response COVID-19 in-reach pathology testing services (if required and in collaboration with DHW). These resources should only be engaged after joint agreement with DHW and deployed in a mutually agreed manner as soon as deemed necessary.

- > 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.
- > Assist providers with access to aged care advocacy services for residents and their representatives and notify national and state-based advocacy services of outbreaks.
- > 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 SA Aged Care Emergency Response Group to ensure direct liaison and communication channels with key stakeholders are maintained.
- > Should the situation warrant, following the Deputy State Controller SCC-H decision (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 Response.

### **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 and advice to support the provider's compliance with relevant Commonwealth legislation.
- > 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 member on the RCT and SA Aged Care Emergency Response Group.
- > 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 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 Response.

### **Residential Aged Care Facility (provider)**

#### **Role**

- > Maintains a current Outbreak Management Plan (OMP) to ensure preparedness in the event of the outbreak, including engagement with local health services e.g. 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:

- the *Aged Care Act 1997*,
- the CDNA Guidelines
- SA legislation and the SA COVID-19 Strategy for Residential Aged Care Facilities
- Resources provided by ACQSC.
- > Communicate a consistent and timely message to engage staff, residents and their families effectively in pandemic response measures and to build trust and confidence when there is broader vulnerability.

## Tasks

- > Regularly review the RACF COVID-19 Management and Outbreak Plan to ensure consistency with Commonwealth, State and industry guiding documents in prevention, preparedness and outbreak management actions to ensure currency with Directions / recommendations.
- > Monitor the health status and presence of residence, workforce and visitors at the RACF in line with current Emergency Management Directions.
- > Arrange / direct COVID-19 testing for residents, staff or visitors displaying signs / symptoms of COVID-19 infection. Notify state agencies as required.
- > On notification of a positive case of COVID-19 at the RACF, implement and maintain their outbreak plan. The plan will include all the elements as noted in guiding documents for example: escalation protocols, communication with stakeholders, infection prevention and control practices, workforce management, etc.
- > Notify and liaise with the DHW (CDCB), and the Commonwealth Department of Health.
- > Establish an Outbreak Management Coordinator in conjunction with the SCC-H HRRT (immediately).
- > Chair meetings of the Outbreak Management Team until the outbreak is closed (HRRT or Commonwealth available to Chair if required).
- > Implement the OMP.
- > Assess staff resources, detailed in the OMP:
  - Contingency planning in the event of significant staff loss (30-40 per cent and under more extreme circumstances this may be above 85%)
  - Surge staff planning – including identifying staff through usual recruitment agencies, staff from within the broader organisation, and other providers.
- > Lead, direct, monitors and oversee outbreak response in the RACF.
- > Advise of the Infection Control Local Lead.
- > Implement infection prevention and control measures, including:
  - Isolating and cohorting residents and staff.
  - Instructing on PPE, hand hygiene, and environmental cleaning.
  - Instituting contact and droplet precautions.
  - Assessing the RACF for potential breaches (e.g. food trolleys, medication trolleys).
  - Displaying visible signage throughout the RACF.
  - Designating an infection control practitioner role to support adherence to PPE, if required seek support from CEC.
  - Certifying that all staff entering the RACF are orientated and trained in infection control and the use of PPE – having an established induction process is essential.

- > Restrict visitor and community (including health workers) to minimal essential requirements. Non-essential visitors will be precluded from face to face visits with residents (detailed in CDNA Guidelines). Keeps a log of all visitors entering the RACF, including areas and residents visited.
- > Manage staff, including rostering and isolation measures for exposed staff.
- > Implement a timely and responsive COVID-19 communication policy with residents and their families.
- > Engage surge workforce where critical staff are not able to be sourced through other avenues, if required.
- > Monitors resident wellbeing, and regularly communicates with residents and their families.
- > Work with GPs to review/develop advance care plans for residents.
- > Enable access and respond to aged care advocates, provide to residents and their representatives communications, collateral and materials provided by advocacy services.
- > Ensure communications make decision-making and actions transparent to all parties.
- > Facilitate pathology requisition orders and timely specimen collection.
- > Facilitate timely completion of contact tracing documentation for CDCB.
- > In coordination with the SCC-Health [and Commonwealth], liaise with GPs and allied health personnel to ensure approach to acute and chronic disease is addressed, and de-conditioning, grief, cognitive decline and psychiatric sequelae of isolation and loss are addressed.
- > Establish direct liaison with the SA Aged Care Emergency Response in SCC-H.

# SA Covid-19 Aged Care Emergency Response Group

## Terms of Reference



**Australian Government**



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SA Health



## 1. Introduction

The Aged Care Emergency Response Group informs and coordinates specialist aged care advice and response as required by the existing SCC-H structure. The Aged Care Emergency Response Group may be set-up in a virtual capacity or stood-up onsite and/or expanded in the event of increased scale and complexity of outbreaks in residential aged care settings. As the state emergency management leader, the department has established this group to contain and control outbreaks in residential aged care settings with the objective of bringing the event to an end as quickly and safely as possible.

## 2. Role and Function

The Aged Care 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 and escalating priority if needed;
- > identify, coordinate and provide additional surge capacity and capability to rapidly respond to COVID-19 outbreaks in particular settings, such as residential aged care, or in growing clusters of community transmission in particular geographical areas;
- > 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;
- > identification of 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 minimise the risk of outbreaks especially in event of "emerging or actual" community wide transmission
- > coordinate the support continuity of care to minimise impact on clinical, physical and mental health
- > ensure situational updates between the state and Commonwealth are provided to inform immediate planning and responding;
- > effectively integrate with existing state public health emergency response systems, in particular communication, data and reporting; and
- > function within an emergency management framework.

## 3. Membership

The Chair of the Aged Care Emergency Response Group is the Director of 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 Aged Care Emergency Response Group. For the current priorities, membership will consist of:

### **DHW**

- > SCC-H, Deputy State Controller or delegate
- > OfAW, Director

- > CDCB, Aged Care Outbreak Coordinator
- > Health Rapid Response Team (HRRRT), Forward Commander for each RACF Site

#### **Commonwealth**

- > DoH, State Manager or other senior delegate
- > ACSCQ, Regional Director SA/WA/NT

#### **Others as required**

- > SCC-H Planning Officer
- > LHN Nursing / Clinician and / or Geriatrician Lead
- > CDCB, IPC Liaison
- > ADF Liaison Officer
- > Home Affairs Liaison Officer
- > 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 Aged Care 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 Aged Care Emergency Response Group shall meet daily throughout an outbreak 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**

#### **TBA**

- > Out of session communication
- > Time-critical escalation

### **4.3 Agenda items**

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

Members must endeavor to advise the Secretariat of agenda items and provide any associated papers by 12pm on the day prior to the meeting to have an item added to the meeting agenda.

#### 4.4 Decision making

The Aged Care 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. All out of session papers will be noted at the following meeting.

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 Aged Care Emergency Response Group shall be provided by the Office for Ageing Well.

An agenda and papers for decision will be distributed to members by 2pm on the day of the meeting.

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 Aged Care Emergency Response Group's discussions, including at a minimum:

- > Terms of Reference, agendas and records of each meeting
- > Papers circulated for discussion or information papers tabled at meetings
- > Correspondence received or prepared on behalf of the Aged Care Emergency Response Group
- > A record of all decisions made

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 so trivial as to be unlikely to affect the member's 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 Aged Care 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.

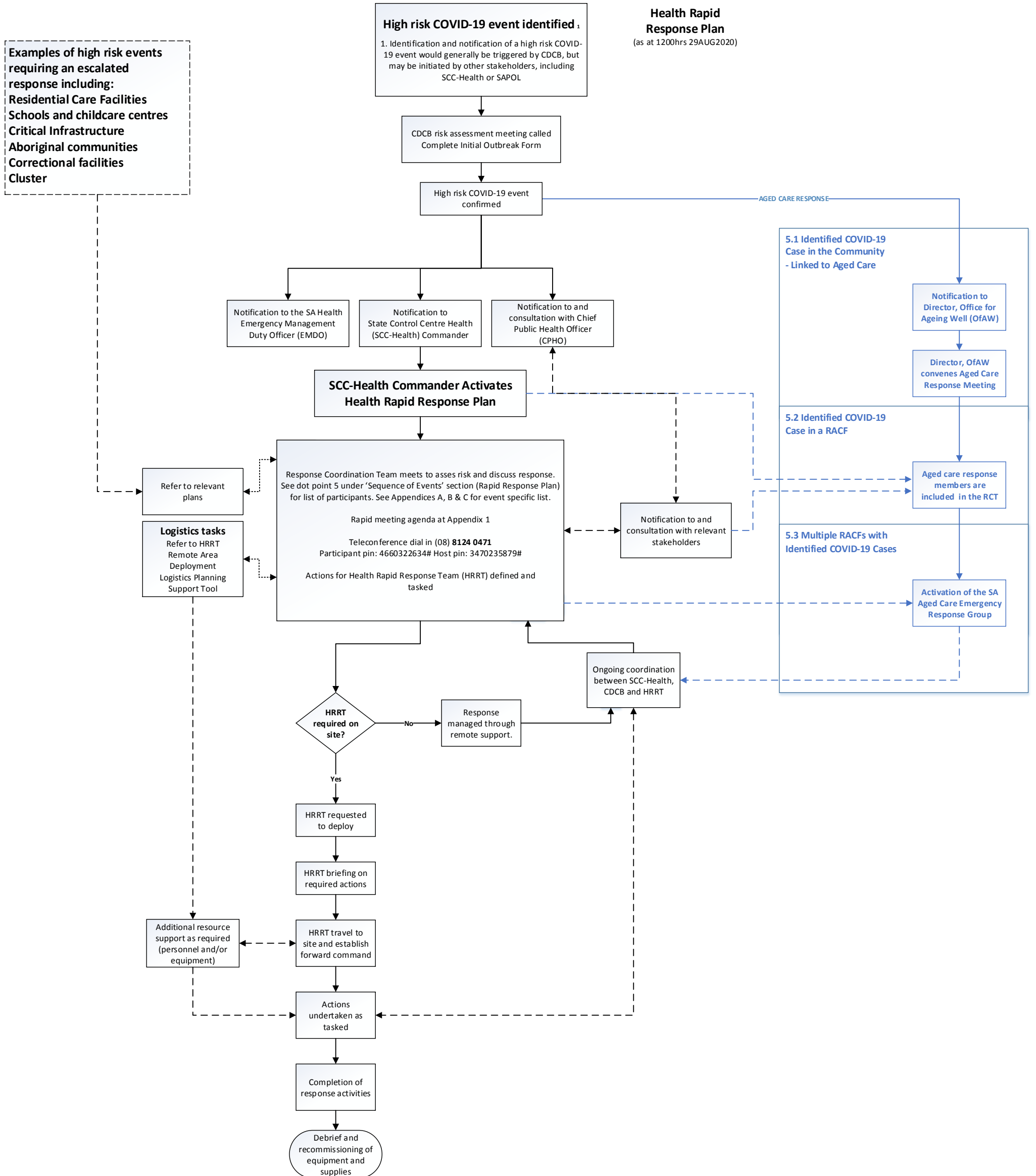
### 5. Reporting

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

**Document Control Information**

Version	Effective From	Effective To	Change Summary
1.1	5 March 2021	Current	Updated Draft for Joint Protocol
1.0	19 November 2020	Current	First draft

# Appendix 2 – Health Rapid Response Plan Flow Chart



## Appendix 3 – Governance Chart

Name/Structure/Trigger	Key roles	Functions	Meeting Frequency
<p><b>SCC-H Response Coordination Team (RCT)</b></p> <p><b>TRIGGER:</b></p> <p>Confirmation of an identified COVID-19 case in the community</p>	<ul style="list-style-type: none"> <li>&gt; Director CDCB or delegate</li> <li>&gt; CDCB Director Disease Surveillance and Investigation</li> <li>&gt; CDCB Outbreak Coordinator</li> <li>&gt; CDCB Nursing Director Infection Control Service or delegate</li> <li>&gt; Chief Nurse and Midwifery Officer or delegate</li> <li>&gt; Australian Government Department of Health SAWA State Manager, or delegate</li> <li>&gt; SCC-Health Command</li> <li>&gt; SCC-Health Operations</li> <li>&gt; SCC-Health Incident Testing Management</li> <li>&gt; SCC-Health Planning</li> <li>&gt; SCC-Health Intelligence</li> <li>&gt; SCC-Health Public Information</li> <li>&gt; SCC-Health Logistics</li> <li>&gt; SCC-Health SA Police Liaison Officer</li> <li>&gt; SCC-Health SA Ambulance Liaison</li> </ul>	<ul style="list-style-type: none"> <li>&gt; The Response Coordination Team (RCT) meeting is convened within the first 3 hours and chaired by SCC-H.</li> <li>&gt; The RCT will identify the response actions required, consider risks and mitigations, and coordinate the appropriate agency/service providers to execute and manage them accordingly</li> <li>&gt; Based on the risk assessment, the RCT will plan and recommend interventions to prevent the transmission of COVID-19.</li> <li>&gt; The default position of the RCT is to deploy a HRRT, supplemented by clinical support staff (for example, doctors and nurses) as determined by the specific needs of each case/outbreak.</li> <li>&gt; The RCT CDCB public health officer/nurse is responsible for the initial onsite risk assessment, concluding onsite operations, and declaring an outbreak over.</li> </ul>	<p>In the event RCT is activated meeting frequency adjusted according to scale and complexity.</p> <p>Daily AM meetings in the first 72 hours.</p> <p>May require ongoing daily RCT meetings in event of multiple cases.</p> <p>Convenes throughout the outbreak</p>

Name/Structure/Trigger	Key roles	Functions	Meeting Frequency
	<p>Officer</p> <ul style="list-style-type: none"> <li>&gt; SA Pathology - Senior Nurse and Head of Patient Services and/or Clinical Services Director</li> <li>&gt; Deputy Chief Public Health Officer/ Deputy SCC-H (as required)</li> <li>&gt; Forward Commander of the on-call HRRT</li> <li>&gt; SA Hospital and LHN Coordinators</li> <li>&gt; Director, Office for Ageing Well</li> <li>&gt; Aged Care Quality and Safety Commission Case Lead</li> <li>&gt; Consideration should be given to inclusion of the RCF Outbreak Coordinator if applicable</li> <li>&gt; SA Aboriginal Health Directorate nominated lead as required</li> <li>&gt; Any other relevant or applicable person/agency depending on the circumstances.</li> <li>&gt; CHAIR: SCC-H Commander with Secretariat by DHW</li> </ul>		

Name/Structure/Trigger	Key roles	Functions	Meeting Frequency
<p><b>Aged Care Response Meeting</b></p> <p><b>TRIGGER:</b></p> <p>Confirmation of an identified COVID-19 case in the community with identified links or proximity to RACF.</p>	<ul style="list-style-type: none"> <li>&gt; Director, OfAW</li> <li>&gt; Delegate from: <ul style="list-style-type: none"> <li>o SCC-H</li> <li>o DoH</li> <li>o ACQSC</li> </ul> </li> </ul>	<p>Within 12 hours of the confirmation of an identified COVID-19 case in the community with identified links or proximity to RACF, the Director, OfAW, will convene an initial Aged Care Response Meeting with a view to:</p> <ul style="list-style-type: none"> <li>&gt; Assess the proximity and risk of the community outbreak to a RACF; and</li> <li>&gt; Coordinate any required preparedness activity.</li> </ul>	<p>Once within 12 hours and then again as needed to ensure preparedness or as information comes to hand.</p>
<p><b>SCC-H Health Rapid Response Team (HRRT)</b></p> <p><b>TRIGGER:</b></p> <p>Deployment of a HRRT is the default response in the case of an aged care outbreak.</p>	<ul style="list-style-type: none"> <li>&gt; DHW Forward Commander</li> <li>&gt; Public Health Officer/Nurse</li> <li>&gt; Pathology/specimen collector (e.g. domiciliary)</li> <li>&gt; SA Ambulance Forward Commander</li> <li>&gt; Nursing Team Leader, In-Reach Metropolitan Residential Aged Care Registered Nurse Support Program</li> </ul> <p>Additional supports may include:</p> <ul style="list-style-type: none"> <li>&gt; Public Health Physician(s)</li> <li>&gt; Medical Assessment Officer(s) (e.g. doctor/GP)</li> <li>&gt; Infection control specialist(s)</li> <li>&gt; Medial Liaison Officer(s)</li> </ul>	<ul style="list-style-type: none"> <li>&gt; The HRRT's Forward Commander is the incident controller and will work closely to support the RACF's Outbreak Management Team.</li> <li>&gt; The HRRT will be deployed to the RCF to establish an onsite presence.</li> <li>&gt; The HRRT will be onsite providing clinical and infection control support throughout the period of an outbreak.</li> <li>&gt; Escalate matters to the SA Aged Care Emergency Group for consideration</li> </ul>	<p>The HRRT will report back to the RCT daily; and SCC-H PM briefings</p> <p>The Forward Commander will attend daily RCT meetings (and other meetings as required).</p>



Name/Structure/Trigger	Key roles	Functions	Meeting Frequency
	<ul style="list-style-type: none"> <li>&gt; Community Liaison Officer(s)</li> <li>&gt; Geriatrician(s)</li> <li>&gt; Palliative Care support</li> <li>&gt; Hospital and/or LHN Lead (s)</li> <li>&gt; Hospital in the Home Lead (s)</li> </ul> <p>CHAIR: Forward Commander with Secretariat by DHW</p>		
<p><b>RACF Outbreak Coordinator and Management Team</b></p> <p>(note, actual team membership may depend on location/size of outbreak and supports required)</p> <p><b>TRIGGER:</b></p> <p>In the event that a resident, staff member or frequent visitor of a RACF tests positive for COVID-19.</p>	<ul style="list-style-type: none"> <li>&gt; RACF including: <ul style="list-style-type: none"> <li>o Outbreak Coordinator</li> <li>o CEO or senior delegate</li> <li>o Facility Manager</li> <li>o Clinical Supervisor</li> <li>o Workforce Manager</li> </ul> </li> <li>&gt; CDCB Director or delegate</li> <li>&gt; Forward Commander, HRRT</li> <li>&gt; Commonwealth DoH State Manager SAWA or delegate, and Commonwealth Case Manager</li> <li>&gt; Commonwealth DoH Aged Care Workforce Liaison</li> <li>&gt; Aged Care Quality and Safety</li> </ul>	<ul style="list-style-type: none"> <li>&gt; RACF to immediately establish an Outbreak Coordinator and stand up an Outbreak Management Team (OMT) to assume control of the outbreak with support from CDCB and HRRT</li> <li>&gt; The outbreak coordinator should constitute a consistent single point of contact between the facility and DHW and the Commonwealth for matters relating to the outbreak</li> <li>&gt; Ensure strong and effective management structures in place to manage the outbreak</li> <li>&gt; Implement OMP– noting that this plan will remain dynamic</li> <li>&gt; Support the provider to implement appropriate control measures including restriction of resident movement,</li> </ul>	<p>Daily in the first 72 hours</p> <p>May require ongoing daily OMT until the outbreak is considered over meetings.</p> <p>Adjust frequency according to scale and complexity.</p>

Name/Structure/Trigger	Key roles	Functions	Meeting Frequency
	<p>Commission</p> <ul style="list-style-type: none"> <li>&gt; HRRT and/or LHN Clinical Team may include: <ul style="list-style-type: none"> <li>○ Infectious Disease Consultant</li> <li>○ Geriatrician</li> <li>○ Palliative Care support</li> <li>○ Hospital in the Home lead</li> <li>○ Infection Prevention and Control Practitioner</li> <li>○ Testing Team</li> </ul> </li> <li>&gt; Other IPC and Emergency Management experts e.g. AUSMAT, Commonwealth Clinical First Responders, ADF</li> <li>&gt; SA Commission on Excellence and Innovation in Health</li> <li>&gt; Aged Rights Advocacy Service (ARAS)</li> </ul> <p>CHAIR: RACF or HRRT Forward Commander with Secretariat support by RACF or DHW</p>	<p>restriction of visitor access, rapid audit of infection prevention and control, access to and correct usage of PPE</p> <ul style="list-style-type: none"> <li>&gt; Assess staff resources and surge staff planning within the OMP. Staffing should include: <ul style="list-style-type: none"> <li>○ Identification of an infection control lead/champion</li> <li>○ Additional clinical support to meet the increased care needs of COVID-19 positive residents</li> <li>○ Additional allied health staff to avoid deconditioning of quarantined residents, particularly COVID-19 negative residents</li> <li>○ Additional hospitality staff to support changes in practices due to infection control</li> <li>○ Additional lifestyle staff to support enhanced communication with families and changes in activities due to quarantining</li> <li>○ Additional cleaning staff</li> <li>○ Concierge staff</li> </ul> </li> <li>&gt; Activate the Commonwealth workforce surge program (if required).</li> </ul>	

Name/Structure/Trigger	Key roles	Functions	Meeting Frequency
		<ul style="list-style-type: none"> <li>&gt; Ensure resources are adequate, including:               <ul style="list-style-type: none"> <li>○ PPE</li> <li>○ Medical and allied health workforce</li> <li>○ Laboratory and testing</li> </ul> </li> <li>&gt; Identify and investigate all positive COVID-19 cases</li> <li>&gt; Establish approach to clinical care including escalation pathway to and from hospital</li> <li>&gt; Ensure a communication strategy is in place for each resident and their representative (use external expertise as required i.e. OPAN-ARAS)</li> <li>&gt; Support communication between all stakeholders</li> <li>&gt; Identify instances where there is inconsistent advice or conflict within the OMT and resolve, referring to the SCC-H RCT, or escalating to the SIOG where necessary</li> <li>&gt; Identify alternate accommodation options, if required</li> <li>&gt; Document agreed actions, including points of dissent</li> <li>&gt; Identify trigger events, and escalate to the SCC-H RCT or SA-CW Aged Care</li> </ul>	

Name/Structure/Trigger	Key roles	Functions	Meeting Frequency
		<p>Response Group</p> <ul style="list-style-type: none"> <li>&gt; Report and escalate progress, issues and learnings to the SCC-Health</li> </ul>	
<p><b>SA Aged Care Emergency Response Group</b> (within the existing SCC-H structure)</p> <p>note:</p> <ol style="list-style-type: none"> <li>1. the Deputy State Controller SCC-H, or delegate in consultation with the Commonwealth Chief Medical Officer (CMO), or delegate will activate;</li> <li>2. this may be set-up in a virtual capacity and stood-up onsite at SCC-H and/or expanded in the event of increased scale and complexity.</li> </ol> <p>The decision to activate will be documented in writing and will immediately be reported to relevant Ministers (including First Ministers where relevant), and relevant departmental officials.</p>	<p><b>DHW</b></p> <ul style="list-style-type: none"> <li>&gt; SCC-H, Deputy State Controller or delegate</li> <li>&gt; OfAW, Director or other senior delegate</li> <li>&gt; CDCB, Aged Care Outbreak Coordinator</li> <li>&gt; Health Rapid Response Team (HRRT), Forward Commander for each RACF Site</li> </ul> <p><b>Commonwealth</b></p> <ul style="list-style-type: none"> <li>&gt; DoH, State Manager, or delegate</li> <li>&gt; ACSCQ, Regional Director SA/WA/NT</li> </ul> <p><b>Others as required</b></p> <ul style="list-style-type: none"> <li>&gt; SCC-H Planning Officer</li> <li>&gt; LHN Nursing / Clinician and / or Geriatrician Lead</li> <li>&gt; CDCB, IPC Liaison</li> <li>&gt; ADF Liaison Officer</li> <li>&gt; Home Affairs Liaison Officer</li> <li>&gt; Relevant experts or guests may be invited to participate in certain parts of the meeting</li> </ul>	<p>The Aged Care 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"> <li>&gt; Provide a coordinated response mechanism to mobilise state and Commonwealth resources, using existing mechanisms where possible and escalating priority if needed.</li> <li>&gt; 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.</li> <li>&gt; Identifies priority areas of action, risks and gaps in the aged care response and escalates these to relevant Commonwealth and State leadership, as required.</li> <li>&gt; Coordinates prevention and preparedness activities minimise the risk of outbreaks in RACF, especially in event of community wide transmission</li> <li>&gt; coordinate the support continuity of care</li> </ul>	<p>Reports at Daily SCC-H meetings, and when activated the Response Coordination Team (RCT meetings – see RCT role below]</p> <p>Reports at Daily SCC-H Briefings</p>

Name/Structure/Trigger	Key roles	Functions	Meeting Frequency
<p><b>TRIGGER:</b></p> <p>In the event of multiple, concurrent COVID-19 outbreaks in RACFs</p>	<p>discussion with approval from the Chair.</p> <p>CHAIR: Nominated by Deputy State Controller SCC-H with Secretariat by DHW</p>	<p>to minimise impact on clinical, physical and mental health</p> <ul style="list-style-type: none"> <li>&gt; ensure situational updates between the state and Commonwealth are provided to inform immediate planning and responding;</li> </ul>	

## Appendix 4 – Acronyms

<b>ACQSC</b>	Aged Care Quality and Safety Commission
<b>ADF</b>	Australian Defence Force
<b>AHPPC</b>	Australian Health Protection Principal Committee
<b>ARAS</b>	Aged Rights Advocacy Service
<b>CDCB</b>	Communicable Disease Control Branch
<b>CDNA</b>	Communicable Diseases Network Australia
<b>CFR</b>	Clinical First Responder
<b>CMO</b>	Chief Medical Officer
<b>DHW</b>	Department for Health and Wellbeing (DHW)
<b>DoH</b>	Department of Health
<b>HRRP</b>	Health Rapid Response Plan
<b>HRRT</b>	Health Rapid Response Team
<b>IPC</b>	Infection Prevention Control
<b>LHN</b>	Local Hospital Network
<b>MPS</b>	Multi-Purpose Services Program
<b>NIR</b>	National Incident Room
<b>NATSIFAC</b>	National Aboriginal and Torres Strait Island Flexible Aged Care
<b>NMS</b>	National Medical Stockpile
<b>OfAW</b>	Office for Ageing Well
<b>OMP</b>	Outbreak Management Plan
<b>OMT</b>	Outbreak Management Team
<b>PHES</b>	Public Health Events Surveillance System
<b>PHU</b>	Public Health Unit
<b>PHN</b>	Primary Health Network
<b>PPE</b>	Personal Protective Equipment
<b>PPRR - cycle</b>	Preparedness, Prevention, Response and Recovery cycle
<b>RCT</b>	Response Coordination Team
<b>RACF</b>	Residential Aged Care Facility
<b>SA-CW</b>	South Australia – Commonwealth
<b>SAAS</b>	SA Ambulance Service
<b>SCC-H</b>	State Control Centre – SA Health

## Appendix 5 – Joint Parties

### SIGNED

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

Signature: 

Name: MICHAEL LYLE

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

Date: 3/15/21

### 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: 19/4/21

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For more information

**Joint Protocol: Management of COVID-19 Outbreaks in South Australia Residential Aged Care Facilities**  
**Office for Ageing Well**

**Department for Health and Wellbeing**

**SA Health, Government of South Australia**

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**Australian Government**

