



# Taking a resident home from residential aged care in an outbreak

Coronavirus (COVID-19) update – 12 August 2020

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## Who should read this?

This factsheet is for residential aged care facilities (RACF) in Victoria.

During an outbreak in a RACF, sometimes residents and their families request that the resident be cared for at home. This information is for residents, families, carers, representatives and RACF providers to help guide their decision making.

## Can family or carers take a resident home during a COVID-19 outbreak?

Unless there is a Public Health Direction or Order preventing the movement of a resident, the final decision ultimately rests with the resident or, if they are unable to make this decision, then it is the resident representative's decision.

It is important that the decision is made in partnership with the resident, their representative, carers and provider, and with an understanding of all of the relevant information, including available options. The benefits and risks of each option must be considered.

The Victorian Department of Health and Human Services' recommendation and strong preference is that residents who have tested positive to coronavirus (COVID-19), **are not** to be taken into a home environment for care.

## What should be considered?

The document outlines some issues that should be considered and discussed (at a minimum) before any decision is made to move a resident to a home environment. It is the responsibility of the facility to consider these factors and discuss them with the resident and their families/carers.

### **If the person (resident) COVID-19 negative or their COVID-19 status is unknown**

- The resident will need to be in quarantine at home for at least 14 days after leaving a RACF with an active outbreak. This applies even if the resident is asymptomatic and COVID-19 testing negative.
- The period of quarantine may be longer if the resident or their carers or close contacts develop symptoms during the quarantine period.
- The resident will not be able to return to the RACF until the outbreak in the RACF is declared over.
- The resident may still be incubating the virus and become positive during the quarantine period.
- Should the resident become positive during the required quarantine period they pose a risk to those caring for them.
- Carers need to understand this risk before committing to caring.
- Carers must be able to act responsibly and obey Public Health recommendations and Orders if the resident or carers become COVID-19 positive or symptomatic.
- Anyone in the household is at risk of transmission from the person and if they are elderly or at high risk for other reasons, they should not be in the same home as the person until the quarantine period is over and their last test is clear.
- All carers of residents will need to use Personal Protective Equipment (PPE) during the quarantine period and should avoid leaving the home.
- Carers need to have access to correct PPE, ensure they have enough and will need to complete education on PPE correct use and safe disposal.
- Carers must be able to monitor the resident for symptoms of signs, so that if they become symptomatic or unwell in any way this can be detected early by ensuring further testing is undertaken and clinical advice is sought.
- The resident will need to be tested if they become symptomatic or, if they remain well, on Day 11 of their quarantine. This needs to be planned.
- If the resident becomes symptomatic (with pending test results) or undergoes testing that returns a COVID-19 positive result while at carer's home, then isolation recommendations apply and this needs to be agreed in advance.
- The resident may become symptomatic or test positive at which point the following then applies and needs to be agreed in advance.

### **if the person (resident) is positive for COVID-19 or returns a positive test result during quarantine**

- The risk to carers is clear and this needs to be explicitly understood
- The date of onset of symptoms (or the date of positive test if asymptomatic) should be clearly documented for recovery/clearance purposes
- There should be no people in the household who are vulnerable to severe disease, or who do not need to be there
- Carers must understand that the person can deteriorate very quickly, and there needs to be a plan if this occurs (e.g. hospital transfer or palliative care support at home)

- Appropriate quantities of PPE will be required, and the carer / family needs to be confident in the safe use of PPE
- Full PPE will always be required during any carer's contact with the resident until the period of isolation is concluded
- The department will be in contact with the case or family and will advise when the case is eligible for clearance from COVID-19. At this point, the case is no longer considered infectious and may cease to isolate.

## What care does the person (resident) need?

- Does the family/carer fully understand the care needs of the person, which may have changed since they last cared for them? These care needs may change, for example:
  - If cognition has declined, this may be associated with increasing behaviour challenges, or conversely more manageable behaviour associated with worsening dementia or caused by COVID-19.
  - Transfers and mobility
  - Continence and management
  - Personal hygiene care
  - Safe feeding, food consistency and modification required
- What equipment is required to assist with care and how will it be accessed? This may need an Occupational Therapist to advise and assist in access to equipment at home, examples include:
  - Hospital-style bed
  - Shower chair
  - Lifters/hoists
  - Wheelchair/frame/walker
  - Commode, bottle
  - Continence aids
- Who will oversee medical care and access to medications (GP, telehealth)? Has this been confirmed with the service providers?
- Is the service provider or staff satisfied about family ability to provide safe care for resident at home? Providers have a responsibility to ensure residents are safe if they leave the service. They should discuss and clearly document any concerns and agreed outcomes.
- The person will not be able to return to the RACF until the outbreak in the service is declared over

## Notifying the Public Health Unit of the department

In all cases the details of the discharge of the resident from RACF to family care need to be submitted to the Public Health Unit of the Department of Health and Human Services, using the following link

[publichealth.operations@dhhs.vic.gov.au](mailto:publichealth.operations@dhhs.vic.gov.au)

The notification must include:

- Name of facility
- Full name and date of birth of resident
- Name of GP
- date of discharge
- date of last test and COVID-19 status (positive, negative, test result pending)
- contact details, including up to date mobile phone number, and location of family care
- name of staff member documenting the discussion about all aspects of safe discharge

## Other considerations for the provider

### Emergency leave

During a significant emergency, the Australian Government may allow permanent aged care residents to take emergency leave for a specified period and location. This can occur during:

- disasters (natural or otherwise)
- epidemics
- pandemics

Residents who take emergency leave don't use any of their social leave entitlements. This means they can move in with their family during the emergency without losing their aged care place.

### How it affects subsidy and fees

Aged care homes will continue to be paid the residential care subsidy when residents are on emergency leave.

Residents will still be required to pay their basic daily fees and any means tested care fee and daily accommodation payment obligations while on emergency leave. You cannot charge the resident any new fees to reserve their place in a service while on emergency leave.

Emergency leave details are in Section 42-2(3B)(c) of the Aged Care Act 1997.

## Where can I get more information?

[AHPPC Statement on Home Isolation](#)

### Department of Health (Commonwealth)

[Coronavirus \(COVID-19\) – Information for permanent aged care residents – emergency leave](#)

[Coronavirus \(COVID-19\) – Information for residential aged care providers – emergency leave](#)

### Department of Health and Human Services (Victoria)

[Directions from Deputy Public Health Commander in accordance with emergency powers arising from declared state of emergency. Diagnosed Person and Close Contacts Direction](#)

[Coronavirus disease 2019 \(COVID-19\). Case and contact management guidelines for health services and general practitioners](#)

In addition, the Victorian and Commonwealth governments have developed coronavirus (COVID-19) aged care specific websites with resources and guidelines.

The situation and action required is changing rapidly. We recommend you regularly check these websites, and subscribe to updates:

### Department of Health and Human Services (Victoria)

<https://www.dhhs.vic.gov.au/aged-care-sector-coronavirus-disease-covid-19>

<https://www.dhhs.vic.gov.au/coronavirus>

<https://www.dhhs.vic.gov.au/coronavirus-covid-19-daily-update>

### Department of Health (Commonwealth)

<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/advice-for-people-at-risk-of-coronavirus-covid-19/coronavirus-covid-19-advice-for-people-in-aged-care-facilities>

<https://www.health.gov.au/news/health-alerts>

To find out more information about coronavirus and how to stay safe visit [DHHS.vic – coronavirus disease \(COVID-19\)](https://www.dhhs.vic.gov.au/coronavirus)  
<<https://www.dhhs.vic.gov.au/coronavirus>>

If you need an interpreter, call TIS National on 131 450

For information in other languages, scan the QR code or visit [DHHS.vic –Translated resources - coronavirus \(COVID-19\)](https://www.dhhs.vic.gov.au/translated-resources-coronavirus-disease-covid-19)  
<<https://www.dhhs.vic.gov.au/translated-resources-coronavirus-disease-covid-19>>



For any questions  
**Coronavirus hotline 1800 675 398 (24 hours)**  
Please keep Triple Zero (000) for emergencies only

To receive this document in another format phone 1300 651 160 using the National Relay Service 13 36 77 if required, or [email Emergency Management Communications](mailto:em.comms@dhhs.vic.gov.au) <[em.comms@dhhs.vic.gov.au](mailto:em.comms@dhhs.vic.gov.au)>.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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Available at: [DHHS.vic – coronavirus disease \(COVID-19\)](https://www.dhhs.vic.gov.au/coronavirus) <<https://www.dhhs.vic.gov.au/coronavirus>>