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| Protocol to support joint management of a COVID-19 outbreak in residential aged care facilities (RACFs)  |
| December 2022 – Version 2 |
| OFFICIAL |

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# Introduction

The joint protocol is one part of a suite of documents that support the Australian Government Department of Health (the Commonwealth), Victorian Government and aged care approved providers (providers) to work together in a coordinated and collaborative way to prevent, prepare for and respond to an outbreak of COVID-19 in a Commonwealth funded Residential Aged Care Facility (RACF) in Victoria. Other key relevant documents include:

#### [Management of Acute Respiratory Infection outbreaks, including COVID-19 and influenza, in residential care facilities (RCFs)](https://www.health.vic.gov.au/infectious-diseases/acute-respiratory-infection-management-rcf)

<https://www.health.vic.gov.au/infectious-diseases/acute-respiratory-infection-management-rcf>.

#### [Infection prevention and control resources](https://www.health.vic.gov.au/covid-19/infection-prevention-control-resources-covid-19)

<https://www.health.vic.gov.au/covid-19/infection-prevention-control-resources-covid-19>.

#### [National Guidelines for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection (including COVID-19 and Influenza) in Residential Care Facilities](https://www.health.gov.au/resources/publications/national-guidelines-for-the-prevention-control-and-public-health-management-of-outbreaks-of-acute-respiratory-infection-including-covid-19-and-influenza-in-residential-care-facilities)

<https://www.health.gov.au/resources/publications/national-guidelines-for-the-prevention-control-and-public-health-management-of-outbreaks-of-acute-respiratory-infection-including-covid-19-and-influenza-in-residential-care-facilities>.

#### [National COVID-19 Aged Care Plan](https://www.health.gov.au/resources/collections/national-covid-19-aged-care-plan)

<https://www.health.gov.au/resources/collections/national-covid-19-aged-care-plan>.

#### [First 24 hours – managing COVID-19 in a residential aged care facility](https://www.health.gov.au/resources/publications/first-24-hours-managing-covid-19-in-a-residential-aged-care-facility)

<https://www.health.gov.au/resources/publications/first-24-hours-managing-covid-19-in-a-residential-aged-care-facility>.

Aged Care Quality and Safety Commission

#### [Guidance and resources for providers to support the Aged Care Quality Standards | Aged Care Quality and Safety Commission](https://www.agedcarequality.gov.au/resources/guidance-and-resources-providers-support-aged-care-quality-standards)

<https://www.agedcarequality.gov.au/resources/guidance-and-resources-providers-support-aged-care-quality-standards>.

#### [How prepared are you for a COVID-19 outbreak? Fact sheet](https://www.agedcarequality.gov.au/resources/how-prepared-are-you-covid-19-outbreak)

<https://www.agedcarequality.gov.au/resources/how-prepared-are-you-covid-19-outbreak>.

The protocol will be updated to reflect any changes in Government(s) responses, policy and structures within agencies.

## Purpose and Scope

The Royal Commission into Aged Care Quality and Safety Commission, [Aged Care and COVID-19: a special report](https://agedcare.royalcommission.gov.au/sites/default/files/2020-10/aged-care-and-covid-19-a-special-report.pdf) <https://agedcare.royalcommission.gov.au/sites/default/files/2020-10/aged-care-and-covid-19-a-special-report.pdf> recommends that each jurisdiction develop a protocol to describe the roles and responsibilities of the Australian Government, aged care providers, and state government agencies (Recommendation 4).

The aim of this document is to outline the roles and responsibilities of all agencies to ensure a coordinated interagency approach for support to an aged care provider in its management of a COVID-19 outbreak.

The purpose of this protocol is to formalise the coordination of activities in the preparedness and response to a COVID-19 outbreak in RACFs throughout Victoria.

The document outlines the roles and responsibilities of relevant parties, governance structures, escalation procedures and expectations around information sharing and timeframes.

This protocol does not intend to describe the operational mechanisms and service level decision making processes that determine the management of a COVID-19 outbreak. Neither does it include the senior intergovernmental engagement which occurs in the exercising of relevant powers under the Public Health and Wellbeing Act 2008.

## Parties

This protocol applies to the following parties in Victoria:

* Australian Government Department of Health (the Commonwealth)
* Aged Care Quality and Safety Commission (ACQSC)
* Victorian Government Department of Health (DH)

## Objectives

The primary objective of this protocol is to maintain and support the ongoing health and wellbeing of RACF residents, staff, and frequent attendees. This is achieved by articulating:

* The coordination of support to Commonwealth funded RACFs in preparation for, and management of, COVID-19 outbreaks.
* Capacity building support of RACFs to optimise the safety, quality, and continuity of care for all residents in impacted RACFs (irrespective of their COVID-19 status).
* Assurance mechanisms that support the safety, quality, and continuity of care for all residents in impacted RACFs (irrespective of their COVID-19 status).
* Responsibilities of the relevant parties involved in the support and management of COVID-19 outbreaks at an RACF facilitating transparency, accountability and clarity of roles.

## Principles

The overarching principles that all Australians should be able to access quality health and aged care and live with dignity and choice, regardless of their age and where they live is underpin this protocol. The following points describe how these principles are applied in relation to this protocol:

#### Consumer-centred care

* The clinical, social, and emotional needs of residents are paramount. Decisions on the most appropriate clinical care, including location of the care and whether transfer to hospital or other acute care facility is required, should be made in consultation with the care recipient and/or their representative(s), clinical care staff, primary care providers, the RACF and the acute care facility. Decisions should be reviewed regularly, made on an individual basis, and taking into consideration the safety and welfare needs of all residents and staff in the facility.
* RACF residents like others in the community, have the right to access public health services (including hospital), based on their clinical needs.
* Consideration of risks to individuals and the service should take into account the needs and preferences of each resident and their representative (including through advanced care plans), and the circumstances of the RACF at which they reside.
* Communication to residents and their representatives should be led by the RACF and occur as frequently as required by the changing profile of the COVID-19 outbreak; at all times, communication should meet the needs of the residents and their representatives.
* Decisions about the management of COVID-19 cases and outbreaks impact the wider community and health system. Broader consequences and risks must be considered, including the safety and welfare of patients and staff at an acute care facility (where transfer to another healthcare facility is considered) and the safety of all Victorians.

#### Rapid response and decision making

* In supporting RACFs, all parties will consider the capability and capacity of the RACF, the RACF’s COVID-19 outbreak management plan (OMP), and the ability of Local Public Health Units to respond to the outbreak.
* All parties will mobilise and progress activities within their defined roles and responsibilities rapidly and in coordination with other parties.
* Parties will work collaboratively and be focused on finding solutions to problems; and will escalate issues according to clear governance processes (as outlined in Figure 1) with agreed criteria on when new decisions might need to be made or existing ones revised.

#### Timely information sharing

* The early days of a COVID-19 outbreak are critical to provide timely interventions to improve outcomes. Therefore, it is vital that information sharing mechanisms are rapidly agreed to and appropriate to the circumstances of the outbreak. Timely sharing of information is fundamental to the working relationships of the impacted RACF, and the Commonwealth and Victorian Governments in support of the response.
* Limitations or perceived limitations of parties involved in the response should be raised early.

#### Accountability of aged care provider

* Aged care providers are expected to comply with their responsibilities under relevant Commonwealth legislation to support the safety, care, and wellbeing of residents.
* RACFs will be given guidance and support from other parties, as described in this protocol, to support their response to a COVID-19 outbreak and continued compliance with Aged Care Quality Standards and relevant legislation.
* RACF compliance will be monitored by the ACQSC, with identified non-compliance responded to quickly and proportionately.
* RACF are expected to provide information, to all parties that is timely and responsive to the changing profile of the COVID-19 outbreak, to support safe and appropriate decision making for the clinical safety and welfare of their residents.

| Overview of roles and responsibilities of relevant partiesThe primary responsibility for managing COVID-19 outbreaks remains with the RACF, which is expected to comply with their responsibilities under relevant Commonwealth legislation, including the Aged Care Quality Standards to support the safety, care and wellbeing of residents. RACFs are supported by multiple agencies, including the Commonwealth Government and the Victorian Government, to deliver, meet and achieve their responsibilities. It is expected that all parties agree and establish information sharing mechanisms as part of any COVID-19 outbreak response.  |
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| . | Agency / Organisation | Key role | Key responsibilities  |
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|  | 2.1 Residential Aged Care Facility | Lead and manage implementation of the COVID-19 Outbreak Management Plan (OMP) in response to an outbreak in the RACF. This includes planning and ensuring adequate capacity to manage the outbreak in situ subject to specific circumstances of the outbreak.Regularly communicate with residents and their representatives — updating them on the outbreak response, including each resident’s circumstances and preferences. Develop and maintain an OMP to ensure preparedness in the event of the COVID-19 outbreak.Maintain safety / care standards of residents and safety of staff and contractors. Manage transition of services into normal arrangements (business as usual).**Relevant Documents** [Management of Acute Respiratory Infection outbreaks, including COVID-19 and influenza, in residential care facilities (RCFs)](https://www.health.vic.gov.au/infectious-diseases/acute-respiratory-infection-management-rcf) <https://www.health.vic.gov.au/infectious-diseases/acute-respiratory-infection-management-rcf>. [Infection prevention and control resources](https://www.health.vic.gov.au/covid-19/infection-prevention-control-resources-covid-19) <https://www.health.vic.gov.au/covid-19/infection-prevention-control-resources-covid-19>.[National Guidelines for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection (including COVID-19 and Influenza) in Residential Care Facilities](https://www.health.gov.au/resources/publications/national-guidelines-for-the-prevention-control-and-public-health-management-of-outbreaks-of-acute-respiratory-infection-including-covid-19-and-influenza-in-residential-care-facilities) <https://www.health.gov.au/resources/publications/national-guidelines-for-the-prevention-control-and-public-health-management-of-outbreaks-of-acute-respiratory-infection-including-covid-19-and-influenza-in-residential-care-facilities>. [First 24 hours – managing COVID-19 in a residential aged care facility](https://www.health.gov.au/resources/publications/first-24-hours-managing-covid-19-in-a-residential-aged-care-facility) <https://www.health.gov.au/resources/publications/first-24-hours-managing-covid-19-in-a-residential-aged-care-facility>.[Victoria Department of Health Outbreak Notification Form](https://dhvicgovau.powerappsportals.com/outbreak-notification/)<https://dhvicgovau.powerappsportals.com/outbreak-notification/>. [My Aged Care Provider Portal](https://thirdparty-2.myac.gov.au/adfs/ls/?wa=wsignin1.0&wtrealm=https%3a%2f%2fmyagedcare-serviceproviderportal.health.gov.au%2f&wctx=rm%3d0%26id%3dpassive%26ru%3d%252f&wct=2022-02-25T04%3a53%3a23Z)<https://thirdparty-2.myac.gov.au/adfs/ls/?wa=wsignin1.0&wtrealm=https%3a%2f%2fmyagedcare-serviceproviderportal.health.gov.au%2f&wctx=rm%3d0%26id%3dpassive%26ru%3d%252f&wct=2022-02-25T04%3a53%3a23Z>. | Refer to the relevant documents and where appropriate, ensure all pertinent information is applied in the event of preparing for, and managing a COVID-19 outbreak. Notify DH of outbreaks meeting the current outbreak definition via the Outbreak Notification Form; notify the Commonwealth of COVID-19 cases via the My Aged Care portal; and liaise with the LPHU.Establish an internal COVID-19 Outbreak Management Team (OMT) until the outbreak is closed. Update the OMP as required. Maintain the quality and safety of care for residents including continuity of care and wellbeing.Activate workforce strategies, detailed in the OMP (including contingency planning in the event of significant staff loss/ surge staff planning).If required, engage surge workforce.Lead, direct, monitor and oversee COVID-19 outbreak response and outbreak preparedness in the RACF. Complete necessary Infection Prevention and Control (IPC) actions in the event of a COVID-19 outbreak. Align and allow visitations as per the CDNA guidelines and state-wide policy, and advice of the LPHU.Implement a timely and responsive communication policy with residents and their families. Manage and lead staff, including rostering and isolation measures for exposed staff and implement wellbeing measures to support staff working during the COVID-19 outbreak.Monitor resident welfare and well-being, and regularly communicate with residents and their families. Work with GPs, and residential in-reach services as required, to provide ongoing care for COVID-19 positive residents and regular care of other residents, including consideration of advanced care plans. Liaise with allied health personnel where required.Ensure staff have appropriate and ongoing IPC training and skills capability at all times.Participate in external OMT meetings when necessary and as directed by the public health team.Collaborate with LPHUs on preparedness and outbreak management activity.Maintain sufficient supplies and equipment in readiness for an outbreak according to OMP.  |
| Australian Government | 2.2 Australian Government Department of Health (the Commonwealth)  | Provide funding for aged care services and provide case management support to enhance RACF’s capacity to manage a COVID-19 outbreak or exposure.Facilitate access to resources, including surge workforce and personal protective equipment (PPE), where required.Facilitate rapid access to supplementary in-reach pathology testing services or Rapid Antigen Tests, if required.Provide case management support for high-risk outbreaks. Connect the RACF to all relevant Commonwealth support services. | Respond to media requests directed to the Commonwealth.Provide case management support for high-risk outbreaks for the duration of the COVID-19 outbreak. Respond to requests from RACFs to access surge workforce. Respond to requests from RACFs for personal protective equipment (PPE). Respond to requests for supplementary in-reach pathology testing services or Rapid Antigen Tests, if required.Support provider to manage COVID-19 outbreak or exposure.Participate in COVID-19 OMT meetings and escalate issues, as required.Commonwealth to make referrals as required to the ACQSC and meet with them proactively. Action and/or escalate issues raised via OMT or another party to the relevant authority.Design and deliver sector communications pertaining to COVID-19 outbreak preparedness and response. |
| 2.3 Aged Care Quality and Safety Commission | Provide regulatory oversight of RACFs—to protect and enhance the safety, health, well-being, and quality of life of people residing in the RACF.Independently accredit, assess, and monitor aged care services against the Aged Care Quality Standards and other relevant responsibilities under Commonwealth legislation. Respond to serious incident reports and seek to resolve complaints from consumers and their representatives regarding residential aged care services. | 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*.Lead, undertake and regularly assess the preparedness for and risk of COVID-19 outbreak to the health and safety of consumers in RACFs. Independently respond to identified compliance issues and escalate system concerns to the Senior Inter-governmental Oversight Group.Take action to work with consumers and their representatives, and the provider to resolve complaints received about the service.Participate in COVID-19 OMT meetings convened by parties to this protocol.  |
| Victorian Government | 2.4 Victorian Department of Health | Oversee the public health response, supporting Local Public Health Units as needed.Develop guidance in line with state-wide policy and CDNA guidance including distribution and engagement with the sector.Provide high quality and expert COVID-19 IPC guidance to a range of settings, including aged care. | Develop and disseminate aged care specific guidance based on CDNA guidance and state-wide policy.Develop and disseminate IPC guidance for use by RACFs.Develop and disseminate a range of IPC resources, including educational tools, for use by RACFs. |
| 2.5 Local Public Health Units | Undertake risk assessments as part of preparedness activities and provide additional guidance, as required, for the approach to managing a COVID-19 outbreak, risk and/or exposure.When notified of an outbreak: * Provide RACFs with public health advice and direction during outbreaks, to minimise COVID-19 transmission.
* Convene Outbreak Management Team (OMT) meetings, as required.
* Gather data on outbreaks and maintain this information on the relevant data system.
 | Support RACFs in understanding how current Victorian guidelines apply to their current situation.Advise on management of cases and contacts.Identify infection control, anti-viral and testing requirements.Provide expert IPC advice as deemed necessary, and by request.Undertake onsite IPC assessment as required.Collaborate with IPC roles appointed by the Provider or supported by the Commonwealth, where required, to manage risks and enhance IPC measures.Stand down wings or sections of an RACF, as required, to minimise unnecessary restriction to residents at low risk.Monitor outbreak development and management.Officially stand down outbreaks.Chair OMT meetings; and assist with co-ordination across stakeholders, where required, to enhance resident care.Monitor that the level of clinical support RACFs are receiving (i.e. through GPs and residential in-reach programs) is appropriate to provide safe clinical care to residents.Escalate outbreaks of concern to DH as per *Preparedness Assessment, Outbreak Summary and Escalation Protocol*.  |

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| GovernanceAlthough Victorian and Australian Government legislation and emergency response laws provide a legislative framework to underpin actions that may be required to respond to COVID-19, measures will rely on voluntary compliance rather than legal enforcement wherever possible. The principal areas of legislation available to support pandemic actions are described below. State government legislative powers The Victorian Government has introduced a framework specific to pandemics in the Public Health and Wellbeing Act 2008 (the Act). For more information about this framework, see [Victoria's pandemic management framework](https://www.health.vic.gov.au/covid-19/victorias-pandemic-management-framework) <https://www.health.vic.gov.au/covid-19/victorias-pandemic-management-framework>. The Minister for Health can make pandemic orders to protect public health if the Premier has declared a pandemic. The public health measures introduced by pandemic orders can potentially be wide-ranging and affect all Victorians. Restrictions under a pandemic order will only continue for as long as the Minister of Health considers they are reasonably necessary to protect public health. Pandemic Orders lapsed in Victoria at 11:59pm on 12 October 2022. Revoked pandemic orders can be found on the [Pandemic Order Register](https://www.health.vic.gov.au/covid-19/pandemic-order-register). Outside of the pandemic framework, the Act also stipulates appointed Authorised Officers can exercise public health risk powers for infectious disease outbreak management when it is necessary to investigate, eliminate or reduce the risk to public health. For more information, see the [Public Health and Wellbeing Act 2008](https://www.legislation.vic.gov.au/in-force/acts/public-health-and-wellbeing-act-2008/040) <https://www.health.vic.gov.au/covid-19/pandemic-order-register>.COVID-19 vaccinations continue to be required for some healthcare workers in Victoria, under the Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Act 2020. This requirement applies to residential aged care services operated by public health services. More information is available at [Vaccination for healthcare workers](https://www.health.vic.gov.au/immunisation/vaccination-for-healthcare-workers#vaccination-of-healthcare-workers-for-covid-19) <https://www.health.vic.gov.au/immunisation/vaccination-for-healthcare-workers#vaccination-of-healthcare-workers-for-covid-19>.Aged Care Act 1997 The Aged Care Act 1997 (the Act) and associated Aged Care Principles and Aged Care Quality and Safety Commission Act 2018 set out the legislative framework for the funding and regulation of aged care, although services are also provided through contractual arrangements outside of the Act. For residential care facilities, under the Aged Care Quality Standards (Quality Standards), providers must have governance systems in place to assess, monitor and drive improvement in the quality and safety of the care and services they provide – including making sure consumers receive high quality and safe care and services. * Under Personal Care and Clinical Care Standard 3(g) providers are required to minimise infection related risks through implementing standard and transmission-based precautions to prevent and control infection. Providers are expected to assess the risks of and take steps to prevent, detect and control the spread of infections at their residential services.
* There are established linkages between facility providers and the Australian Government Department of Health State Offices and state and territory PHUs to assist facilities to respond to outbreaks.
* The Quality Standards specify that facilities are required to have effective risk management systems and practices including but not limited to managing high impact, high prevalence risks associated with the care of consumers (Standard 8 Organisational Governance). The Aged Care Quality and Safety Commission expects that approved providers will plan for and manage internal and external emergencies and disasters.

Aged Care Quality and Safety Commission * As the independent national regulator of Australian Government-funded aged care services, the Commission’s role is to protect and enhance the safety, health, well-being, and quality of life of older Australians receiving aged care.
* The Commission receives information from a range of sources including the parties to this Protocol in order to assess risk to consumers and support regulatory action.
* The Commission has undertaken a survey to identify facilities likely to be at higher risk in terms of infection control and preparedness, as the thoroughness of an aged care provider’s advance planning to prepare for a possible outbreak is fundamental to the effectiveness of their response.

Where the Commission considers that there is ongoing risk to consumers, the Commission may consider compliance and enforcement action such as a Notice to Agree (NTA) which sets out actions a provider is required to do (including necessary timeframes). Should a provider fail to agree, their approval to provide Australian Government subsidised aged care may be revoked. Once a provider has agreed to an NTA, they are required to do the actions they’ve agreed to. If they don’t, they may be sanctioned. The Biosecurity Act 2015 The Biosecurity Act 2015 authorises activities used to prevent the introduction and spread of target diseases into Australia. COVID-19 was made a Listed Human Disease under the Act early on in the pandemic to allow for the use of powers under the Act. The Governor- General also has the power to declare a human biosecurity emergency, which authorises the Federal Health Minister to implement a broad range of actions in response. Australia’s Chief Medical Officer (CMO) is the Director Human Biosecurity under the Act. The National Health Security Act 2007 The National Health Security Act 2007 (NHS Act) authorises the exchange of public health surveillance information (including personal information) between the Australian Government, states and territories and the World Health Organization (WHO). The National Health Security Agreement supporting the NHS Act formalises decision-making and coordinated response arrangements that have been refined in recent years to prepare for health emergencies.  |