Safer Care Victoria

June 2020

Implementation Toolkit

COVID-19 Screening Tool for Residential Aged Care Services

What is this document about?

This document is about the **COVID-19 Screening Tool for Residential Aged Care Services (RACS) (the screening tool).** It is a step by step guide to planning, implementing and evaluating the use of the screening tool in RACS.

This document contains:

- Background on the development of the screening tool and the benefits of using it
- How to implement the screening tool, including shared experiences from pilot services
- How to evaluate the use of the screening tool using measurement

This document is intended to be a 'living' document and will be reviewed regularly as part of the roll out of the **COVID-19 Screening Tool for RACS** to Victorian RACS.

WHO SHOULD READ THIS DOCUMENT?

This document is for all staff working in residential aged care services, including nurse unit managers and quality improvement staff. The document is a useful resource for those supporting the implementation of the screening tool as well as those using the screening tool daily.

RELATED DOCUMENTS

Document	Description
COVID-19 Screening Tool for RACS	The screening tool supports RACS staff to identify typical and atypical signs of COVID-19 in the residents they are caring for. The screening tool can be found in Appendix 3
COVID-19 Screening Tool for RACS data collection tool	This document supports the collection of data when using the screening tool. It can be found at Appendix 4

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Document version control

Version	Date	Updated by	Comment
1.0	18 June 2020	Centre of Excellence – Older People	.

Key

	Link to an appendix		Question point
	Top tip		Link to web resource

Further information

This document was developed by Safer Care Victoria - Centre of Clinical Excellence: Older People. For more information or to share your experiences of using the document, please contact:

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Background

Older Victorians, who may also have co-existing illnesses, are at increased risk of serious complications if they contract COVID-19. Outbreaks of infectious illnesses such as COVID-19 can be a significant risk to residents, staff, families and the organisation. Research into COVID-19 highlights different symptoms may be present in older people. Instead of fever and sore throat, atypical signs such as seeming unwell, being upset or sleeping more may indicate illness and require further investigation. As a result, broader and regular screening of older people living in aged care is encouraged to ensure early identification and response to symptoms of deterioration that may indicate a resident should be tested for COVID-19.

Safer Care Victoria, in consultation with clinical experts have developed the **COVID-19 screening tool for residential aged care service (RACS)**. The screening tool is based on evidence and includes the Public Health screening criteria for COVID-19. It also supports care staff to identify subtle changes in residents and be empowered to escalate these concerns.

Development of the screening tool

The development of this screening tool supports assessment for both atypical and typical COVID-19 symptoms that may be present in an older person. It builds on a "STOP AND WATCH" type assessment tool that is already used by many RACS. The screening tool was piloted at 16 public and one private RACS with over 1000 residents screened during this pilot phase. Feedback was sought about the useability and layout of the screening tool, and the strategies used to support staff to use the screening tool.

On average, piloting services rated the useability of the screening tool 4 out of 5 and reported it took under five minutes to complete, per resident

The development of the screening tool, the typical and atypical symptoms list and advice on escalation of care for suspected cases was informed by feedback from Department of Health and Human Services (DHHS), VICNISS, health services and the facilities involved in piloting the screening tool.

Benefits of using the screening tool

Benefit	Examples
Improving clinical outcomes	• regularly check for typical and atypical signs of COVID-19 • facilitate a way for care staff to observe and report subtle changes in residents as part of an overall wellbeing assessment • reassure staff, residents and family members that the facility is proactively screening residents for COVID-19 • identify other signs of deterioration in residents, not just COVID-19
Continuous improvement planning	This toolkit and the family of measures are designed to support continuous improvement. The screening tool is evidence based and has been tested using continuous improvement methods by RACS to ensure it is easy to use and effective. Consider how the COVID-19 screening tool for RACS contributes to your quality management plan.
Accreditation	Whilst the use of the screening tool is not an accreditation requirement, it may support services in demonstrating strategies for meeting the Aged Care Quality Standards, in particular Standard 2. Ongoing assessment and planning with consumers and Standard 3. Personal care and clinical care, as well as evidence of infection prevention measures.

Implementing the screening tool

Providers will be invited to implement the screening tool using this toolkit and their existing quality improvement methods. Information has been made available to providers via email from Safer Care Victoria.

See Implementation Checklist- Appendix 1

1. Start a process map

Consider what processes the service has in place for screening residents and what might need to change when you start using the COVID-19 Screening Tool for RACS. For example:

- Staffing profile and availability
- Timing of handover, huddles etc
- Documentation of care
- How care is escalated

2. Build a team

A variety of staff in RACS can support the implementation and use of the screening tool. Identify someone to lead the implementation of the screening tool and a support team that includes people who will help make the change. Clearly define what role each person will play.

For example, a quality manager may lead the implementation with the support of some key nursing and personal care staff.

3. Set a timeline

Set a timeline for the implementation and getting feedback from staff. Remember, you can start small and then increase to 100% residents screened.

4. Communication

Make staff, residents, visitors and visiting professionals (GPs, allied health) aware that you are implementing and using the screening tool. A flyer or email newsletter are examples of how this can be achieved.

Pilot users sent information about the **COVID-19 Screening Tool for RACS** to GPs and visiting professionals via an email newsletter

5. Educate staff

Educate staff about the different symptoms and how to use the screening tool. Encourage staff to use this toolkit as an education resource.

6. Engage key stakeholders

All staff that care for residents in the facility will benefit from knowing about the screening tool. This includes, but is not limited to:

- GPs
- Geriatricians
- Allied health
- Residential in reach service
- Visiting specialist services e.g. palliative care

During the development of the screening tool, Residential in reach (RIR) services used the screening tool to support referral handover and staff education when they provided assessment of the resident.

Top ideas for change from services who tested the screening tool:

- Piloting sites said that starting screening in the morning worked well. In some cases, the screening was distributed to the AM and PM shifts to help reach 100% of residents per day.
- One service is now using the screening tool to screen admissions, including those coming in for respite or emergency respite. The admissions staff member uses the screening tool the day before the new resident arrives with the referring service. The service is then using the form to screen for 14 days after admission.
- Another service tested the EN or nurse in charge taking all resident's temperatures at one time.
- Piloting services reported that the screening tool helped them identify other signs of deterioration in their residents.
- Several services reported they held a morning huddle to help with escalation of screening results.
- Services also reported they were considering ways to incorporate the screening tool with current electronic documentation systems

7. Check equipment

Check that the service has the right equipment and staff know how to use it. This includes thermometers and PPE. It is suggested that services have "donning and doffing" flyers printed or put it on a small "lanyard card"

8. Make toolkit and screening tool readily available

Have copies of the screening tool and toolkit printed out for staff. Designate a place for completed screens to be placed and stored. This supports data collection.

9. Monitor use of the screening tool

It is important to monitor the use of the screening tool by collecting data. The family of measures (detailed below) will help you do this.

10. Evaluate

Consider using quick surveys with staff to ask them how confident they feel in using the screening tool and identifying symptoms. Collect ideas and feedback on how you can improve the implementation process.

Having a log of what worked is also useful for your quality management plan and for accreditation evidence.

At a morning huddle or staff meeting ask staff questions such as:

- Is the screening tool easy to use?
- Do you feel confident (rate 1-5) using the screening tool?
- Is the screening tool

Measurement

When implementing a new process or task, it is important to measure if it is working.

The below measures are easy 'counts' that services can collect to understand their progress when implementing the screening tool. We encourage services to record these percentages on a graph to visually represent improvement over time.

See Appendix 4 for an example data collection tool

Family of Measures

Outcome Measure	**Percentage of residents who receive a laboratory test** NUMERATOR: Number of residents who receive a laboratory test for COVID-19 DENOMINATOR: Number of residents in the facility
Process Measure	**Percentage of residents who are screened using the clinical screening tool** NUMERATOR: Number of residents who are screened using the clinical screening tool DENOMINATOR: Total number of residents in the facility
Balance Measure	**Number of residents who have care escalated who are COVID-19 negative** NUMERATOR: Number of residents with care escalated DENOMINATOR: People who are positive on the clinical screening tool but negative on a laboratory test

To understand more about measurement visit:

Institute for Healthcare Improvement: http://www.ihi.org/resources/Pages/Measures/default.aspx

Data collection

Data collection can be completed using the data collection tool (Appendix 4).

Data submission

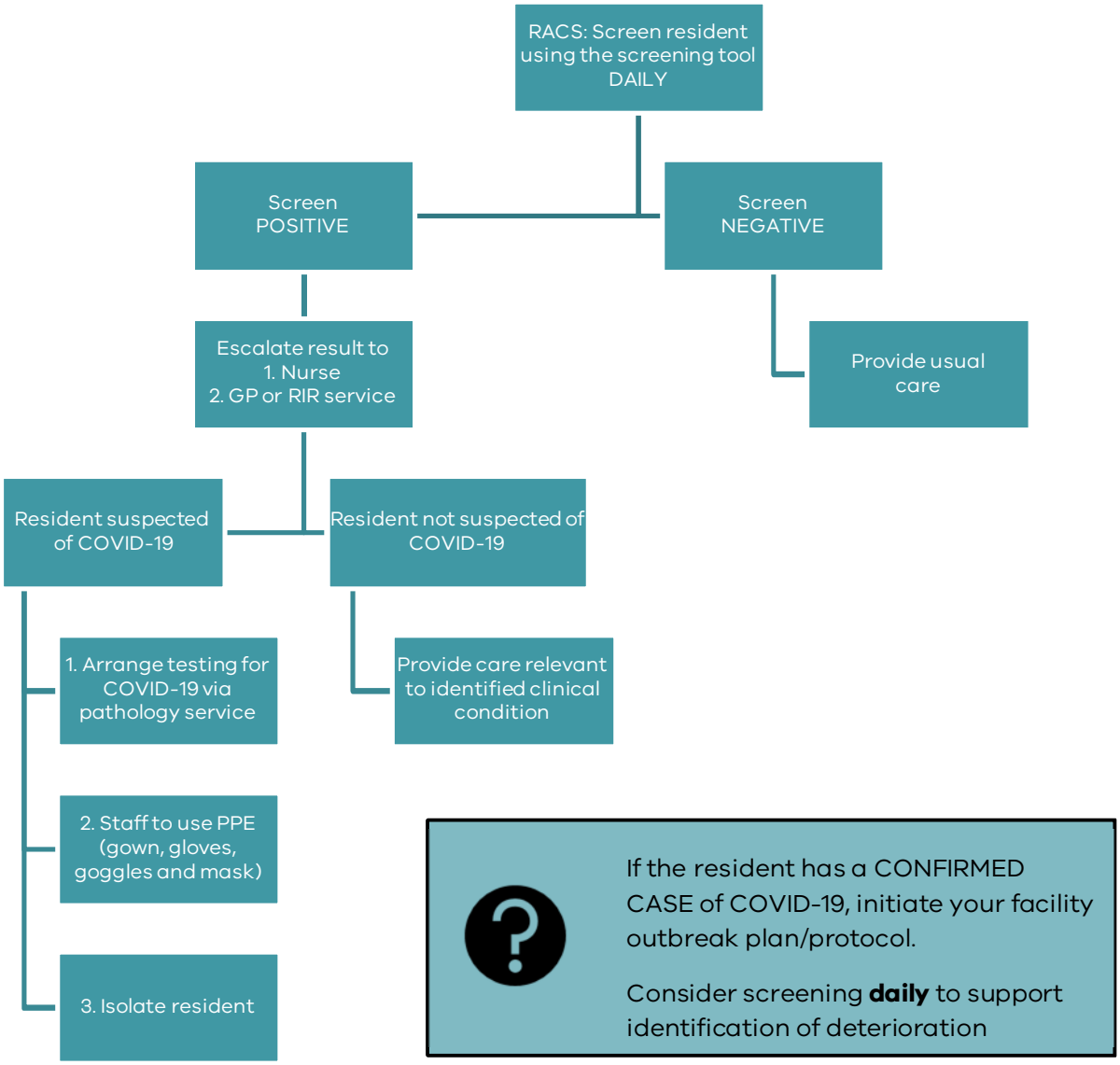
For public sector aged care services, VICNISS is currently developing a portal for collecting this data. This aligns with existing data collected by RACS.

Using the screening tool

- Screen every resident daily with the first 3 questions (Section 1)
    1. Is the resident "different" to before? Are they "not themselves"? (compared to the last 24 hours)
    2. Has the resident had a fall in the last 24 hours?
    3. Is the resident's temperature greater than 37.5°C?

- If a resident is positive on the screening tool **and/or** has been tested for COVID-19, continue to screen the resident daily.

- If a resident has had a recent negative COVID-19 swab result, but has another positive on the screening tool, follow the escalation plan as below.



Common scenarios when screening a resident

Scenario	How do I record the screen result?	What action is taken?	Should a swab be taken?	Which clinicians might be required?	Do I screen this resident again?
Resident is screened. **All answers are NO in Section 1.**	NEGATIVE	Continue care for resident as normal	NO	PCA	YES, the next day
Resident is screened. **Answered YES to questions in Section 1.**	POSITIVE	Staff (PCA or Nurse) escalate result to nurse in charge who completes Section 2 of the screening tool	CONSIDER	PCA Nurse Nurse in charge	YES, the next day
Resident is screened. **Answered YES to questions in Section 1 but answered NO in Section 2.**	POSITIVE	The nurse who completed Section 2 of the screen is encouraged to escalate the result to GP or RIR service	CONSIDER	PCA Nurse Nurse in charge GP RIR	YES, the next day
Resident is screened. **Answered YES to questions in both Section 1 and Section 2.**	POSITIVE	The nurse who completed Section 2 of the screen escalates the result to GP or RIR service	STRONGLY ENCOURAGED	PCA Nurse Nurse in charge GP RIR Pathology Service	YES, the next day

Common scenarios when a resident's care needs to be escalated

Care plan for suspected or confirmed COVID-19 case here: https://www.dhhs.vic.gov.au/care-plan-for-suspected-or-confirmed-COVID-19-in-aged-care-resident

Scenario	What action is taken?	Should a swab be taken?	Which clinicians might be required?	Do I screen this resident again?
A resident's care is escalated to the GP and/or RIR following a POSITIVE screen. A swab for COVID-19 is taken.	A swab is taken by the pathology service. Pending the result, the facility follows infection prevention protocol including isolating the resident, wearing PPE (gloves, gown, goggles and mask).	YES	PCA Nurse Nurse in charge GP RIR Pathology Service	YES, the next day. If the resident is positive to the screen again (which is likely given they are unwell), record that a COVID-19 swab result is PENDING.
A resident's care is escalated to the GP and/or RIR following a POSITIVE screen. A decision is made not to take a swab for COVID-19.	Continue to care for the resident, including screening them again the following day.	NO	PCA Nurse Nurse in charge GP RIR Pathology Service	YES, the next day. If the resident is POSITIVE to the screen the next day, continue to escalate concerns.
A resident's care is escalated to the GP and/or RIR following a POSITIVE screen. Aswab for influenza is taken.	A swab is taken by the pathology service. Pending the result, the facility follows infection prevention protocol including isolating the resident, wearing PPE (gloves, gown, goggles and mask).	YES	PCA Nurse Nurse in charge GP RIR Pathology Service	YES, the next day. If the resident is positive to the screen again (which is likely given they are unwell), record that an influenza swab result is PENDING.

Common scenarios once swab results are returned

Scenario	What action is taken?	Do I screen this resident again?
A resident's swab result is POSITIVE for COVID-19 (confirmed case)	COVID-19 OUTBREAK Refer to: https://www.dhhs.vic.gov.au/covid-19-victorian-residential-and-aged-care-facility-plan	YES, the next day. Identification of deterioration is important for people with COVID-19. If the resident continues to appear different than before, escalate your concerns.
A resident's swab results are NEGATIVE for COVID-19 but POSITIVE for Influenza	If three or more cases of influenza-like illness occur within a 72 hour period in residents or staff, this is a confirmed INFLUENZA OUTBREAK Refer to https://www2.health.vic.gov.au/public-health/infectious-diseases/infection-control-guidelines/respiratory-illness-management-in-aged-care-facilities	YES, the next day. Identification of deterioration is important for people with influenza. If the resident continues to appear different than before, escalate your concerns.
A resident's swab results are Indeterminate for COVID-19	Repeat the swab	YES, the next day. Record that a COVID-19 swab result is PENDING
A resident who was NOT screened is swabbed and the resident's swab results are POSITIVE for COVID-19	COVID-19 OUTBREAK Refer to: https://www.dhhs.vic.gov.au/covid-19-victorian-residential-and-aged-care-facility-plan	YES, the next day. Identification of deterioration is important for people with COVID-19. If the resident continues to appear different than before, escalate your concerns.

Appendix 1: Implementation checklist

✓	Before starting to use the screening tool	✓	**Once the screening tool is in use**
	Start a process map • Map out your current process for screening residents and then consider how things might change when you use the screening tool.		**Communication** • Remind all staff on shift that they will need to screen residents.
	Build a team • Identify a team of people to support the implementation of the screening tool, including a lead person and someone to collect data.		**Monitor use of the screening tool** • Collect completed screening tools. • Record results on the data collection sheet.
	Set a timeline for implementation • When will you start to screen residents? What are your goals for the day, week, month?		**Evaluate** • Conduct quick surveys with staff. • Collect ideas and feedback on how the implementation process can be improved. Keeping a log of what worked is also useful for your quality management plan and for accreditation evidence.
	Communication • Ensure residents, families and staff are aware of the screening tool. • "Huddle" with staff each morning to support escalation of concerns and screening results.		
	Educate staff • Short "stand up" education sessions or meetings with the staff to raise awareness • Support staff to use the screening tool toolkit.		**Education**: Incorporate the screening tool into existing or future staff education
	Engage key stakeholders • Engage with all staff including those that visit the facility like GPs, RIR and allied health, letting them know you are implementing the screening tool.		
	Check equipment • Check equipment is available, and staff know how to use it.		
	Make the screening tool and toolkit available • Print out a screening tool for each resident, for each day of the week ahead. • Ensure there are phone numbers for local services at hand (GP, RIR) and pathology service. • Consider putting the screening tool into your admission packs.		

Appendix 2: Case Study and Questions

Georgina is an 82-year-old lady living in a residential aged care facility. She has been living at the same facility for three years following a mild stroke.

On Monday morning, care staff come into Georgina's room and find she is still in bed. This is unusual for Georgia who is normally ambulant. The staff use section one of the screening tool and find Georgina is having more trouble than normal answering "yes and no" questions. The care staff take Georgina's temperature. It reads 37.3 degrees. They refer to their screening questions - even though her temperature is below 37.5, they are worried. Georgina just doesn't seem quite herself.

The care staff immediately tell the nurse in charge who reports Georgina had a fall before she went to bed last night. The nurse agrees something is not quite right and completes section two of the screening tool. Georgina keeps pointing to her throat saying "can't, painful". The care staff and the nurse now recognise the reason Georgina didn't want to get out of bed is probably because she has a sore throat.

What would Georgina's result on the "COVID-19 Screening Tool" be?

Georgina is POSITIVE on both section one and section two of the screening tool and it is strongly encouraged that her care is escalated and she has a swab for COVID-19.

The nurse in charge calls the facility GP and they agree a swab for COVID-19 and influenza should be taken. While Georgina is showing typical and atypical signs of COVID-19 (increased confusion, loss of appetite, fall and sore throat) it is also best to rule out influenza. The GP explains that even though Georgina is not febrile, this it is common in older people to not have a change in temperature when they are unwell.

Who do you call to arrange a swab for COVID-19 for Georgina?

The Government has engaged Sonic Healthcare (Sonic) to provide a dedicated pathology service for rapid sample collection and testing for suspected cases of COVID-19 in residential aged care facilities. Call: 1800 570 573. Some facilities may have alternative arrangements for pathology service.

Now that Georgina has had a swab for COVID-19 and is defined as having a suspected case, what infection prevention is required?

Georgina should be isolated in her room if possible, or another appropriate space within the facility. All staff entering and providing care should wear gloves, gowns, masks and goggles.

Georgina's swab results come back 36 hours later on Tuesday afternoon. Georgina does not have COVID-19 or influenza.

Staff continue to use the screening tool each morning both whilst awaiting the result and once it comes back negative. Georgina continues to answer YES to questions in section one and section two on Tuesday but she was not swabbed again as her results were still pending.

By Wednesday she is looking and sounding better. She eats a bigger breakfast and is communicating like she normally does. On Wednesday and Thursday Georgina is negative on the screening tool.

On Friday morning the care staff again complete the screening tool. Georgina appears confused and this time she also seems short of breath. Her respiratory rate is 27 breaths per minute.

The nurse in charge calls the GP immediately. They re-assess following the protocol for a suspected case of COVID-19 and thank the nurse for escalating the concern. They send through the pathology slip via fax and the nurse arranges the pathology service to take another swab for COVID-19 and influenza.

On Saturday afternoon the result returns as positive for COVID-19. Georgina has coronavirus. The staff also spoke with Georgina's family and connected her with them over a video call.

What steps should the facility take now that Georgina has a confirmed case of COVID-19?

Please refer to the COVID-19 and influenza plans on the DHHS website:

COVID-19: https://www.dhhs.vic.gov.au/covid-19-victorian-residential-and-aged-care-facility-plan

Influenza: https://www2.health.vic.gov.au/public-health/infectious-diseases/infection-control-guidelines/respiratory-illness-management-in-aged-care-facilities

Georgina continues to have mild symptoms associated with COVID-19 and after 4-5 days starts to feel and look better. She also screens negative on the screening tool 2 days in a row. The staff feel confident that Georgina will recover and that screening her symptoms has helped them communicate more effectively with the GP and public health officials.

Ideally, Georgina will be screened daily following her diagnosis of COVID-19.

If this cannot happen, consider the most appropriate time to recommence screening e.g. after 14 days of isolation or on return from admission to hospital

Georgina and her fellow residents continue to be screened daily using the COVID-19 Screening Tool for RACS to ensure there are no further cases of the virus. Georgina makes a full recovery and once she has been cleared by public health staff she starts returning to usual activities in her home.

Georgina's screening and test results:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Screened	YES	YES	YES	YES	YES	YES	YES – to identify deterioration
Screen result	POSITIVE	POSITIVE	NEGATIVE	NEGATIVE	POSITIVE	POSITIVE	POSITIVE
Tested	YES	NO – suspected COVID-19	NO	NO	YES	NO – suspected COVID-19	NO – confirmed COVID-19
Test Result		**NEGATIVE**				**POSITIVE**	

Appendix 3: COVID-19 Screening Tool for RACS

COVID-19 SCREENING TOOL FOR RESIDENTIAL AGED CARE SERVICES			
INSTRUCTIONS: • **Complete DAILY in the morning** • **Tick the box that answers the question** **Ensure you have consent from the resident (where possible)**			
Date		**Resident**	

SECTION 1: PERSONAL CARE ASSISTANT OR NURSE TO COMPLETE		
Is the resident "different" to before? Are they "not themselves"? (compared to the last 24 hours)		
☐ **YES to any of the below**	☐ **NO**	
☐ Needing more help with tasks ☐ Eating less/ refusing food ☐ Trouble talking	☐ Sleeping more ☐ Trouble walking ☐ Upset/ angry	☐ Wanting to stay in their room when they normally come out ☐ Seeming unwell
Has the resident had a fall in the last 24 hours?		
☐ **YES**	☐ **NO**	☐ **DON'T KNOW**
Is the resident's temperature greater than 37.5°C?	☐ **YES**	☐ **NO**
	Temperature	°C

If answered **YES** or **DON'T KNOW** to any question

- Then tell the nurse in charge the result
- Nurse to turn over and complete **Section 2**

If answered **NO TO ALL QUESTIONS** in Section 1:

- Go to Section 3 and mark screen as negative

Name		**Signature**		**Time**	

SECTION 2 ON NEXT PAGE

SECTION 2: NURSE TO COMPLETE						
Has the resident had a fall in the last 24 hours?				☐ **YES**	☐ **NO**	
What is the respiratory rate?	breaths per minute	**Is this greater than 24 breaths per minute?**		☐ **YES**	☐ **NO**	
Does the resident have a recent history of exposure to a confirmed case of COVID-19? (Exposure to a person means spending 15 minutes in close contact or 2 hours in the same room as the person)				☐ **YES**	☐ **NO**	
Does the resident have any new TYPICAL symptoms of COVID-19?						
Cough	☐ **YES**	☐ **NO**	Short of breath	☐ **YES**	☐ **NO**	
Feeling feverish or having chills	☐ **YES**	☐ **NO**	Sore throat	☐ **YES**	☐ **NO**	
Runny nose	☐ **YES**	☐ **NO**	Muscle aches or headache	☐ **YES**	☐ **NO**	
Feeling tired	☐ **YES**	☐ **NO**	Vomiting or diarrhoea	☐ **YES**	☐ **NO**	
Does the resident have any new ATYPICAL symptoms of COVID-19?						
Confusion	☐ **YES**	☐ **NO**	Responsive behaviours (e.g. restlessness, wandering, aggression)	☐ **YES**	☐ **NO**	
Irritability	☐ **YES**	☐ **NO**	Withdrawn	☐ **YES**	☐ **NO**	

If answered **YES** or **DON'T KNOW** to any question

- go to Section 3 and mark screen as positive
- **Refer URGENTLY** to GP or RIR for assessment and consideration of COVID-19 and/or Influenza testing

If COVID-19 suspected

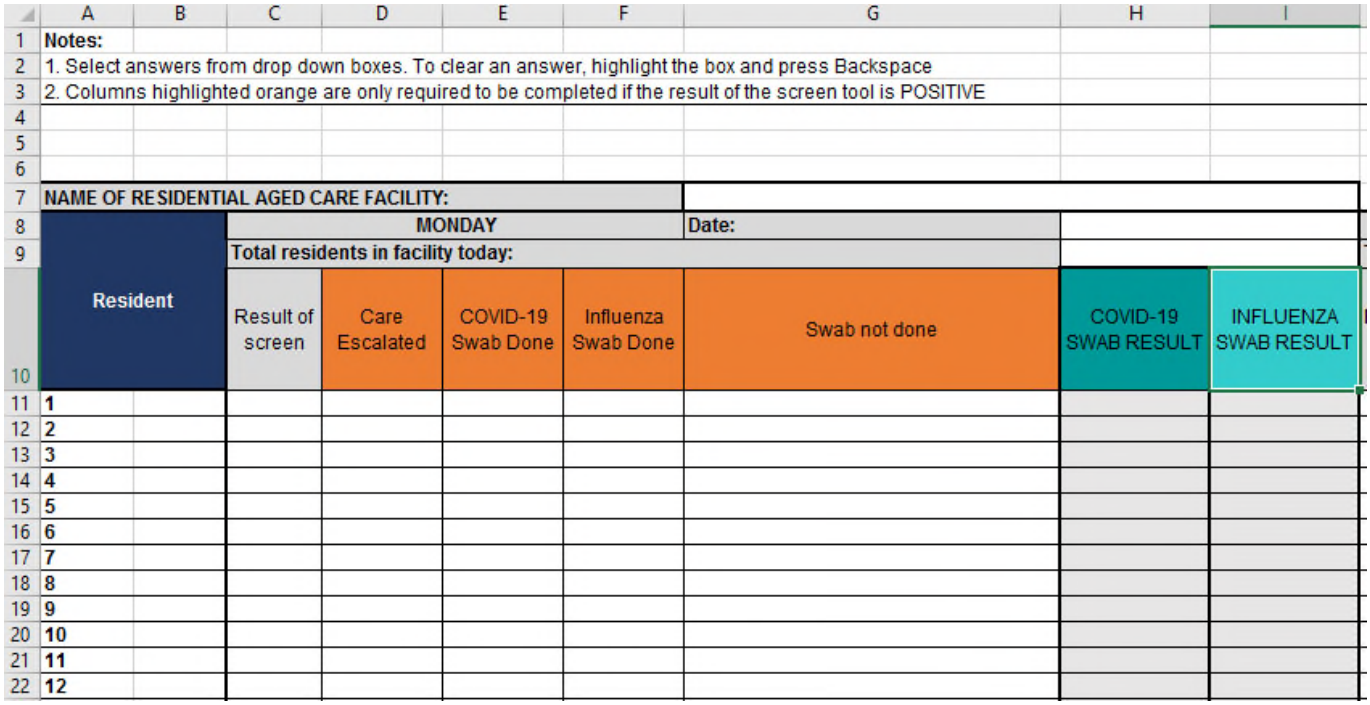
- **wear PPE** (surgical mask, long-sleeved gown, gloves, goggles)
- **Isolate suspected case**
- **Call pathology service to arrange test**

Name		**Signature**		**Time**	

SECTION 3: SCREEN RESULT (tick relevant boxes)			
☐ **Any YES or DON'T KNOW boxes selected = Positive (+)**	☐ **All NO boxes selected in Section 1 and 2 = Negative (-)**	☐ **Resident swabbed for COVID-19**	☐ **Resident swabbed for influenza**

Appendix 4: Data Collection Tool

Data collection tool – excel spreadsheet included in the screening tool resources



	A	B	C	D	E	F	G	H	I
1	**Notes:**								
2	1. Select answers from drop down boxes. To clear an answer, highlight the box and press Backspace								
3	2. Columns highlighted orange are only required to be completed if the result of the screen tool is POSITIVE								
4									
5									
6									
7	**NAME OF RESIDENTIAL AGED CARE FACILITY:**								
8	**Resident**		**MONDAY**				**Date:**		
9			**Total residents in facility today:**						
10			Result of screen	Care Escalated	COVID-19 Swab Done	Influenza Swab Done	Swab not done	COVID-19 SWAB RESULT	INFLUENZA SWAB RESULT
11	**1**								
12	**2**								
13	**3**								
14	**4**								
15	**5**								
16	**6**								
17	**7**								
18	**8**								
19	**9**								
20	**10**								
21	**11**								
22	**12**								

Appendix 5: Acknowledgements

Safer Care Victoria would like to acknowledge the contribution of the following individuals and groups who provided input in developing the **COVID-19 Screening tool for RACS**:

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- **Professor Kirsty Buising** Infectious Diseases Physician and Acting Director for the Victoria Infectious Diseases Service (VIDS) (Melbourne Health)
- **Associate Professor Dr Lisa Clinnick** Director Aged Care Services (Ballarat Health Services)
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- Jen Thompson, SCV

Appendix 6: Glossary

Atypical symptom: Other reported symptoms of COVID-19 include: fatigue, loss of smell, loss of taste, runny nose, muscle pain, joint pain, diarrhoea, nausea/vomiting and loss of appetite.

Care escalated: The organisational response required to abnormal physiological measurements or other observed clinical deterioration.

Close contact: A close contact is defined as requiring:

- face-to-face contact in any setting with a confirmed or probable case, for greater than 15 minutes cumulative over the course of a week, in the period extending from 48 hours before onset of symptoms in the confirmed or probable case, or
- sharing of a closed space with a confirmed or probable case for a prolonged period (e.g. more than 2 hours) in the period extending from 48 hours before onset of symptoms in the confirmed or probable case.

Coronavirus (COVID-19): Coronaviruses are a large family of viruses which may cause illness in animals or humans. The most recently discovered coronavirus (COVID-19) is a new virus that can cause mild to severe respiratory illness in humans. An outbreak of COVID-19 has spread around the world and has been characterised as a pandemic.

Fall: An event that results in a person coming to rest inadvertently on the ground or floor or other lower level

GP: General Practitioner

Influenza: It can be difficult to tell the difference between a respiratory illness caused by influenza and a respiratory illness caused by other viruses based on symptoms alone. Suspected influenza cases are referred to as 'influenza-like-illness' (ILI) until a causative pathogen is identified through diagnostic testing (for example, nose and throat swab collection).

Laboratory test (swab): A laboratory test for COVID-19 can be conducted by a trained health care worker and involves a nasopharyngeal swab. Consideration should be given to testing broadly for influenza and other common respiratory viruses in addition to COVID-19. The recommended test and methods of sampling for COVID-19 is outlined in the CDNA COVID-19 Interim National Guideline.

Nurse: Registered or enrolled nurse.

Pathology service: In addition to existing public health pathology services, the government has engaged Sonic Healthcare to provide a dedicated pathology service for rapid sample collection and testing for suspected cases of COVID-19 in RACFs. Results can be provided to the referring doctor/registered within 24 hours (metropolitan areas) or 48 hours (regional areas). Referring doctors can calling 1800 570 573 (8am–6pm) to:

- request and prioritise COVID-19 testing of residents and staff
- arrange for a specialised COVID-19 pathology collector to attend a facility as soon as possible (8am–8pm) and take samples for immediate testing
- (if a result is positive) request a specialised COVID-19 collection team to collect samples from all staff and residents.

Personal Care Attendant (PCA)/ Assistant/ Worker: Is a member of the aged care workforce who assist residents with their personal care needs such as showering, dressing and eating; their mobility and communication needs; and observe and reports changes in patients' condition to nursing staff.

Resident: A resident is a care recipient as defined by the A*ged Care Act 1997*.

Residential in Reach service (RIR): Residential In-Reach provides hospital type care where appropriate and safe, to people living in residential aged care services (RACS). Residential In-Reach is staffed by nurses and doctors from the hospital, who may visit and provide care to people where they live where appropriate.

Screening: A process of identifying patients who are at risk, or already have a disease or injury. Screening gathers knowledge in order for a clinician to make a clinical judgement.

Typical symptom: Fever (≥37.5°C) or history of fever (e.g. night sweats, chills) OR acute respiratory infection (e.g. cough, shortness of breath, sore throat).

VICNISS: VICNISS Coordinating Centre: Collects and analyses data and surveillance from hospitals with the aim to reduce healthcare associated infections in Victorian hospitals and public residential aged care facilities. For more information see https://www.vicniss.org.au/

Resources and References

- Australian Commission on Safety and Quality in Health Care. Implementing the Comprehensive Care Standard: Approaches to person-centred risk screening. Sydney: ACSQHC; 2018. https:/www.safetyandquality.gov.au/sites/default/files/migrated/Implementing-Comprehensive-Care-Approaches-to-person-centred-risk-screening-Accessibility-PDF.pdf

- Common symptoms of COVID-19 https://www.bmj.com/content/bmj/suppl/2020/03/24/bmj.m1182.DC1/gret055914.fi.pdf

- Victorian DHHS Coronavirus page: https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19

- Victorian DHHS Coronavirus Aged Care Sector page: https://www.dhhs.vic.gov.au/aged-care-sector-coronavirus-disease-covid-19

- Victorian DHHS Aged Care COVID plan: https://www.dhhs.vic.gov.au/covid-19-victorian-residential-and-aged-care-facility-plan

- Williams, J., Stolp, C., Roberts, G., Fearn, M., & Doyle, C. (2016). Raise the bar: A pilot evaluation of the effect of a residential aged care workforce development model on staff and residents. *The Journal of Nursing Home Research*, *2*, 50.

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