(...insert name of aged care service or print on letterhead...)

(...insert date...)

(...insert mailing address or email...)

Dear (...insert name of general practitioner...)

Preparing for COVID-19 in Aged Care Facilities

So far in Australia, most aged care facilities have been able to prevent COVID-19 outbreaks from occurring. This has been as a result of combined community and government response to the pandemic, as well as the actions taken by facilities to minimise risk.

Where facilities have experienced an outbreak, the outcome has sometimes been swift and devastating. As in the general community, aged care facilities remain at risk of an outbreak until such time as a vaccine is produced and/or effective treatment options become available.

How can general practitioners (GPs) act to ensure aged care facilities are best prepared to manage if an outbreak was to occur?

Currently the most important intervention involves advance care planning and conversations with residents and/or substitute decision makers (SDM), where applicable. This is not about creating a new advance care directive as these have generally already been documented for most residents. It involves GPs discussing with residents and/or SDMs what their wishes would be in the event of them acquiring a COVID-19 infection.

The advantages of such an approach would be that the wishes of residents can be clearly documented before such an outbreak occurs and with representatives of the aged care facility also being involved. These conversations would include the likelihood of survival of elderly residents with multiple co-morbidities in the event of complicated or serious COVID-19 infection. Resident's wishes such as the transfer to hospital, ICU admission and interventions such as intubation and CPR, if desired, could be explored in the context that such decisions may be overridden by state health authorities in any event. Levels of care available at the aged care facility and the local hospital could be clarified, which may help residents themselves to modify their expectations and ultimately be more prepared if the situation arises.

A three (3) step process, as attached could be considered by GPs.

1. Residents and/or SDMs be provided with documentation to consider the key questions and issues as outlined above.
2. GPs arrange a consultation with the resident and/or SDMs to gauge their general attitudes and preferences and ascertain whether these are clear and whether they present further issues to be explored.
3. A joint meeting be arranged with each resident and/or SDM and a representative of the aged care facility to finalise the process and to document the resident or their substitute decision maker/s worries and wishes.

A variation of the above process could be undertaken. Some of the conversations will be straightforward and others more complex. Ultimately it will be beneficial to all parties to have these conversations ahead of any potential outbreak. Learnings from previous outbreaks in Australia demonstrate that opportunity is lost or becomes more complicated when a team of completely new staff, including medical officers are required to care for unwell residents. Additionally, if a resident is admitted to hospital, the documentation from the conversation could be used to guide their care.