**Appendix #: Novel respiratory disease of public health concern–*Coronavirus Disease 2019 (COVID-19)***

**Template updated 14 May 2020**

Whilst the *Influenza Outbreak Management Plan* can be used to manage an outbreak of Coronavirus Disease 2019 (COVID-19)*,* **regular updates to the facility’s outbreak response will be indicated** according to evolving information becoming available about the disease and the ongoing impact of the outbreak to staff, residents and the broader community.

Metro North Public Health Unit will provide advice in the event of an outbreak.

Documents that will guide a response include:

* *Coronavirus Disease 2019 (COVID-19) National Guidelines for Public Health Units* (Communicable Diseases Network Australia): <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>
* *Coronavirus (COVID-19) guidelines for outbreaks in residential care facilities* (Communicable Diseases Network Australia):

<https://www.health.gov.au/resources/publications/coronavirus-covid-19-guidelines-for-outbreaks-in-residential-care-facilities>

* *Coronavirus (COVID-19) guidelines for infection prevention and control for residential care facilities (Infection Control Expert Group)*

<https://www.health.gov.au/resources/publications/coronavirus-covid-19-guidelines-for-infection-prevention-and-control-in-residential-care-facilities>

COVID-19 resources are available via the following links:

* **Aged Care Quality and Safety Commission:**

<https://www.agedcarequality.gov.au/covid-19-coronavirus-information>

* **Australian Department of Health:**

<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-advice-for-the-health-and-aged-care-sector>

* **Queensland Health:**

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/diseases/coronavirus>

**Pathogen:**

* Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)

**Disease:**

* Coronavirus disease 2019 (COVID-19)

**Mode of transmission:**

* The disease can spread from person to person by **droplet and contact routes**
* **Small droplets** from the nose or mouth are spread when speaking, coughing, sneezing, etc People can become infected if they breathe in these droplets during close face-to-face contact (within ~1.5 m) by exposure of the mucosae of mouth, nose or eyes.
* **These droplets land on surfaces and objects.** People can become infected if they touch these surfaces or objects and then touch their eyes, nose or mouth.
* Airborne spread has not been reported for COVID-19
* However, it may occur during certain aerosol-generating procedures conducted in health care settings
* Nebulizer use should be avoided wherever possible and spacers should be used as an alternative
* Faecal-oral spread does not appear to be a driver of COVID-19 outbreaks
* However, it may be important in a residential care facility
* Residents with ongoing diarrhea or uncontained faecal incontinence will continue to be isolated until 48 hours after the resolution of these symptoms

**Infection control precautions:**

* **Contact and Droplet Precautions**
* Recommended for **routine care** of residents with confirmed or suspected COVID-19
* recommended for **routine care** of residents who have been placed in quarantine
* collection of upper respiratory samples is a low risk procedure for residents with mild illness. The room does not need to be left empty after sample collection
* PPE indicated: Surgical mask, eyewear, disposable gloves, long-sleeved fluid-resistant gown

**See Appendix #: Droplet and Contact Precautions sign**

* **Contact and Airborne Precautions**
* Recommended when performing aerosol-generating procedures

(e.g. insertion/removal of endotracheal tube, open oropharyngeal/tracheal suctioning, manual/non-invasive ventilation, collection of induced sputum, high flow nasal oxygen)

* Upper respiratory sampling for residents with severe illness suggestive of pneumonia (e.g. fever and breathing difficulty, or frequent, severe or productive coughing episodes), should be undertaken in a room from which air does not circulate to other areas.
* The door should be closed during specimen collection and the room left vacant for 30 minutes (cleaning can be performed during this time by a person wearing appropriate PPE)
* PPE indicated: P2/N95 mask, eyewear, disposable gloves, long-sleeved fluid-resistant gown

**See Airborne and Contact Precautions sign**

* NB: P2/N95 mask should be fit checked each time it is applied

**See Principles of fit checking P2/N95 masks sign**

**Infectious period**:

* Currently remains unknown
* There is some evidence to support the occurrence of pre-symptomatic or asymptomatic transmission
* As a precautionary approach, cases are considered to be infectious 48 hours prior to onset of symptoms and until the case is classified as no longer infectious

**Case management:**

* The CDNA COVID-19 Interim National Guideline provides a case definition for COVID-19, that allows unambiguous classification of an ill person as a confirmed case, probable case, or a suspect case.
* COVID-19 should be suspected in any resident with fever (≥38°C) OR history of fever (e.g. night sweats, chills) or acute respiratory infection e.g. new or worsening cough, shortness of breath, sore throat (with or without fever) in a setting where there is confirmed local transmission of COVID-19.
* Isolate resident (preferably in a single room with own ensuite and with the door closed) until no longer considered infectious
* The Metro North Public Health Unit will provide advice re: release from isolation for resident and staff cases according to national recommendations at the time

**Contact management:**

* The CDNA COVID-19 Interim National Guideline provides the definition for a close contact of COVID-19
* The Metro North Public Health Unit will assist in identifying close contacts of a case and provide advice re: quarantine requirements for residents and staff meeting the close contact definition
* Healthcare workers and other contacts who have taken recommended infection control precautions, including the use of full PPE, while caring for or visiting a symptomatic confirmed COVID-19 case are not considered to be close contacts.

**Environmental cleaning and disinfection:**

* As per the *Influenza Outbreak Management Plan*

**Food services and utensils:**

* As per the *Influenza Outbreak Management Plan*

**Waste management:**

* General and clinical waste will be managed in accordance with routine procedures

**Management of deceased bodies:**

* The same precautions will be followed when handling the body as when caring for the resident during life
* Contact and Droplet Precautions will be used if the deceased was suffering from COVID-19

**Treatment:**

* Currently no licensed therapeutic available

**Vaccine:**

* Currently no licensed vaccine available