COVID-19 Guidance for admissions into aged residential care facilities at Alert Level 4

2 April 2020

Aged residential care (ARC) services, excluding deferrable respite, are essential services. This means they continue to operate, accepting referrals from both community and hospital. It is essential to ensure that people who do not need to be in hospital do not remain there unnecessarily.

Admissions from the community

ARC is able to accept admissions from the community if the person has not had contact with anyone who has been overseas in the last 14 days or been overseas themselves, have not been in contact with anyone with confirmed, suspected or probable COVID-19, are not awaiting a COVID-19 test result and do not have any acute respiratory symptoms (cough, fever, sore throat).

All people, prior to admission, must be screened by a General Practitioner or Community Based Assessment service for COVID-19.

The COVID-19 case definition can be found on the Ministry of Health website.

New admission: COVID-19 suspected

If COVID-19 is suspected the Needs Assessment Service Coordination (NASC) will liaise with community services (eg, Community Nursing and/or Home Support Agencies) to continue to support the person at home while waiting for test results. They will not be transferred to an ARC facility while waiting for test results.

Patients with a negative test result will be admitted to ARC. As a new admission from the community, the resident should have 14 days of social distancing in case they subsequently develop COVID-19. The resident should be in a single room with its own bathroom where possible, having meals in their rooms and not visiting common areas. The resident should be monitored daily for 14 days for new or worsening symptoms, for example respiratory symptoms, and assessment sought if this is identified.

New admission: COVID-19 not suspected

If COVID-19 is not suspected, residential facilities should accept an admission if they have vacancies and are able to offer a single room for at least 14 days. Physical distancing for 14 days after admission is required.

New or returning admissions from the community who are asymptomatic and not suspected of COVID-19 should have symptom checks daily for 14 days, reside in a single room with its own bathroom, have meals in their rooms and not visit common areas. If asymptomatic no PPE is required by staff or visitors (other than that required for standard precautions). If symptoms develop, they should be isolated with contact and droplet precautions and assessment sought.
PPE needs to be used appropriately and wisely. There is clear advice on our website for health and disability workers about when to use PPE to help stay safe.

**New admission: Respite**

All planned respite is cancelled as of 27 March 2020. If you are concerned about resulting vulnerability, please contact the NASC.

Emergency Respite is available, after discussion with ARC and the DHB’s Planning and Funding team, with permission of the facility. New emergency respite must be managed under the same isolation requirements as those residents entering long term ARC. This should be taken into account when emergency respite is considered. An exit plan for the return to the community should be discussed with the facility, NASC and the family.

**New admission: Into a secure unit (dementia or psychiatric care)**

All admissions should be tested COVID-19 if they meet clinical criteria for COVID-19.

If COVID-19 is not suspected, residential facilities should accept an admission into a secure unit. The unit is then considered to be the person’s ‘household bubble’. Staff should practice safe distance and hand washing protocols. If close care is required, droplet and contact PPE is appropriate. Facilities should plan this close care and try to do this all at one time, as far as possible, to manage use of PPE.

PPE needs to be used appropriately and wisely. There is clear advice on our website for health and disability workers about when to use PPE to help stay safe.

If COVID-19 is suspected the NASC will liaise with community services (e.g., Community Nursing and/or Home Support Agencies) to continue to support the person at home while waiting for test results and/or 14 days since last exposure with the suspected, probable or confirmed case (whichever is longer). They will not be transferred to an ARC facility. Once a negative test result has been attained, the resident should still wait for the 14 days and be symptom free before admission to the facility.

**Admissions: Transfer from hospital**

Residential facilities must support the return of their residents from hospital once they are medically stable. The hospital will confirm a patient’s COVID-19 status prior to discharge.

Residents who are confirmed as COVID-19 positive may be discharged to ARC once isolation management and processes have been confirmed. ARC will always be made aware in advance if a returning resident is COVID-19 positive. The DHB will ensure that ARC facilities have the PPE required if they are caring for COVID-19 positive residents.

New or returning residents from hospital who are asymptomatic and not suspected of COVID-19 should have symptom checks daily for 14 days, reside in a single room with its own bathroom, have meals in their room and not visit common areas. If asymptomatic no PPE is required by staff or visitors (other than that required for standard precautions). If symptoms develop, they should be isolated with contact and droplet precautions and assessment sought.

**Managing COVID-19 cases in Aged Residential Care**

Advice for health professionals is available on the Ministry of Health website.

If COVID-19 is suspected, residents should be immediately isolated and contact and droplet PPE precautions instigated as per the Facilities Pandemic Plan and infectious disease protocols. The GP should be called to
arrange assessment and if necessary, testing. If the resident has COVID-19, a clinical and risk assessment will need to be done about the best place of care.

If a resident tests positive for COVID-19, it is expected that the facility will continue to care for the resident as long as they can be appropriately isolated. The DHB will ensure that ARC facilities have the PPE required if they are caring for COVID-19 positive residents.

Transfers to hospital from Aged Residential Care

Transfer: non-COVID-19 related transfer

Residential facilities should continue to seek medical advice through their contracted General Practitioner/Nurse Practitioner.

The GP and/or ARC facility (when GP is unavailable) will access specialist advice by telephone (Geriatrician/General Medicine) prior to any transfer to hospital. DHBs will make this advice available to ARC. This advice will seek to support people in their facility for as long as possible and will approve any transfer to hospital in advance. The Advanced Care Plan of the resident will be considered.

If a major medical event or injury has occurred and the General Practitioner/Nurse Practitioner has been consulted, an ambulance will be called as normal.

Ambulance transfers

Any transfer of residents (with prior Geriatrician/Specialist approval) to hospital will be managed by ambulance transfer.

Discharge from Aged Residential Care to family bubble during the period of lockdown

Any request to transfer a resident from the ARC bubble to the family household bubble during the period of lockdown should be determined on an exceptional basis. The family and resident will need to understand that the transfer is one-way, and there will be no opportunity to return to ARC.

The person’s family need to be prepared to support the person, and not require home based support services.

The family will need to take the same precautions as if anyone new enters the bubble.

Visiting family members in Aged Residential Care

As of 27 March 2020, all family visits to facilities will cease.

Where residents are receiving palliative care, visits will be considered on a case-by-case basis. The facility should be contacted in advance, and contact between family and staff, and family and other residents, should be minimal. Visitor numbers should be limited to one visitor at a time and a maximum number of visits per day can be established on a case by case basis. PPE must be worn as per the guidance on use of PPE on the Ministry of Health website.
Essential outpatient appointments

Essential medical appointments at outpatients should proceed only if they are non-deferable and cannot be done using telemedicine, (discuss with appropriate department) and residents should be accepted back by the facility afterwards.

On return, residents will need to be maintained in isolation in a single room for a 14-day period on return to the facility. During this time, support workers should observe physical distancing of 2 metres. This means that residents should remain in ensuite rooms, and staff should practice safe distance and hand washing protocols as per guidance on use of PPE available on the Ministry of Health website.

interRAI assessments

As of 27 March 2020, six monthly interRAI reassessments, and interRAI assessments for a change in level of care will be deferred.

This does not include the initial interRAI assessment on admission.