Safer Care Victoria

September 2020 – Version 3

COVID-19 screening tool implementation toolkit

For residential aged care services

DOCUMENT VERSION CONTROL

Version	Date	Updated by	Comment
1.0	18 June 2020	Centre of Excellence – Older People	
2.0	24 August 2020	Centre of Excellence – Older People	Additional appendices Updated screening tool
3.0	18 September	Centre of Excellence – Older People	Updated screening tool and references relating to current guidance and directions. Added to FAQs

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Contents

What is this document about?

This document is about the **COVID-19 screening tool for residential aged care services** (RACS). It is a step-by-step guide to planning, implementing and evaluating the use of the screening tool in RACS.

This document contains:

- background on the development of the screening tool and the benefits of using it
- how to implement the screening tool, including shared experiences from pilot services
- how to evaluate the use of the screening tool using measurement.
- Resources to support services who are using the tool

This document is intended to be a 'living' document and will be reviewed regularly to support the roll out of the screening tool to Victorian residential aged care services.

WHO SHOULD READ THIS DOCUMENT?

This document is for all staff working in residential aged care services, including nurse unit managers and quality improvement staff. The document is a useful resource for those supporting the implementation of the screening tool as well as those using the screening tool every day.

Key


Link to an appendix


Question point


Top tip


Link to web resource

Related documents

Document	Description
COVID-19 screening tool for RACS	The screening tool supports RACS staff to identify typical and atypical signs of COVID-19 in the residents they are caring for. The screening tool can be found in **Appendix 1.**
COVID-19 screening tool for RACS data collection tool	This document supports the collection of data when using the screening tool. It can be found at **Appendix 4.**
Victoria's Aged Care COVID Response Plan	Find the document at: https://www.dhhs.vic.gov.au/covid-19-victorian-residential-and-aged-care-facility-plan
PPE Guidance	Find the document at: https://www.dhhs.vic.gov.au/coronavirus-covid-19-factsheet-ppe-guidance-racf

FURTHER INFORMATION

For more information or to share your experiences of using the document, please email: **olderpeople.clinicalnetwork@safercare.vic.gov.au.**

Background

Older Victorians, who may also have co-existing illnesses, are at increased risk of serious complications if they contract COVID-19. Outbreaks of infectious illnesses such as COVID-19 can be a significant risk to residents, staff, families and the organisation. Research into COVID-19 highlights different symptoms may be present in older people. Instead of fever and sore throat, atypical signs such as seeming unwell, being upset or sleeping more may indicate illness and require further investigation. As a result, broader and regular screening of older people living in aged care is encouraged to ensure early identification and response to symptoms of deterioration that may indicate a resident should be tested for COVID-19.

In consultation with clinical experts, we have developed the **COVID-19 screening tool for residential aged care service**. The screening tool is based on evidence and includes the public health screening criteria for COVID-19. It also supports care staff to identify subtle changes in residents and be empowered to escalate these concerns.

DEVELOPMENT OF THE SCREENING TOOL

The development of this screening tool supports assessment for both atypical and typical COVID-19 symptoms that may be present in an older person. It builds on a 'STOP AND WATCH' type assessment tool that is already used by many RACS. The screening tool was piloted at 16 public and one private RACS with more than 1000 residents screened during this pilot phase. Feedback was sought about the usability of the screening tool, and how to support staff to use it.

On average, piloting services rated the useability of the screening tool 4 out of 5 and reported it took under five minutes to complete for each resident.

The screening tool, the typical and atypical symptoms list and advice on escalation of care for suspected cases was informed by feedback from Department of Health and Human Services (DHHS), VICNISS, health services and pilot facilities.

Since the initial version, feedback and experiences from services using the tool has been incorporated to improve useability but also acknowledge new information relating to symptoms in older people

Benefits of using the screening tool

Benefit	Examples
Improving clinical outcomes	• Regularly check for typical and atypical signs of COVID-19. • Facilitate a way for care staff to observe and report subtle changes in residents as part of an overall wellbeing assessment. • Reassure staff, residents and family members that the facility is proactively screening residents for COVID-19. • Identify other signs of deterioration in residents, not just COVID-19.
Continuous improvement planning	This toolkit and the family of measures are designed to support continuous improvement. The screening tool is evidence based and has been tested using continuous improvement methods by RACS to ensure it is easy to use and effective. Consider how the COVID-19 screening tool for RACS contributes to your quality management plan.
Accreditation	While the use of the screening tool is not an accreditation requirement, it may support services in demonstrating strategies for meeting the Aged Care Quality Standards, in

	particular Standard 2. Ongoing assessment and planning with consumers and Standard 3. Personal care and clinical care, as well as evidence of infection prevention measures.

Implementing the screening tool

Providers are invited to implement the screening tool using this toolkit and their existing quality improvement methods.

See **Appendix 2: Implementation checklist.**

1. Start a process map

Consider what processes you have in place for screening residents and what might need to change when you start using the screening tool. For example:

- Staffing profile and availability
- Timing of handover, huddles etc
- Documentation of care
- How care is escalated

2. Build a team

A variety of staff in RACS can support the implementation and use of the screening tool. Identify someone to lead the implementation of the screening tool and a support team that includes people who will help make the change. Clearly define what role each person will play.

For example, a quality manager may lead the implementation with the support of some key nursing and personal care staff.

3. Set a timeline

Set a timeline for the implementation and getting feedback from staff. Remember, you can start small and then increase to screening all residents.

4. Communication

Make staff, residents, visitors and visiting professionals (GPs, allied health) aware that you are implementing and using the screening tool. You can achieve this using a flyer or email newsletter.

Pilot facilities sent information about the **COVID-19 screening tool for RACS** to GPs and visiting professionals via an email newsletter. See appendix 5 stakeholder communication examples

5. Educate staff

Educate staff about the different symptoms and how to use the screening tool. Encourage them to use this toolkit as an educational resource.

6. Engage key stakeholders

All staff who care for residents in the facility will benefit from knowing about the screening tool. This includes, but is not limited to:

- GPs
- geriatricians
- allied health professionals
- residential in reach services
- visiting specialist services e.g. palliative care

During the development of the screening tool, residential in reach (RIR) services used the screening tool to support referral handover and staff education when they provided assessment of the resident.

Top ideas for change from pilot facilities:

- Start screening in the morning. Distribute screening across morning and afternoon shifts to help reach each resident every day.
- Use the screening tool to screen admissions, including those coming in for respite or emergency respite. The admissions staff member can use the screening tool the day before a new resident arrives with the referring service. The service can then use the form to screen for 14 days after admission.
- Enrolled nurse or nurse in charge to take all resident's temperatures at one time.
- Use the screening tool to identify other signs of deterioration in residents.
- Hold a morning huddle to help with escalation of screening results.
- Consider ways to incorporate the screening tool with current electronic documentation systems.

7. Check equipment

Check you have the right equipment and staff know how to use it. This includes thermometers and PPE. Consider printing 'donning and doffing' flyers or lanyard cards.

There are a number of resources relating to PPE and staff training available here: https://www.dhhs.vic.gov.au/aged-care-sector-coronavirus-disease-covid-19#personal-protective-equipment-ppenbsp

8. Make the toolkit and screening tool readily available

Have copies of the screening tool and toolkit printed out for staff. Designate a place for completed screens to be placed and stored. This supports data collection.

9. Monitor use of the screening tool

It is important to monitor the use of the screening tool by collecting data. The family of measures (detailed on the next page) will help you do this.

10. Evaluate

Consider using quick surveys with staff to ask them how confident they feel using the screening tool and identifying symptoms. Collect ideas and feedback on how you can improve the implementation process.

Having a log of what worked is also useful for your quality management plan and for accreditation evidence.

At a morning huddle or staff meeting consider asking staff questions such as:

- Is the screening tool easy to use?
- Do you feel confident (rate 1-5) using the screening tool?
- Is the screening tool supporting you to escalate concerns about residents?

Measurement

When implementing a new process or task, it is important to measure if it is working.

The below measures are easy 'counts' that services can collect to understand their progress when implementing the screening tool. We encourage services to record these percentages on a graph to visually represent improvement over time.

See **Appendix 4** for an example data collection tool.

Table 2: Family of measures

Measure		Numerator	Denominator
Outcome measure	Percentage of residents who receive a laboratory test	Number of residents who receive a laboratory test for COVID-19	Number of residents in the facility
Process measure	Percentage of residents who are screened using the clinical screening tool	Number of residents who are screened using the clinical screening tool	Total number of residents in the facility
Balance measure	Number of residents who have care escalated who are COVID-19 negative	Number of residents with care escalated	People who are positive on the clinical screening tool but negative on a laboratory test

To understand more about measurement visit: www.ihi.org/resources/Pages/Measures/default.aspx

DATA COLLECTION

Data collection can be completed using the data collection tool (**Appendix 4**).

DATA SUBMISSION

For public sector aged care services, VICNISS has developed a portal for collecting this data. This aligns with existing data collected by RACS.

The **Aged Care Resident screening report** is on the VICNISS website.

https://www.vicniss.org.au/

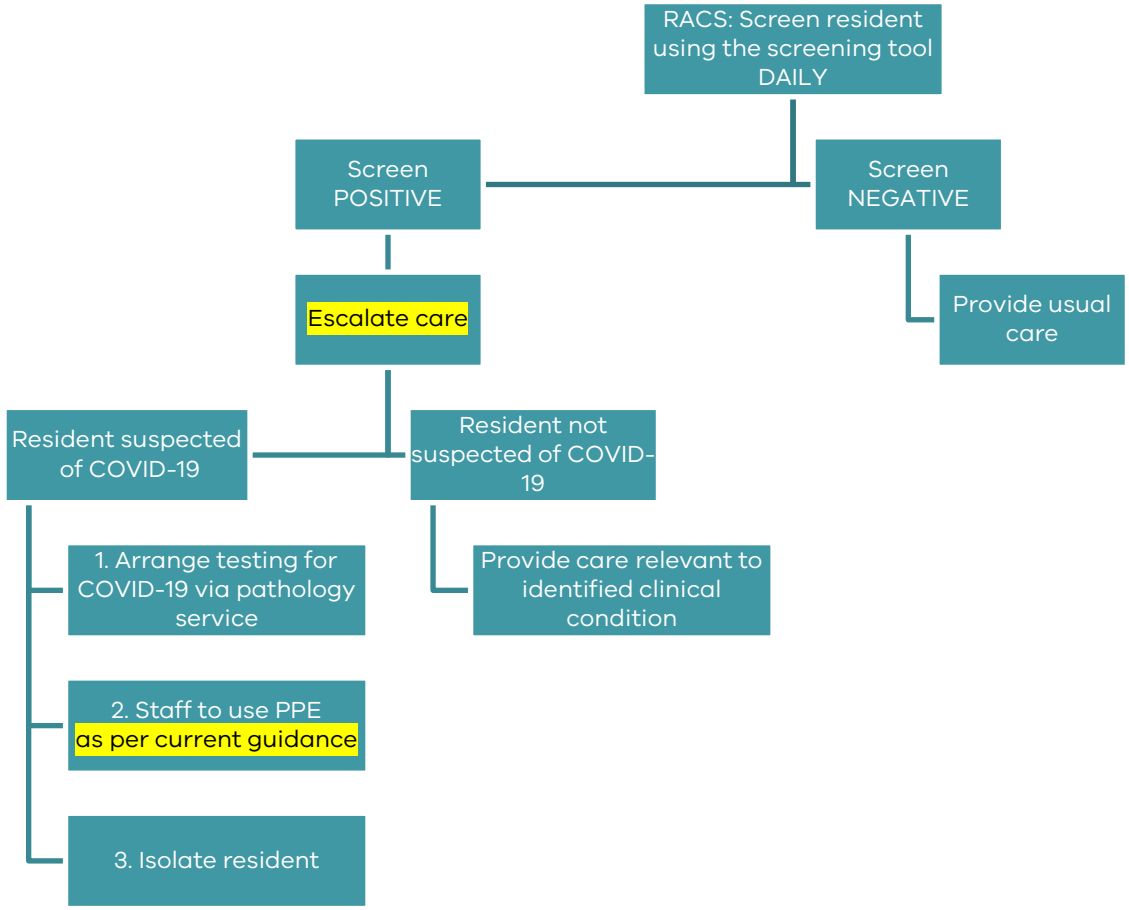
Once logged on, the report can be accessed via the reports menu and by clicking onto the aged care resident screening link. A report can be generated for one facility or multiple facilities combined.

The report is intended to provide evidence that residents are being regularly and appropriately clinically assessed. It provides a weekly summary of the proportion of possible clinical screens completed (process indicator) as well as information on the above family of measures.

Using the screening tool

- Screen every resident daily with the first three questions (Section 1):
  1. Is the resident 'different' to before? Are they 'not themselves' (compared to the past 24 hours)?
  2. Has the resident had a fall in the past 24 hours?
  3. Is the resident's temperature greater than 37.5°C?
- If a resident is positive on the screening tool **and/or** has been tested for COVID-19, continue to screen the resident daily.
- If a resident has had a recent negative COVID-19 swab result, but has another positive on the screening tool, follow the escalation plan as below.

Figure 1: Escalation plan



If the resident has a CONFIRMED CASE of COVID-19, initiate your facility outbreak plan/protocol. Consider screening **daily** to support identification of deterioration.

COMMON SCENARIOS WHEN SCREENING A RESIDENT

Scenario	How do I record the screen result?	What action is taken?	Should a swab be taken?	Which clinicians might be required?	Do I screen this resident again?
Resident is screened **All answers are NO in Section 1**	NEGATIVE	Continue care for resident as normal	NO	PCA	YES, the next day
Resident is screened **Answered YES to questions in Section 1**	POSITIVE	Staff (PCA or nurse) escalates result to nurse in charge who completes Section 2 of the screening tool	CONSIDER	PCA Nurse Nurse in charge	YES, the next day
Resident is screened **Answered YES to questions in Section 1 but answered NO in Section 2**	POSITIVE	The nurse who completed Section 2 of the screen is encouraged to escalate the result to GP or RIR service	CONSIDER	PCA Nurse Nurse in charge GP RIR	YES, the next day
Resident is screened **Answered YES to questions in both Section 1 and Section 2.**	POSITIVE	The nurse who completed Section 2 of the screen escalates the result to GP or RIR service	STRONGLY ENCOURAGED	PCA Nurse Nurse in charge GP RIR Pathology service	YES, the next day

COMMON SCENARIOS WHEN A RESIDENT'S CARE NEEDS TO BE ESCALATED

Care plan for suspected or confirmed COVID-19 case

Scenario	What action is taken?	Should a swab be taken?	Which clinicians might be required?	Do I screen this resident again?
A resident's care is escalated to the GP and/or RIR following a POSITIVE screen **A swab for COVID-19 is taken**	A swab is taken by the pathology service. Pending the result, the facility follows infection prevention protocol including isolating the resident and wearing PPE as per current guidance	YES	PCA Nurse Nurse in charge GP RIR Pathology service	YES, the next day If the resident is positive to the screen again (which is likely given they are unwell), record that a COVID-19 swab result is PENDING
A resident's care is escalated to the GP and/or RIR following a POSITIVE screen **A decision is made not to take a swab for COVID-19**	Continue to care for the resident, including screening them again the following day	NO	PCA Nurse Nurse in charge GP RIR Pathology service Other specialist clinical teams e.g. palliative care	YES, the next day If the resident is POSITIVE to the screen the next day, continue to escalate concerns
A resident's care is escalated to the GP and/or RIR following a POSITIVE screen **A swab for influenza is taken**	A swab is taken by the pathology service. Pending the result, the facility follows infection prevention protocol including isolating the resident and wearing PPE as per current guidance	YES	PCA Nurse Nurse in charge GP RIR Pathology service	YES, the next day If the resident is positive to the screen again (which is likely given they are unwell), record that an influenza swab result is PENDING

COMMON SCENARIOS ONCE SWAB RESULTS ARE RETURNED

Scenario	What action is taken?	Do I screen this resident again?
A resident's swab result is POSITIVE for COVID-19 (confirmed case)	COVID-19 OUTBREAK Refer to: www.dhhs.vic.gov.au/covid-19-victorian-residential-and-aged-care-facility-plan	YES, the next day Identification of deterioration is important for people with COVID-19. If the resident continues to appear different than before, escalate your concerns
A resident's swab results are NEGATIVE for COVID-19 but POSITIVE for Influenza	If three or more cases of influenza-like illness occur within a 72-hour period in residents or staff, this is a confirmed INFLUENZA OUTBREAK Refer to www2.health.vic.gov.au/public-health/infectious-diseases/infection-control-guidelines/respiratory-illness-management-in-aged-care-facilities	YES, the next day Identification of deterioration is important for people with influenza. If the resident continues to appear different than before, escalate your concerns
A resident's swab results are indeterminate for COVID-19	Repeat the swab	YES, the next day Record that a COVID-19 swab result is PENDING
A resident who was NOT screened is swabbed and the resident's swab results are POSITIVE for COVID-19	COVID-19 OUTBREAK Refer to: https://www.dhhs.vic.gov.au/covid-19-victorian-residential-and-aged-care-facility-plan	YES, the next day Identification of deterioration is important for people with COVID-19. If the resident continues to appear different than before, escalate your concerns

Appendix 1: COVID-19 screening tool for RACS

The latest version of the screening tool can be found at the below link

https://www.bettersafercare.vic.gov.au/resources/tools/covid-19-screening-tool-for-residential-aged-care-services

Appendix 2: Implementation checklist

BEFORE STARTING TO USE THE SCREENING TOOL

- ☐ **Start a process map:** Map out your current process for screening residents and then consider how things might change when you use the screening tool.
- ☐ **Build a team:** Identify a team of people to support the implementation of the screening tool, including a lead person and someone to collect data.
- ☐ **Set a timeline for implementation:** When will you start to screen residents? What are your goals for the day, week, month?
- ☐ **Communication:**
    - Ensure residents, families and staff are aware of the screening tool. **See appendix 5**
    - 'Huddle' with staff each morning to support escalation of concerns and screening results.
- ☐ **Educate staff**
    - Short 'stand up' education sessions or meetings with the staff to raise awareness.
    - Support staff to use the screening tool toolkit.
- ☐ **Engage key stakeholders:** Engage with all staff including those who visit the facility like GPs, RIR and allied health, letting them know you are implementing the screening tool.
- ☐ **Check equipment:** Check equipment is available, and staff know how to use it.
- ☐ **Make the screening tool and toolkit available:**
    - Print out a screening tool for each resident, for each day of the week ahead.
    - Ensure there are phone numbers for local services at hand (GP, RIR) and pathology service.
    - Consider putting the screening tool into your admission packs.

ONCE THE SCREENING TOOL IS IN USE

- ☐ **Communication:** Remind all staff on shift that they will need to screen residents.
- ☐ **Monitor use of the screening tool**
    - Collect completed screening tools.
    - Record results on the data collection sheet.
- ☐ **Evaluate**
    - Conduct quick surveys with staff.
    - Collect ideas and feedback on how the implementation process can be improved. Keeping a log of what worked is also useful for your quality management plan and for accreditation evidence.
- ☐ **Education:** Incorporate the screening tool into existing or future staff education

Appendix 3: Case study

Georgina is an 82-year-old woman who has lived at the same residential aged care facility for three years following a mild stroke.

On Monday morning, care staff find Georgina still in bed. This is unusual as she normally gets out of bed herself and sits in a chair for breakfast or waits for help to go to the dining room. Using Section one the screening tool, care staff ask Georgina a few questions and note she is having more trouble than normal answering 'yes and no' questions. Even though her temperature is below 37.5, they are worried. Georgina just doesn't seem quite herself.

The care staff tell the nurse in charge immediately, who reports Georgina had a fall the night before. The nurse agrees something is not quite right and she completes Section two of the screening tool. Georgina keeps pointing to her throat saying, 'can't, painful'. The care staff and the nurse now understand why she didn't want to get out for breakfast – Georgina has a sore throat.

What would Georgina's result on the screening tool be?

Georgina is POSITIVE on both sections one and two of the screening tool. It is strongly encouraged that her care is escalated, and she has a swab test for COVID-19.

The nurse in charge calls the facility GP and he agrees that a swab for COVID-19 and Influenza should be taken. Georgina is showing typical and atypical signs of COVID-19 (increased confusion, loss of appetite, fall and sore throat) and it is best to also rule out influenza. He explains that even though she is not febrile, it is common in older people to have a lower grade temperature or no change in temperature when they are unwell.

Who do you call to arrange a swab for COVID-19 for Georgina?

The Government has engaged Sonic Healthcare to provide a dedicated pathology service for rapid sample collection and testing for suspected cases of COVID-19 in residential aged care facilities. Call: 1800 570 573. Some facilities may have alternative arrangements for pathology service.

Now that Georgina has had a swab for COVID-19 and is defined as having a suspected case, what infection prevention is required?

Georgina should be isolated in her room, or another appropriate space within the facility. All staff entering and providing care must wear PPE as per current guidance.

Georgina's swab results come back 36 hours later on Tuesday afternoon. Georgina does not have COVID-19 or influenza.

Staff continue to use the screening tool each morning both whilst awaiting the result, including after it comes back negative. Georgina continues to answer 'yes' to questions in section one and section two on Tuesday but is not swabbed again as her results are still pending.

By Wednesday she is looking and sounding better. She eats a bigger breakfast and is communicating like she normally does. On Wednesday and Thursday Georgina is negative on the screening tool.

On Friday morning the care staff again complete the screening tool. Georgina appears confused and this time she also seems short of breath. Her respiratory rate is 27 breaths per minute.

The nurse in charge calls the GP immediately. They reassess following the protocol for a suspected case of COVID-19. They send through the pathology slip via fax and the nurse arranges the pathology service to take another swab for COVID-19 and influenza.

On Saturday afternoon the result returns as positive for COVID-19. Georgina has coronavirus. The staff also speak with Georgina's family and connected her with them over a video call.

What steps should the facility take now that Georgina has a confirmed case of COVID-19?

Refer to the COVID-19 plan and Influenza plan.

Georgina continues to have mild symptoms associated with COVID-19 and after four to five days starts to feel and look better. She also screens negative on the screening tool two days in a row. The staff feel confident that Georgina will recover and that screening her symptoms has helped them communicate more effectively with the GP and public health officials.

Ideally, Georgina would be screened daily following her diagnosis of COVID-19. If this cannot happen, consider the most appropriate time to recommence screening e.g. after 14 days of isolation or on return from admission to hospital

Georgina and her fellow residents continue to be screened daily using the screening tool to ensure there are no further cases of the virus. Georgina makes a full recovery and once she has been cleared by public health staff she starts returning to usual activities in her home.

Table 3: Georgina's screening and test results

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Screened	YES	YES	YES	YES	YES	YES	YES – to identify deterioration
Screen result	POSITIVE	POSITIVE	NEGATIVE	NEGATIVE	POSITIVE	POSITIVE	POSITIVE
Tested	YES	NO – suspected COVID-19	NO	NO	YES	NO – suspected COVID-19	NO – confirmed COVID-19
Test result		NEGATIVE				POSITIVE	

Appendix 4: Data collection

VICNISS REPORTING

For public sector aged care services, VICNISS has developed a portal for collecting this data. This aligns with existing data collected by RACS.

The **Aged Care Resident screening report** is on the VICNISS website.

https://www.vicniss.org.au/

Once logged on, the report can be accessed via the reports menu and by clicking onto the aged care resident screening link. A report can be generated for one facility or multiple facilities combined.

The report is intended to provide evidence that residents are being regularly and appropriately clinically assessed. It provides a weekly summary of the proportion of possible clinical screens completed (process indicator) as well as information on the above family of measures.

MANUAL REPORTING

Alternatively, services can use the data collection tool available on the SCV website and pictured below.

https://www.bettersafercare.vic.gov.au/resources/tools/covid-19-screening-tool-for-residential-aged-care-services

Services using the tool have also developed solutions to using lots of paper for data collection. You can find examples, and use these yourself, at the same above link.

We thank and acknowledge BUPA and Bendigo Health for sharing these resources.

	A	B	C	D	E	F	G	H	I
1	Notes:								
2	1. Select answers from drop down boxes. To clear an answer, highlight the box and press Backspace								
3	2. Columns highlighted orange are only required to be completed if the result of the screen tool is POSITIVE								
4									
5									
6									
7	NAME OF RESIDENTIAL AGED CARE FACILITY:								
8	Resident		MONDAY				Date:		
9			Total residents in facility today:						
10			Result of screen	Care Escalated	COVID-19 Swab Done	Influenza Swab Done	Swab not done	COVID-19 SWAB RESULT	INFLUENZA SWAB RESULT
11	1								
12	2								
13	3								
14	4								
15	5								
16	6								
17	7								
18	8								
19	9								
20	10								
21	11								
22	12								

Appendix 5: Communication samples for stakeholder engagement

Implementing the screening tool involves ensuring that your stakeholders including medical and allied health staff, nursing and care staff, residents and families are well informed of the screening tool and what it involves. Below are sample communications including letters that can be tailored (by altering the text in bold) to be used at your facility.

Sample letter to GP, Geriatrician, medical and allied health staff

Dear **XXXX**

Safer Care Victoria has worked with expert clinicians and the aged care sector to develop and test a new screening tool to support aged care services to identify residents who may have symptoms of COVID-19. This letter is to inform you that XX service has commenced using the **COVID-19 Screening Tool for Residential Aged Care Services (RACS)** (the screening tool).

What is the screening tool?
In line with current research, older people may not display typical symptoms often associated with COVID -19 including cough, sore throat or fevers. Instead, the person may display other symptoms such as seeming unwell or needing additional assistance. The screening tool allows early identification and escalation of residents who are displaying atypical symptoms.

How will this tool be used?
The screening tool is designed for daily use to identify residents who are showing either typical or atypical symptoms of COVID -19 so staff can escalate any concerns to medical staff for medical review. Whilst some residents will be showing signs and symptoms of clinical deterioration attributable to other conditions, this screening tool will encourage early escalation of those residents who require consideration for COVID-19 testing.

What are the benefits of using the tool?
Pilot sites using the screening tool indicated staff were able to identify general deterioration and escalate care requirements for residents with any clinical issue. In addition, care staff used the screening tool as a means to observe and report any subtle changes as part of an overall wellbeing assessment. The tool can also provide reassurance to residents and families that the service is proactively monitoring residents for COVID-19.

Where can I get more information?

This document was developed by Safer Care Victoria - Centre of Clinical Excellence: Older People. For more information please contact: Centre of Clinical Excellence- Older People
E: olderpeople.clinicalnetwork@safercare.vic.gov.au

Please contact us if you require further clarification.

Yours sincerely,

Communication sample that can be used in a resident newsletter

As you all know, here at **XXXX** we have been putting in place safeguards to help protect us against COVID-19. We also wanted to let you know that we have added a new assessment tool to monitor for early signs that a resident may be feeling unwell.

Staff will be asking residents how they are feeling and also observing for other signs of change. This will then be reported to the nurse and doctor for further review if this is required. We are not asking residents to do anything different, except as always, we ask that residents keep us informed about how they are feeling or any other concerns.

We will continue to keep you informed of any other processes we are using at this time. Thanks again for your help in keeping us all safe.

Communication to residents

Dear Residents of **XXXX.**

I am writing to you today regarding a new assessment tool we will be using to monitor and assess you for changes in your health status. As you know it is vitally important for us especially during this time of COVID-19 to pick up early signs that you might be feeling unwell so we can provide you the care you need.

What is the screening tool?

In line with current research, older people may not display the typical symptoms often associated with COVID -19 including cough, sore throat or high temperatures. Instead, other symptoms including seeming unwell or needing additional help with tasks may be signs of ill health. This screening tool allows us to identify unwell residents early and provide you with the nursing and medical care you need.

How will this tool be used?

Staff will use the screening tool as they are providing the usual care you receive. We are not asking residents to do anything different. If you are showing signs you are feeling unwell, you will be assessed by the nurse and referred to the doctor. If necessary, you may require further testing for COVID-19.

What are the benefits of using the tool?

Residential aged care services who have used the screening tool said staff were able to identify residents who were unwell and arrange medical care as needed for any health issue. In addition, care staff used the screening tool to help notice subtle changes as part of an overall wellbeing assessment.

Where can I get more information?

This document was developed by Safer Care Victoria. For more information you can email:
E: olderpeople.clinicalnetwork@safercare.vic.gov.au

Alternatively, please discuss the use of this tool with **XXXX.**

Kind regards

XXXX.

Communication to families

Dear Families, Friends and Supporters,

I am writing to you today regarding a new assessment tool we will be using to monitor and assess residents for changes in their health status. As you know it is vitally important for us especially during this time of COVID-19 to pick up early signs that residents might be feeling unwell so we can provide them the care that they require.

What is the screening tool?

In line with current research, older people may not display typical symptoms often associated with COVID -19 including cough, sore throat or fevers. Instead, the person may display other symptoms such as seeming unwell or needing additional assistance. The screening tool allows early identification and escalation of residents who are displaying atypical symptoms.

How will this tool be used?

The screening tool is designed for daily use to identify residents who are showing either typical or atypical symptoms of COVID -19 so staff can escalate any concerns to medical staff for medical review. Whilst some residents will be showing signs and symptoms of clinical deterioration because of other conditions, this screening tool helps identify this early and ensure testing for COVID-19 is considered.

What are the benefits of using the tool?

Pilot sites using the screening tool indicated staff were able to identify general deterioration and escalate care requirements for residents with any clinical issue. In addition, care staff used the screening tool as a means to observe and report any subtle changes as part of an overall wellbeing assessment. The tool can also provide reassurance to residents and families that the service is proactively monitoring residents for COVID-19.

Where can I get more information?

This document was developed by Safer Care Victoria - Centre of Clinical Excellence: Older People. For more information please email: olderpeople.clinicalnetwork@safercare.vic.gov.au

Alternatively, please discuss the use of this tool with **XXXX.**

Thank you again for your help at this time. Stay safe

Kind regards

XXXX.

Communication to staff

Dear XXX

Safer Care Victoria has worked with expert clinicians and the aged care sector to develop and test a new screening tool to support aged care services to identify residents who may have symptoms of COVID-19. Daily screening can be used to identify early deterioration including residents who should be considered for COVID-19 testing. This evidence-based, freely available tool will support us to screen older people for signs and symptoms of COVID-19.

This letter is to inform you that we have commenced / are planning to commence using the **COVID-19 Screening Tool for Residential Aged Care Services (RACS) (the screening tool) at XXXX.**

What is the screening tool?

In line with current research, older people may not display typical symptoms often associated with COVID -19 including cough, sore throat or fevers. Instead, other indications including seeming unwell or needing additional assistance may be signs that require further investigation. The screening tool will allow early identification and escalation of residents who are displaying atypical symptoms.

What are the benefits of using the tool?

Pilot sites using the screening tool indicated staff were able to identify general deterioration and escalate care requirements for residents with any clinical issue. In addition, care staff used the screening tool as a means to observe and report subtle changes as part of an overall wellbeing assessment. The tool can also provide reassurance to residents and families that the service is proactively monitoring residents for COVID-19.

What resources are available to support using the tool?

There are resources to assist you in implementing the screening tool at your service including:

- Screening toolkit: containing information regarding development of the tool, how to implement and using data to evaluate the use of the screening tool.
- Other: **XXXX**

Where can I get more information?

The screening tool was developed by Safer Care Victoria - Centre of Clinical Excellence: Older People. For more information please contact: Centre of Clinical Excellence- Older People
E: olderpeople.clinicalnetwork@safercare.vic.gov.au

If you have further questions regarding the implementation of the tool at **XXXX** service, please contact **XXXX.** Thank you for your help in keeping our residents safe and healthy.

Kind regards

XXXX

Appendix 6: Frequently asked questions

Frequently asked questions: COVID-19 Screening tool

Q: Does the tool need to be used daily?

A: Yes. This tool has been developed to pick up subtle changes in residents' condition that should be escalated as soon as possible for COVID testing if required. Daily screening facilitates this timely escalation

Q: Staff at my facility do not have enough time for another assessment. How much additional time does this take?

A: Pilot sites indicated it took less than five minutes to complete. Some sites included the screening tool as part of the morning care provided to each resident, incorporating the screening tool into normal routines. It will be up to each facility to find a method that works best for them.

Q; We would like to use the screening tool, however are concerned we don't have the time to collect data/ use the spreadsheet. Should we still be using it?

A: It is important when implementing an improvement project to have some data to show if your improvements are working. Facilities would still benefit using the screening tool to identify resident deterioration.

Q: What do I do if a GP is not available to order a test and I am concerned my resident is displaying symptoms of COVID-19?

A: It is important that residents who are displaying symptoms of COVID-19 are tested as soon as possible. Swabs can be ordered as a telephone order and the request signed later. The facility would complete the request stating phone order Dr AB, with Dr ABs details (Practice address of Doctor and phone number). It is important that services have discussed a plan for escalating care should the GP not be available for times like these where care is required in a timely manner.

Q: We now have an outbreak of COVID-19 at our facility. Do I have to keep using the screening tool?

A: Continuing to use the screening tool daily if an outbreak occurs is recommended as it will assist facilities identify resident deterioration and escalate this quickly.

Q: When a resident is receiving palliative or end of life care, do I need to do the screening tool?

A: The screening tool supports staff to identify and respond to clinical deterioration, regardless of the circumstances. Services using the tool tell us that the tool has helped them identify and respond to deterioration more quickly, including in residents who are receiving palliative care or who may be approaching end of life. In the case where end of life symptoms may result in a positive screen, when care is escalated the clinicians involved can make a clinical judgement about if a COVID-19 test is required or if the underlying condition is requiring management.

Q: Can I view past webinars?

A: Webinars that have been previously recorded by DHHS for the Aged Care sector are available online (including the COVID-19 Screening tool for aged care webinar) at:
https://www.dhhs.vic.gov.au/aged-care-sector-coronavirus-disease-covid-19

Q: The screening tool is great, however we are going through lots of paper: Will this become electronic soon?

A: We do not have plans in the immediate future to make this an electronic tool. However, we have heard of facilities who have incorporated this tool into their electronic care documentation systems.

Services using the tool have also developed solutions to using lots of paper. You can find examples, and use these yourself, at the below link.

We thank and acknowledge BUPA and Bendigo Health for sharing these resources.

https://www.bettersafercare.vic.gov.au/resources/tools/covid-19-screening-tool-for-residential-aged-care-services

Data collection questions:

(The following questions refer to data collection by VICNISS for Public Sector Residential Aged Care Services: PSRACS)

Q: **Our facility provides an in-reach on call service where we are called out to swab patients at aged care facilities in our area, do we include these in our data collection if we have swabbed them**?

A: No. Only include data relating to residents who live in your own facility when reporting to VICNISS

Q; Is this data collection mandated and part of regulatory compliance?

A: DHHS has asked PSRACS to collect this data and submit as part of the data submitted to VICNISS by PSRACS. It is not part of the Commonwealth quality indicator program.

Q; Will this reporting replace daily outbreak reporting to DHHS?

A: No. Services will still be required to report cases of confirmed COVID-19 numbers to DHHS as per usual requirements.

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Glossary

Atypical symptom: Other reported symptoms of COVID-19 include: fatigue, loss of smell, loss of taste, runny nose, muscle pain, joint pain, diarrhoea, nausea/vomiting and loss of appetite.

Care escalated: The organisational response required to abnormal physiological measurements or other observed clinical deterioration.

Close contact: A close contact is defined as requiring:

- face-to-face contact in any setting with a confirmed or probable case, for greater than 15 minutes cumulative over the course of a week, in the period extending from 48 hours before onset of symptoms in the confirmed or probable case, or
- sharing of a closed space with a confirmed or probable case for a prolonged period (e.g. more than two hours) in the period extending from 48 hours before onset of symptoms in the confirmed or probable case.

Coronavirus (COVID-19): Coronaviruses are a large family of viruses which may cause illness in animals or humans. The most recently discovered coronavirus (COVID-19) is a new virus that can cause mild to severe respiratory illness in humans. An outbreak of COVID-19 has spread around the world and has been characterised as a pandemic.

Fall: An event that results in a person coming to rest inadvertently on the ground or floor or other lower level.

GP: General practitioner.

Influenza: It can be difficult to tell the difference between a respiratory illness caused by influenza and a respiratory illness caused by other viruses based on symptoms alone. Suspected influenza cases are referred to as 'influenza-like-illness' (ILI) until a causative pathogen is identified through diagnostic testing (for example, nose and throat swab collection).

Laboratory test (swab): A laboratory test for COVID-19 can be conducted by a trained healthcare worker and involves a nasopharyngeal swab. Consideration should be given to testing broadly for influenza and other common respiratory viruses in addition to COVID-19. The recommended test and methods of sampling for COVID-19 is outlined in the CDNA COVID-19 Interim National Guideline.

Nurse: Registered or enrolled nurse.

Pathology service: In addition to existing public health pathology services, the government has engaged Sonic Healthcare to provide a dedicated pathology service for rapid sample collection and testing for suspected cases of COVID-19 in RACFs. Results can be provided to the referring doctor/registered within 24 hours (metropolitan areas) or 48 hours (regional areas). Referring doctors can calling 1800 570 573 (8am–6pm) to:

- request and prioritise COVID-19 testing of residents and staff
- arrange for a specialised COVID-19 pathology collector to attend a facility as soon as possible (8am–8pm) and take samples for immediate testing

- (if a result is positive) request a specialised COVID-19 collection team to collect samples from all staff and residents.

Personal care attendant (PCA)/assistant/worker: Is a member of the aged care workforce who assist residents with their personal care needs such as showering, dressing and eating; their mobility and communication needs; and observe and reports changes in patients' condition to nursing staff.

Resident: A resident is a care recipient as defined by the A*ged Care Act 1997*.

Residential in reach service (RIR): Residential in reach provides hospital-type care where appropriate and safe, to people living in residential aged care services. Residential in reach is staffed by nurses and doctors from the hospital, who may visit and provide care to people where they live where appropriate.

Screening: A process of identifying patients who are at risk, or already have a disease or injury. Screening gathers knowledge in order for a clinician to make a clinical judgement.

Typical symptom: Fever (≥37.5°C) or history of fever (e.g. night sweats, chills) **or** acute respiratory infection (e.g. cough, shortness of breath, sore throat).

VICNISS: VICNISS Coordinating Centre: Collects and analyses data and surveillance from hospitals with the aim to reduce healthcare associated infections in Victorian hospitals and public residential aged care facilities. For more information see www.vicniss.org.au/

Resources and references

Australian Commission on Safety and Quality in Health Care. Implementing the Comprehensive Care Standard: Approaches to person-centred risk screening. Sydney: ACSQHC; 2018. www.safetyandquality.gov.au/sites/default/files/migrated/Implementing-Comprehensive-Care-Approaches-to-person-centred-risk-screening-Accessibility-PDF.pdf

Common symptoms of COVID-19
www.bmj.com/content/bmj/suppl/2020/03/24/bmj.m1182.DC1/gret055914.fi.pdf

Victorian DHHS Coronavirus page: https://www.dhhs.vic.gov.au/coronavirusVictorian DHHS Coronavirus Aged Care Sector page: www.dhhs.vic.gov.au/aged-care-sector-coronavirus-disease-covid-19

Victorian DHHS Aged Care COVID plan: https://www.dhhs.vic.gov.au/covid-19-victorian-residential-and-aged-care-facility-plan

Victorian DHHS COVID page- PPE guidance: https://www.dhhs.vic.gov.au/coronavirus-covid-19-factsheet-ppe-guidance-racf

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