



ACT Health

COVID-19 Residential Aged Care Sector Plan

Preparedness and response plan for the COVID-19 pandemic

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Contents

Part 1	3
The Plan	3
Objectives	3
Rationale for the Plan	4
Roles and Responsibilities of Key Stakeholders	0
Part 2: COVID-19 Residential Aged Care Sector Plan	5
Phase 1: Preparedness	5
Phase 2: Response to a COVID-19 outbreak	21
Phase 3: Stand down of response and evaluation	33
References and Related Documents	35

Part 1

The Plan

This *Residential Aged Care Sector and COVID-19 – Preparedness and Response Plan* (hereafter the ‘Plan’) has been developed by ACT Health and members of the Residential Aged Care Facility COVID-19 Working Group. This group has representation from key government, private and non-government stakeholders who work in the aged care sector.

The purpose of the Plan is to outline the roles and responsibilities of key stakeholders in achieving the agreed objectives and goals to prepare and respond to the COVID-19 epidemic in the residential aged care sector.

This Plan forms an adjunct to the *ACT Health Sector COVID-19 Pandemic Operational Response Framework*, which guides the ACT health sector response to COVID-19. This is a living document that will be maintained and updated regularly during the COVID-19 pandemic. An implementation plan is under development to track progress of the actions under each goal.

A residential aged care facility (RACF) is defined as a special-purpose facility which provides accommodation and other types of support, including assistance with day-to-day living, intensive forms of care, and assistance towards independent living, to frail and aged residents. Facilities are accredited by the Aged Care Quality and Safety Commission to receive funding from the Australian Government through residential aged care subsidies.

Respite centres, retirement villages and other residential care facilities are outside the scope of the Plan.

Objectives

The objectives of the Plan during the COVID-19 pandemic are to support and empower the residential aged care sector in the ACT to:

1. Continue to provide quality care to their residents during the COVID-19 pandemic.
2. To provide a safe environment for residents and staff that mitigates the risk of COVID-19 entering RACFs and being transmitted within RACFs.
3. Identify, isolate and test residents with symptoms consistent with COVID-19 early and to know when to notify the ACT Communicable Disease Control Section of a potential or confirmed outbreak of COVID-19.
4. Prepare for and manage cases of COVID-19 in line with the national guidelines for [COVID-19 Outbreaks in Residential Care Facilities](#) and to work with ACT Health to respond to and control the outbreak to bring it to an end as quickly and safely as possible.
5. Provide quality care to residents who have COVID-19 who are managed within facilities, including palliative care, where appropriate.

Key stakeholders supporting the residential aged care sector will aim to:

- Facilitate and support education to empower RACFs to implement national and jurisdictional guidance on outbreak management and infection control; and
- Support communication to primary care and acute care providers about preparedness and response arrangements during a COVID-19 outbreak in a RACF.
- Minimise the impact on acute care, where appropriate, for example, preventing unnecessary transfers of residents to the emergency department and through augmenting existing in-reach models of care.

Support for providers will consider the assessed capability and capacity of an RACF to respond to an outbreak, be informed by the provider's outbreak management plan and the Communicable Disease Network Australia (CDNA) and Infection Control Expert Group (ICEG) COVID-19 National Guidelines.

Rationale for the Plan

Residents of RACFs are more vulnerable to serious complications if they develop COVID-19 due to their older age and the comorbidities they are more likely to have. Group living arrangements, the risk of atypical presentation of COVID-19 in older individuals, co-existing cognitive impairment and increased needs for assistance with personal care mean that infection can spread easily and quickly in RACFs.

Roles and Responsibilities of Key Stakeholders

Organisation / Position	Proposed action/responsibilities
ACT Chief Nursing and Midwifery Officer	<ul style="list-style-type: none"> • The Senior Officer responsible for the prevention of outbreaks in COVID-19 in Aged Care • Lead and coordinate the implementation of the <i>Residential Aged Care Sector and COVID-19 – Preparedness and Response Plan</i> • Brief the ACT Chief Health Officer, Deputy Director General (DDG), Director General (DG) and Health Minister on progress and critical issues pertaining to the <i>Residential Aged Care Sector and COVID-19 – Preparedness and Response Plan</i> • In collaboration with the CHECC, undertake Territory-wide workforce planning for RACFs in the event of an outbreak and large numbers of staff furloughed from work. • Work with the RACF sector to develop strategies to minimise staff working across multiple facilities. • Be the point of contact for queries from media, government and aged care facilities.
ACT Health Public Health Emergency Coordination Centre (PHECC)	<ul style="list-style-type: none"> • Provide targeted communications about the COVID-19 public health response and epidemiology to RACF managers and staff in the ACT; • Supplement and/or tailor the education/guidance materials provided to RACFs by the Australian Government Department of Health and the Australian Aged Care Quality and Safety Commission¹; • Provide outbreak management and infection control advice to RACFs in the ACT. This includes reviewing outbreak management plans, providing advice on testing; leading outbreak response in line with national guidance; and informing relevant government stakeholders of outbreaks. • Monitor the capacity of the residential aged care sector to respond to COVID-19 outbreaks. • Identify sector-wide planning gaps for the residential aged care sector and address those pertaining to the public health management of COVID-19 outbreaks in RACFs in the ACT;

1 The Aged Care Quality and Safety Commission (the Commission) is the national regulator of aged care services. One of its roles is to provide education to providers, including with respect to best-practice infection prevention and control.

Organisation / Position	Proposed action/responsibilities
	<ul style="list-style-type: none"> Facilitate the provision of personal protective equipment (PPE) approved for release from the National Medical Stockpile for specific RACFs in the ACT. Manage the implementation of the National Immunisation Program (NIP) in RACFs in the ACT. Provide information and advice regarding public health directions pertaining to RACFs.
Clinical Health Emergency Coordination Centre (CHECC)	<ul style="list-style-type: none"> Support clinical resourcing and when required workforce capacity during a COVID-19 outbreak in a RACF, including: workforce for in-facility swab collection; pathology services; multidisciplinary workforce surge support, as appropriate; and plans to facilitate access to medical equipment and medication stock to support a clinical response in a RACF, if required. Undertake planning for the placement of residents who may require off-site hospital accommodation for quarantine/isolation purposes, where this is not feasible in the facility or at an alternative safe accommodation site. Support the development and communication of processes for direct hospital admission of residents with COVID-19 who require hospitalisation for clinical care. Coordinate the overall clinical services to support ACT RACFs during a response to a COVID-19 outbreak. Service planning, including roles/responsibilities and models of care of in-reach ACF services (e.g. HITH, GRACE and PEACE) in a RACF COVID-19 outbreak. Develop processes for direct hospital admission of residents with COVID-19 who require hospitalisation for clinical care.
Specialist Palliative Aged Care (PEACE) – Calvary Public Hospital – Clare Holland House	<ul style="list-style-type: none"> Undertake regular palliative care needs rounds to identify residents’ palliative needs and to support staff in responding to them. Build the capacity of GPs and RACF staff with respect to advance care planning and embed referral pathways to the PEACE team for case conferences or for direct specialist palliative care clinical input into resident care. Support GPs providing palliative care to residents with COVID-19 whose advance care plan identifies their wishes to remain in the facility to receive care.

Organisation / Position	Proposed action/responsibilities
	<ul style="list-style-type: none"> Collaborate with other clinical teams such as GRACE and HITH to assess and respond to residents' palliative needs within facilities and determine when hospital transfer is appropriate in conjunction with facility staff and GPs.
Calvary Geriatric Rapid Acute Care Evaluation (GRACE)	<ul style="list-style-type: none"> Provide acute assessment and clinical support in collaboration with the treating GP to acutely unwell RACF residents, including residents with COVID-19, at their place of residence. Provide case management and advocacy for RACF residents within the ED, with post-discharge support. Provide education to RACF staff. Liaise with GPs, families, the PEACE team and the HITH service where residents require support during an acute change in their condition.
Hospital in the Home (HITH) (CHS and Calvary)	<ul style="list-style-type: none"> Support residents in RACFs who require hospital inpatient level care in the setting of their home, according to eligibility. If a resident requires treatment from HITH due to a COVID-19 diagnosis, or complications from COVID-19, HITH will provide support within the normal scope of practice of the service.
Capital Health Network	<ul style="list-style-type: none"> Provide support for planning and implementation of alternative models of primary care including virtual care models (e.g. telehealth and e-prescribing) and shared care models. Bring together the stakeholders required to develop, agree and formalise care pathways to support assessment and management of residents with COVID-19 in a RACF. Assess the needs of RACFs with respect to influenza vaccination of residents and staff. Co-ordinate communications with ACT Health for primary health care providers.
GP Liaison Unit, CHS	<ul style="list-style-type: none"> Facilitate communication between Canberra Health Services and General Practitioners.
General Practitioners (GPs)	<ul style="list-style-type: none"> Maintain clinical oversight of the resident. Provide usual medical care to the resident via virtual care or face-to-face consultations, as clinically appropriate. Provide annual influenza and pneumococcal vaccination to residents.

Organisation / Position	Proposed action/responsibilities
	<ul style="list-style-type: none"> • Provide COVID-19 assessment, diagnosis and management within the scope of primary care and with the support of specialist services as required. • Liaise with residents and their families regarding goals of care and advance care planning. • Provide palliative and end of life care, where appropriate. • Provide medical cause of death certificates.
ACT Senior Manager's Forum for Residential Aged Care Facilities	<p>Provide a forum for:</p> <ul style="list-style-type: none"> • Communicating planning and activities being undertaken in the ACT to support the residential aged care sector during COVID-19 epidemic; and • Identify preparedness and/or response issues/barriers experienced by RACFs in the ACT and bring these to the Working Group for deliberation.
Commonwealth Department of Health	<ul style="list-style-type: none"> • Provide preparedness support to Commonwealth approved RACFs in the form of: <ul style="list-style-type: none"> ○ Guidelines and resources for the prevention, control and public Health management of COVID-19 in RACFs; ○ Online COVID-19 infection control training and other educational resources for aged care workers; and ○ PPE from the National Medical Stockpile for provision to RACFs (via ACT Government distribution). • In collaboration with ACT Health, provide Commonwealth approved providers of residential aged care impacted by COVID-19 outbreak with support, including: <ul style="list-style-type: none"> ○ Allocation of state-based 24/7 case manager to connect the RACF with all available Commonwealth support; ○ Access to a first nurse responder who can assess infection prevention and control and ensure this is robust, provide ongoing oversight and training; ○ Surge workforce support including clinical and non-clinical staff; ○ Access to primary health care including GPs and allied health services via the Primary Health Network;

Organisation / Position	Proposed action/responsibilities
	<ul style="list-style-type: none"> ○ Facilitate in-reach testing services, if required; and ○ Support to identify and access cohorting options at other sites.
Aged Care Quality and Safety Commission	<p>The Aged Care Quality and Safety Commission (the Commission) is the national regulator of aged care services. It takes a proportionate risk-based approach in responding to situations such as the COVID-19 situation. The role of the Commission is to:</p> <ul style="list-style-type: none"> ● Provide regulatory information and intelligence, including service/provider risk ratings ● Provide quality and safety information, including supporting response centres provide alerts and messaging to the aged care sector ● Monitor and support providers for infection control and other risks, including targeted monitoring programs. ● Integrate the Commission regulatory case coordination with operational outbreak management ● Establish direct liaison with response centres.

Part 2: COVID-19 Residential Aged Care Sector Plan

This plan is framed around the three phases of the COVID-19 epidemic as they relate to RACFs: (1) preparedness; (2) response to a COVID-19 outbreak; and (3) stand down of response and evaluation. The focus is on supporting the preparedness and response to a COVID-19 outbreak in a RACF in the context of COVID-19 suppression in the general population. Leading and support agencies are identified for each goal. The lead agency is responsible for delivering on the actions under the relevant goal in conjunction with any supporting agencies.

Phase 1: Preparedness

Facilitate preparedness and prevent introduction of COVID-19 in an ACT RACF

Goal 1: Plans and resources are in place to guide RACFs

- 1.1 Residential Aged Care Facilities have an outbreak management plan in place.
- 1.2 Residential Aged Care Facilities have advance care plans in place for every resident.
- 1.3 Guidance materials are available to assist RACF providers to prepare for COVID-19.

Goal 2: Interventions are in place to prevent introduction of COVID-19 (and influenza) into RACFs

- 2.1 Visitor restrictions and screening requirements are in place.
- 2.2 Proactive measures to minimise transmission are being implemented in RACFs.
- 2.3 RACF providers have access to sufficient personal protective equipment (PPE) and are confident in using PPE.
- 2.4 RACF residents and staff are vaccinated against influenza.

Goal 3: Prepare clinical services to support a COVID-19 outbreak in a RACF

- 3.1 Scale-up and augment existing in-reach clinical supports to provide ongoing quality care and to clinically support an outbreak response.
- 3.2 Plans to support RACF workforce and a clinical response in a RACF COVID-19 outbreak.
- 3.3 Support and prepare GPs to provide care to their patients in RACFs during a COVID-19 outbreak.
- 3.4 Plan to support resident and staff psychosocial wellbeing during a COVID-19 RACF outbreak.

Goal 4: RACF staff and health care providers are informed about preparedness plans

- 4.1 RACF staff, residents and families and general practitioners are aware of preparedness planning and support.
- 4.2 Ensure health professional stakeholders are aware of care referral pathways.

Goal 1: Plans and resources are in place to guide RACFs						
Number	Action	Lead & support agencies	Resources	Risk level	Risk Mitigation	
1.1	<i>Residential aged care facilities have an outbreak management plan in place</i>	<ul style="list-style-type: none"> Support RACFs to develop a COVID-19 outbreak management plan which includes a staff contingency plan. Support RACFs to develop or review their infection control program in the context of COVID-19. 	ACT Health (PHECC)	CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia	Medium Risk: Insufficient knowledge about developing outbreak management plans may lead to documents that are not fit-for-purpose.	Mitigation: ACT Health to contact each RACF to offer support to develop and/or review their outbreak management plan.
1.2	<i>Residential aged care facilities have advance care plans in place for every resident</i>	<ul style="list-style-type: none"> Support high uptake and currency of advance care plans (ACPs): <ul style="list-style-type: none"> PEACE team will provide regular palliative care needs rounds to all RACFs to prioritise and facilitate referrals and facilitate advance care planning for those residents who are identified as at risk of dying without a plan in place. 	PEACE ACT Health (PHECC) Capital Health Network	Palliative Care Needs Rounds Checklist Advance Care Planning Australia End of Life Direction for Aged Care (ELDAC) End of Life Law and Advance Care Planning resources	Medium Risk: Inadequate information about residents and family wishes may lead to unnecessary interventions, including hospitalisation.	Mitigation: PEACE team will facilitate multidisciplinary case conferences with residents and families to discuss goals of care and facilitate completion of advance care plans. A checklist

Goal 1: Plans and resources are in place to guide RACFs					
Number	Action	Lead & support agencies	Resources	Risk level	Risk Mitigation
	<ul style="list-style-type: none"> ○ Communicate to RACFs and GPs that all residents need to have a current ACP in place; and ○ Provide links to resources for ACPs on the ACT Health website. 	GP Liaison Unit, CHS	ACT Health Advance Care Planning Forms		<p>of triggers is available to facilities in order to identify residents who should be referred to the Palliative Care Needs Rounds. Invited GPs to be part of the advanced care planning process including through videoconference.</p> <p>Referrals to PEACE team for end of life care planning.</p>
1.3 <i>Guidance materials are available to assist RACF providers to prepare for COVID-19 outbreaks.</i>	<ul style="list-style-type: none"> • Develop ACT specific guidance material to address frequently asked questions/issues from ACT RACFs identified through: a phone survey; enquiries received by ACT Health and other supporting agencies; and from issues raised by the Chair of the ACT Senior 	ACT Health (PHECC) Capital Health Network ACT Senior Manager's	ACT Health COVID-19 Aged Care Webpage	Medium Risk Guidance documents and resources are distributed across different government websites making	Mitigation Develop an ACT resource web page that links to all the relevant resources.

Goal 1: Plans and resources are in place to guide RACFs					
Number	Action	Lead & support agencies	Resources	Risk level	Risk Mitigation
	<p>Manager's Forum for Residential Aged Care Facilities.</p> <ul style="list-style-type: none"> Raise awareness of the national and ACT resources available to guide RACFs preparedness and response through a range of channels (e.g. webinars and ACT COVID-19 webpage). 	Forum for Residential Aged Care Facilities		them hard to readily locate.	

Goal 2: Interventions are in place to prevent introduction of COVID-19 (and influenza) into RACFs					
Number	Action	Lead & support agencies	Resources	Risk level	Mitigation
2.1 <i>Visitor restrictions and screening requirements are in place</i>	<ul style="list-style-type: none"> Support implementation of visit and visitor restrictions in line with the ACT Public Health Direction for Residential Aged Care Facilities by providing clear information on the ACT Health website about how the Public Health Direction is to be operationalised. 	ACT Health (PHECC)	<p><i>Public Health Act 1997</i></p> <p>Public Health (Residential Aged Care Facilities) Emergency Direction 2020</p> <p>Aged Care Quality and Safety Commission entry screening</p>	<p>Medium Risk:</p> <p>Negative impact from visitor restrictions on resident mental and physical wellbeing and family needs and at end-of-life. This is particularly an issue if</p>	<p>Mitigation:</p> <p>Input into the ongoing need for restrictive visiting practices at a national and jurisdictional level.</p>

Goal 2: Interventions are in place to prevent introduction of COVID-19 (and influenza) into RACFs					
Number	Action	Lead & support agencies	Resources	Risk level	Mitigation
	<ul style="list-style-type: none"> Facilitate awareness among RACFs to screen staff and visitors entering aged care facilities in line with advice from the Aged Care Quality and Safety Commission through communications/ education from ACT Health. Facilitate awareness of exclusion/entry restrictions for staff and visitors with respect to symptoms of fever or acute respiratory infection and returned traveller or close contact status through communications/ education from ACT Health. Facilitate awareness of recommendations for screening of COVID-19 symptoms among residents being admitted or re- 		advice for residential aged care facilities Commonwealth Department of Health Aged Care COVID-19 Information AHPPC statement – update to residential aged care facilities about minimising the impact of COVID-19 (19 June) Industry Code for Visiting Residential Aged Care Homes during COVID-19	RACFs implement visitor restrictions that are more restrictive than the Public Health Direction.	<p>Provide regular information about the local epidemiology of COVID-19 in the ACT to inform the lifting of practices in ACT RACFs that are more restrictive than the Public Health Emergency Direction for RACFs.</p> <p>Encourage RACF providers to consider options for non-contact visits (e.g. outdoor) and regular digital visits.</p> <p>Provide targeted information on mental health and wellbeing strategies.</p>

Goal 2: Interventions are in place to prevent introduction of COVID-19 (and influenza) into RACFs						
Number		Action	Lead & support agencies	Resources	Risk level	Mitigation
		admitted from other health facilities and community settings.			<p>Medium Risk: Residents may be unnecessarily quarantined for 14 days after being admitted or transferred back to a RACF from a healthcare facility.</p> <p>Residents who are asymptomatic may be unnecessarily tested for COVID-19 in the above situation.</p>	<p>Mitigation: Provide clear public health recommendations about these issues.</p>
					<p>Medium Risk: Funeral providers and spiritual support providers may not be aware of the requirement to be vaccinated against influenza, delaying access to their services.</p>	<p>Mitigation: ACT Health to communicate with funeral directors/spiritual support providers about the requirement to be vaccinated against influenza prior to visiting a RACF.</p>

Goal 2: Interventions are in place to prevent introduction of COVID-19 (and influenza) into RACFs					
Number	Action	Lead & support agencies	Resources	Risk level	Mitigation
2.2	<i>Proactive measures to minimise transmission are being practiced in RACFs</i>	<ul style="list-style-type: none"> Facilitate awareness of the importance of physical distancing (where possible by care staff) and hand hygiene through communications/ education from ACT Health. Where feasible, encourage facilities to consider proactive zoning of staff and residents as an outbreak prevention measure through communications/ education from ACT Health. 	ACT Health (PHECC) Public Health Act 1997 Public Health (Residential Aged Care Facilities) Emergency Direction 2020 Public Health (Returned Travellers) Emergency Direction 2020 Commonwealth Department of Health Aged Care COVID-19 Information Commonwealth Department of Health COVID-19 Online Training Modules	Medium Risk: Insufficient access to hand wash and alcohol hand sanitiser.	Mitigation Hand sanitiser supplies can be made available through Emergency Services Agency (ESA) if RACFs cannot source it through standard channels.
2.3	<i>RACF providers have access to sufficient personal protective equipment (PPE)</i>	<ul style="list-style-type: none"> Facilitate access to PPE supplies from the National Medical Stockpile which are made available to RACFs based on availability and need in order to prepare facilities to initially manage a suspected case of COVID-19. 	ACT Health (PHECC) CHECC GRACE ACT Health COVID-19 Aged Care Webpage Commonwealth Department of Health Aged Care COVID-19 Information	Medium Risk: Increased cost of PPE may lead to rationing of supplies by RACFs.	Mitigation PPE supplies will be provided through the National Medical Stockpile in a COVID-19 outbreak.

Goal 2: Interventions are in place to prevent introduction of COVID-19 (and influenza) into RACFs					
Number	Action	Lead & support agencies	Resources	Risk level	Mitigation
	<ul style="list-style-type: none"> Provide guidance on correct donning/doffing of PPE to minimise PPE breaches when caring for a COVID-19 case. 		Commonwealth Department of Health COVID-19 Online Training Modules	<p>High Risk:</p> <p>Incorrect donning/doffing technique which can expose staff to COVID-19 when caring for a case.</p>	<p>Provide clear guidance on when PPE is needed (in order to minimise unnecessary PPE use).</p> <p>Mitigation:</p> <p>Provide online resources on the ACT health website that assist with correct donning/doffing PPE technique.</p> <p>Offer face-to-face PPE training (with consideration to implementation factors) and competency assessment as required.</p>

Goal 2: Interventions are in place to prevent introduction of COVID-19 (and influenza) into RACFs						
Number	Action	Lead & support agencies	Resources	Risk level	Mitigation	
2.4	<i>RACF staff and residents are vaccinated against influenza</i>	<ul style="list-style-type: none"> ACT Health to facilitate access to influenza vaccine for residents (NIP stock) through the ACT Health Immunisation Section. CHN to facilitate influenza vaccine access (private stock) and administration to all staff by 1 May through the Commonwealth Department of Health. 	ACT Health (PHECC) Capital Health Network	National Immunisation Program Schedule Public Health Direction (Residential Aged Care Facilities)	Medium Risk: Insufficient access to private influenza vaccine. Inability of usual providers to administer vaccine.	Mitigation: CHN to work with Commonwealth to ensure vaccine supply is prioritised for RACFs. PEACE Team availability to administer vaccine.

Goal 3: Prepare clinical services to support a COVID-19 Outbreak in a RACF						
Number	Action	Lead & Support Agencies	Resources	Risk	Mitigation	
3.1	<i>Scale-up and/or augment existing in-reach clinical supports to provide ongoing quality care and to</i>	<ul style="list-style-type: none"> Augment/scale-up (where appropriate and possible) existing RACF in-reach services (e.g. GRACE, HITH and PEACE) to prevent unnecessary and/or avoidable hospital admissions of residents with and without COVID- 	CHECC PEACE, GRACE and HITH	Residential Aged Care Referral Pathway for PEACE, GRACE and HITH	Medium Risk: Existing RACF in-reach services are impacted by COVID-19 leading to reduced staff availability.	Mitigation: PEACE nurse practitioners work within designated geographic zones to minimise risk of exposure to COVID-19.

Goal 3: Prepare clinical services to support a COVID-19 Outbreak in a RACF					
Number	Action	Lead & Support Agencies	Resources	Risk	Mitigation
<i>clinically support an outbreak response</i>	<p>19 and to provide ongoing high-quality care to residents. This includes extension of the GRACE service to RACFs on the Southside of Canberra.</p> <ul style="list-style-type: none"> Communicate territory-wide in-reach service referral pathways for GPs and RACF staff (and any changes to these). 	<p>CHS HITH</p> <p>Capital Health Network</p>		<p>Medium Risk:</p> <p>Referral pathways and advance care plans not followed leading to unnecessary hospital admissions.</p> <p>Medium Risk:</p> <p>Clinical response may not be sustainable.</p>	<p>Mitigation:</p> <p>Referral pathways communicated to all RACF, GPs and published on ACT Health, CHS and Calvary websites.</p> <p>Mitigation:</p> <p>Develop risk stratification approach that includes general practice as part of the response.</p> <p>Develop virtual care models, where appropriate, that include remote monitoring capacity.</p>

Goal 3: Prepare clinical services to support a COVID-19 Outbreak in a RACF						
Number	Action	Lead & Support Agencies	Resources	Risk	Mitigation	
3.2	Plans to support RACF workforce and a clinical response in a RACF COVID-19 outbreak	<ul style="list-style-type: none"> Develop plans to provide: Workforce for in-facility viral swab collection and pathology; multi-disciplinary workforce surge support, including medical staff and infection control staff (if needed) and access to medical equipment and medicine stock Develop plans for off-site hospital accommodation for residents for quarantine/isolation purposes where this is not feasible in the RACF and other options are exhausted. Establish plans to facilitate clinically necessary outpatient hospital care (e.g. chemotherapy, dialysis) for residents without COVID-19 who are in a RACF with an outbreak. Develop and communicate clear territory-wide processes for hospital admission for GPs/in- 	<p>CHECC</p> <p>PEACE, GRACE and HITH</p> <p>CHS HITH</p> <p>Capital Health Network</p> <p>GP Liaison Unit at CHS</p> <p>ACT Health (PHECC)</p>	Residential Aged Care Referral Pathway for PEACE, GRACE and HITH	<p>Medium Risk:</p> <p>Commonwealth Department of Health, PHECC and CHECC roles and are not well-defined.</p> <p>Low Risk:</p> <p>Regulatory restrictions on the number of ampoules of controlled medicines (i.e. morphine) allowed to be stored on-site may prevent timely access to medications for</p>	<p>Mitigation:</p> <p>Develop clear response plans that articulate the roles and responsibilities of the Commonwealth, PHECC and CHECC during an outbreak.</p> <p>Ensure clear communication when CHECC is activated during an RACF outbreak.</p> <p>Mitigation:</p> <p>Explore potential workarounds pending planned legislative changes that are under consideration including anticipatory prescribing.</p>

Goal 3: Prepare clinical services to support a COVID-19 Outbreak in a RACF					
Number	Action	Lead & Support Agencies	Resources	Risk	Mitigation
	reach services to facilitate direct transfer of residents to a hospital's respiratory assessment unit.			analgesia and symptom control during a COVID-19 outbreak.	
3.3 <i>Support and prepare GPs to provide care to their patients in RACFs during a COVID-19 outbreak</i>	<ul style="list-style-type: none"> • Develop an integrated approach to care that includes the GP, RACF staff, and other support services such as GRACE, PEACE and HITH to support the care and management of residents with COVID-19. This includes <u>developing resources</u> (e.g. checklists) for GPs and RACFs that support the following: <ul style="list-style-type: none"> ○ Practical implementation of workflows that facilitate clinical care delivered face-to-face or by virtual care (e.g. processes for prescribing, information-sharing and the communication of care being provided by in-reach services); 	<p>Capital Health Network / CHECC</p> <p>GP Liaison Unit at CHS</p> <p>PEACE, GRACE and HITH</p> <p>CHS HITH</p>	ACT Health Telehealth Prescribing Guidance	<p>Medium Risk:</p> <p>Varying capabilities around using virtual care among GPs and RACFs.</p>	<p>Mitigation:</p> <p>Increase awareness and skills around using virtual care; upskill GPs in managing older people in residential aged care (e.g. provide guidance materials and/or webinar for GPs and RACF staff).</p>

Goal 3: Prepare clinical services to support a COVID-19 Outbreak in a RACF					
Number	Action	Lead & Support Agencies	Resources	Risk	Mitigation
	<ul style="list-style-type: none"> ○ Infrastructure to support virtual care (e.g. good WiFi or purposefully allocated room); ○ Development of clear protocols by RACFs for monitoring, recognition of deteriorating patients and escalation of clinical care; and ○ Clear and consistent communication and information sharing pathways for all members of the care team e.g. establishing regular mini-meetings and use of digital tools. ● PEACE/GRACE/Palliative care services provide education to GPs about anticipatory prescribing for residents whose ACP is not for active treatment and for residents in a RACF with a COVID-19 outbreak. ● Raise awareness of ACT Health Telehealth Prescribing Guidance. 				

Goal 3: Prepare clinical services to support a COVID-19 Outbreak in a RACF					
Number	Action	Lead & Support Agencies	Resources	Risk	Mitigation
	<ul style="list-style-type: none"> Establish a time-limited multi-disciplinary and whole of system working group to determine an appropriate and sustainable model of care in a COVID-19 outbreak response. 				
3.4 <i>Plan to support resident and staff psychosocial wellbeing during a COVID-19 outbreak</i>	<ul style="list-style-type: none"> Plan to facilitate access to information and resources to support the mental health and wellbeing of residents and staff during a COVID-19 RACF outbreak. 	Capital Health Network ACT Health (PHECC)		Medium Risk: A one-size fits all solution may not be effective.	Mitigation Plan to adapt support where feasible.

Goal 4: RACF staff and health care providers are informed about preparedness plans						
Number	Action	Lead & support agencies	Resources	Risk level	Mitigation	
4.1	<i>RACF staff, residents and families and GPs are aware of preparedness planning and support</i>	<ul style="list-style-type: none"> Communicate information about ACT preparedness planning and support in a COVID-19 outbreak response to RACF providers. Encourage RACFs to communicate information to GPs caring for their residents about requirements and procedures in place (e.g. visitor restrictions, procedures to follow if a resident develops acute respiratory symptoms, PPE requirements when visiting, hand hygiene etc.). 	<p>ACT Health (PHECC)</p> <p>GP Liaison Unit, CHS</p> <p>Capital Health Network</p> <p>ACT Senior Manager's Forum for Residential Aged Care Facilities</p>	ACT Health COVID-19 Residential Aged Care Sector Plan	<p>Medium Risk:</p> <p>RACFs feel unsupported and are unclear of the support they will receive in the event of a COVID-19 outbreak.</p> <p>Medium Risk:</p> <p>Potential for inconsistent messaging.</p>	<p>Mitigation</p> <p>Provide information to RACF providers about preparedness planning and support through multiple channels including the ACT health website and webinar(s).</p> <p>Mitigation:</p> <p>Use a one source multi-channel communication approach.</p> <p>Have clear version control for documents.</p>

Goal 4: RACF staff and health care providers are informed about preparedness plans					
Number	Action	Lead & support agencies	Resources	Risk level	Mitigation
4.2	<p><i>Ensure health professional stakeholders are aware of care referral pathways</i></p> <ul style="list-style-type: none"> • Provide clear communication to GPs and RACFs about care referral pathways for residents with COVID-19, including any changes to these referral pathways. • Develop an ACT COVID-19 Health Pathway for Assessment and Management in Residential Care Facilities for GPs. 	<p>CHECC PEACE, GRACE and HITH</p> <p>CHS HITH</p> <p>Capital Health Network</p> <p>ACT Health (PHECC)</p>		<p>Medium Risk: GPs may not be aware of the resources.</p>	<p>Mitigation: Communicate information using multiple channels e.g. communication from CHS/Calvary, webinar, and CHN Health Pathways.</p>

Phase 2: Response to a COVID-19 outbreak

Minimise the impact of a COVID-19 outbreak in a residential aged care facility

Goal 5: Support early detection of COVID-19 cases in residents and staff

- 5.1 Monitor signs and symptoms among residents and staff.
- 5.2 Ensure all residents with signs or symptoms of COVID-19 are tested and isolated in a timely manner.

Goal 6: Support RACFs to manage an outbreak of COVID-19 and minimise morbidity and mortality

- 6.1 Implement outbreak precautions.
- 6.2 Prevent transmission of COVID-19 in an outbreak.
- 6.3 Maintain workforce capacity.
- 6.4 Support testing of residents and staff.
- 6.5 Provide high quality care for residents with and without COVID-19 through existing clinical in-reach services.
- 6.6 Minimise impact on acute care through clinical surge support.
- 6.7 Prevent adverse psychosocial and physical impacts (e.g. physical deconditioning).

Goal 7: Provide appropriate communication about the outbreak

- 7.1 Support RACFs to provide regular updates on the management of the outbreak to residents and families and healthcare providers.
- 7.2 Communicate the status of the outbreak to government stakeholders.

Goal 5: Support early detection of COVID-19 cases in residents and staff					
Number	Action	Lead & support agencies	Resources	Risk level	Risk Mitigation
5.1 <i>Monitor signs and symptoms amongst residents and staff</i>	<ul style="list-style-type: none"> Support awareness of RACF staff (through communications/ education) to monitor for signs and symptoms of COVID-19 in residents and to isolate and arrange testing if the resident has symptoms of COVID-19. Support awareness of the need for staff to immediately exclude themselves from work and seek testing if they have symptoms of COVID-19 through communications/education from ACT Health. 	ACT Health (PHECC) CHECC GRACE	CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia	Medium Risk: Complacency or spectrum of skills/knowledge among staff in monitoring for symptoms of COVID-19.	Mitigation: Offer RACFs upskilling for staff if required.
				Medium Risk: Symptoms of COVID-19 may be non-specific/ atypical (e.g. delirium) and older adults may not develop a fever. This may hinder early detection.	Mitigation: Communications/education from ACT Health regarding COVID-19 presentations in older adults. Tailor resources to address atypical presentations.

Goal 5: Support early detection of COVID-19 cases in residents and staff					
Number	Action	Lead & support agencies	Resources	Risk level	Risk Mitigation
5.2 <i>Ensure all residents with signs or symptoms of COVID-19 are tested and isolated in a timely manner</i>	<ul style="list-style-type: none"> Facilitate competency/training of RACF RNs on appropriate specimen collection, where needed. Facilitate urgent testing of specimens for suspected cases by reminding RACF staff and GPs to flag on the request that the patient is a RACF resident. Facilitate awareness among GPs of when to test residents through communications/education from ACT Health, and information in Health Pathways. 	<p>ACT Health (PHECC)</p> <p>CHECC</p> <p>GRACE</p> <p>Capital Health Network</p>	<p>CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia</p> <p>COVID-19 CDNA National Guidelines for Public Health Units</p>	<p>Medium Risk:</p> <p>Unable to collect respiratory specimens due to resident agitation or refusal.</p>	<p>Mitigation</p> <p>Encourage RACF staff/GPs to phone the Communicable Disease Control (CDC) unit for advice in these circumstances.</p>
				<p>Medium Risk:</p> <p>Incorrect specimen collection technique leading to risk of false negative results.</p>	<p>Mitigation:</p> <p>Training of RACF staff, as required with consideration of implementation factors.</p>
				<p>Medium Risk:</p> <p>Spectrum of competency in PPE donning/doffing by RACF staff collecting specimens.</p>	<p>Mitigation</p> <p>Training of RACF staff, as required with consideration of implementation factors.</p>

Goal 6: Support RACFs to manage an outbreak of COVID-19 and minimise morbidity and mortality

Number	Action	Lead & support agencies	Resources	Risk level	Mitigation
<p>6.1 Implement outbreak precautions</p>	<ul style="list-style-type: none"> • ACT Health to lead implementation of outbreak precautions and management including: <ul style="list-style-type: none"> ○ Establishing an outbreak management team, including infection control that can provide on-site support, where needed; ○ Undertake contact tracing; ○ Providing advice on isolation and quarantine as per National Guidelines and ACT standard operating procedures; ○ Work with the Commonwealth Department of Health First Nurse Responder who assesses the capability of the service to manage a response and identifies where support is most needed. ○ Establish daily meetings with the PHECC, CHECC, RACF, Commonwealth Department of Health and Aged Care Quality and 	<p>ACT Health (PHECC)</p> <p>Commonwealth Department of Health</p> <p>Aged Care Quality and Safety Commission</p> <p>CHECC</p>	<p><i>Public Health Act 1997</i></p> <p>CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia</p> <p>COVID-19 CDNA National Guidelines for Public Health Units</p> <p>ACT Health Standard Operating Procedure for Institutional Outbreak</p>	<p>High Risk:</p> <p>Physical environment within RACF prevents effective isolation of residents with COVID-19 (e.g. shared rooms).</p> <p>Difficulties with isolating or quarantining residents with dementia who may wander and be unable to maintain physical distancing measures.</p>	<p>Mitigation:</p> <p>Request electronic floor plans from all ACT RACFs in order to rapidly work with RACFs in a COVID-19 outbreak to identify the most appropriate options for isolation and quarantine.</p> <p>If needed and appropriate, consider transfer to off-site accommodation, including hospital, depending on the suitability of the ACF to adequately isolate/ quarantine residents.</p> <p>Consider cohort-based methods including off-site cohorting if needed.</p>
				<p>Medium Risk:</p> <p>Adverse psychological impacts on residents</p>	<p>Mitigation:</p> <p>Facilitate resident access to mental health support (see</p>

Goal 6: Support RACFs to manage an outbreak of COVID-19 and minimise morbidity and mortality					
Number	Action	Lead & support agencies	Resources	Risk level	Mitigation
	<p>Safety Commission to support the response.</p> <ul style="list-style-type: none"> ○ Support extensive and frequent testing of staff and residents as needed. ○ Monitor the severity and progression of the outbreak. ○ Support the facility to identify problems early in order to facilitate solutions. <p>When appropriate, develop a stand-down plan for the service to cover the period from the last known infection to the end of the outbreak including cohorting arrangements and infection prevention and control etc.</p>			<p>who are required to isolate or quarantine for prolonged periods.</p> <p>Medium Risk:</p> <p>In the unlikely situation of concurrent RACF COVID-19 outbreaks in the ACT, PHECC infection control capacity may be overwhelmed.</p>	<p>5.7) and encourage delivery of digital visits.</p> <p>Mitigation:</p> <p>CHECC to consider infection control surge capacity in planning to support rapid upskilling of RACF staff, if needed.</p>

Goal 6: Support RACFs to manage an outbreak of COVID-19 and minimise morbidity and mortality					
Number	Action	Lead & support agencies	Resources	Risk level	Mitigation
6.2 <i>Prevent transmission of COVID-19 in an outbreak</i>	<ul style="list-style-type: none"> In conjunction with the Commonwealth Department of Health, expedite access to PPE through the National Medical Stockpile. Facilitate on-site cohorting of residents as far as possible. Facilitate off-site cohorting of residents if needed. On a case-by-case basis, where residents are unable to be adequately isolated or quarantined, and on-site cohort-based methods are not feasible, facilitate transfer of resident(s) to an alternative facility, such as a hotel or hospital. 	ACT Health (PHECC) Commonwealth Department of Health Aged Care Quality and Safety Commission CHECC	ACT Health Standard Operating Procedure for Institutional Outbreak and Infection Control Checklist COVID-19 Guidelines for infection prevention and control in residential care facilities COVID-19 Guidance for Funeral Directors ACT Government COVID-19 Transport Support Plan	Medium Risk: Delays in delivery of PPE.	Mitigation: Provide PPE from pre-deployed local stockpile, where appropriate. Consider cohort-based quarantine and isolation, if appropriate from a public health perspective.
				Medium Risk: Inadequate access to hand hygiene products (hand wash, alcohol-based hand sanitiser) and cleaning products.	Mitigation Facilitate access to alcohol-based hand sanitiser and handwash through local stores.

Goal 6: Support RACFs to manage an outbreak of COVID-19 and minimise morbidity and mortality					
Number	Action	Lead & support agencies	Resources	Risk level	Mitigation
6.3 <i>Maintain workforce capacity (e.g. if RACF staff need to be quarantined)</i>	<ul style="list-style-type: none"> If needed, facilitate access to additional RACF care and nursing staff, potentially through the Commonwealth Department of Health, CHECC and ACT Nursing Agencies. 	ACT Health (PHECC) Commonwealth Department of Health CHECC	N/A	Medium Risk: Workforce surge capacity through the Commonwealth Department of Health could be overwhelmed in the unlikely event that staff are needed concurrently in several locations.	Mitigation: Plan for adequate local surge capacity of care workers and nursing support through CHECC surge capacity planning.
				High Risk: Spectrum of PPE donning/doffing competency of surge staff.	Mitigation: Encourage ACT Nursing Agencies to ensure staff have had recent PPE competency training and offer upskilling training if required. Preference staff with documented recently attained competency in PPE donning/doffing.

Goal 6: Support RACFs to manage an outbreak of COVID-19 and minimise morbidity and mortality					
Number	Action	Lead & support agencies	Resources	Risk level	Mitigation
6.4 <i>Support testing of residents and staff</i>	<ul style="list-style-type: none"> Facilitate early extensive and regular in-facility (and potentially off-site) testing of residents and staff in line with National Guidelines, through resourcing from the CHECC and/or Commonwealth Department of Health. 	ACT Health (PHECC) CHECC Commonwealth Department of Health	N/A	Nil high or medium risks identified	N/A
6.5 <i>Provide high quality care for residents with and without COVID-19 through existing clinical in-reach services</i>	<ul style="list-style-type: none"> Provide acute care and/or palliative care (where appropriate) to residents in the RACF setting (who are not managed in hospital) through in-reach services in consultation with the resident's GP and in conjunction with other available clinical supports (if needed). PEACE to support anticipatory prescribing for the physical and symptomatic care of residents at risk of COVID-19 during a RACF COVID-19 outbreak by providing advice and/or undertaking anticipatory prescribing for residents who are referred to PEACE service by the RACF or GP. 	CHECC (PEACE, GRACE, HITH) Capital Health Network	ACT Territory Wide Delivery of Palliative Care Services during COVID-19 Pandemic Residential Aged Care Referral Pathway for GRACE, PEACE and HITH ACT Government-Funded Accommodation Plan	Medium Risk: In-reach providers (PEACE, GRACE, HITH) are impacted by COVID-19 and unable to continue working in RACF.	Mitigation: PEACE team allocated to zones, working from home and working within their own zone to minimise risk of transmission of COVID-19 across facilities and to other staff.

Goal 6: Support RACFs to manage an outbreak of COVID-19 and minimise morbidity and mortality					
Number	Action	Lead & support agencies	Resources	Risk level	Mitigation
	<ul style="list-style-type: none"> • PEACE to support the review of Advance Care Plans by facility RNs and the GP responsible for the resident's care through daily needs rounds for residents who are suspected or confirmed to have COVID-19. • In conjunction with facility staff, GPs, PEACE and GRACE to identify when hospital transfer is appropriate. • PEACE team to collaborate with GPs and provide clinical assessment and symptom management, including prescribing, for residents diagnosed with COVID-19 who remain in the RACF. • Facilitate additional GP support for the care of residents with and without COVID-19, if needed, through CHN. • Facilitate reduced length of stay in hospital for residents with COVID-19 by referring to HITH for management 				

Goal 6: Support RACFs to manage an outbreak of COVID-19 and minimise morbidity and mortality					
Number	Action	Lead & support agencies	Resources	Risk level	Mitigation
	<p>within the facility, where appropriate in line with CDNA National Guidelines.</p> <ul style="list-style-type: none"> Provide support if the resident is discharged back to the RACF by monitoring for deterioration (GP or GRACE) or providing palliative care support (GP or PEACE) where appropriate. 				
6.6 <i>Minimise impact on acute care through clinical surge support</i>	<ul style="list-style-type: none"> Facilitate access to surge multidisciplinary workforce including nursing, medical and infection control staff to support an in-facility clinical response (if needed) through the CHECC and Commonwealth Department of Health; Through the CHECC, facilitate access to medical equipment and medicine stock to support an in-facility response (if needed), if supplies sourced by the RACF are not adequate. 	<p>ACT Health (PHECC)</p> <p>CHECC</p> <p>Commonwealth Department of Health</p>	ACT Territory Wide Delivery of Palliative Care Services during COVID-19 Pandemic	<p>Medium Risk:</p> <p>Delay in providing surge workforce.</p>	<p>Mitigation:</p> <p>Encourage all ACT RACFs to have a staff contingency plan.</p>

Goal 6: Support RACFs to manage an outbreak of COVID-19 and minimise morbidity and mortality					
Number	Action	Lead & support agencies	Resources	Risk level	Mitigation
6.7 <i>Prevent adverse psychosocial and physical impacts (e.g. physical deconditioning)</i>	<ul style="list-style-type: none"> Encourage and support RACFs to provide access to digital family visits and resources/activities to support human connection and reduce boredom for residents in isolation and quarantine. Facilitate access to psychosocial services and resources for affected staff and residents, if required, potentially through the PHECC Wellbeing Team, and/or community agency services, that is coordinated with GPs and other existing service providers. Consider public health management in the context of risks to physical deconditioning (e.g. consider whether access to the outdoors for exercise is feasible while in quarantine). 	ACT Health (PHECC) Capital Health Network Commonwealth Department of Health Aged Care Quality and Safety Commission	N/A	Nil high or medium risks identified	N/A

Goal 7: Provide appropriate communication about the outbreak						
Number	Action	Lead & support agencies	Resources	Risk level	Mitigation	
7.1	<i>Support RACFs to provide regular updates on the management of the outbreak to residents and families and healthcare professionals</i>	<ul style="list-style-type: none"> Encourage RACFs to provide frequent and detailed communication to staff, families and next of kin of affected residents in the event of an outbreak. Encourage RACFs to provide updates on the outbreak status to GPs and other healthcare professionals caring for their residents. 	ACT Health (PHECC) Commonwealth Department of Health	N/A	Medium Risk: Inadequate capacity of the RACF provider to provide timely communications to family and next of kin.	Mitigation: If needed, consider arrangements to support the facility with communications.
7.2	<i>Communicate the status of the outbreak to government stakeholders</i>	<ul style="list-style-type: none"> Provide regular updates on the status of the RACF outbreak to government stakeholders including CHS and Calvary Public Hospital. 	ACT Health (PHECC)	N/A	Nil medium or high risks identified.	N/A

Phase 3: Stand down of response and evaluation

Once the COVID-19 RACF outbreak is over

Goal 8: Stand down response measures

- 8.1 Scale down additional support
- 8.2 Monitor for subsequent cases
- 8.3 Review and evaluate the response and identify learnings
- 8.4 Communicate about the stand-down process

Goal 8: Stand down response measures				
Number	Actions	Lead & support agencies	Relevant legislation & plans	Special Considerations
8.1 <i>Scale down additional support</i>	<ul style="list-style-type: none"> • Stand-down the PHECC and CHECC operational response (if activated) for the RACF COVID-19 outbreak. • Return any medical equipment/resources to the CHECC that have been provided to RACFs. 	ACT Health (PHECC) CHECC Commonwealth Department of Health	ACT Health Standard Operating Procedure for Institutional Outbreak	Consider whether any innovations /interventions/ changes merit continuation.
8.2 <i>Monitor for subsequent cases</i>	<ul style="list-style-type: none"> • Support the RACF to monitor for subsequent cases and remain in close communication with the facility. 	ACT Health (PHECC)	N/A	N/A
8.3 <i>Evaluate the response and</i>	<ul style="list-style-type: none"> • Review COVID-19 pandemic processes and policies in collaboration with the RACF 	ACT Health (PHECC) CHECC	ACT Health Standard Operating Procedure for Institutional Outbreak	Consider: <ul style="list-style-type: none"> • Timeliness of notification and initial response;

Goal 8: Stand down response measures				
Number	Actions	Lead & support agencies	Relevant legislation & plans	Special Considerations
<i>identify learnings</i>	<p>through an After-Action Review and an incident/outbreak report.</p> <ul style="list-style-type: none"> Review capacity of clinical in-reach services, processes and policies. 	<p>Outbreak Management Team at the RACF</p> <p>Commonwealth Department of Health</p>	COVID-19 Residential Aged Care Sector Plan	<ul style="list-style-type: none"> Access to resources required; Extent of transmission; Extent to which formal support services and surge capacity was required; Strength and weaknesses of the response; and Modifications needed to policies/procedures.
8.4 <i>Communicate about the stand-down process</i>	<ul style="list-style-type: none"> Communicate to the RACF and supporting organisations that the operational response has been stood down. 	<p>ACT Health (PHECC)</p> <p>CHECC</p> <p>Capital Health Network</p> <p>Commonwealth Department of Health</p>	N/A	N/A

References and Related Documents

Legislation

- [Public Health Act 1997](#)
- [Public Health Directions](#)

Supporting Documents

This Framework intersects with other COVID-19 related plans and frameworks including but not limited to:

- COVID-19 primary health care support framework;
- Territory wide palliative care plan;
- Territory wide hospital-in-the-home plan;
- COVID-19 patient transport plan;
- COVID-19 Government-funded accommodation plan;
- Aboriginal and Torres Strait Islander plans;
- Compliance and enforcement plans;
- Hospital and clinical service plans; and
- Mental health plans.

Version Control

Version	Date	Comments
V1.0	August 2020	