Information for Residential Aged Care Facilities

An interim guidance for COVID-19 outbreak management

19 January 2022

Government of South Australia
SA Health

Contents

Definition of a COVID-19 outbreak in a RACF 4
Face masks 5
What to do in the event of a COVID-19 exposure/outbreak in a RACF 5
Declaring an outbreak.......... 6
State Control Centre – Health (SCC-H) response 6
Management of staff 7
Guidance for the use of PCR and Rapid Antigen Testing 8
Infection Prevention and Control 9
Visitors to a RACF 11
Recovery and transition to business as usual 12
Additional information 13

Aim of this guidance:

- To provide clear recommendations to Residential Aged Care Facility (RACF) operators to reduce the impact of COVID on the health, wellbeing and social experiences of residents and staff and on the functioning of the facility.

Note:

- This advice is anticipated to remain valid for the first quarter of 2022, acknowledging the rapidly evolving nature of a pandemic.
- This advice is subject to change in response to situational changes and as knowledge, experience and evidence builds.

Changing Policy Setting: January 2022

South Australia has experienced a significant COVID-19 Omicron outbreak since late December 2021. The Omicron variant is characterised by a number of changes to the virus structure which means that people with previous immunity to COVID (either through vaccination or a previous COVID infection) can catch Omicron more readily compared to other variants. On the other hand, experience in other countries and in Australia demonstrates that infections with Omicron do not result in such severe illness and a lower proportion of people with COVID are requiring hospital care. This is particularly so if people are vaccinated. Because of the large number of people infected, there is still very considerable burden across our health systems. Vaccination remains of critical importance. Evidence estimates that the effectiveness of the current COVID vaccines is approximately the same with three doses of vaccine for Omicron compared to two doses of vaccine for Delta. South Australia is strongly encouraging third dose vaccination for everyone who is eligible as this will result in a significantly lower peak of COVID cases in our state.

To allow the third dose to be given to as many people as possible before they are exposed directly to the virus, South Australia put in place a number of important community-wide public health restrictions. This included allowing fewer people into areas in which we were seeing high rates of spread (such as indoors in restaurants, pubs and gyms) continuing to require dining to be seated only, keeping night clubs closed, and home gathering caps of 10 people.

In addition, South Australians have continued to come forward and be tested with any symptoms, allowing the contact tracing team in SA Health to ensure those with infections are in isolation and their close contacts undertake a period of quarantine. This has shortened any chains of transmission and significantly limited the spread of Omicron in the community.

Whilst the COVID case numbers in South Australia are higher than we had expected and higher than we have had previously in our state, modelling suggests we have successfully ‘flattened the curve’ which will mean our health care system can manage much better. It also means that other impacts on the economy and on society functioning in general will be minimised.

A multi-layer strategy continues to be needed to minimise the entry of COVID-19 into RACFs and to minimise transmission of COVID-19 within RACFs once the virus enters. Maximising early preventative action will reduce the spread of the disease, minimise the impact of restrictions on residents and reduce number of older South Australians that succumb to the disease.

Definition of a COVID-19 outbreak in a RACF

The following definitions will continue to be used in South Australia:

RACF COVID-19 Exposure

A COVID-19 exposure site is where a single staff member *or* visitor of a RACF has tested positive to COVID-19 and has exposed the facility during their infectious period.

RACF COVID-19 Outbreak

A COVID-19 RACF outbreak is declared when:

- a resident of a RACF has been diagnosed with COVID-19 and has been onsite at the RACF at any time during their infectious period; or
- two or more staff of the RACF are diagnosed with COVID-19 at the same time, with at least one having exposed/worked at the RACF during their infectious period.

The infectious period is generally considered to commence 48 hours prior to symptom onset or test date if asymptomatic, and to last for 10 days.

Close contacts

A person can become a COVID-19 close contact at work (in the RACF through contact with a resident or a staff member with COVID), at home (because a person in the staff members household has COVID) or in a social setting.

A general definition of a close contact is someone who has had close personal interaction with a person who has COVID-19 during their infectious period. Close personal interaction is considered if there has been interaction:

- for 15 minutes or more; **and**
- where masks are not worn (by the person and the COVID-19 case); **and**
- in close physical proximity; **and**
- in an indoor setting.

Workplace exposures:

Workplace exposures can occur

(i) between two members of staff; or
(ii) between a positive staff member and a resident; or
(iii) between a positive resident and a staff member.

For staff-to-staff transmission, workplace close contacts will be minimised if surgical face masks are worn at all times and staff do not share indoor spaces for breaks where masks are removed for eating/drinking.

Transmission between a positive staff member and residents will be reduced with all staff members wearing surgical masks at all times.

In terms of transmission from an infected resident to a member of staff, as noted elsewhere in this document, N95 masks, goggles, face-shield, gown and gloves must be used during care of known COVID positive residents, in the ‘red zone’ of facilities where an outbreak is occurring. This higher level of PPE is also required when any aerosol generating procedure is being undertaken.

There will be occasional instances where a resident has COVID-19 and a staff member cares for this resident before the diagnosis is known. This will be because the resident will not have been wearing a mask (as not required) and there will be infectious aerosol particles in the room. It is possible for the staff member to become infected even with wearing a surgical mask because infection can occur through eye exposure and because of the looser fit of the surgical mask. This worker would be deemed a close contact but would be able to return to the workplace as a close contact critical worker.

Face masks

Face masks are an important physical barrier to help stop the spread of COVID-19 and offer additional protections to staff and residents. Their appropriate use can mean the difference between someone being classified as a close contact or not. It is vital for staff to wear their PPE appropriately, especially face masks.

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.

Staff undertaking aerosol generating procedures (for example insertion of a nasogastric tube) should wear an N95 mask, goggles, face shield, gown and gloves.

What to do in the event of a COVID-19 exposure/outbreak in a RACF

Close contact residents

- Residents who are identified as a close contact should get an initial COVID-19 PCR test and immediately quarantine for 7 days.
- The resident(s) should get a COVID-19 PCR test again on day 6 after exposure.
- If the day 6 PCR test is negative, the resident(s) can exit their room but must remain contained to the red zone (i.e. the affected wing/unit/area).
- Movements can only be within the area affected; physical distancing must be maintained and a mask must be worn at all times in shared spaces.

Residents who are close contacts must have Rapid Antigen Testing (RAT) every 48 hours between days 8 to 14 and immediately re-enter quarantine if a RAT is positive or symptoms develop.

If a staff member tests positive to COVID-19, residents will not be deemed as close contacts if the staff member was wearing appropriate PPE at all times.

RACF COVID-19 exposure sites

In the event of a RACF COVID-19 exposure:

- There is no requirement that the site go into lockdown, nor restrict visitation to residents who are not deemed to be close contacts.
- The RACF may still admit new and returning residents.

Implementation of the RACF’s Outbreak Management Plan

A RACF should declare an outbreak and implement their Outbreak Management Plan if the above definition of one positive resident or two positive staff members has been met.

Transfer to Hospital

The majority of 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 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 (see below for process).

Admitting new and returning residents during an outbreak

Depending on the extent of the outbreak, new admissions to the RACF may need to be restricted (to either a particular floor/wing or, if necessary, the full facility) while the outbreak situation is being managed. Where new admissions can be facilitated, the resident and their family must be informed of the outbreak.

Residents who are in hospital for any reason may be readmitted to the RACF during an outbreak. This should be considered on a case-by-case basis, considering both the person's clinical condition and the circumstances within the RACF.

Declaring an outbreak

Individual positive results of staff and/or residents should be reported to the Communicable Disease Control Branch (CDCB) by emailing Health.agedcareCOVID19positivenotifications@sa.gov.au.

RACF are required to notify the Commonwealth Department of Health of any resident or staff COVID-19 cases by emailing agedcareCOVIDcases@health.gov.au.Once a RACF has declared a COVID-19 outbreak in the facility, a line list of positive residents and staff should be sent to CDCB via Health.agedcareCOVID19positivenotifications@sa.gov.au.

Positive Rapid Antigen Test results can be reported to SA Health by completing the online Rapid Antigen Test Reporting Form.

Any death of a resident with COVID19 should be directly reported as soon as possible to: Health.agedcareCOVID19positivenotifications@sa.gov.au.

Where a RACF has declared a COVID-19 outbreak and circumstances exist that limit the RACF's ability to

- care for COVID-positive residents in-situ; or
- manage the outbreak effectively without additional support

RACF should contact CDCB to discuss the situation and escalate for additional response.

All requests for transfer and/or additional support should be made by emailing Health.agedcareCOVID19@sa.gov.au with the subject header: '**Request for Priority assistance - Priority 1 (request transfer to hospital)** or **Priority 2 (additional support required)'**, as per the above.

If onsite transmission is occurring, the outbreak must be escalated to CDCB.

State Control Centre – Health (SCC-H) response

Due to the rapidly evolving situation in South Australia with multiple concurrent COVID-19 exposures/outbreaks in RACFs, and the ability for many RACFs to manage these situations effectively, not all COVID-19 outbreaks in RACFs will require escalation to the SCC-H for response.

Where sites are identified as high risk, or a RACF self-identifies as being unable to care for COVID-positive residents in-situ or less able to manage the outbreak effectively on their own, SCC-H resources may be deployed to assist.

Once a RACF has contacted CDCB regarding a COVID-19 outbreak situation requiring hospital transfer or additional support, CDCB may escalate the matter to the SCC-H.

SCC-H will then contact the RACF to discuss the outbreak situation and the support required, including any recommended hospital transfers.

Management of staff

Staff furloughing and workforce strategies

Accessing and sustaining a skilled RACF workforce is critical to being able to successfully manage COVID-19 outbreaks. RACFs should aim to be self-sustainable with regards to workforce capacity, wherever possible, and build into their Outbreak Management Plan strategies to manage a loss of at least 40% of their workforce. It is acknowledged that under escalating scenarios, surge workforce may be difficult to source. In such instances, surge workforce may be accessible from a mix of other sources, including:

- the provider's other services (e.g. residential, home care, corporate)
- collaborative local networks and regional support clusters
- Commonwealth surge workforce supplier contracts, and
- volunteer carers/partners in care, where appropriate.

The Commonwealth Department of Health Case Manager is the liaison point between the RACF, SA Health and the Department of Health Surge Workforce Team for all surge workforce support. A Commonwealth Case Manager can request access for the RACF to the RCSA agency portal for the RACF to input critical shifts.

Once the shifts are on the portal, it is the responsibility of the RACF to:

- check for filled shifts
- contact the agency staff coming to the facility and ensure adequate induction/orientation, and
- support those staff during work to ensure they can properly undertake their roles.

Return to work of close contacts

Where the RACF is experiencing critical workforce shortages, to enable the safe operation of the facility and maintenance of a safe level of care to all residents the Chief Executive (or equivalent) of the Residential Aged Care Facility may grant work permissions during a period of quarantine to provide direct personal or nursing care. In this situation the following requirements are to be met:

Responsibilities of the Residential Aged Care Facility:

- Inform the Office of Ageing Well that they are accessing this provision and the extent to which they are accessing this provision via email officeforageingwell@sa.gov.au
- Have their COVID-19 Workforce Management Plan and their COVID-19 Infection Control Plan fully operational as per the *Emergency Management (Residential Aged Care Facilities No 44) (COVID-19) Direction 2021*.
- Keep comprehensive records regarding which worker/s have been granted work permissions to allow quick identification of cases in the event of escalation of the outbreak.
- Have sufficient supply of RAT and high-level PPE (N95 masks, goggles, face-shield, gown and gloves), to allow close contact staff to remain at work.

Responsibilities of the Chief Executive (or equivalent) of the Residential Aged Care Facility:

- Ensure that all other options for maintaining critical staffing have been exhausted including shifting staff to alternative positions, delaying leave and addressing any social factors that may prevent other staff attending work (such as transport/childcare/accommodation).
- Provide approval for each critical worker to return to work during the quarantine period including ensuring adequate documentation is in place to support such decisions.
- Ensure that all elements of safe return to work are in place, most importantly the safety of all residents but also the safety of the critical worker and the safety of other workers in the facility.
- Ensure that the worker should only be returned to a position where they do not come into direct contact with members of the public.

Requirements of the RACF staff member who provides direct personal or nursing care to residents and has been granted work permission worker:

1. Must be separated from the person who is positive with COVID (specifically including if this is a household or social close contact outside the workplace) and the 7-day quarantine period commences at the date of last contact with the COVID case unless the COVID case is a resident of the Residential Aged Care Facility in question.
2. Must be fully vaccinated (including a third dose if eligible).
3. Must be completely free of all COVID-symptoms (including headache, sore throat, running nose, muscle aches and pains, fever/chills, cough, vomiting/diarrhoea, loss of taste or loss of smell).
4. Must have undertaken a PCR test prior to returning to work (can return whilst awaiting PCR result as long as that day's RAT (Rapid Antigen Test) is negative and may continue if PCR negative).
5. Must **maintain quarantine at all times** when not onsite at work.
6. Must complete a RAT at the start of every shift they attend inclusive of a daily RAT for days 1-7 since last contact with a case. All RATs must be negative.
7. If symptoms develop, must not attend work and must obtain a PCR test immediately (work permissions will be suspended until the PCR returns negative).
8. Must not use public transport or other forms of shared transport to travel to work.
9. Must wear the highest level of PPE whilst at work (including fit checked or fit tested N95).
10. Must take meal and any other breaks alone and preferably in an outside space.
11. Only undertake critical work functions – this does not include for example staff meetings, staff social functions or professional development activities.

Guidance for the use of PCR and Rapid Antigen Testing

Due to the high volume of requests and limited resources to conduct regular, frequent domiciliary PCR testing in RACF, RAT may be used in place of PCR tests as detailed below. This is in addition to the use of RAT for routine staff surveillance outside of an outbreak setting.

Testing recommendations

- If a **staff member** tests positive to COVID-19 and likely acquired their infection in the community (rather than transmission in the RACF), then an initial PCR test is recommended for any **area of the RACF where the staff member worked while infectious** (not the whole site).
- If a **resident** tests positive to COVID-19, initial PCR testing of the **whole RACF** is recommended. This can subsequently be refined to only the area in which the resident resides, so long as no residents outside of that area tests positive.
- If a PCR test cannot be done in the time recommended, then RATs can be used while waiting for this testing.

Where an outbreak has been declared in a RACF, RATs can be used **every 48 hours** for staff and residents who have been identified as requiring enhanced surveillance testing (i.e. those working in the area of the RACF in which the COVID-positive resident resides or staff member works).

PCR testing is still required for residents and staff who:

- Have symptoms; and/or
- Have been identified as close contacts, in line with the SA Health testing requirements for close contacts.

For residents who are not able to tolerate testing by nasal swab, saliva testing is an alternative and needs to be arranged through SA Pathology. The swab for RAT is a mid-nasal collection, which is less invasive than a deep nasal and oropharyngeal collection for PCR, noting some residents may find this invasive also.

Screening and reporting of RATs

Outside of an outbreak situation, RACFs are encouraged to use RAT as a workplace surveillance tool to screen people who do not have symptoms of COVID-19. By using RAT in this way, RACFs may detect COVID-19 in asymptomatic individuals and prevent exposure in the RACF.

All RACFs conducting RAT screening should:

- Adhere to standard operating protocols and checklists.
- Use TGA approved RAT kits.
- Report results to SA Health to contribute to the surveillance monitoring either through existing reporting processes previously approved or by completing the online Rapid Antigen Test Reporting Form.

Providers can access guidelines and standard operating procedures, as well additional information in relation to RAT on the SA Health Rapid antigen testing (RAT) for COVID-19 website.

Accessing RAT

Further to the announcement of access to Rapid Antigen Testing kits for all residential aged care facilities on 23 December 2021, the Australian Government will provide RAT kits to all RACFs commencing in early 2022. RAT kits supplied through this process are expected to be used for screening staff and residents where appropriate.

All RACF providers with a COVID-19 outbreak or exposure can request RAT from the National Medical Stockpile. It is recommended that RACF monitor their RAT supplies carefully and place orders at least 7 working days in advance as the current high level of demand is extending timeframes for delivery.

RACF can order RAT from the National Medical Stockpile by completing the online form.

RACF can also order RATs from their usual providers or from SA Health (at a cost):

- To order RAT kits from SA Health, complete the order form and submit via email to HealthPSCMSCOcustomerservice@sa.gov.au

Infection Prevention and Control

The following general **infection prevention and control advice** is recommended in the context of a **resident** who is a COVID-19 confirmed/suspected case or close contact within a RACF. It is important that RACF are well prepared to manage these situations and implement the appropriate measures as soon as they arise.

The following points are based on the infection prevention and control information provided as per the national CDNA Residential Aged Care Facility Guidelines and SA Health Aged Care webpage and outline some of the key infection prevention and control practices for the management of COVID-19 cases and close contacts:

1. **Refer to your facility's COVID-19 Outbreak Management Plan** and communicate with your local management team, Workforce Health and Safety representative and on-site Infection Control Nurse.
2. **Isolate** the affected resident and close contacts on their own in single rooms with the door shut and with a dedicated bathroom. Continue with appropriate clinical management and care.
3. **Transmission-based precautions** (airborne) are to be implemented. Staff entering the affected resident's room should wear PPE as per airborne precautions (i.e. includes a fit tested and fit checked particulate filter respirator (PFR) P2/N95 or equivalent respirator mask), eye protection, gown and gloves).
4. **Door Signage** is to be placed on the resident or close contact's door indicating the need for transmission-based precautions (airborne).
5. **PPE donning and doffing stations** to be set up outside the resident and close contacts' rooms. Display PPE signage showing how to put on and take off PPE.

6. **Signage** should be displayed to indicate various zones within the facility indicating where PPE is required and the location of donning & doffing stations set up in these areas.
7. **Hand Hygiene sanitiser is** to be available on all donning/doffing stations and widespread across the facility.
8. **Visitors** should be discouraged from visiting the affected resident – if possible, arrange for alternative forms of communication with family and visitors. Discuss options if a visit is requested in compassionate circumstances such as end-of life visits.
9. **Fans** – Discourage the use of fans in the affected resident's room. However, exhaust fans (if present) should be turned on when staff are performing ADLs with the affected resident e.g. during personal hygiene, toileting, etc., to assist with ventilation.
10. **Surgical masks** – **All staff** and others who enter the facility should, at a minimum should, wear a surgical mask.
    - 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).
11. **Surgical masks (residents) –** If tolerated, a surgical mask should be worn by the affected resident when staff are present in the room or if the affected resident has to be moved for medical reasons, e.g. transfer to hospital. If a transfer to hospital is required, ensure the hospital and transport staff are aware of the resident's COVID-19 status.
12. **PPE Supplies and training** – Ensure there are adequate supplies of PPE available and staff are trained in the correct use of PPE, including the use of PFRs.
13. **Aerosol generating procedures,** such as use of nebulisers and CPAP machines, should be avoided where possible and only used where clinically safe.
14. **Vaccinated staff** only should care for the affected resident.
    - Under the RACF Emergency Management Direction, all staff and visitors to a RACF must be vaccinated against COVID-19 (certain exemptions apply).
15. **Separation of staff** should be implemented as much as possible. Roster dedicated staff to specific areas and avoiding cross over in tea rooms etc. as much as possible.
16. **Separation of residents based on risk assessment** – Consider areas where shared dining, social activities and non-essential activities should be suspended. Refer to your Outbreak Management Team for advice regarding possible restrictions to resident admissions and discharges during an outbreak.
17. **Surveillance Records** to be kept detailing people (including staff) who enter the affected resident's room.
    - Under the RACF Emergency Management Direction, all RACF must display a QR code at point of entry to capture the relevant contact details of all persons entering the facility (a manual register may be used for people unable to use the QR code).
18. **Physical distancing** of at least 1.5m should be maintained between residents and staff, where possible.
19. **Environmental management**
    - **Cleaning** of the resident's room and bathroom to be undertaken as per transmission-based precautions. Refer to SA Health environmental hygiene guidelines.
    - **Dedicated equipment** to be allocated to the affected resident where possible. If this is not possible, equipment must be cleaned in between each use using a combined detergent disinfectant wipe.
    - **Waste** – manage as per SA Health guidelines and local policy. Ensure there is an adequate number of clinical waste bins available.
    - **Linen** – manage as per standard and transmission-based precautions and local policy

20. **Communication** – ensure ongoing communication between staff, residents, families and appropriate others.

Access to PPE

All RACF providers with a COVID-19 outbreak or exposure can request PPE from the National Medical Stockpile. It is recommended that RACF monitor their PPE supplies carefully and place orders at least 7 working days in advance as the current high level of demand is extending timeframes for delivery.

RACF can order RAT from the National Medical Stockpile by completing the online form.

If required, RACF can source stock through SA Health (at a cost) by emailing HealthPSCMSCOCustomerService@sa.gov.au.

Visitors to a RACF

RACF should develop their own visitation policies based on their specific circumstances. The information contained in this section is intended to help a RACF consider ways to balance the risk of COVID-19 transmission while maintaining the broader rights and wellbeing of residents and their families. It is important for the wishes and preferences of residents to be at the centre of all decision making in relation to who visits them, and their choices should be respected as far as possible.

In the event of a RACF COVID-19 Exposure, there is no requirement that the site go into lockdown, nor restrict visitation to residents who are not deemed to be close contacts unless explicitly requested to do so by CDCB Covid Operations (Department for Health and Wellbeing).

In the event of a RACF COVID-19 Outbreak, non-essential visitors should be restricted in line with the RACF's Outbreak Management Plan.

Wherever possible, processes should be put in place to ensure that residents are able to receive essential visitors safely. This includes ensuring visitors have appropriate PPE (surgical face masks as a minimum), are fully vaccinated, and that there is screening of visitors upon entry to the RACF.

The following entry conditions for should be met:

1. Under the current RACF Emergency Management Direction, all visitors (over the aged of 12) must wear a face mask covering their mouth and nose at all times while visiting at the RACF. Additional PPE requirements should be implemented as necessary.
2. Anyone entering a RACF, including employees, contractors, volunteers and visitors, must use COVID SAfe Check-In (QR Code) to capture their relevant contact details. If they are not able to use the COVID Safe Check-In, they must sign in using a paper record.
3. Where possible, visits should be conducted in a resident's room, outdoors, or in a specific area designated by the RACF, rather than communal areas.
4. Physical distancing of at least 1.5m should be adhered to wherever possible.

The Industry Code for Visiting Residential Aged Care Homes during COVID-19 recommends that all residents should always have access to at least one visitor. To achieve this, the code defines certain visitors as 'Essential Visitors':

Partners in Care – Access for Partners in Care should be prioritised, recognising their role in the daily care and support of a resident such as helping with meals, hygiene and emotional support. The kinds of care and support which can be provided is outlined in a partnerships in care document produced by the Aged Care Quality and Safety Commission. Residents with a diagnosed mental health issue or at risk of mental health or psychological impacts associated with visitor restrictions (for example loneliness, anxiety, boredom, fear, and depression) must be provided support, including receiving regular visits from their Partner in Care.

Named Visitor – If a resident does not have a Partner in Care, they may nominate one person to be a named visitor. If a resident has impaired decision making, providers should work with substitute decision maker (if appointed), or other relevant people to ensure a partner in care/named visitor is appointed.

End of Life – Visits to residents at or approaching the end of life should be facilitated for anyone and not be time limited. This may include facilitating out of hours visiting. Where a potential visitor is not fully vaccinated, this may involve taking extra precautions or restrictions to protect other residents such as a negative RAT result prior to visiting.

When the access level is 'Red' (i.e. an outbreak situation), access for essential visitors should be facilitated, but may involve some restrictions. For example, the total number of people onsite, including visitors, is likely to be limited following outbreak procedures, which may mean not all essential visitors can visit every day.

Additional risk mitigation strategies are outlined in the code and should be considered, implemented, and managed by the RACF.

Recovery and transition to business as usual

An outbreak can be declared as over and the RACF can return to normal business operations **10 days** from when the last staff member or resident received a positive COVID-19 test result.

Staff and residents who are diagnosed with COVID-19 no longer need to isolate once 10 days have passed from their positive test, so long as they have not had any COVID symptoms for 72 hours. A negative test is not required to end isolation.

Lifting the lockdown in non-red zones in an active RACF outbreak

Where RACFs have initially implemented a full-site lockdown in accordance with their Outbreak Management Plan, the lockdown may be lifted in non-affected areas/units/wings of the RACF while there is still an active outbreak if the following conditions are met:

1. Initial RACF screen of PCRs for all residents and staff present during the infectious zone – all results negative.
2. Day 6 PCR for red zone wings residents and staff – all results negative.
3. Staff cohorting to red zone and not working or accessing remainder of RACF. RACF is responsible for ensuring that staff cohorting has been maintained for the entire outbreak period.

If these three criteria are met, residents residing in non-red zones of the RACF may receive visitors as soon as all Day 6 PCRs are returned negative. If any resident becomes symptomatic, that individual must re-enter quarantine and obtain a PCR.

Please note: there is no requirement for COVID Operations CDCB approval to lift lockdown.

It is important to note that when a COVID-19 outbreak is limited to only staff members who have not attended the RACF whilst infectious and the transmission is community based, this does not constitute a RACF outbreak.

Additional information

For further information, visit www.sahealth.sa.gov.au/covidagedcare. For information about prevention, preparation, management and recovery of responding to COVID-19 situations, read the COVID-19 Strategy for Residential Aged Care Facilities.

For information about PPE, see the Infection Control and Personal Protective Equipment (PPE) advice webpage.

Professor Nicola Spurrier
Chief Public Health Officer

19 January 2022