Queensland Health

Clinical **Excellence** Queensland

Management of suspected or confirmed COVID-19 in residential aged care facilities

A suite of collaborative pathways for General Practitioners and Registered Nurses

Version 2.1

Queensland Government

Management of suspected or confirmed COVID-19 case(s for RACF residents and workers
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Contents

Clinical pathway development process

The “Management of suspected or confirmed COVID-19 in residential aged care facilities” pathways were developed in consultation with the following representatives:

- General Practitioner (GP) and Chair General Practice Liaison Officers Network
- Residential Aged Care Facility (RACF) clinicians and manager representatives of both private and Queensland Health (QH) RACFs
- Consumer representation via COTA for older Australians and Health Consumers Queensland
- Emergency Physician and Co Chair Queensland Emergency Department Strategic Advisory Panel (QEDSAP)
- Geriatricians
- Gerontic Nursing representatives
- Palliative Care Physician representative
- RACF acute care support services (RaSS) clinical leads and clinicians
- Statewide General Medicine Clinical Network Chair
- Statewide Older Persons Health Clinical Network Chairs
- Public Health
- Infectious Diseases
- Infection Control
- Queensland Ambulance Service Medical Director
- Chair Rural and Remote Clinical Network
- Disaster Response Lead RACFs
- Chair Queensland Clinical Senate
- Committee members COVID-19 RACF Clinical Advisory Group

These pathways will be reviewed in January 2021 by a Healthcare Improvement Unit Steering Committee, or earlier if evidence changes prior to this time.

How to use these pathways

These pathways are intended as clinical support tools for management of the acutely unwell patients living in RACFs.

The pathways are designed for use by RACF Registered Nurses in collaboration **with** GPs.

The pathways **should not replace the clinical judgement of users**. If concern exists regarding a resident's well-being these concerns should be appropriately escalated. The suggested approach to assessment and management of people with suspected or confirmed COVID-19 may vary over the course of changing pandemic response phases.

Users must always stay within their scope of clinical practice.

Potential uses of the pathways include:

A. As a clinical support tool for management of residents of aged care facilities who are acutely unwell:

1. If the resident has a potentially infectious condition, don appropriate Personal Protective Equipment (PPE)

2. Start with assessment of residents' **current vital signs**

3. Consult ***Recognition of the deteriorating resident*** to assist in determination of whether vital signs are:
    a. Unstable = vital signs are in the red or danger area - refer to ***Management of residents with unstable vital signs pathway***
    b. **Unstable and an Acute respiratory illness** = vital signs are in the red or danger area - refer to ***Management of residents with unstable vital signs pathway*** and ***Acute respiratory illness (suspected COVID-19) in RACF resident*** for important actions in relation to infection control
    c. Stable = vital signs in the green or caution area - refer to the pathway most relevant to the resident's symptoms

4. Take a directed history using appropriate PPE - if cognitively impaired, seek additional history from other staff or family

5. Undertake a focused physical examination using appropriate PPE

6. Select appropriate pathway in consultation with GP

***** Where these pathways suggest medications, these MUST be prescribed by the GP or nurse practitioners for the individual patient and do not constitute standing orders.**

B. To guide RACF outbreak management in suspected or confirmed COVID-19 outbreaks

C. As an educational resource for clinical staff across the continuum of care.

Conditions of use

These pathways are intended as clinical support tools for management of the acutely unwell patients living in RACFs. They are designed for use by RACF registered nurses in collaboration with GPs.

We provide no guarantee that the information provided is up-to-date or complete and in no circumstance does the information contained within constitute professional advice for management of individual patients.

You are responsible for ensuring use of **clinical judgement**, and if concern exists on the basis of clinical judgement, additional clinical input should be sought.

The health professional should always remain within their scope of practice.

This manual is only endorsed for use for management of residents of aged care facilities where these are defined as facilities that:

a. Provide residential care to older persons and are funded under the Aged Care Act and are subject to Commonwealth reporting to the System for Payment of Aged Residential Care (SPARC); or
b. Are operated under the National Aboriginal and Torres Strait Islander Aged Care Program.

The pathways are only endorsed for use in QH Hospital and Health Services (HHSs) with an operational RaSS.

The use of a paper-based copy of the pathways should only be undertaken if this is known to have been endorsed by the relevant HHS RaSS and is known to be the latest version.

Checklist for RACF preparation for COVID-19 prevention and outbreak management

Please note that this checklist for preparation is presented as a guide only and is not an exhaustive list of requirements for RACF pandemic preparation. It should be used **in conjunction with** the *CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia* and *Infection Control Expert Group COVID-19 Infection Prevention and Control for Residential Care Facilities*. The COVID-19 situation is rapidly evolving and each RACF should check *Commonwealth updates* on an at least daily basis. Check-list information is not intended to be a substitute for advice from other relevant sources including advice from health professionals. RACFs must fulfil their legal responsibilities in relation to infection control by adopting standard and transmission-based precautions as directed in the *Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)*. RACFs are also required to operate under the Aged Care Act 1997, comply with Aged Care Quality Standards and comply with all advices, notices and directions made in respect of state and federal legislation and policy as it is made or provided to relevant persons or entities for ensuring the safety of residents receiving services in RACFs in Queensland.

Reduce risk of a COVID-19 outbreak

- ☐ Establish a single secure point of entry and exit, allowing risk screening and assessment for all staff, visitors, contractors, and delivery drivers
- ☐ Familiarise all staff (clinical and non-clinical) with *work exclusion / isolation requirements*
- ☐ Distribute and explain *resident and family COVID-19 information sheet*
- ☐ Ensure that all residents receive current seasonal influenza vaccination (unless contraindicated) and facilitate staff influenza vaccination programs and maintain register of staff vaccination status; ensure resident pneumococcal vaccination status is current
- ☐ Ensure that staff, visitors and residents:
  - Maintain physical distance (more than 1.5m) from other people (unless providing direct clinical or personal care)
  - Avoid large gatherings and crowded indoor spaces
  - Practice hand hygiene before and after each contact and after contact with potentially contaminated surfaces or objects – place signs to remind all
  - Cough etiquette and respiratory hygiene
  - Wear PPE as guided by the current *Aged Care Direction*
- ☐ Provide alcohol-based hand sanitizer at entrance to the facility and at other strategic locations
- ☐ Implement regular cleaning of the environment
- ☐ Replace shared equipment with single-use equipment where feasible; where shared equipment is essential, ensure adequate cleaning between residents consistent with infection control standards
- ☐ Develop a workforce management plan that is compliant with current *Aged Care Direction* and:
  - Minimises employee, contractor or volunteer movement across multiple facilities
  - Requires employees, contractors and volunteers to notify the RACF operator if they become aware of a COVID-19 case at an additional place of employment

Checklist for RACF preparation for COVID-19 prevention and outbreak management

Reduce potential size of an outbreak

- ☐ Educate all staff (clinical and non-clinical) on recognizing symptoms and signs of COVID-19 (typical and atypical) and actions to take if they recognise symptoms in themselves, residents, staff or visitors

- ☐ Implement systematic screening including for COVID-19 symptoms (typical and atypical), epidemiological risk factors and temperature in:
  - Residents (see *Aged Care Quality and Safety Commission guidance on screening*)
  - Staff prior to each shift commencing
  - Visitors prior to entry to the facility

- ☐ Ensure EARLY implementation of outbreak management plan and associated infection control

- ☐ Implement roster adjustments to prevent or reduce cross infection through cohorting of staff within wings or defined geographic areas within the facility (include designated break areas and bathrooms for staff working in different zones, and staggering of break times)

- ☐ Where feasible minimise movement of residents and visitors across wings

- ☐ Arrange GP review of all residents who are currently prescribed nebulisers (regular or as required) to evaluate change of these to metered aerosols with spacers where clinically appropriate and ensure all GPs utilise appropriate infection control measures between residents

Improve ability to respond rapidly and effectively in the event of an outbreak

- ☐ Ensure review and update of RACF outbreak management plan (including surge workforce plan) and incorporate timelines consistent with Federal recommendations

- ☐ Develop and maintain an outbreak kit that includes all equipment to facilitate rapid implementation of the facility outbreak management plan. Examples of content of equipment to keep in the kit include:
  - Initial outbreak management PPE and hand hygiene equipment
  - Prepare *Infection control signage* (pre-printed and laminated) to place at each of: building entry, each unit entry and outside each and every room of residents
  - A printed and laminated large (at least 1m x 1m) floor-plan of the facility with consideration of where COVID positive residents would best be cohorted in the event of an outbreak
  - Printed, laminated photos with resident names, with magnet / blue tack of residents to place on the floor plan when resident movements occur to allow a visual demonstration of where residents will be moved to
  - Resident identification labels
  - Printing paper and spare ink cartridges to print resident medication and care plans in case of need to transfer to hospital / alternate accommodations
  - Additional clinical waste bags
  - A copy of the associated outbreak management plan, contact lists, communications plan (including draft communications)
- ☐ Train and maintain training logs for all staff in all aspects of outbreak management including:
  - Identification of COVID-19 symptoms and signs
  - *Infection control guidelines* and how to implement these
  - *Training and competency in hand hygiene*, sneeze and cough etiquette
  - *Training and competency in application and removal of PPE*
  - Handling and disposal of *clinical waste*
  - Processing of reusable equipment
  - Environmental cleaning
  - Safe handling and laundering of linen
  - Safe food handling and cleaning of used food utensils

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Checklist for RACF preparation for COVID-19 prevention and outbreak management

☐ Ensure that clinical staff have training and competency in *end of life care* including

subcutaneous infusion pump (e.g. NIKI) competency

☐ Ensure that each resident has a current *Advance Care Plan* (statement of choice). Fax or email Statement of Choices, Advance Health Directive, Enduring Power of Attorney, QCAT orders and revocation documents to the Office of Advance Care Planning (Fax: 1300 008 227, Email: acp@health.qld.gov.au) to make these accessible to Queensland Health Clinicians, Queensland Ambulance Service and authorised GPs

☐ Ensure that needs of residents are prioritised throughout and that appropriate support is provided to prevent negative impacts of isolation, including:

- Support of family and care providers – consider use of technologies to allow ongoing support throughout all phases of pandemic response
- Provision of cognitively stimulating activities
- Maintenance of oral intake and addressing of nutritional needs
- Delirium prevention strategies including orientation prompts (verbal and signed), particularly where changes to environment are required
- Prevention of falls and maintenance of mobility
- Continuity of disability support services where relevant

☐ Ensure adequate supplies of baseline and outbreak kit stock and confirm secure supply chains for:

- **PPE** including gloves, long-sleeved fluid resistant gowns, surgical and N-95 masks, protect eyewear /face-shields;
  - Understand baseline use and use a *PPE burn-rate calculator* to estimate PPE outbreak requirements - published estimates range from 10 to 14 sets of PPE per resident per day
  - Ensure that PPE stocked and used by RACF meets *Therapeutic Goods Administration (TGA) standards*
  - Ensure that staff are familiar with the processes where PPE supply has potential to be compromised - where PPE cannot be sourced through usual supply channels, RACF clinical managers to email *agedcareCOVIDPPE@health.gov.au*
- **Hand hygiene products**
- **Diagnostic equipment** e.g. swabs, electronic thermometers, batteries where required
- **Cleaning supplies**
- **Imprest medication**, with emphasis on the “Core 4” medications: morphine, midazolam, metoclopramide and Buscopan®.
- **Oxygen supply** (cylinders and concentrators) and associated consumables
- **Subcutaneous infusion devices** and associated consumables e.g. NIKI pumps

☐ Determine how residents may be isolated to single rooms with single bathroom in the event of a COVID-19 outbreak and if this is not geographically possible, where residents may be moved to facilitate this; ensure that, where possible, isolation rooms meet infection control criteria including, for example:

- Hand-wash basin in the room (hands-free operation if possible)
- Single-use paper hand towels
- Hands-free covered large rubbish bins (e.g. pedal bins) for safe disposal of tissues, gloves, masks, paper hand towels etc.
- Ensuite bathroom (shower, toilet, hand-wash basin)
- Room has door with door self-closer (if possible)
- Room restriction signs including required PPE for entry
- Independent air conditioner / filter system if available

☐ Business continuity workforce plan develop and test workforce plan for leadership, clinical and non-clinical staff during outbreak; plan for high predicted staff sick leave / isolation needs and increased service delivery needs including clinical and cleaning needs

☐ Review and ensure processes in place for management of the deceased, their belongings and their medication that meet legislative requirements and infection control guidelines

Checklist for RACF preparation for COVID-19 prevention and outbreak management

☐ Where indicated, commission engineering advice to identify structural requirements to facilitate zoning and optimise infection control through:
- controlled access and dedicated reception or access control system
- segregation of zones by closed doors
- wall and floor signage displaying warning of segregated areas to control entry
- minimisation of thoroughfares between zones whilst maintaining fire safety
- designated areas to don and doff PPE, undertake appropriate hand washing
- designated storage area to facilitate safe storage of PPE
- safe waste management with separation of food service / delivery and clinical waste pathways
- ensuring doors are of sufficient width to allow passage of resident beds

☐ Review, map and risk manage all staff profiles with particular reference to those moving between facilities and high movement staff, or those accessing multiple zones on a daily basis, for example:
- leadership team (e.g. clinical manager)
- maintenance staff
- GPs and other visiting healthcare providers
- cleaning staff

☐ Ensure that a robust communications plan is documented that describes communication with:
- Residents and their families
- Staff including visiting clinicians and contractors
- Government support agencies including Commonwealth Department of Health, Public Health, RaSS and incident management team/s
- Media

☐ Update contact lists including contact details for:
- Nominated substitute health decision maker for each resident
- Nominated General Practitioner (GP) for each resident
- Local *Public Health Units*
- *RaSS*
- Palliative care services
  - *Specialist Palliative Care Hub and Spoke Service*
  - *Pallconsult*
- Private pathology laboratories

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Acute respiratory illness (suspected COVID-19) in RACF resident (**this pathway supersedes the Influenza-like Illness pathway)

Resident with Acute Respiratory Illness or suspected COVID-19 infection (review practice point 1)

1. Immediately **isolate the resident and place under contact and droplet precautions.**
   - **Staff apply appropriate personal protective equipment** (PPE) (review **practice point 2**)
   - **Where possible, place the resident in a single room** with an **unshared bathroom** and minimise interaction with others
   - **Ensure implementation of enhanced environment hygiene**
2. **Check vital signs**
   (review ***Recognition of the deteriorating resident***)
   NOTE: given the increased risk of hospital transfer during the COVID-19 pandemic, a resident with isolated temperature > 39 degrees Celsius and otherwise normal vital signs, should be discussed with the GP or ***HHS RaSS*** prior to being classified as having "unstable vital signs"
3. If not immediately life-threatening review ***Checklist for contact*** **and ring GP**

Unstable vitals →

1. Call QAS on 000 - notify operator of suspected COVID-19
2. Ring GP if not yet aware
3. Prepare transfer documentation (**review *Checklist for contact***)
4. Notify substitute health decision maker
5. Notify relevant ***HHS RaSS*** and local ***PUBLIC HEALTH UNIT***

↑

Expressed choice to be transferred to hospital for active treatment including delivery of supplemental oxygen to prolong life

↑

Review Advance Care Plan or Statement of Choices and refer to ***Management of residents with unstable vital signs***

Stable vitals ↓

Expressed choice to have comfort cares in the RACF →

In consultation with GP (with support of *HHS RaSS* if required):

1. Continue to **isolate the resident** and **implement enhanced infection control** measures **(review practice point 2)** - explain to resident and substitute health decision maker
2. Institute regular monitoring for pain, discomfort or distress
3. **Where goals of care are for life prolonging treatment:** Undertake regular **monitoring of vital signs** and review Advance Care Plan with resident and substitute health decision maker
4. **Notify local *PUBLIC HEALTH UNIT* by phone**
5. **Arrange appropriate swabs** for COVID-19 PCR, influenza PCR and respiratory virus PCR (call 1800 570 573 to facilitate testing – if service unavailable in a timely manner, contact local pathology provider or refer to *CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia* for detailed advice on how to swab on how to collect a swab)
6. **Implement ACTIVE surveillance of all residents and staff** (if not already occurring) to identify further cases or exposure risks - if 2 or more cases of acute respiratory illness are identified in residents or staff within 3 days (72 hours) - refer to ***Management of potential or confirmed RACF COVID-19 outbreak pathway*** **Review**
7. **outbreak management plan and identify any gaps in the plan**

Positive for COVID-19 or influenza or respiratory viruses →

1. Notify GP and substitute health decision maker of result
2. Continue to isolate and use PPE and contact local ***PUBLIC HEALTH UNIT*** for instructions in relation to resident and staff screening and resident management
3. Inform Commonwealth Department of Health of confirmed COVID-19 cases via *agedcareCOVIDcases@health.gov.au*
4. Contact ***HHS RaSS*** for additional support at GP discretion

Negative for COVID-19 and influenza and respiratory viruses →

1. **Continue to isolate and use appropriate PPE**
2. Where there is a high suspicion of COVID-19 refer to ***PUBLIC HEALTH UNIT*** for further instructions in relation to re-testing and ongoing isolation
3. Monitor for complications of febrile illness
4. Seek review by GP at any time if condition worsens or fails to resolve or at 24 hours after resolution of symptoms
5. Contact ***HHS RaSS*** for additional support at GP discretion

Acute respiratory illness (suspected COVID-19) in RACF resident practice points

(1) When to suspect COVID-19 infection in an RACF resident

(NOTE: facilities should institute pre-emptive surveillance of all residents for symptoms to facilitate early detection)

Suspect COVID-19 in individual residents, staff or frequent attendees if there is any of the following:

1. **Fever** >/=37.5°C or **history of fever** including night sweats or chills
   (NOTE: older persons may not mount febrile response) **OR**
2. **Acute respiratory infection symptoms -** this may be suspected by:
   i. shortness of breath or
   ii. new or worsening cough (dry or productive)
   iii. sore throat or nasal congestion or rhinorrhea (runny nose)

NOTE: older people may also present with atypical symptoms - these may include nausea, vomiting, acute loss of appetite, diarrhoea, increased confusion or delirium, haemoptysis, loss of taste, malaise, new fatigue, myalgia (muscle pain), arthralgia (joint pain), exacerbation of chronic disease (e.g. Chronic Obstructive Airways Disease, heart failure, asthma or diabetes)

(2) Infection control procedures in suspected or confirmed COVID-19 infection in an RACF resident

(refer to *CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia* for more detailed information)

1. **Use appropriate PPE** when caring for residents with suspected or confirmed respiratory infection: see *CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia* for specific advice on PPE in the RACF setting – PPE should include, at a minimum, long-sleeved gown, surgical mask, protective eyewear (safety glasses, eye shield, face shield or goggles) and gloves when in contact with an ill resident. P2 / N95 masks / respirators are required for aerosol generating procedures and use requires appropriate training and fit-checking.
   Ensure that collection of nasopharyngeal specimens in those with severe symptoms is only undertaken in a room from which air does not circulate to other areas and the door should be closed during the specimen's collection.
   At completion of cares, remove gloves, perform hand hygiene, remove gown, perform hand hygiene, remove eye protection, perform hand hygiene, remove mask and perform hand hygiene. **Do not touch the front of any item of PPE during removal.**
   NOTE: all staff should be *trained and deemed competent in the proper use of PPE* **including donning and doffing procedures; RACF clinical staff should further receive training in collection of nasopharyngeal swabs in regions where timely access to pathology providers is not available.** Follow *CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia.*

2. **Isolate resident** with suspected infection in a room with the ability to close the door and with a separate toilet, where they should remain and have meals delivered until the test result is known. Where possible, residents requiring droplet precautions should be restricted to their room. Where a single room is not available - follow guidance *CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia.*

3. **Place standard, contact and droplet precaution signs, alcohol-based hand rub and PPE outside** resident's rooms (with a hands-free mechanism to allow for safe disposal of PPE items) to remind staff and visitors about the requirement for strict infection control procedures. NOTE: alcohol-based hand rub is gold standard for hand hygiene in healthcare settings when hands are not visibly soiled. However, if hands are visibly soiled or have had direct contact with body fluids they should be washed with liquid soap and running water then dried thoroughly with disposable paper towel.

(2) Infection control procedures in suspected or confirmed COVID-19 infection in an RACF resident (cont).

4. **Reinforce hand hygiene** with staff and any visitors - ensure adequate supplies of liquid soap, alcohol-based hand-rub and paper towels with hands-free mechanism for disposal.

5. **Implement enhanced environmental cleaning and disinfection of the resident's environment** and disinfect shared equipment (for example, monitors, BP cuffs, thermometers, glucometers) frequently with a neutral detergent followed by a disinfection solution (*TGA-registered hospital grade disinfectant* or 1000 ppm sodium hypochlorite). More information on environmental cleaning and disinfection is available in the Commonwealth Department of Health factsheet – *Environmental cleaning and disinfection principles for COVID-19.* It is imperative to ensure that resident environments are frequently cleaned, decluttered and that particular attention is paid to appropriate cleaning of soft furnishings and appropriate waste management.

6. **Respiratory hygiene and cough etiquette -** encourage residents to cover their nose and mouth with the elbow when they cough or sneeze or use tissues and dispose of them into a rubbish bin and perform hand hygiene.

7. **Monitor staff and ALL residents for symptoms** of fever or acute respiratory illness **-** refer to national guidelines in relation to staff management if symptoms or exposures *CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia.*

8. **Comply with Commonwealth and State directions and advice**.

9. Communicate clearly with the resident and / or the resident's substitute health decision maker including:
   - The symptoms and signs of concern
   - The immediate required response
   - A senior clinician (RACF clinical manager / GP) should undertake shared decision making with the resident and / or their substitute health decision maker to determine the planned course of action including testing and required infection control procedures including isolation and use of personal protective equipment by staff and the proposed site of care (based on clinical need / stability, resident's goals of care and ability to achieve effective isolation)
   - Communicate and update predicted time-line to receiving results and the likely management in the event of either a positive or negative result
   - Communicate results of testing and together with the resident plan the ongoing course of management

10. Where residents are isolated in the RACF, there is increased risk of psychological distress and physical deterioration - ensure that there is attention to:

    - Increased access to usual primary care provider and frequent review by RACF clinical staff
    - Continuity of support of family and care providers - use technologies such as video-conferencing to allow ongoing support throughout all phases of pandemic response, and visiting windows where clinically feasible
    - Increased access to usual primary care provider and frequent review by RACF clinical staff
    - Continuity of support of family and care providers - use technologies such as video-conferencing to allow ongoing support throughout all phases of pandemic response, and visiting windows where clinically feasible
    - Ensure regular communication with residents and families to update on current situation and provide cultural, emotional and spiritual support; where indicated ensure an interpreter is used - refer to *Health Consumers Queensland Communications Checklist*
    - Provision of cognition appropriate activities
    - Maintenance of oral intake and addressing of nutritional needs
    - Delirium prevention strategies including orientation prompts (verbal or signed), particularly where changes to environment are required
    - Prevention of falls and maintenance of mobility
    - Continuity of disability support services, where relevant

Management of potential or confirmed RACF COVID-19 outbreak

Potential or confirmed COVID-19 RACF outbreak

Checklist for potential or confirmed COVID-19 OUTBREAK[1,2]

RESPONSE	ACTION	
IDENTIFY	Escalate to RACF clinical manager (or nominated delegate) and confirm that facility meets definition of a potential outbreak – **review practice point 1**	☐
DECLARE	Declare a potential outbreak and stand-up internal Outbreak Management Team (OMT) – review **practice points 2 (legal framework) and 3 (outbreak management team);** if COVID-19 confirmed, declare a confirmed outbreak and stand-up an inter-agency OMT	☐
IMPLEMENT CLINICAL CARE & INFECTION CONTROL	**Isolate / cohort ill residents** – Place affected residents in single rooms with an unshared bathroom and minimise residents contact with others; refer to the Infection Control Expert Group's *COVID-19 Infection Prevention and Control for Residential Care Facilities* for principles that guide resident placement in settings where a single room is not available	☐
	Place ALL of the following outside affected residents' rooms – 1. Contact and droplet precaution signs 2. Alcohol-based hand rub 3. Appropriate personal protective equipment (PPE) with appropriate hands-free disposal mechanism	☐
	Notify GP/s and arrange appropriate care and testing of individual unwell residents - review *Acute respiratory illness (suspected COVID-19) in RACF resident*	☐
	Implement clinical review and ongoing surveillance of all residents and staff for symptoms and / or signs of fever or acute respiratory infection - review *Acute respiratory illness (suspected COVID-19) in RACF resident*	☐
	Ensure that all staff are screened for acute respiratory symptoms or fever prior to entry to facility each day and that any unwell staff are immediately excluded from the facility and advised to seek appropriate medical review and testing	☐
	Reinforce standard precautions (hand hygiene, cough etiquette and social distancing in communal areas) throughout the facility – to support resident well-being during social distancing, additional staff may be required to assist with diversional therapy, provide support for residents in use of internet-based communication with family and provision of social and psychological support to residents	☐
	Ensure that all staff are *trained in standard precautions and where relevant, in contact, droplet and airborne precautions*, **including donning and doffing of PPE**	☐
	Display outbreak signage at entrances to the facility	☐
	Increase the frequency of environmental cleaning (minimum twice daily) and review waste management processes – refer to *Coronavirus (COVID-19) Environmental cleaning and disinfection principles for health and residential care facilities*	☐
	Appoint an infection prevention and control audit officer to attend the site daily during the outbreak to observe infection control practices and feedback to staff and OMT on any required changes	☐
COLLECT	**Collect appropriate respiratory specimens from ill residents and staff –** (call 1800 570 573 to facilitate testing – if service unavailable in a timely manner,contact local pathology provider)	☐

This information does not replace clinical judgement. Printed versions are uncontrolled.

Checklist for potential or confirmed COVID-19 OUTBREAK[1,2]

RESPONSE	ACTION	
NOTIFY	**Notify local *PUBLIC HEALTH UNIT*** – this is a legislated requirement for testing clinicians and pathology laboratories under the Public Health Act; these units will support confirmation and management of the outbreak	☐
	Notify *HHS RaSS*	☐
	Notify all of the facility's GPs and any other visiting health professionals or ancillary workers of the outbreak – refer to *CDNA National Guidelines for Prevention, Control and Public Health Management of COVID-19 outbreaks in Residential Care Facilities in Australia* for draft notification letter for GPs	☐
	Inform residents, substitute health decision makers, relatives and all staff (clinical and non-clinical) of outbreak	☐
	Inform the Commonwealth Department of Health of any <u>confirmed</u> COVID-19 cases via agedcareCOVIDcases@health.gov.au – this will facilitate Commonwealth support for PPE and staff supplementation; aged care providers may contact the Queensland Commonwealth Department of Health office on 1800 300 125 for assistance to manage an emergency	☐
	Inform the *Aged Care Safety and Quality Commission*	☐
RESTRICT	**Assign specific RACF staff to care for affected residents** in isolation and restrict movement of staff between areas of the facility	☐
	Avoid non-essential resident transfers: - **for public or private specialist outpatient reviews, contact specialist or outpatient departments (OPD) to determine potential for telehealth review** - **for emergency department attendances – review vital signs and if stable, at GP discretion, contact *HHS RaSS***	☐
	Cancel non-essential group activities	☐
	Entry of staff and visitors to RACF continues to comply with any Commonwealth or State directions – review Chief Health Officer Aged Care Direction/s	☐
MONITOR	**Monitor outbreak progress** through increased observation of residents and staff for fever and / or acute respiratory illness – see ***Acute respiratory illness (suspected COVID-19) in RACF resident***	☐
	Update case list daily with results of positive and negative test results and update local *PUBLIC HEALTH UNIT*	☐
	Monitor levels of, and ensure timely ordering of additional, essential supplies including: - PPE – if PPE stocks low and / or supply chains are compromised, email agedcareCOVIDPPE@health.gov.au and notify ***HHS RaSS*** if supply critically low - Alcohol-based hand rub, paper towels and cleaning materials - Imprest medication, particularly antibiotics and end of life medications - Supplies to ensure daily care needs are met e.g. food, continence aids etc.	☐
	Monitor staff sick levels and institute workforce management plan to ensure timely activation of surge workforce should an outbreak occur	☐
	Monitor ability to maintain business continuity	☐

No new cases 14 days from date of isolation of most recent case →

1. **In consultation with local *PUBLIC HEALTH UNIT* declare outbreak over**
2. **Review and evaluate outbreak management and amend outbreak management plan if needed**

Potential or confirmed COVID-19 outbreak practice points

(1) When to suspect a COVID-19 outbreak

A potential outbreak exists when any single resident or staff member or frequent attendee is identified to have symptoms or signs of COVID-19, or close contact with a person with confirmed COVID-19.

**** Declaring a potential outbreak **MUST NOT BE DELAYED** to await pathology test results - it must be declared on basis of symptoms and signs or close contact, alone with urgent implementation of infection control measures - delaying until confirmatory laboratory testing may result in avoidable morbidity and mortality****

A potential outbreak becomes a **confirmed outbreak** when:

• At least **one case of COVID-19 is confirmed by laboratory testing** among residents or staff or frequent attendees
NOTE: an outbreak should be actively looked for when any single resident or staff member or frequent attendee is identified to have below symptoms or signs:

Suspect COVID-19 in individual residents or staff or frequent attendee if there is any of the following:
A. Either:

1. **Fever** >/=37.5°C or **history of fever** including night sweats or chills (NOTE: older persons may not mount febrile response) **OR**
2. **Acute respiratory infection symptoms** - including any of:
   i. shortness of breath or
   ii. new or worsening cough (dry or productive)
   iii. sore throat or nasal congestion or rhinorrhoea

NOTE: older people may also present with atypical symptoms - these may include nausea, vomiting, acute loss of appetite, diarrhoea, increased confusion or delirium, haemoptysis, loss of taste, malaise, new fatigue, myalgia (muscle pain), arthralgia (joint pain), exacerbation of chronic disease (e.g. Chronic Obstructive Airways Disease, heart failure, asthma or diabetes)

(2) Outbreak management legal framework

RACFs are responsible for identifying and complying with relevant legislation and regulations and must fulfil their legal responsibilities regarding infection control by adopting standard and transmission-based precautions as directed in the Australian Guidelines for the Prevention and Control of infection in healthcare and complying with any directives by Commonwealth and State public health authorities. RACFs are also required to operate under the Aged Care Act 1997 in order to be accredited - accreditation requires adherence to infection control standards and Aged Care Quality Standards.

See next page for Outbreak Management Teams roles

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Version 2.1 effective 4 September 2020

(3) Outbreak Management Team

The Outbreak Management Team (OMT) is responsible for directing and overseeing the management of an outbreak in the RACF and implementing the facility's outbreak management plan.

The OMT should meet daily to monitor the outbreak progress, initiate changes as required and liaise with GPs and the local ***PUBLIC HEALTH UNIT***. Refer to the *CDNA National Guidelines for Prevention, Control and Public Health Management of COVID-19 outbreaks in Residential Care Facilities in Australia* for details on roles within an OMT.

The OMT should have multidisciplinary representation (nursing, medical, infection management, and RACF management at a minimum). In the first 24 hours after confirmation of an outbreak, this team should, where feasible, include: Co-chairs including RACF executive and public health unit lead, secretary, infection prevention and control practitioner, public health unit contact tracer, public health unit epidemiologist, communications officer from the RACF, Commonwealth Department of Health case officer, Aged Care Quality and Safety Commission case officer, RACF clinical oversight manager, infectious disease physician, HHS site medical lead. The OMT should perform the following functions:

1. **Direct and oversee management of outbreak and implement the RACFs outbreak management plan** including:
   - Appointment of an outbreak coordinator to implement infection control decisions of the OMT and to co-ordinate activities to contain and investigate the outbreak
   - Review and implement infection control measures including *refresher training* of all staff in infection control and PPE procedures (including donning and doffing)
   - Completion of all tasks as outlined on first page of the ***Management of potential of confirmed RACF COVID-19 outbreak***
   - Co-ordination, minuting and implementation of actions arising from daily meetings of the OMT and daily reports to the local ***PUBLIC HEALTH UNIT***

2. Implement a **communication strategy** to ensure that:
   - Initial and update notifications of local ***PUBLIC HEALTH UNIT.*** facility GPs, facility staff, residents and their families are undertaken in a timely and appropriate manner – in particular, it is imperative to ensure that the communication strategy facilitates communication between residents and families
   - Appointment of a media spokesperson

3. Implement the following to ensure **RACF business continuity:**
   - Monitor resources and implement procurement strategy to secure maintenance of essential supplies including clinical consumables including clinical monitoring equipment, appropriately textured food and fluids, imprest medications, oxygen and oxygen concentrators, PPE, disinfectants, toiletries, mobility aids, cleaning equipment
   - Workforce Management Plan to ensure timely activation of appropriately trained surge workforce if required
   - Ensure security of access to IT equipment particularly in terms of clinical documentation systems and IT to facilitate communication between residents and their families
   - Ensure RACF disaster management plan updated

4. Ensure restriction of admissions of new residents to the facility during a COVID-19 outbreak (potential or confirmed)

5. Delegate staff to ensure that *strategies are implemented to reduce anxiety and depression among residents and to maintain physical health and well-being during restrictions*

The OMT should **seek further advice from the local *PUBLIC HEALTH UNIT* and, where additional support required, the *HHS RaSS*** if any of the following occur:

1. The outbreak comprises more cases than can be managed
2. The rate of new cases is not decreasing
3. Three or more residents are hospitalised related to COVID-19
4. A COVID-19 related death has occurred

References:

1. Communicable Disease Network of Australia. *CDNA National Guidelines for Prevention, Control and Public Health Management of COVID-19 outbreaks in Residential Care Facilities in Australia,* available at: https://www.health.gov.au/resources/publications/coronavirus-covid-19-guidelines-for-outbreaks-in-residential-care-facilities accessed 27042020

2. Communicable Disease Network of Australia. *Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units.* Available at: https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm?Open=&utm_source=health.gov.au&utm_medium=redirect&utm_campaign=digital_transformation&utm_content=cdna accessed 04062020

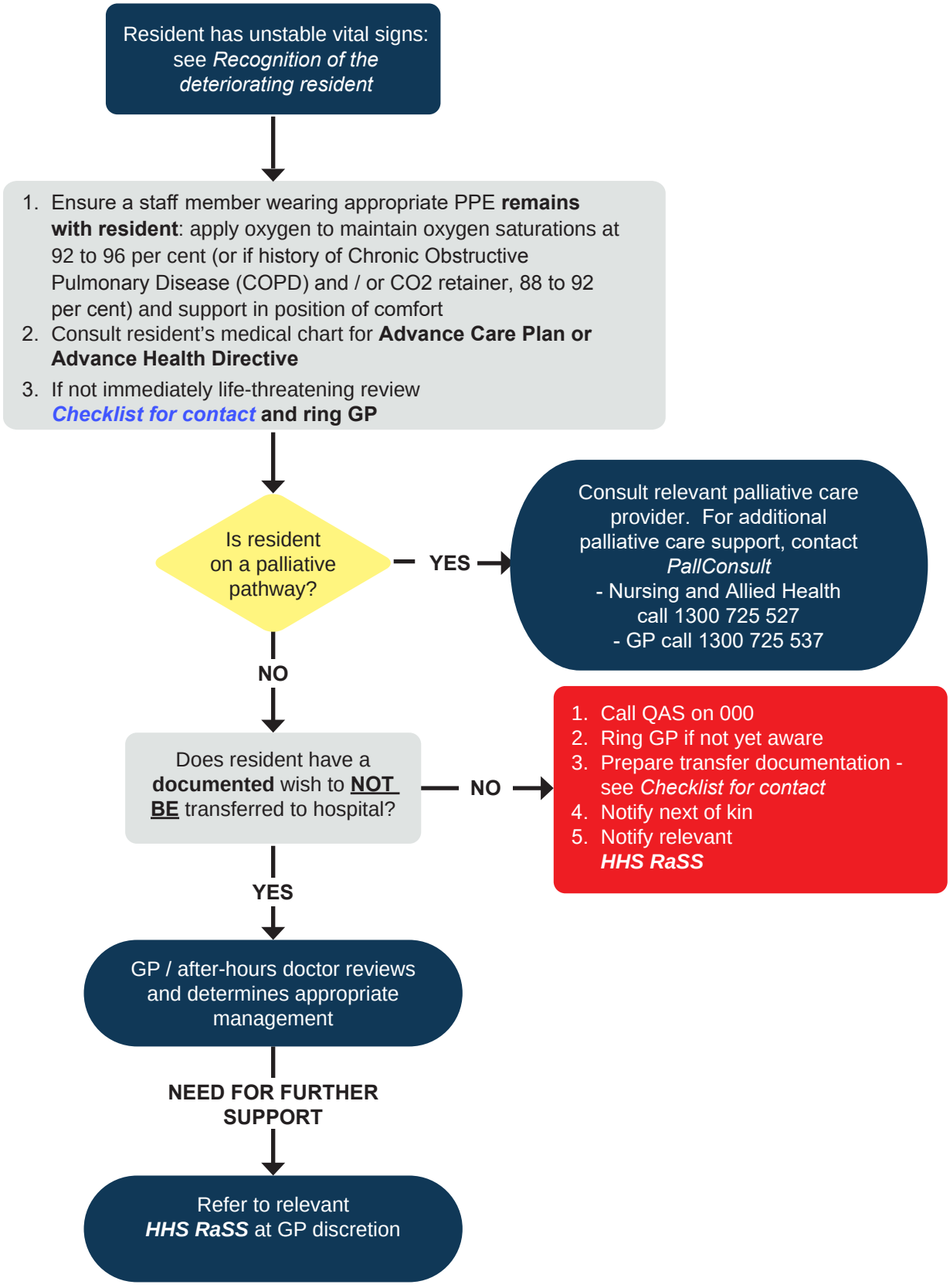
Recognition of the deteriorating resident

Any rapid deterioration in condition should be treated with suspicion: the parameters below should not replace clinical judgment; change in residents' behaviours may also be an indication of deterioration and should prompt review of vital signs as below IF YOU ARE CONCERNED ABOUT A RESIDENT CALL THE GP AND DISCUSS					
VITAL SIGN	**RED (DANGER) = Potential life-threat, urgent medical review indicated: see #Management of residents with unstable vital signs**	**YELLOW (CAUTION) = Medical review indicated**	**NORMAL =** *Medical review as indicated by presenting complaint*	**YELLOW (CAUTION) = Medical review indicated**	**RED (DANGER) = Potential life-threat, urgent medical review indicated: see #Management of residents with unstable vital signs**
Respiratory rate (breaths per minute)	*Less than 6 bpm*	*6 to 9*	*10 to 24*	*25 to 30*	*More than 30*
Respiratory effort	*Obvious distress and/ or cyanosis (despite oxygen)*	*Unusually labored or noisy breathing*	*Typical for this resident*		
Pulse oximetry (oxygen saturations)	*Less than 88 per cent despite oxygen*	*88 to 91 per cent despite oxygen*	*92 to 100 per cent with or without oxygen and usual for this resident*		
Systolic blood pressure (systolic = top; mmHg)	*Less than 90*	*90 to 109*	*110 to 180 (or in range specified by GP for this patient)*	*181 to 200 (or higher in an otherwise well resident)*	*More than 200 with symptoms*
Heart rate (beats per minute)	*Less than 40*	*40 to 49*	*50 to 100 (persistently)*	*101 to 130*	*More than 130*
Response and cognition	*Responsive to pain only or newly unresponsive or sudden change in mental state*	*Not alert but responsive to voice (unless this resident is normally only responsive to voice)*	*Alert (or cognition that is normal for this resident)*		
Temperature	*Less than 35ºC*	*35.0 to 35.5ºC*	*35.6 to 37.7ºC*	*37.8 to 39.0ºC*	*More than 39ºC#*
Pain	*Clearly distressed (despite recent pain-relieving medication)*	*Obvious discomfort (despite pain-relieving medication)*	*Nil or tolerable (with or without pain-relieving medication)*		
Blood glucose (mmol/L)	*Less than 4.0 and unresponsive to treatment*	*Persistently 4.1 to 5.9 or less than 4.0 and responsive to treatment*	*6-15 or in range specified by GP for this patient*	*Persistently more than 15.0 and resident well*	*Persistently more than 15.0 and resident unwell*

** modified from Hewitt, J. Aged Care emergency Manual, 2013. Sourced from: *https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0019/27413.pdf*

If isolated temperature >39 degrees in a resident with suspected Acute Respiratory Illness, and other vital signs are normal, undertake urgent consultation with resident's GP - where this is not able to occur in a timely fashion consult HHS RaSS

Management of residents with unstable vital signs



Checklist for contact of GP or RaSS

STEP	ACTION	DONE?
1	*Collect* **resident's medical record** *and* **medication chart** *including:* • *Results of recent tests* • *Recent changes to medications* • *Substitute health decision maker contact details (e.g. enduring power of attorney (EPOA)* • *Contact details for treating GP*	☐
2	*Have a copy of the relevant QH* **GP and RACF decision support tool** *in front of you*	☐
3	*Check the resident's* **Advance Care Plan (ACP) / Advance Health Directive (AHD)** *for documented wishes*	☐
4	*Undertake a full set of* **vital signs** *including:* • *Temperature* • *Pulse and Blood Pressure* • *Respiratory rate and oxygen saturations* • *Conscious level (Alert, responds to Voice, responds to Pain, Unresponsive)* • *Blood glucose level* • *Pain assessment using cognition appropriate tool*	☐
5	**Pen and paper** *available to document any instructions*	☐
6	*Prepare to discuss with GP or a RaSS in the* **ISBAR format** **Identify** *yourself, your role and where you are calling from* **Situation** *or the reason for your call and the current problem e.g. Chest pain* **Background** *including past medical history of resident and usual level of function* **Assessment** *including* • *Vital signs* • *Other relevant clinical findings including any recent behavioural changes* • *Recent medication changes* • *Recent investigation results* • *Ensure that you highlight whether you are concerned about an infectious illness, particularly an infectious respiratory illness* **Recommendations** *arrived at in collaboration with GP or a RaSS*	☐
7	*If resident is to be reviewed in facility by GP or a RaSS or to be transferred to hospital – prepare documentation including copies of:* • *Facility name and 24 hour contact details for RN or clinical manager* • *Summary of reason for transfer and recent vital signs* • *Past medical history and baseline level of function* • *Recent medical notes, results of investigations* • *Recent changes to medications* • *Current (regular, prn and short-course) medication AND sign-off charts* • *Advance Care Plan or Advance Health Directive* • *Contact details for next of kin and substitute health decision makers*	☐
8	**Notify next of kin** */ substitute health decision maker of resident condition and ensure they agree with the recommendations of GP / RaSS – if not, notify GP or RaSS*	☐

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RACF acute care support services (RaSS)

RaSS are Queensland Health funded services that provide some or all of the following acute care services to residents of aged care facilities:

- *Telephone triage - telephone assessment of acute care needs and matching the care need to the most appropriate care delivery service*
- *Gerontic nursing assessment for RACF residents presenting to Emergency Department (ED) or admitted to hospital*
- *Discharge planning, co-ordination and transitional communication for RACF residents presenting to ED or admitted to hospital, including for residents who have presented to and been discharged from ED after-hours*
- *Follow-up of all RACF residents at 7 days (earlier if clinical need requires) to ensure fulfillment of referrals, resolution of care needs*
- *ED substitutive care - acute care in the RACF environment as an alternative to ED transfer; the types of care able to be delivered will be determined by the scope of practice of individual RaSS staffing models; and*
- *Specialist consultative services via telehealth to RACF residents*

Contact the RaSS of the HHS in which the RACF is geographically located

HHS	Facility	Service Name	Telephone Triage
Cairns	Cairns Hospital	Older Persons Integrated Health Service	0408 816 916
Central Queensland	Rockhampton Hospital	Geriatric Evaluation and Rapid Intervention Team (GERI)	4920 6211
	Gladstone Hospital		
Darling Downs	Toowoomba Hospital	AGES - RaSS	4616 6671
Gold Coast	Gold Coast University Hospital	RaSS	1300 004 242
	Robina Hospital		
Metro North	Royal Brisbane and Women's Hospital	RADAR RBWH	3647 4627 CN 1300 072 327 NN
	The Prince Charles Hospital	RADAR TPCH	3139 6896 CN 1300 072 327 NN
	Redcliffe Hospital	RADAR Redcliffe	3049 6868 CN 1300 072 327 NN
	Caboolture Hospital	RADAR Caboolture	5316 5444 CN 1300 072 327 NN
Metro South	Princess Alexandra Hospital	CARE-PACT	0427 026 319
	Queen Elizabeth II Hospital		
	Logan Hospital		
	Redland Hospital		
Sunshine Coast	Sunshine Coast University Hospital	RaSS	0437 173 358
	Nambour Hospital		
	Gympie Hospital		
Townsville	Townsville Hospital	Frailty Intervention Team	4433 7533
West Moreton	Ipswich Hospital	RaSS	3810 1530
Wide Bay	Maryborough Hospital	TBC	TBC
	Hervey Bay Hospital		
	Bundaberg Hospital		

Public Health Units

Public Health Units are located within HHSs across the State. Some Public Health Units provide services for more than one HHS.
Public Health Units focus on:

- *protecting health*
- *preventing disease, illness and injury*
- *promoting health and wellbeing at a population or whole of community level.*

This is distinct from the role of the rest of the health system which is primarily focused on providing healthcare services to individuals and families.

Contact the Public Health Unit of the HHS in which the RACF is geographically located

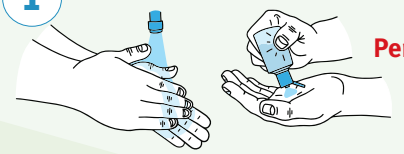
Public health unit	Location	Telephone (general enquiries)	Fax (general enquiries)	Report notifiable conditions
Metro North (Brisbane North)	Bryden Street, Windsor Qld 4030 Locked Bag 2, Stafford DC Qld 4053	3624 1111	3624 1159	Fax: 3624 1129 Phone: general enquiries number
Metro South (Brisbane South)	Level 1, 39 Kessels Road, Coopers Plains Qld 4108 PO Box 333, Archerfield Qld 4108	3156 4000	3156 4045	Phone: general enquiries number Fax: 3156 4006 (Public Health Nurses)
Tropical Public Health Services (Cairns)	William McCormack Place II, Level 7, 5 Sheridan Street, Cairns Qld 4870 PO Box 1103, Cairns Qld 4870	4226 5555	4226 3095	Use general contact details
Central Queensland (Rockhampton)	82-86 Bolsover Street, Rockhampton Qld 4700 PO Box 946, Rockhampton Qld 4700	4920 6989	4920 6865 EH: 4921 3230	Use general contact details
Darling Downs (Toowoomba)	Baillie Henderson Hospital, Browne House, Cnr Tor and Hogg Streets, Toowoomba Qld 4350 PO Box 405, Toowoomba Qld 4350	4699 8240	4699 8477	Fax: 4699 8262 Phone: general enquiries number
Gold Coast	45 Chisholm Road, Carrara Qld 4121 PO Box 318, Nerang Qld 4211 Email: GCPHU@health.qld.gov.au	5667 3200	5667 3280	Fax: 5667 3281
Mackay	Mackay Base Hospital, 475 Bridge Road, Mackay QLD 4740 PO Box 5580 Mackay MC QLD 4741	4885 5800	4885 5819	CDC Fax: 4885 5818 Phone: use general enquiries number
North West (Mount Isa and Gulf)	26-28 Camooweal Street, Mount Isa Qld 4825 PO Box 1097, Mount Isa Qld 4825	EH Officer 4744 7178 PH Nurse 4744 7186	4744 7192	Use general contact details
Sunshine Coast	60 Dalton Drive, Maroochydore QLD 4558 PO Box 577, Maroochydore Qld 4558 Email: SCPHU@health.qld.gov.au	1300 017 190	5202 9596	Fax: 5202 9889
Townsville	242 Walker Street, Townsville Qld 4810 Locked Bag No 4016, Townsville Qld 4810	4433 6900	4433 6901	Use general contact details
West Moreton (Ipswich)	81 Queen Street, Goodna, Ipswich Qld 4305 PO Box 188, Goodna Qld 4300	3818 4700	3818 4701	Use general contact details
Wide Bay (Bundaberg)	L1, 14 Branyan Street, Bundaberg Qld 4670 PO Box 185, Bundaberg Qld 4670	4303 7500	4303 7599	Use general contact details
Wide Bay (Hervey Bay)	Suite 11/17 Hershel Court, Urraween, Qld 4655 PO Box 724, Hervey Bay Qld 4655	4184 1800	4184 1809	Use general contact details

COVID-19 Safe fitting and removal of personal protective equipment (PPE) for healthcare staff

CORRECT PROCESS FOR FITTING PPE

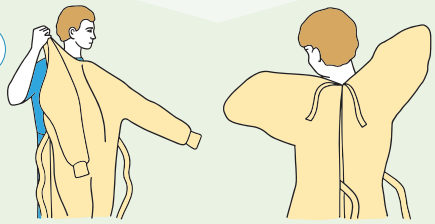
IMPORTANT: Maintain standard precautions when fitting and removing PPE when caring for confirmed, probable or suspected cases of COVID-19!

1



Perform hand hygiene

2



Put on long sleeved fluid-resistant gown

- Ensure the gown is large enough to allow unrestricted freedom of movement without gaping.
- Fasten the back of the gown at the neck and waist.

3

Put on surgical mask or P2/N95 respirator

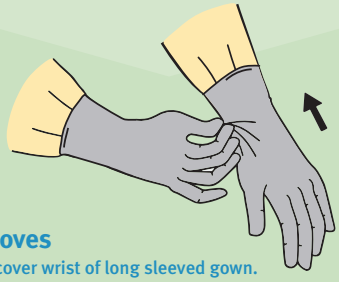
- Secure ties (for surgical masks) or elastic bands (for respirators) at the middle of the head and neck.
- Fit flexible band to nose bridge.
- Ensure mask is fitted snug to face and below the chin.
- For respirator use, perform a fit check according to manufacturer instructions.

4

Put on protective eyewear/face shield

- Place protective eyewear/face shield over eyes/face and adjust to fit.

5



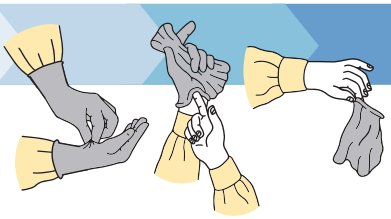
Put on gloves

- Extend to cover wrist of long sleeved gown.

CORRECT PROCESS FOR REMOVING PPE

IMPORTANT:
Only remove mask after exiting the patient room!

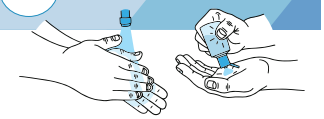
1



Remove gloves

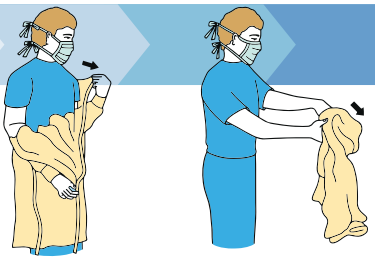
- The outside of gloves is contaminated. Remove gloves being careful not to contaminate bare hands during glove removal.
- Discard gloves into clinical waste.

2



Perform hand hygiene

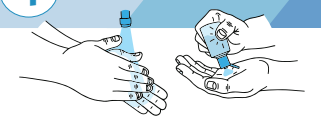
3



Remove gown

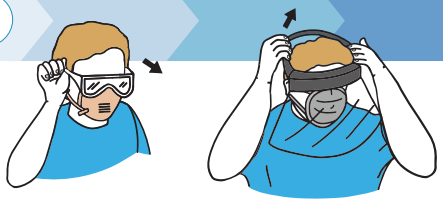
- The gown front and sleeves are contaminated. Untie or break fasteners and pull gown away from body, touching the inside of the gown only.
- Discard gown into clinical waste.

4



Perform hand hygiene

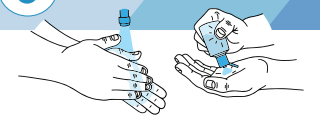
5



Remove protective eyewear/face shield

- The outside of protective eyewear/face shield is contaminated. Remove eyewear/face shield by tilting the head forward and lifting the head band or ear pieces. Avoid touching the front surface of the eyewear/face shield.
- Reusable items should be placed in a designated receptable for reprocessing.
- Place disposable items in clinical waste.

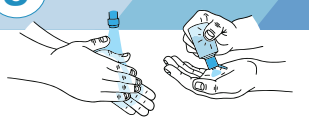
6



Perform hand hygiene

7

8



Perform hand hygiene

Remove P2/N95 respirator or surgical mask

- Do not touch the front of the P2/N95 respirator or surgical mask.
- Remove respirator or surgical mask by holding the elastic straps or ties and remove without touching the front.
- Discard P2/N95 respirator or surgical mask into clinical waste.

Queensland Government

Current as of 7 April 2020

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Version 2.1 effective 4 September 2020

COVID-19 Recommended personal protective equipment (PPE) for healthcare staff

PPE RECOMMENDED FOR:

Routine care (confirmed, probable or suspected cases)

Staff

- Perform hand hygiene
- Recommended PPE for contact and droplet precautions:
  1.  **Long sleeved fluid-resistant gown**
  2.  **Surgical mask**
  3.  **Protective eyeware /faceshield**
  4.  **Gloves**

Patient

- Place the patient in a single room with the door closed (a room from which the air does not circulate to other areas is preferred) if available
- Move patient within facility only when medically necessary
- Place a surgical mask on patient during transfer out of their single room if possible or when other people enter the room

PPE RECOMMENDED FOR:

- aerosol-generating procedures including those receiving routine home CPAP or BIPAP
- care of confirmed, probable or suspected case with severe symptoms suggestive of pneumonia
- prolonged or very close patient contact

Staff

- Perform hand hygiene
- Recommended PPE for contact and airborne precautions:
  1.  **Long sleeved fluid-resistant gown**
  2.  **P2/N95 respirator**
  3.  **Protective eyeware /faceshield**
  4.  **Gloves**

Patient

- Place the patient in a single room
- Move patient within facility only when medically necessary
- If possible, place a surgical mask on patient during transfer out of their single room, or when other people enter the room

Queensland Government

Current as of 7 April 2020