

Residential Aged Care Acute Respiratory Illness (ARI) Outbreak Checklist



This outbreak checklist is to be used in conjunction with the advice on the ACT COVID-19 website: [Managing exposures and outbreaks of acute respiratory illnesses including COVID-19 and influenza in residential aged care facilities.](#)

This checklist is provided to assist your facility to manage a confirmed outbreak of acute respiratory illness, including COVID-19 and influenza outbreaks. This checklist assumes that you have a current Outbreak Management Plan in place for your facility. Please visit the links within the checklist for more information. For further information or assistance, please contact the ACT Outbreak Response Team at outbreak.response@act.gov.au or [02 5124 6320](tel:0251246320). If urgent assistance is required after hours, page the on-call officer on [02 9962 4155](tel:0299624155).

Facilities should notify ACT Health when there are two (2) or more residents with acute respiratory illness in a 72-hour period. This includes when they are in a COVID-19 or influenza outbreak.

- The definition of a **COVID-19 outbreak** is when **two (2)** or more residents test positive to COVID-19 within a **72-hour period**.
- The definition of an **influenza outbreak** is when **two (2)** or more residents test positive for influenza within a **72-hour period**.

The steps outlined below are a guide only and the order may differ depending on the priorities at the time. Many steps may also occur concurrently.

Please follow the guidance in [Public health guidance for acute respiratory illness in residential aged care facilities](#) for the [management of COVID-19 and influenza cases](#) and [contacts](#).

1. Activate Outbreak Management Plan	
<input type="checkbox"/>	Review and activate the facility's Outbreak Management Plan (OMP)
<input type="checkbox"/>	Identify staff from your RACF who will act on your Outbreak Management Team (OMT) and ensure they are familiar with your OMP.
2. Initial Infection Prevention Control (IPC) measures	
<input type="checkbox"/>	Isolate the resident/s with ARI symptoms preferably in single room with ensuite. Follow the ACT Health case management guidelines .
<input type="checkbox"/>	Ensure PPE is available to all staff and is being used correctly. COVID-19, Influenza and other ARI: Standard + Contact + Airborne precautions (fit-checked P2/N95, eye protection, impermeable gown, gloves) are required when providing care to residents in isolation or quarantine.
3. Clinical Management	
<input type="checkbox"/>	Notify residents and/or residents' families of results.
<input type="checkbox"/>	Notify the relevant GPs to clinically review resident cases. This should include clinical assessment to determine suitability for antiviral treatments, such as Lagevrio® (molnupiravir) , Paxlovid (nirmatrelvir/ritonavir) or Tamiflu® (Oseltamivir) . <ul style="list-style-type: none"> • More information on the use of antivirals, including factsheets and pre-assessment forms can be found on Advice on the use of antivirals in Residential Aged Care Facilities
<input type="checkbox"/>	Ensure any person with acute respiratory symptoms is tested according to the recommended ACT Health guidelines . Elderly residents with respiratory infections can have atypical symptoms (e.g. new onset/increase in confusion, change in baseline behaviour or falling). It is recommended that residents with acute changes in behaviours or symptoms should be tested for COVID-19 .
4. Enact communication plan	
<input type="checkbox"/>	Notify the OMT for your facility, including the Infection Prevention Control (IPC) lead and any relevant management.
<input type="checkbox"/>	Notify ACT Health using the ACT Health Outbreak Hub and the Commonwealth Department of Health via the My Aged Care Portal .

- Maintain timely and consistent communication about the outbreak e.g. with residents, families, carers, staff, contractors, other residents' GPs and health professionals.

5. Cohort, zone and relocate

- Identify and manage contacts as per [ACT Health guidance](#).
- Cohort staff and residents to designated zones/wings as per [ACT Health guidance](#).
- Review rostering and surge workforce arrangements and flag staff shortages with your Commonwealth case manager actcovidcasemanagement@health.gov.au
- Follow Outbreak Precautions and [additional mitigation measures](#)
- Dementia units with symptomatic or confirmed cases are recommended to follow [Red Zone](#) precautions for the **whole unit** due to wandering residents.
- Follow [ACT Health advice](#) for new and returning residents.

6. Infection Prevention and Control measures

- Follow [ACT Health advice](#) on testing contacts and screening programs for community sector.
- Display signage (precautions and PPE) at entrances to the zones/wings and on resident's doors.
- Review stock levels of PPE and hand sanitiser and place orders with usual suppliers.
- Position donning and doffing trolleys outside rooms and zones. Doffing trolley should be positioned at least 2 metres from donning trolley.
- Increase frequency of environmental cleaning and high touch point cleaning. Follow [environmental cleaning](#) and [industry cleaning guidelines](#).
- Follow ACT Health's COVID-19 [guidance on ventilation](#).
- Use clinical waste bags when disposing of PPE and waste from residents in isolation or quarantine.
- Remind laundry staff about importance of hand hygiene and wearing PPE when handling soiled linen and waste bags.
- Contaminated linen to be transported to laundry in alginate/colour coded impermeable bags, segregated from other laundry. If laundry is outsourced, notify service provider of outbreak.
- Daily cleaning of trolleys designated for transport of contaminated waste.

7. Wellbeing

- [Ensure safe visitor access](#), including essential visitors (e.g. partners-in-care, end-of-life visits).
- Implement system for regular monitoring of mental health of residents, staff and volunteers.
- Implement strategies to address the wellbeing of residents and prevent deconditioning.

8. Monitor and Report

- Commence recording a daily line list in the online [ACT Health Outbreak Hub](#).
- Report any [deaths](#) or hospitalisations associated with the outbreak via the [ACT Health Outbreak Hub](#).

9. Outbreak Stand down

- Full outbreak precautions should be followed for 7 days following the last date of exposure for both COVID-19 and influenza outbreaks.
- For COVID-19 outbreaks only, follow [additional mitigation measures](#) for Day 8-14*
 COVID outbreak can be declared over 7 days after the last resident case was appropriately isolated; AND the last date that a visitor or staff member with COVID-19 attended the facility during their infectious period.
 *Note: Day 0 is the date the last resident case was confirmed and effectively isolated. In some circumstances, if there have been additional staff cases without use of full PPE, outbreak precautions may need to be continued – please discuss with ACT Health.

After the ARI has been declared over, follow your OMP for guidelines to review and evaluation of outbreak management.