

## **Statement on COVID-19 Response in Residential Aged Care Facilities**

### **Background**

Older Australians and New Zealanders living in residential aged care facilities (RACF) are more at risk of becoming very unwell or dying from COVID-19. The protection and care of older people living in RACF is one of the most significant challenges faced by Australia and New Zealand during the pandemic.

ANZSGM supports the use of the most up-to-date evidence through the National COVID-19 Clinical Evidence Taskforce. Our network of geriatricians and the multidisciplinary teams they work with have the expertise to provide good clinical advice on the needs and management of older people in residential aged care. Therefore geriatricians should be involved in the discussions and plans around the prevention and management of COVID-19 outbreaks in RACFs.

There are some important principles that must be adhered to:

1. Access to medical care for non-COVID related issues in this very frail comorbid group must be maintained.
2. RACF contains a wide range of residents from very frail or severe dementia to more cognitively able but physically disabled. This heterogeneity precludes a blanket 'one size fits all approach'.
3. The social impacts of restrictions within the older persons facility (their home) need to be mitigated, in the same way social and psychological do.

### **Recommendations**

At national level, a common set of guiding principles that address some of the key clinical and ethical questions need to be urgently developed.

The prevention and management of COVID-19 outbreaks requires a well-planned operational response that is led by each state and rolled out through local health networks (LHN) in Australia and District Health Boards in New Zealand. This is the only way to provide guidance for tailored interventions that address local issues. It is the best way to achieve an approach that is flexible enough to meet the unique demands of each outbreak and work with each RACF on their prevention plans. This is an urgent need and we recommend the following immediate interventions:

1. RACFs must be linked to their Local Health Network (or equivalent).
2. Local Health Networks must have an outbreak management team and plan that is linked with RACFs. The team should include people with expertise in geriatric medicine, health care of older people in aged care, infectious diseases and public health. Senior executives of LHNs need to lead these teams.

The outbreak management team should focus on the following:

- Prevention measures – COVID-19 is entering RACFs via aged care staff, prevention should therefore focus on:
    - Ensuring adequate PPE supplies in RACFs
    - PPE training for staff
    - IPC training for staff
    - Employing full-time staff and less casual staff (preventing staff from working across more than two RACFs)
  - Preparation through a comprehensive risk assessment of all RACFs led by the outbreak management teams. This should involve public health and aged care nurses working with RACFs to prepare them for an outbreak.
  - Families as Partners in Care approach that differentiates between general visitors and immediate family who can partner in care in the event of an outbreak. Family members need to have a flu vaccine, be trained in how to use PPE and be available to spend blocks of time (not casual visits) in the home in the event of a COVID outbreak. Care tasks they could undertake could include maintaining nutrition/hydration, mobility/muscle strength exercises, cognitive stimulation, facilitating virtual access to other family members through video conferencing.
  - Case management (from index case to multiple cases). Index case management should be addressed on a case-by-case basis depending on the nature of the outbreak and the RACF - the critical issue is to separate positive and negative cases either by cohorting them within the home or by moving out the negative cases or by moving out the positive cases.
  - Each LHN must have a plan for staged escalation. In an outbreak there needs to be constant assessment of the risk of ongoing transmission of COVID-19 and the standard of medical and nursing care that is being provided. Avoidance of hospital care should not be a primary objective of any plan.
  - Early establishment of goals of care, as informed by a pre-existing Advanced Care Directive or discussion with the resident or appointed medical treatment decision maker, is important.
3. A core national unit for expert advice and management needs to be formed that feeds into the established structures of the Australian Health Protection Principal Committee (AHPPC) and National Cabinet. It includes expertise that understands the resident population, the aged care setting, the operational aspects of managing aged care and the health experts. A range of experts are required—an essential criteria in recruiting these participants is to have persons who have on the ground experience.