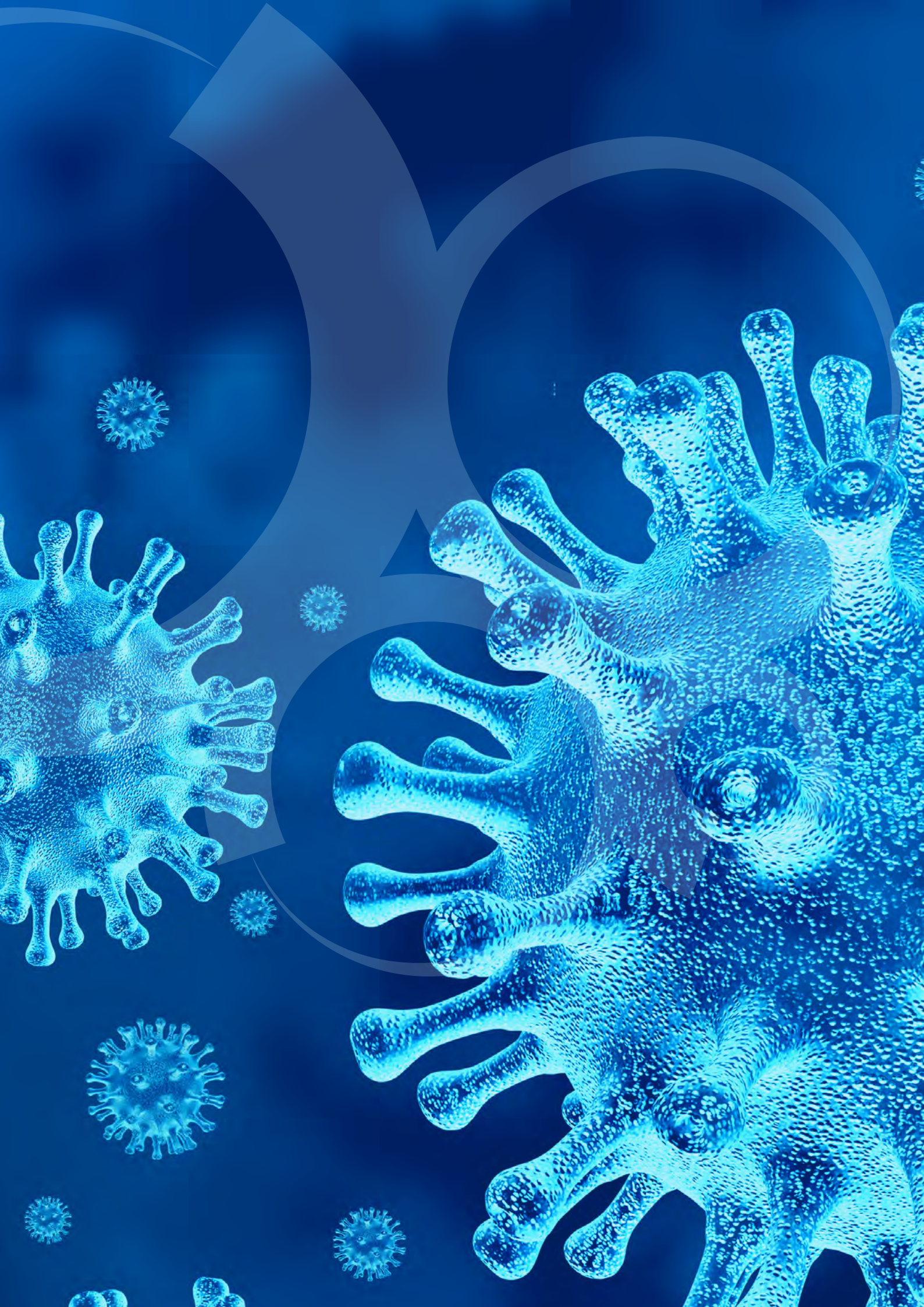


COVID-19 RACF Outbreak:

Preparedness and
Response Plan for
Primary Care





COVID-19 RACF Outbreak: Primary Care Response Plan

Key Contacts:

Pathology Provider:
1800 570 573
(RACF Hotline for testing – 24hrs)

Department of Health Aged Care
agedcarecovidcase@health.gov.au

Public Health Unit
4734 2022

Infection Prevention and Control NBMLHD
4734 2228

Virtual Aged Care Team
4734 1492
(in hours)

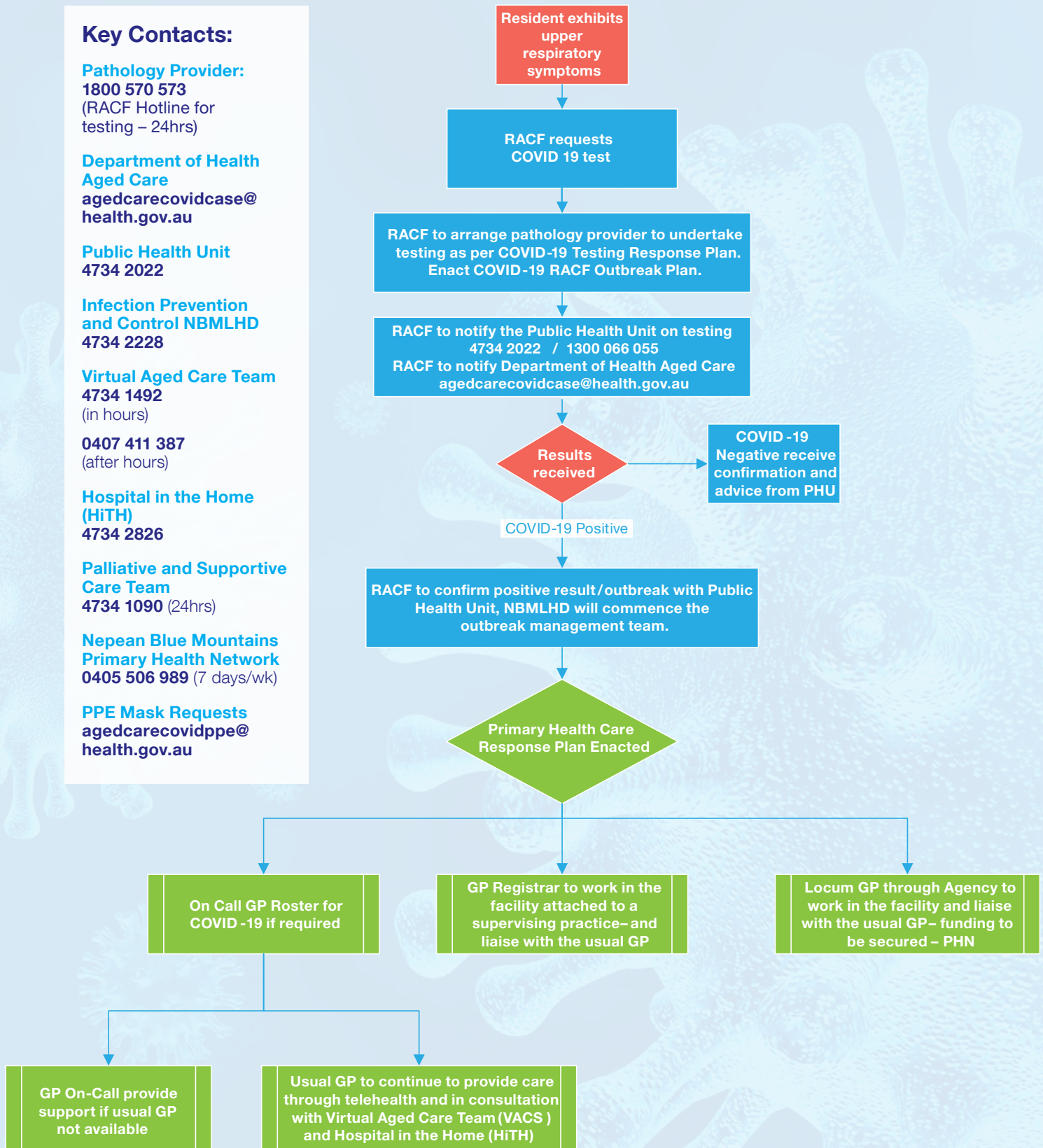
0407 411 387
(after hours)

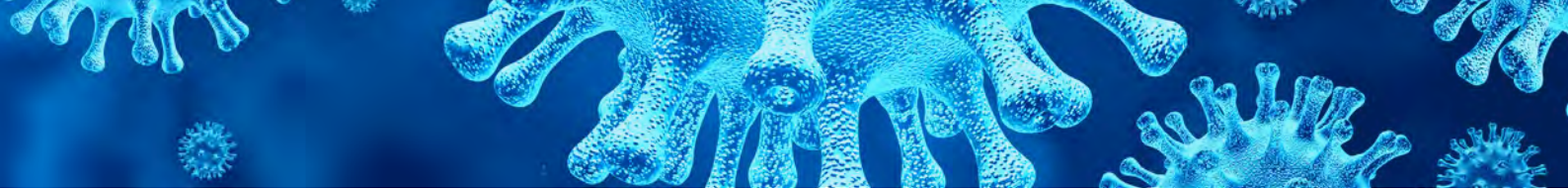
Hospital in the Home (HiTH)
4734 2826

Palliative and Supportive Care Team
4734 1090 (24hrs)

Nepean Blue Mountains Primary Health Network
0405 506 989 (7 days/wk)

PPE Mask Requests
agedcarecovidppe@health.gov.au





COVID-19 RACF Outbreak: Preparedness and Response Plan for Primary Care

This plan provides an overview of the Nepean Blue Mountains Primary Health Network (NBMPHN) preparedness and response plan for primary care in the event of a COVID-19 outbreak in a Residential Aged Care Facility. The plan outlines scenarios that could be applied to ensure continuity of care for residents in an RACF should an outbreak occur, the role and support that the NBMPHN will provide to an RACF in the development of an outbreak management plan for their facility. Attached to this plan are checklists and the GP Outbreak Management Plan resource that will be provided to each GP who provides care in an RACF within the Nepean Blue Mountains Region.

Background

COVID-19 outbreaks in Residential Aged Care Facilities (RACFs) impact on the delivery of care provided by a resident's usual GP. In most cases GPs who provide care to residents in a RACFs also provide care to residents in other RACFs and to patients at their own practice. Limiting access to people entering a RACF in an outbreak is important.

The Primary Health Network has a key role in supporting the RACF and the General Practitioners in the preparedness and response to a COVID-19 outbreak. The LHD Virtual Aged Care Team have been working with facilities across the region to assist with their preparedness in the event of a COVID-19 outbreak, to further support this work the NBMPHN have developed a primary care response approach to assist RACFs in their planning and response should an outbreak occur. The NBM Local Health District (LHD) have put arrangements in place to support RACFs through the LHD Virtual Aged Care Service (VACS), Hospital in the Home (HiTH) and Infection Prevention and Control (IP&C) teams in consultation with the RACF.

Learnings to date have led to the development of Pandemic Preparedness and Response Plan for GP care in RACFs which the PHN can support as part of their role in the COVID-19 primary care health response. The NBMPHN has a good relationship with many of the RACFs in the region and has worked with them and other key players (such as the VACS team) for several years.

Preparedness and Response Strategy

The following elements of the strategy are outlined below.

A) Preparedness activities in collaboration with the RACFs

- PHN to ensure they have an updated list of the GPs that provide care at each RACF.
- PHN to liaise with the care manager at each RACF to determine the RACF response plan and briefly describe the support the PHN can provide in planning and response if there is an outbreak in the facility.
- Encourage GPs to ensure all residents have Advanced Care Plans in place. To case conference with residents' families to ensure these are up to date and have COVID plan.

- Document and provide an Outbreak Plan to assist GPs and the RACF if there is an outbreak (attachment A and B) including: communication to inform all GPs, continuity of primary health care through the use of telehealth, minimum PPE training and support requirements if GPs want to enter the RACF (including support from IP&C), arrangements for cremation certificates during the COVID-19 pandemic etc.)
- Arrange a meeting with the RACF Care Manager and the GPs to determine and document the preferred models that could be enacted in the case of an outbreak at a facility.
- Prepare information packs for GPs with agreed response model, care pathways and relevant contact phone numbers e.g. VACS team, PHU, HiTH, and Infection Prevention and Control Officer and the on-call palliative and supportive care team all included in the RACF GP Outbreak Management Plan.
- HealthPathways will reflect the referral and outbreak management pathway.

Review the HealthPathway for

COVID-19 Preparation of Residential Aged Care Facility (RACF) Residents (for GPs):

<https://nbm.communityhealthpathways.org/745539.htm>

B) Mechanisms for GPs to continue to provide care for residents in an RACF if there is an outbreak

1. For Non-COVID positive residents:

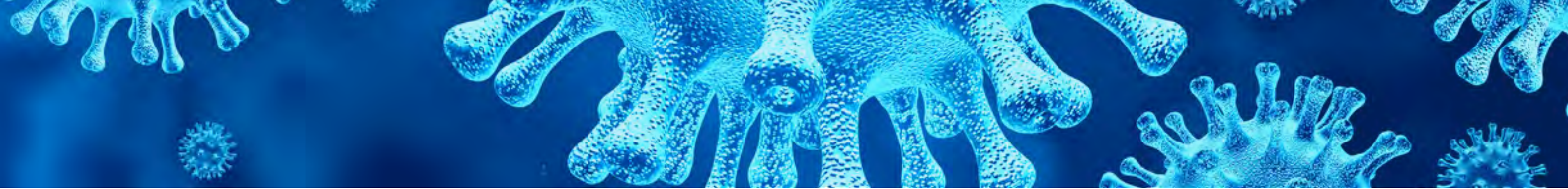
- All GPs continue to provide care for non-COVID positive residents via telehealth (to minimise transmission risk). In the after-hours period, follow usual after-hours arrangements will be in place.
- If a GP cannot resolve the issue via telehealth and a face-to-face consultation is required, GP is to arrange this with the VACS team who will physically see the resident.

2. For COVID-19 positive residents:

- Care for COVID patients will be provided by the Local Health District, Hospital in the Home (HiTH) and Infection Prevention and Control team (to confirm for each RACF).
- Resident's usual GP will liaise with the family to discuss a positive result, care that will be provided and to update the Advanced Care Plan with a COVID-19 plan (case conferencing with resident's families) if this has not occurred.

3. On call GP if outbreak occurs

- Depending on the extent of the outbreak, an 'on-call GP' roster with the pool of GPs who provide care to the RACF may be established. This on-call GP provides support for the RACF if they are unable to contact the residents usual GP. The on-call GP will liaise with family members if a positive test result comes in for a resident and support non-COVID residents if the usual GP cannot be contacted. They will liaise closely with the VACS team.



- It is likely in an outbreak RACF staff will rely heavily on GP support (for COVID and non-COVID patients) as many may be new staff (if regular staff are in self-isolation) and they may not know the resident or their families.
- The on-call GP will be the only GP allowed to physically enter the RACF if required, but only with appropriate PPE training and orientation from the LHD Infection, Prevention and Control team. Preferable this will not occur, and other arrangements will be put in place (such as VACS team back up or in-house doctor as described below).
- On-call GP has the following contacts: VACS team, PHU, HiTH, An Infection Prevention and Control Officer in case the GP has any infection control questions and the on-call palliative and supportive care team.
- PHN to send to the above contacts, the name and phone number of the on-call GP as they are confirmed, and this is included in the response pack for GPs.
- The on-call model could be stood down if an in-house doctor model (described below) is established.

Review the HealthPathway for

COVID-19 Assessment and Management in Aged Residential Care:

<https://nbm.communityhealthpathways.org/732314.htm>

4. In house doctor at the RACF to support Resident's usual GP

This model could be enacted in an outbreak. The model has an 'in-house' doctor to work in the RACF (physically) to be the conduit between the resident's usual GP, the RACF and VACS. This doctor would be the physical arms and legs for the usual GP, be a coordination point and assist in the case of escalation of issues. VACS and the Infection Prevention and Control Specialist have said they would support this role, providing orientation and clinical support to the doctor.

This role could be filled by:

- A GP who already provides care to one or more resident at the RACF and is able to leave their current practice and residents in other RACFs they care for, to be able to take on this role (as the 'in-house' doctor would only be able to work at this one RACF for infection prevention and control reasons). This doctor should not be in the high-risk group of COVID-19 including age and immunocompromised.
- A registrar who is being supervised by a GP working in the RACF.
- A locum doctor provided through an agency.

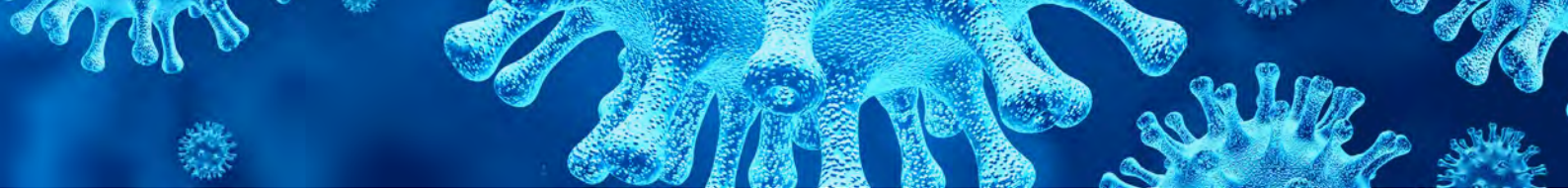
Funding for this role would need to be sourced and the NBMPHN could assist with this.

This model is strongly supported by the LHD and has support from RACFs we have spoken to. Experience has shown communication with the RACF can be difficult for GPs, particularly in the first few weeks of the outbreak.

Attachment A

Preparation for COVID-19 Outbreak Checklist – Residential Aged Care Facility

Activities	Role Definition the activity relates	Responsibility	Completed Y/N and When
Infection Prevention and Control Training (IPC).	All staff including kitchen and domestic staff	Care Manager	
PPE usage and training in donning and doffing.	All staff including kitchen and domestic staff	Care Manager	
Allocation of an IPC officer for each shift and section of the facility.	Registered Nurse, Enrolled Nurse	Care Manager	
Updating IPC procedures and reporting procedures of incidents related to IPC breaches.	Care Manager	Care Manager	
Communication to General Practitioners and other visiting primary care providers (dietitians, physio, mental health providers etc) as to the PPE access and procedures including where they don and doff.	Care Manager	Care Manager	
Communication protocols for notifying General Practitioners in relation to a potential outbreak and confirmed outbreak. Identifying a key contact for General Practitioners to liaise with to ensure up to date information.	Care Manager	Care Manager	
COVID-19 testing protocol ensuring relevant staff are trained to undertake resident swabbing or a pathology provider Sonic Healthcare NB. https://www.health.gov.au/news/newsletters/protecting-older-australians-covid-19-update-25-april-2020#inreach-pathology-rapid-collection-and-testing-service	Care Manager	Care Manager	
Outbreak Management Plan for Primary Care providers – General Practitioners to ensure continuity of care – Telehealth commencement, Medication Chart Reviews.	Care Manager	Care Manager	



Attachment B

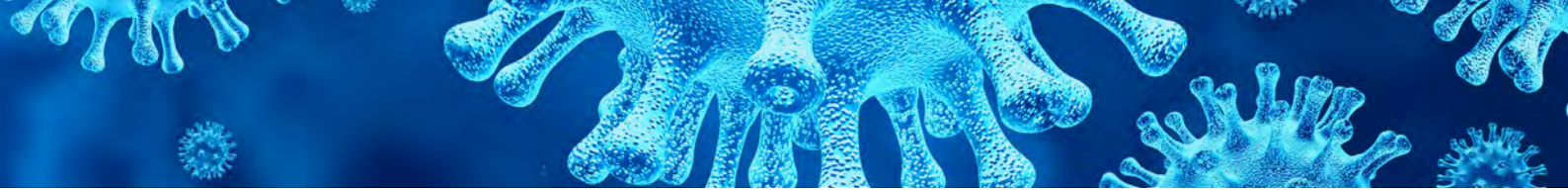
General Practitioner Preparedness for Residential Aged Care RACF COVID-19 Outbreak

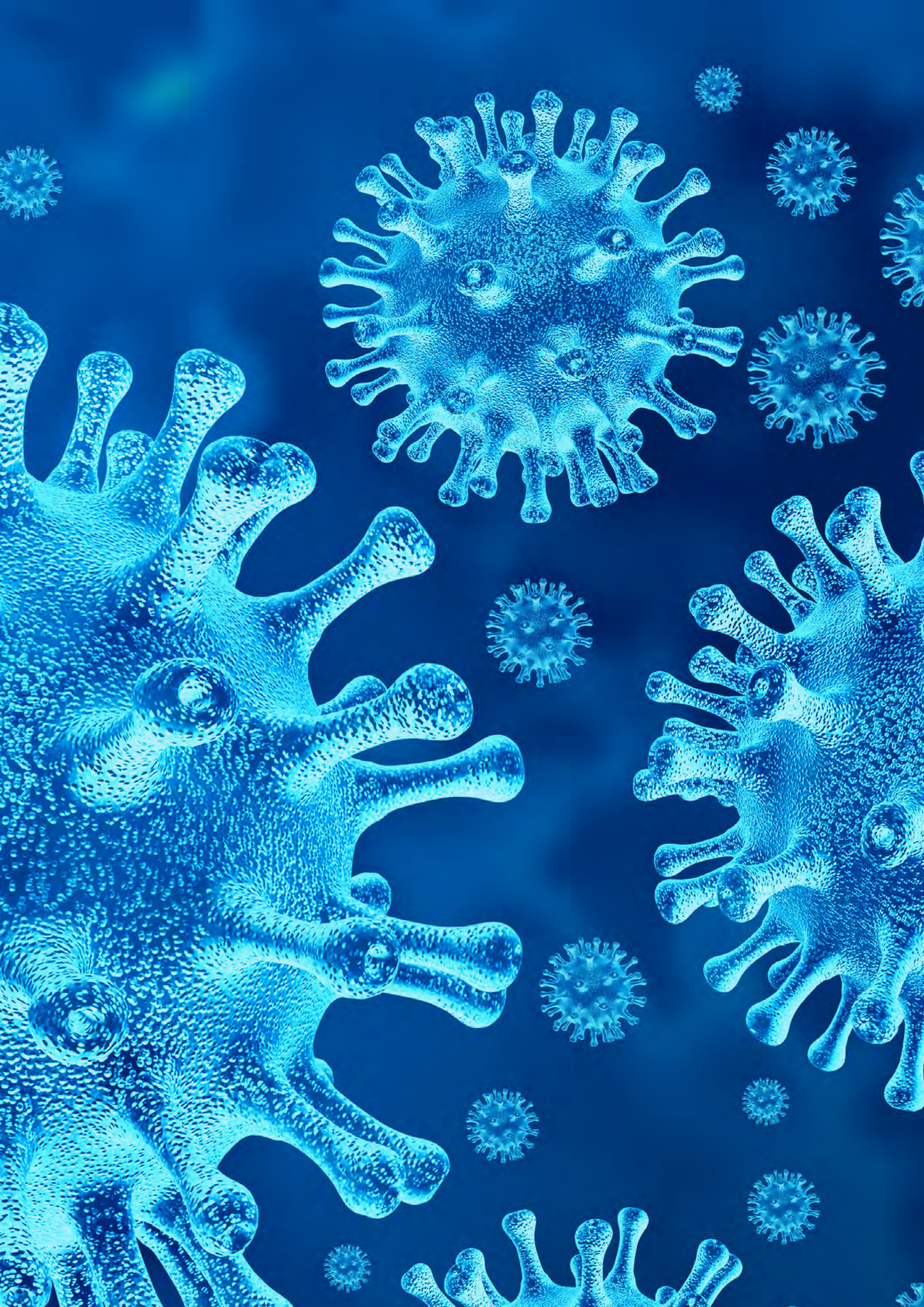
Activities	Role Definition the activity relates	Responsibility	Completed Y/N and When
<p>Communication received from the RACF including:</p> <ul style="list-style-type: none"> – PPE access and procedures including where to don and doff – Communication protocols during an outbreak and who the contact person at the RACF will be managing the outbreak – Covid-19 testing protocols NB. https://www.health.gov.au/news/newsletters/protecting-older-australians-covid-19-update-25-april-2020#inreach-pathology-rapid-collection-and-testing-service – Arrangements to ensure continuity of care from primary care providers during an outbreak – use of telehealth and the process to update medication charts during an outbreak period. 	Care Manager	NBMPHN in partnership with the Care Manager	
Completion of infection prevention and control training including use of PPE.	Primary Care Provider	NBMPHN and Primary Care Provider	
Ensure all residents have an Advance Care Plan with a clear advance care directive including a COVID-19 plan is in place prior to an outbreak.	Care Manager and General Practitioner	Care Manager and General Practitioner	

Attachment C

General Practitioner RACF Outbreak Management Plan – Residential Aged Care Facility

COVID-19 Outbreak Management Coordinator for the Facility	Outbreak Coordinator Contact	Deputy Outbreak Coordinator Contact	Role definition for the facility: ie. IPC officer, outbreak management and coordinator of the facility response.
Communication protocol for GPs (who is the contact for the GP during an outbreak)	GP Contact at the Facility in an outbreak		
PPE access including donning and doffing area			
Testing arrangements for residents			
Telehealth availability			
Medication Chart Review Process in an outbreak			
Agreed GP strategy to be enacted in the event of an outbreak			
KEY CONTACTS			
Public Health Unit	4734 2022		
Infection Prevention and Control CNC	4734 2228 www.health.gov.au/resources/publications/coronavirus-covid-19-guidelines-for-infection-prevention-and-control-in-residential-care-facilities		
Virtual Aged Care Team Contact	4734 1492 0407 411 387		
Palliative and Supportive Care Team Contact	4734 1090		
After Hours	4734 2000		





Wentworth Healthcare

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Kingswood NSW 2747

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Penrith NSW 2751

This report can be found at

www.nbmphn.com.au/library

For more information about Wentworth Healthcare
or Nepean Blue Mountains PHN visit

www.nbmphn.com.au

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