



### What is this QRG about?

This QRG provides guidance relating to the admission and transfer of Residential Aged Care Facility (RACF) residents to and from Western Health services, including inpatient, outpatient and community based services.

There are three categories of management of RACF residents, which are based on levels of COVID-19 community transmission and outbreaks. The three categories are:

1. In the context of low or no community transmission
2. In the context of concern about community transmission
3. In the context that Western Health or the aged care facility has an outbreak

**Western Health is currently operating within the 2<sup>nd</sup> & 3<sup>rd</sup> categories**

### Category 2: in the context of concern about community transmission

Context	Testing requirements	Isolation requirements	PPE requirements
<b>Transfer of resident from RACF to hospital, including to the emergency department &amp; emergency observation unit (EOU),</b>	Residents presenting to the emergency department or EOU only require COVID-19 testing if they meet testing criteria OR if they are planned for inpatient admission.	All residents should be managed under suspected COVID-19 precautions, in a single room with own toileting facilities, where available and quarantined UNTIL a negative result is obtained	Residents suspected or confirmed to have COVID-19 should be managed with Tier 2 or Tier 3 PPE - as per Western Health PPE Guideline.
<i>Where there is concern about community transmission, but the RACF has no active cases among staff or residents.</i>	Residents should be tested for COVID-19 on decision to admit to an inpatient ward (excluding EOU), regardless of symptoms. A request must be made for a fast track test.  If residents have obtained a negative result to a COVID-19 test taken within the previous 48 hours of	While awaiting COVID-19 test results, patients who are symptomatic should be allocated to a COVID-19 ward; patients who are asymptomatic should be allocated to their home ward.	

	<p>presentation to hospital (e.g. as part of pre-operative screening) the patient does not need to undergo repeat COVID-19 testing unless they meet testing criteria.</p>		
<p><b>Transfer from hospital, including from the emergency department or EOU, to RACF</b></p> <p><i>Where there is concern about community transmission, but there is no evidence of transmission between people (staff or patients) within the same ward/ wing or related locations at Western Health.</i></p>	<p>Admitted residents should be tested within 72 hours prior to discharge, including obtaining a negative result</p> <p>Patients being discharged from the emergency department SSU/ EOU do not require COVID-19 testing prior to discharge (unless there is another indication for testing such as compatible symptoms)</p>	<p>As per the RACF isolation directives</p>	<p>As above</p>
<p><b>Short stay admissions (e.g. day procedure unit, elective theatre presentations)</b></p>	<p>Pre-operative residents: as part of pre-operative screening, patients should be swabbed prior to day of surgery, where feasible, regardless of type of anaesthesia. However, if this cannot occur, it should not delay surgery occurring and the swab can be taken on the day of surgery.</p> <p>Post- operative residents: on decision to admit to an inpatient ward, post-operative patients should be tested for COVID-19, UNLESS the patient was already swabbed pre-operatively.</p>	<p>Residents should be managed under suspected COVID-19 precautions, in a single room with own toileting facilities, where available and quarantined UNTIL a negative result is obtained (please note that negative results are valid for swabs taken within 48 hours prior to short stay admissions).</p>	<p>As above.</p>

<b>Outpatient services (including Dialysis, Radiology &amp; Oncology)</b>	Residents attending a single or non-regular appointment/s should be screened as per COVID screening requirements. They do not need to be tested unless they screen positive for symptoms or epidemiological factors.	It is preferable that the resident is cared for in a single room.  Residents who screen positive should be managed under suspected COVID-19 precautions.	All residents are considered suspected for COVID-19 therefore all residents are to be managed with Tier 2 or 3 PPE – as per Western Health PPE Guideline.
	Residents who attend regular weekly appointments (e.g. weekly radiology, dialysis, oncology appointments) should be swabbed once a week and otherwise continue with routine screening between appointments.		

\* Any case-by-case decision to isolate or quarantine a resident must consider the wellbeing and clinical needs of the resident, the current restriction levels and rates of community transmission in the local area.

### Category 3: in the context that Western Health or the aged care facility has an outbreak

Context	Testing requirements	Isolation requirements	PPE requirements
Transfer from RACF with outbreak to Western Health, including to the emergency department & emergency observation unit (EOU).	Residents presenting to the emergency department or EOU only require COVID-19 testing if they meet testing criteria OR if they are planned for inpatient admission.	All residents should be managed under suspected COVID-19 precautions, in a single room with own toileting facilities, where available.	Residents suspected or confirmed to have COVID-19 should be managed with Tier 3 PPE - as per Western Health PPE Guideline.
	Residents should be tested for COVID-19 on decision to admit to an inpatient ward (excluding EOU), regardless of symptoms. A request must be made for a fast track test.	Quarantine for 14 days, if they do not test positive.	Residents who are NOT suspected or confirmed to have COVID-19 can be managed PPE as per Western Health PPE Guideline.
	If residents have obtained a negative result to a COVID-19 test taken within the previous 48 hours of presentation to	While awaiting COVID-19 test results, patients who are symptomatic should be allocated to a COVID-19 ward; patients who are asymptomatic should be allocated to their home ward.	
		Residents who successfully complete their 14 day quarantine period in hospital	

	<p>hospital (e.g. as part of pre-operative screening) the patient does not need to undergo repeat COVID-19 testing on decision to admit unless they meet testing criteria.</p> <p>Test every 48 hours while in quarantine for early detection of positive cases and transfer to COVID wards.</p> <p>If the resident remains negative, testing should include a negative swab within 72 hours prior to their discharge from hospital back to the RACF.</p> <p>Residents who were in hospital for short stay admissions (such as day oncology, emergency department and dialysis) are not required to have a negative swab prior to their transfer back to their RACFs.</p>	<p>(including testing) do not need to quarantine again on their return to an RACF.</p>	
<p>Transfer from Western Health, with an outbreak, including from the emergency department or EOU, to RACF</p> <p><i>New and returning admission residents transferred to RACF from a Western Health with an active outbreak.</i></p>	<p>Returning residents should be assessed on a case-by-case basis* (including the location where quarantine should be completed) by the hospital's Infection Prevention and Control team, the Department of Health and Human Services or local public health unit and the RACF.</p> <p>Residents should be tested within 72 hours prior to discharge, including obtaining a negative result.</p> <p>Residents who test negative should be tested at least on days 3, 7 and 11 or earlier if symptoms occur.</p>	<p>Residents should not be confined to prolonged hospital stay for isolation reasons alone in a hospital (or ward) with an active outbreak. Options may include transfer to another facility that does not have an active outbreak; quarantine in a single room at the resident's RACF.</p> <p>Residents who test negative should be quarantined for 14 days in a single room with own bathroom facilities where accommodation options allow.</p> <p>If it was a short stay admission (i.e. day oncology, emergency department, dialysis) are not required to quarantine</p>	<p>As above</p>

	<p>If it was a short stay admission (i.e. day oncology, emergency department, dialysis) are not required to have a negative test prior to their transfer back to their RACF, unless the admission was in an area affected by the active outbreak.</p>	<p>prior to their transfer back to their RACF, unless the admission was in an area affected by the active outbreak.</p>	
<p>Short stay admissions (e.g. day procedure unit, elective theatre presentations)</p>	<p><b>Pre-operative residents:</b> as part of pre-operative screening, patients should be swabbed prior to day of surgery, where feasible, regardless of type of anaesthesia. However, if this cannot occur, it should not delay surgery occurring and the swab can be taken on the day of surgery.</p> <p><b>Post-operative residents:</b> on decision to admit to an inpatient ward, post-operative patients should be tested for COVID-19, UNLESS the patient was already swabbed pre-operatively.</p>	<p>Residents should be managed under suspected COVID-19 precautions, in a single room with own toileting facilities, where available and quarantined UNTIL a negative result is obtained (please note that negative results are valid for swabs taken within 48 hours prior to short stay admissions).</p>	<p>As above</p>
<p>Outpatient services (including Dialysis, Radiology &amp; Oncology)</p>	<p>Residents attending a single or non-regular appointment/s should be screened as per COVID screening requirements. They do not need to be tested unless they screen positive for symptoms or epidemiological factors.</p> <p>Residents who attend regular weekly appointments (e.g. weekly radiology, dialysis, oncology appointments) should be swabbed once a week and otherwise continue with routine screening between appointments.</p>	<p>It is preferable that the resident is cared for in a single room.</p> <p>Residents who screen positive should be managed under suspected COVID-19 precautions.</p>	<p>All residents are considered suspected for COVID-19 therefore all residents are to be managed with Tier 2 or 3 PPE – as per Western Health PPE Guideline.</p>

\* Any case-by-case decision to isolate or quarantine a resident must consider the wellbeing and clinical needs of the resident, the current restriction levels and rates of community transmission in the local area.

## Considerations when making a case-by-case decision to isolate or quarantine a resident

The decision to isolate a resident must consider the physical, emotional, spiritual, social and cultural wellbeing and clinical needs of the resident, current restriction levels and rates of community transmission in the local area.

Strategies for providing support to the resident and their wellbeing while in isolation will need to be implemented.

## How do I contact the Western Public Health Unit (WPHU)?

To discuss a case with the Western Public Health Unit, please email the case details to [wphu@wh.org.au](mailto:wphu@wh.org.au) and include the following information:

- full name and date of birth of the resident
- facility name and location, as well as the name and phone number of a facility manager or other appropriate contact person
- hospital or other location where resident is currently admitted
- date the resident left the facility and went to hospital or other location
- coronavirus (COVID-19) status of the resident.

## References and for further information

Admission and transfer to and from Residential Aged Care Facilities and hospital. (12 November 2020). Department of Health and Human Services. Retrieved from <https://www.dhhs.vic.gov.au/coronavirus-covid-19-factsheet-admission-and-transfer-racf>