



Supporting information for the management of Acute Respiratory Infection (including COVID-19 and influenza) in Residential Aged Care Facilities v5.0

- Residential aged care facilities (RACFs) are advised to contact their local Public Health Unit (PHU) for advice and support in the management of acute respiratory infection (ARI) outbreaks. Contact details for WA PHUs are available at www.healthywa.wa.gov.au/Articles/A_E/Contact-details-for-population-public-health-units.
- RACFs should follow national guidance:
 - [National Guidelines for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection \(including COVID-19 and Influenza\) in Residential Care Facilities](#)
 - *National statement of expectations on COVID-19 management in aged care settings* within [The National COVID-19 Health Management Plan for 2023](#).
- WA's State of Emergency and the Public Health State of Emergency came to an end on 04 November 2022.
- RACFs should continue to register positive Rapid Antigen Test (RAT) results online via the WA Health [RAT portal](#).

Other relevant documents include:

- [Infection Prevention and Control Guidelines for WA Residential Care Facilities](#)
- [COVID-19 information for aged care and community care providers](#)
- [Advice on how to access COVID-19 critical supplies](#)
- [Winter Plan – A guide for residential aged care providers](#).

Isolation and quarantine for COVID-19

It is recommended that public health guidelines be followed to minimise the risk of transmission in high risk settings:

- **Residents with COVID-19** should isolate for 7 full days (24 hour periods) from their positive test, or until their acute respiratory symptoms have substantially resolved and they have been afebrile for 24 hours, whichever is longer.
- **Staff and visitors with COVID-19** should not attend high risk settings, including RACFs and hospitals for at least 7 full days (24 hour periods) from their positive test, or until their acute respiratory symptoms have substantially resolved and they have been afebrile for 24 hours, whichever is longer.
- **Staff and visitors** who are **close contacts** should not attend RACFs for at least 7 full days (24 hour periods) from their last exposure and should be symptom-free, except those who are permitted by the facility to attend, with additional precautions.
- **Staff and visitors** should stay at home if unwell and should not attend work or high risk settings such as RACFs, even if they are not a COVID-19 case or close contact.

See the [National Guidelines for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection in Residential Care Facilities](#) for further details.

Testing for ARIs

- RATs are useful when Polymerase Chain Reaction (PCR) testing is less available.
- **RACFs should continue to register positive RATs via the [RAT portal](#).**
- PCR testing is useful for initial cases of ARI within a facility to establish the pathogen. COVID-19 outbreaks should be confirmed with at least one positive PCR result.
- For COVID-19 outbreaks or potential outbreaks (with at least one resident and/or two positive staff), RACFs may organise COVID-19 PCR testing of multiple residents across a whole facility or affected wing through Sonic Healthcare (Clinipath) with a Medicare-eligible request from a practitioner who has a relationship with the RACF.
- RACFs can contact the Clinipath COVID-19 Hotline on 9371 4325 or email psdmanagement@clinipath.net to organise COVID-19 PCR testing in RACFs.
- PCR testing for COVID-19 for individual resident(s) outside COVID-19 outbreaks (and for other ARIs such as respiratory syncytial virus (RSV) or influenza) can be billed against the Medicare Benefits Schedule (MBS) only if clinically relevant and after assessment of the individual by the requesting medical practitioner for the resident or the facility. This may be organised through any pathology provider.
- If a **staff member** tests COVID-19 positive on a RAT, they do **not** require a confirmatory PCR test. Staff should be encouraged to take a photo of their positive RAT for proof of COVID-19 infection and to register their result online via the [RAT portal](#).

Notification and reporting of cases and outbreaks

- Notify positive cases in compliance with WA Health and Commonwealth requirements.
- **Register positive RATs for both residents and staff via the [RAT portal](#).**
- Discuss as required with your local PHU when one or more residents have tested positive for COVID-19 or influenza. If PCR test results are delayed, notify your PHU when two or more residents have ARI symptoms within a 72-hour period.
- Notify the Commonwealth of COVID-19 cases via the [My Aged Care provider portal](#).
- Notify your local PHU of an **outbreak** when two or more residents test positive for COVID-19 or for influenza, within a 72-hour period. Your local PHU will provide guidance regarding ongoing reporting requirements and methods.
- Cases of COVID-19 or influenza in staff **are not a trigger** for an outbreak response but should be included in case reporting or line lists once an outbreak has been declared.
- Promptly report attack rates >50%, deaths and hospitalisations to your local PHU.
- Advise your PHU when a COVID-19 or influenza outbreak can be declared over.
- WACHS multi-purpose service (MPS) sites and WACHS-managed RACFs should follow the WACHS notification and reporting process.
- Notify other care providers, facilities and hospitals where residents have had a potential exposure to COVID-19, influenza or unidentified ARI, or during any outbreak at the facility, and have subsequently been transferred or require immediate transfer for care.

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This document can be made available in alternative formats on request for a person with disability.

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