

# COVID-19 Fact Sheet

## Residential Aged Care Facilities

### FAQ

In response to the evolving nature of COVID-19 in the community, Residential Aged Care Facilities (RACF) are required to implement the necessary processes to identify, manage and maintain the health and safety of their residents, staff and visitors. The following FAQs have been developed to support RACFs to navigate and respond to this next phase of living with COVID-19.

#### Screening and testing

##### **How often should RACF screen staff with rapid antigen tests (RAT)?**

Outside of an outbreak, RACFs are encouraged to use RAT as a workplace surveillance tool to screen staff and visitors who do not have symptoms of COVID-19.

Subject to availability of RAT kits, it is recommended that RATs should be done prior to every shift where there is going to be contact with residents.

In lower risk situations, 48 hourly screening RATs may be implemented for staff, in addition to the usual screening requirements under the RACF Emergency Management Direction.

##### **What testing regime is required following a resident or staff member being identified as a close contact (outside of a declared outbreak in the RACF)?**

Residents and staff members who are identified as close contacts outside of a declared outbreak in the RACF situation should have an initial COVID-19 PCR test as soon as possible and a further COVID-19 PCR test on day 6 and day 13 of exposure.

Residents considered as close contacts are required to quarantine for 7 days from the date of last exposure. Following two negative PCRs, i.e. day 2 and day 6 negative PCR, asymptomatic residents can come out of quarantine and remain within their zones.

##### **What testing regime does a RACF need to undertake during an outbreak?**

All residents in the RACF should have an initial COVID-19 PCR test, followed by:

- > Residents in the infectious area (**RED ZONE**) should have subsequent PCR tests every 48 hours until 14 days after last exposure.
- > Residents in the non-infectious area (**GREEN ZONE**) should continue to have PCR tests every 48 hours until day 6 returns a negative result.

*(Note: Updated CDNA National Guidelines released in February 2022 no longer define Red and Green zones).*

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Staff members who worked in the RACF in the last 7 days before the cases were notified should have an initial PCR test, followed by RATs every 48 hours until 14 days after the last exposure. However, as noted in question one above, it is recommended that staff who are going to have contact with residents undertake RATs prior to every shift for screening purposes.

The RACF may liaise with Clinpath to organise PCR testing for the staff members on-site during Clinpath's attendance. Otherwise, staff members should obtain external testing for their initial PCR test.

#### **When do people need to be re-tested after testing positive to COVID-19?**

Positive cases do not need to be re-tested during their isolation period.

Recovered cases should be tested for COVID-19 only if they develop new symptoms (and should be screened for other respiratory pathogens as well) or have a new exposure to a COVID-19 case after 4 weeks of their release from isolation.

#### **What are the testing recommendations for residents who leave the RACF and then return?**

Residents who leave the facility to attend a medical appointment and return the same day should have a RAT on day 2 after they return. Daily symptom checks must be completed for the resident for one week. If asymptomatic, the resident does not need to isolate. If they develop any signs or symptoms of COVID-19, they should immediately be isolated and have a PCR test.

Residents who leave the facility to attend a social/family gathering such as weddings or funerals and return the same day or residents who go on social leave for longer periods should have RAT on days 2 and 6 after they return. These residents should isolate until they receive negative day 2 test results. Daily symptom checks must be completed for the residents for one week with immediate PCR testing if symptomatic.

### Reporting

#### **When do I need to notify CDCB of a positive case?**

As soon as possible, but preferably within 24 hours to ensure that support and guidance can be provided to the RACF, as needed. Notify positive cases to [Health.AgedCareCOVID19PositiveNotifications@sa.gov.au](mailto:Health.AgedCareCOVID19PositiveNotifications@sa.gov.au).

#### **What deaths need to be reported to CDCB in relation to COVID-19?**

RACF must report any death of a resident who passes away (for any reason) within 28 days of being diagnosed with COVID-19 to CDCB via [Health.AgedCareCOVID19PositiveNotifications@sa.gov.au](mailto:Health.AgedCareCOVID19PositiveNotifications@sa.gov.au) (including information about the actual cause of death, if known).

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COVID-related death is notifiable to the Coroner's Office and it is the responsibility of the RACF or the concerned GP to complete the notification.

Death notification should be reported to CDCB within 24 hours, or as soon as possible.

#### Close contacts, Isolation and Returning to Work

##### **If I am caring for someone who becomes COVID-19 positive will I be classified as a close contact if I was in full PPE (N95 Mask and Goggles)?**

If you are wearing a fit tested or fit checked N95 mask, and eye protection while providing care, and you are wearing them correctly and performing hand hygiene, you will not be regarded as a close contact if the resident becomes COVID-19 positive.

##### **When can I return to work if I test positive to COVID-19?**

Staff can return to work after completing 10 days of isolation from the date of the positive test, as long as they have not had any symptoms of COVID-19 for 72 hours, irrespective of any further exposure they may have had within their households.

##### **If a staff member who worked during their infectious period was in full PPE, would it be considered an exposure to the residents and other staff members in the facility?**

If the facility can ensure that there has been no PPE breach, then the risk of transmission could be considered as minimal. Even though the risk of transmission would be considered as low or near zero, considering the vulnerable status of the residents, a daily symptom check following the exposure would be considered as a minimal requirement. However, this should be discussed with CDCB COVID Operations on a case-by-case basis.

#### PPE requirements

##### **What does "full PPE" mean?**

Fit-checked or fit-checked N95 mask, face shield or goggles, gown and gloves.

##### **Can staff members with mask exemptions work in the facility?**

During a COVID-19 outbreak, staff with mask exemptions under the RACF Emergency Management Direction should not have any contact with residents and may need to be accommodated in other roles where there is minimum risk of transmission, as directed by the facility management.

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#### **What are the PPE recommendations when a facility is not in an outbreak situation?**

Under the current RACF Emergency Management Direction, face masks (covering mouth and nose) are required to be worn by all staff and visitors (over the age of 12) at all times in a RACF while in the physical presence of others (certain exemptions apply). This does not apply to residents.

Outside of an outbreak situation, surgical masks should be worn by staff as a minimum (along with hand hygiene). It is recommended that face shields or eye protection also be considered to avoid the risk of transmission in the facility, should there be a COVID-19 exposure.

Staff undertaking aerosol generating procedures should wear full PPE.

#### **Quarantine and Outbreaks**

#### **If all the residents of a red zone are positive, does the facility need to restrict these residents to their room if they are all cohorted and contained within one wing or section of the facility?**

No, the residents can come out of their rooms as long as they all remain within the red zone or the impacted wing.

#### **Does a known community case in staff contribute to facility cases?**

If a staff member who tests positive to COVID-19 worked in the facility at any time during their infectious period (generally considered to be 48 hours prior to symptom onset or test date if asymptomatic, and to last for 10 days), that would be classified as an exposure from that staff member to the facility.

#### **Are visitors allowed to see residents in an outbreak?**

RACF are encouraged to follow the Industry Code for Visiting Residential Aged Care Homes during COVID-19 in relation to facilitating access for “essential visitors” during an outbreak, including partners in care and end of life visits.

CDCB COVID Operations should be contacted to provide advice on a case-by-case basis in relation to non-essential visitors during an outbreak

#### **Queries regarding hospital transfers for COVID positive residents?**

Most residents who are diagnosed with COVID-19 should be able to be cared for in their home, and this is the preferred option in most situations. However, where clinically indicated, or required due to the specific circumstances of the COVID-19 outbreak in the RACF, the resident

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may be transferred to hospital. The decision to transfer a COVID-positive resident to hospital will be made in consultation with the resident and their representatives, the RACF provider, COVID Operations CDCB, and the person's GP.

#### **When is an outbreak finished?**

RACF can declare a COVID-19 outbreak over and return to business as usual 10 days from when the last staff member or resident received a positive test result.

#### **Do we need CDCB's approval to lift a lockdown?**

As per the interim guidance for RACFs, there is no requirement for a RACF to seek approval from SA Health to declare an outbreak over, unless a prescribed quarantine period has been declared by a prescribed authorised officer under the RACF Emergency Management Direction in relation to the specific outbreak situation.

### Vaccination and Boosters

#### **Can I have my COVID-19 vaccine or booster dose if I have recently tested positive to COVID-19?**

People with SARS-CoV-2 infection can be vaccinated as soon as they have recovered from their acute illness or can temporarily defer vaccination for up to 4 months after onset of the SARS-CoV-2 infection.

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## For more information

Communicable Disease Control Branch  
COVID Operations  
SA Health  
Government of South Australia  
[www.sahealth.sa.gov.au/COVID2019](http://www.sahealth.sa.gov.au/COVID2019)



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