Clinical Management of COVID-19 in the Residential Aged Care Setting:

Purpose and scope:

The purpose of this guideline is to:

I. Assist General Practitioners in the provision of clinical care to residential aged care facility (RACF) residents with COVID-19
II. Collate relevant guidance documents from the National COVID-19 Clinical Evidence Taskforce, Home - National COVID-19 Clinical Evidence Taskforce (covid19evidence.net.au), the QLD Health COVID-19 Treatment Guidelines and other useful clinical resources for ease of access for GPs and other clinicians

***Please note that advice regarding clinical management of COVID-19 is changing rapidly and the most up to date, evidence-based guidance can be found in the guidelines linked above*

Background:

There is a significant increase in the risk of severe COVID-19 with increasing age and co-morbidities. Older persons living in RACFs are particularly susceptible to outbreaks of respiratory illness. Current guidance is that RACF residents with COVID-19 should be assessed and managed in the RACF where it is clinically appropriate and in keeping with the wishes of the resident and their family. This document focuses on the clinical aspects of treatment and does not include advice regarding outbreak management and other public health measures.

Planning care prior to COVID-19:

RACF preparations including **outbreak management plan** and ensuring adequate stock of **PPE**

Ensuring resident **vaccinations** are up to date where possible including for new residents

Advanced care planning:

- Assessment of co-morbidities including dementia, frailty and understand current level of function
- Confirm legal decision maker
- Review existing advanced care planning documents and revisit goals of care discussions if appropriate. See: Statement of Choices forms.

Reviewing **Imprest Medication Stocks**:

- Review and update imprest medication stock including medications for end-of-life care, symptomatic treatments etc.

Preparing for **telehealth consultations** including obtaining or identifying a suitable device for use at the bedside

Clinical Assessment and Monitoring:

Initial Assessment:

- Assess for symptoms and signs of COVID-19, delirium may be the sole presenting symptom in this cohort
- Confirm diagnosis with testing if this has not already occurred
- Establish disease severity. See: definitions of disease severity

Assess for risk factors for severe disease risk factors for severe disease, as outlined in pathways to care for adults with COVID-19

- Review vaccination status (see: ATAGI definitions of up-to-date status for COVID-19 vaccinations) and advanced care planning documents
- Identify other concerns e.g., behaviours of concern (wandering, agitation), previous delirium etc

Ongoing monitoring:

- Daily check for symptoms
- Assess for new onset delirium, consider use of screening tools such as the 4AT
- Request RACF staff check O2 saturations at least BD
    - Saturations of 92-94% indicate moderate disease and saturations <92% indicate severe disease
    - Residents with chronic hypoxia oxygen saturations <88% may indicate progression to severe disease

Classification of COVID-19 Disease Severity:

Mild Disease

Patients with confirmed COVID-19 without evidence of viral pneumonia or hypoxia

Moderate Disease

Patients with confirmed COVID-19 with signs of pneumonia including SOB, tachypnoea, or cough without features of severe pneumonia

Oxygen saturation ≥ 93% and <95% on room air

Desaturation or breathlessness with mild exertion

Severe Disease

Patients with confirmed COVID-19 with signs of severe pneumonia

- Respiratory rate (RR) ≥ 30 breaths per minute
- Oxygen saturation ≤ 92% RA and/or requiring oxygen supplementation
- Lung infiltrates ≥ 50% on imaging

Management:

Recommended Evidence Based Guidelines

I. https://covid19evidence.net.au/ including this flow chart summarising disease modifying treatments
II. QLD Health COVID-19 Treatment Guidelines for mild to moderate disease
III. QLD Health COVID-19 Treatment Guidelines for severe to critical disease

Relevant guidelines have been linked below and RADAR has provided some practical suggestions specific to this setting

General Approach:

Approach to management should be considered on a **case-by-case basis** informed by severity of COVID-19 and expected prognosis in the setting of the individual's comorbidities including dementia and frailty. In the setting of frailty and/or cognitive impairment treatments may have a diminished potential for benefit and increased risk of causing harm and distress.

Discussions regarding **goals of care** with residents and their families will provide a framework for individualized care

See: Management of people with COVID-19 who are older and living with frailty and/or cognitive impairment

Consider:

- Simple treatments to manage symptoms such as regular paracetamol
- Adjusting regular medications such as anti-hypertensives and insulin as needed in the setting of acute illness
- Avoid use of nebulisers due to risk of aerosolisation

Management of Mild to Moderate COVID-19

- See: Management of adults with mild COVID-19

- **Disease modifying treatments** may be considered for those with symptomatic mild to moderate disease who have risk factors for progression to severe disease. See: Drug treatments for adults with COVID-19 Flowchart, Recommended disease modifying treatments and QLD Health COVID-19 Treatment Guidelines

    - **Inhaled budesonide** 800 micrograms twice daily for up to 2 weeks may be considered within 14 days of symptom onset in those with COVID-19 who do not require oxygen
        - Budesonide Turbuhaler (400microg 2 puffs BD or 200microg 4 puffs BD)
        - Symbicort Rapihaler 200/6 2 puffs QID can be given via spacer in those who may not be able to manage an inhaler, a face mask attached to a spacer can be used in those unable to coordinate the use of spacers (e.g., delirium)

    - **Other disease modifying treatments** may be considered in **high-risk groups** (e.g., unvaccinated, or partially vaccinated residents or vaccinated residents who are severely immunosuppressed) **within 5 to 7 days of symptoms onset**
        - **Oral antiviral agents**
            - **Nirmatrelvir and Ritonavir** (Paxlovid) **PREFERRED OPTION**
                - Dosing dependant on renal function, contraindicated where GFR <30
                    - eGFR >60 ml/min: 300 mg nirmatrelvir plus 100 mg ritonavir orally, 12-hourly for 5 days
                    - eGFR <60 and >30 mL/min: 150 mg nirmatrelvir plus 100 mg ritonavir orally, 12-hourly for 5 days
                - Be aware of the potential for multiple drug interactions, interactions can be checked here
                - Common side effects include changes in taste, diarrhoea, vomiting, headache
                - See: QLD Health Paxlovid Precribing Guidelines and Paxlovid PBS criteria
            - **Molnupiravir** (Lagevrio) 800 mg (four 200 mg capsules) twice a day for 5 days
                - Residential Aged Care Facilities have been provided with a supply of Molnupiravir by the Commonwealth
                - Common side effects include dizziness, nausea, and diarrhoea
                - See: Department of Health Use of Molnupiravir in Residential Aged Care, QLD Health Molnupiravir Prescribing Guidelines and Molnupiravir PBS criteria
        - **Sotrovimab,** a monoclonal antibody, is available from the National Medicines Stockpile via your local HHS Infectious Disease's service for priority groups with a very high risk of developing severe disease
            - If you think this is appropriate, having considered a resident's comorbidities (including dementia and frailty) and goals of care, please contact your local RADAR team who will facilitate discussion with an Infectious Diseases Specialist
            - This is given intravenously, as a single dose requires transfer to hospital or a dedicated outpatient infusion area
              See: QLD Health Sotrovimab Prescribing Guidelines including priority group
        - **Remdesivir,** an antiviral agent, is available from the National Medicines Stockpile via your local HHS Infectious Disease's service for priority groups with a very high risk of developing severe disease
            - If you think this is appropriate, contact your local RADAR team who will discuss with an Infectious Diseases Specialist
            - This is given intravenously for 3 days. See: QLD Health Remdesivir Prescribing Guidelines including priority groups

Management of Severe COVID-19

- See: Management of adults with moderate to severe COVID-19 and QLD Health COVID-19 Treatment Guidelines for Severe and Critical Disease

- Transfer to hospital may be considered for those with moderate disease who are deteriorating or severe disease **IF** it is clinically appropriate and in keeping with goals of care
    - **Contact RADAR** if transfer to hospital is being considered or if support is required with decision making or management of a deteriorating resident

- Consider supplemental **oxygen** if there is a new finding of O2 saturations <92% on room air and it is appropriate to goals of care
    - Avoid flows >5L/min due to risk of aerosolisation

- **Dexamethasone 6 mg daily** (oral or IV) for up to 10 days can be considered in adults with COVID-19 with a new oxygen requirement
    - It is unclear whether older people living with frailty or cognitive impairment were included in the studies this recommendation is based on and given the potential for side effects such as delirium this should be considered on an individual basis
    - See: Drug treatments for adults with COVID-19 and Recommended disease modifying treatments including section on corticosteroids which includes acceptable alternative to dexamethasone
    - Ideally administer in the morning to reduce the risk of adverse effects (e.g., insomnia)
    - If there are other risk factors for gastrointestinal bleeding, consider adding a proton pump inhibitor

Important Clinical Situations:

Delirium in COVID-19

- May be the only presenting symptom/ sign
- Management of delirium presents an increased challenge in the setting of infection control precautions
- In additional to usual management of delirium use of devices to facilitate virtual contact with family and access to outdoor spaces if appropriate with infection control precautions may be helpful
- See: Management of people with COVID-19 who are older and living with frailty and/or cognitive impairment or ACSQHC delirium clinical standard

End of Life Care in COVID-19

- Given potential for rapid deterioration consider:
  I. **Early discussion of goals of care** and documentation of an escalation plan
  II. **Anticipatory prescribing** of end-of-life care medications in those who wish for end-of-life care in the RACF should they deteriorate
- Consider stopping observations and usual medications
- Local experience suggests end of life care in COVID-19 does not differ significantly to other end of life care in the frail and elderly and usual prescribing practices should be appropriate
- See: Management of people with COVID-19 who are receiving palliative care

COVID Related Deaths

- Completing the death certificate
  I. Guidance on certifying deaths from COVID 19 can be found on the ABS website
- Reporting to QLD Health
  I. COVID-19 deaths must be reported within 72 hours
  II. Notify via email to COVID-19.death.notifications@health.qld.gov.au with a copy to SHECC@health.qld.gov.au
- When to refer to the coroner
  I. Guidelines on when COVID-19 deaths are reportable to the coroner see: here

Role of RADAR:

How RADAR can provide support:

1. **Facilitating complex goals of care discussions with residents and their families**
2. **Assistance with management of delirium or worsening behavioural and psychological symptoms of dementia**
4. **Clinical support with a deteriorating resident**
5. **End of life care**

Updated RADAR contact details:

RADAR RBWH	**3647 4627**
RADAR TPCH	**3139 6896**
RADAR Redcliffe	**3049 6868**
RADAR Caboolture	**5316 5444**

We encourage RACF staff to contact their **local RADAR** teams **7 days a week within hours**

RADAR Rapid Response

With our new rapid response model, the **1300 072 327** number has **changed** to a QAS co-responder and GP only line

- This provides direct access to a Nurse Practitioner or SMO 0800-1630, 7 days per week
- We anticipate this will expand into the afterhours space after the initial COVID surge

Useful resources

1. One-stop website for all things Aged care/ COVID related - Aged care sector | COVID-19 | Queensland Health . Please note that with the rapidly evolving environment these documents can get out of date quickly, please contact RADAR if you have any concerns and we can try to assist you in finding the most up to date information.

2. Outbreak Management in a RACF
    I. First 24 hours: https://www.health.gov.au/sites/default/files/documents/2021/12/first-24-hours-managing-covid-19-in-a-residential-aged-care-facility-first-24-hours-managing-covid-19-in-a-residential-aged-care-facility.pdf
    II. Department of health advice: https://www.health.gov.au/node/18602/managing-a-covid-19-outbreak-in-residential-aged-care

3. Personal Protective Equipment (PPE)
    I. Current recommendations: https://www.health.qld.gov.au/__data/assets/pdf_file/0016/1003633/pandemic-response-guide-ppe-agedcare-disability-services.pdf
    II. Donning & Doffing: COVID-19 Safe fitting and removal of personal protective equipment (PPE) for healthcare staff
    III. Fit testing: Contact your local PHN representative for fit testing arrangements
    IV. PPE shortages: RACF Outbreak and Exposure site - COVID-19 PPE and RAT support - Australian Government Department of Health - Citizen Space
    V. NOTE: Escalation of PPE shortages must go through the Commonwealth channels first. Please remind you facilities there may be a greater than 8-day delay for deliveries. If there is a critical shortage e.g., <24 hours of PPE please notify your RADAR team who will assist in the escalation of this concern locally though HEOC (Hospital's Emergency Operations Centre team).

4. Public Health Directions for Positive Cases and Close Contacts
    I. For testing and isolation requirements for positive cases and close contacts see: https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/current-status/public-health-directions/confirmed-cases-and-close-contacts

5. Workforce Issues:
    I. For staffing resource issues please contact the Commonwealth: agedcareCOVIDcases@health.gov.au and QLDCovidCaseManagement@health.gov.au

6. COVID-19 Clinical Guidelines
    I. See: all guidelines and flowsheets: National COVID-19 Clinical Evidence Taskforce
    II. See: QLD Health COVID-19 information for clinicians

7. Advanced Care Planning
    I. See: My Care, My Choices site

8. Where a RACF is in a state of emergency where business continuity is threatened please ring the Australian Government Department of Health on 1800 300 125 and contact the RADAR team on the 1300 072 327

(Last reviewed 24th May 2022)