

## Guidance for Aged Residential Care (ARC), Community Residential Care and Hospices

### Context

The purpose of testing in these settings is to keep residents safe and connected to family and whānau, to keep facilities operating by enabling care workers to return to work, and to prevent or minimise the spread of COVID-19 in the facility.

### Increased risk of viral amplification

There is an increased risk of viral amplification in ARC, community residential care and hospices due to the close living conditions of residents. Residents in these care facilities are at a greater risk of poorer health outcomes from COVID-19.

It is therefore important to provide appropriate guidance on how to manage the risk of transmission within these facilities along with the recommended testing advice.

As many of these individuals are residing in these facilities under the direction of a health funder there is an additional obligation to provide a low- risk environment.

**Priority people and those at risk of severe illness from COVID-19 (vulnerable people)**

**Priority people** are defined as those who are inequitably impacted by COVID-19. People in this group are eligible for targeted assessments regarding additional clinical and social support. The COVID-19 pandemic has exacerbated existing inequities for specific groups, including:

* **Māori** who experience greater inequity and disadvantage due to COVID 19 resulting in poorer outcomes.
* **Pacific People** who have had the highest age-standardised hospitalisation rates for COVID-19, and experienced age-standardised mortality rates 2.4 times greater than European and other population groups.

Other priority groups within our population who may also experience inequity due to poorer health or social outcomes and/or barriers to accessing testing include:

* **Elderly** (65 years and over) experience inequity as this age group collectively has the highest rate of poor outcomes including total numbers hospitalised, average length of stay and/or death from COVID-19. Māori and Pacific people are overrepresented in case numbers for the 65 years and over age group as well as other age groups.
* **Disabled people** including tāngata whaikaha Māori and Pacific disabled people who experience inequities due to greater barriers to access, and for some increased susceptibility to COVID-19 infection and/or complications.
* **People with severe mental health and addiction**.
* **Other inequitably impacted populations** including refugee and asylum seekers, remote and rural[[1]](#footnote-1) people, rough sleepers and those in transitional housing, and other groups experiencing disadvantage.

The following group are those at higher risk of severe illness from COVID-19 (vulnerable people):

* **People with high-risk medical conditions (long-term health conditions and/or immunocompromised)** are [inequitably impacted due to increased susceptibility to COVID-19 infection and/or complications](https://covid19.govt.nz/prepare-and-stay-safe/people-at-higher-risk-of-severe-illness-from-covid-19/)
* **Pregnant people**

Note this group includes Māori, Pacific people and the elderly over 65.

### Measures and testing

The most important protective measures against COVID-19 and other respiratory pathogens in the workplace is to ensure employees are supported to stay home when they have onset of respiratory symptoms, that there is encouragement of mask wearing when individuals are working in close contact with others who may spread the virus, and that good hygiene practices are promoted.

Public health led guidance should be followed for those who have symptoms compatible with COVID-19 or are a contact of a confirmed case.

### Advice for preventing and managing facility transmission and outbreaks

ARCs are at risk of COVID-19 outbreaks because residents in care facilities share close accommodation, particularly in communal areas, and they are dependent on the workforce for their day-to-day health and personal care. Residents are also more susceptible to severe outcomes due to COVID-19 infection as well as psychosocial impacts of isolation (due to COVID-19). The most important measures against COVID-19 and other respiratory pathogens in these facilities are:

* Ensuring staff are supported to follow general public health advice to stay at home when sick and undergo a RAT if they have respiratory symptoms. For more information refer to the [Health Care Workers guidance](https://www.tewhatuora.govt.nz/for-the-health-sector/covid-19-information-for-health-professionals/covid-19-information-for-all-health-professionals/guidance-for-critical-health-services-during-an-omicron-outbreak/#guidance-for-return-to-work-for-healthcare-workers).
* Encouraging visitors not to visit if they have respiratory symptoms
* Encouragement of mask wearing when individuals are working in close contact with others
* Promotion of good hygiene practices
* Optimising ventilation and heating

Vaccinations also can play a part in helping prevent and manage transmission and outbreaks of COVID-19 within facilities. Therefore, keeping residents (with their consent), up to date with their COVID-19 vaccinations is important.

### Testing of residents:

#### Symptomatic testing

A prompt diagnosis of COVID-19 is important for those who are eligible for, and may benefit from, administration of oral antivirals.

Consideration can be given to confirming a positive RAT result with a PCR test for the first few cases in a facility (to confirm presence of the outbreak).

During winter and with the re-emergence of a range of pathogens that cause similar symptoms to COVID-19, consideration of alternative diagnoses is particularly important especially for Māori, Pacific people and those at higher risk of severe illness from COVID-19. For example, confirmation of a COVID-19 diagnosis may lead to different treatment for someone who otherwise would have been treated for influenza. Note that people can be co-infected with more than one pathogen.

#### Household contacts

The purpose of testing people in this group is to manage any outbreaks and reduce onward transmission of SARS-CoV-2.

All household contacts of known COVID-19 cases are recommended to test daily for five days from the day when the first case in the household tested positive or developed symptoms (whichever is earliest), as they are at the greatest risk of infection.

#### Managing isolation of cases

COVID-19 positive cases are recommended to isolate for at least 5 days from the onset of symptoms or from the day of a positive test result if they are asymptomatic or their symptoms have not resolved. As many cases are still infectious after 5 days, additional precautions, such as mask wearing around residents at risk of severe disease may be appropriate. In an ARC facility, most residents will be at higher risk of severe disease if infected with COVID-19.

While isolation must be within the facility, positive cases do not necessarily need to be confined to their rooms. For example, if it is feasible, it may be preferable to group positive cases, allowing them contact with each other.

Decisions regarding ongoing isolation away from other residents, needs to balance both wellbeing and managing risk of transmission. Cases who remain symptomatic at the end of 5 days should stay away from other residents until 24 hours after acute symptoms resolve, but not longer than ten days (unless significantly immunocompromised).

A risk assessment to inform easing of restrictions and release decisions can include the severity of illness and its impacts on other residents, especially those who have interacted with COVID-19-positive people. A negative test after 5 days provides good evidence that a person is no longer infectious and may be used to guide decision making.

#### Testing of healthcare staff

#### Due to the vulnerability of residents in ARCs and other health care settings, a precautionary approach is recommended for managing staff with acute respiratory symptoms. Please refer to [**Health Care Workers guidance**](https://www.tewhatuora.govt.nz/for-the-health-sector/covid-19-information-for-health-professionals/covid-19-information-for-all-health-professionals/guidance-for-critical-health-services-during-an-omicron-outbreak/#guidance-for-return-to-work-for-healthcare-workers) for advice on testing and restrictions for staff with respiratory symptoms or who are household contacts or confirmed COVID-19 cases.

####

#### Visitors

A facility can undertake a risk assessment for supporting residents in having whānau/visitors to facilities if safe to do so.

Visitors to healthcare settings should follow the advice in the Te Whatu Ora guidance on mask use and visitor guidance for hospitals and other health disability care settings, which can be found [here](https://www.tewhatuora.govt.nz/for-the-health-sector/covid-19-information-for-health-professionals/covid-19-information-for-all-health-professionals/covid-19-infection-prevention-and-control-recommendations-for-health-and-disability-care-workers/personal-protective-equipment-guidance-for-healthcare-settings/).

### Recommended Testing

|  |  |
| --- | --- |
| Symptomology | Recommended Testing |
| Symptomatic residents | **RAT** (to inform immediate clinical care and public health management decisions)If **RAT** is negative, and COVID symptoms persist, repeat **RAT** in 24 and 48 hours**PCR** **where a result can influence treatment options** for priority people**1** and those at risk of severe illness from COVID-19(vulnerable)2Consider a **PCR** for first few cases to confirm presence of outbreak(for all hospitalised positive **PCR** cases, refer samples for WGS) |
| Asymptomatic residents with known household exposure to COVID-19 | All household contacts of known COVID-19 cases are recommended to test daily for five days from the day when the first case in the household tested positive or developed symptoms (whichever is earliest)   |
| Symptomatic staff | **As per** [Health Care Workers guidance](https://www.tewhatuora.govt.nz/for-the-health-sector/covid-19-information-for-health-professionals/covid-19-information-for-all-health-professionals/guidance-for-critical-health-services-during-an-omicron-outbreak/#guidance-for-return-to-work-for-healthcare-workers) |
| Asymptomatic staff with known household exposure to COVID-19 | All household contacts of known COVID-19 cases are recommended to test daily for five days from the day when the first case in the household tested positive or developed symptoms (whichever is earliest)   |
| Asymptomatic testing of Staff to work | Generally, asymptomatic testing of healthcare workers is not recommended if they are using risk assessment tools and applying systematic IPC measures which significantly reduce the risk of workplace exposureIf the healthcare workforce is significantly affected by COVID-19, service providers may undertake their own risk assessments to ensure safety of patients and the workforce. |
| Symptomatic visitors | Recommended not to visit these facilities if they have COVID-19 compatible symptoms |
| Asymptomatic test screening of visitors | Asymptomatic testing is generally not recommended |

**Priority people1**are defined as those who are inequitably impacted by COVID-19. People in this group include: Māori, Pacific People, Elderly (65 years and over), Disabled people (including tāngata whaikaha Māori and Pacific disabled people), People with severe mental health and addiction, other inequitably impacted populations including refugee and asylum seekers, remote and rural people1, rough sleepers and those in transitional housing, and those not enrolled in primary practices.

The following group are those at higher risk of severe illness from COVID-19 **(vulnerable people)2:** people with high-risk medical conditions (long-term health conditions and/or immunocompromised) are [inequitably impacted due to increased susceptibility to COVID-19 infection and/or complications](https://covid19.govt.nz/prepare-and-stay-safe/people-at-higher-risk-of-severe-illness-from-covid-19/), Pregnant people **(**Note this group includes Māori, Pacific people and the elderly over 65).

1. ’Rural’ is defined according to the [Geographic Classification of Healthcare,](https://storymaps.arcgis.com/stories/da035e374dbb4ea0ae3b31b6777924ad) based on the location of the patients home address, in defined regions R2 and R3. [↑](#footnote-ref-1)