

Outbreak Management System (OMS) – User Guide for Residential Aged Care Facilities



This document is a user guide for NEPHU’s Outbreak Management System (OMS) that is to be used in Residential Aged Care Facility (RACF) outbreaks. It will provide instructions on how to navigate the system and correctly submit the form, so that NEPHU can stay informed about your RACF outbreak.

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Abbreviations and definitions

NEPHU	North Eastern Public Health Unit
LPHU	Local Public Health Unit
RACF	Residential Aged Care Facility
OMS	Outbreak Management System
DH	Department of Health (Victorian)

Background

Upon notifying NEPHU/DH of an outbreak, RACFs will receive an initial notification email from NEPHU that contains the most up to date RACF outbreak management guidelines, as well as instructions on how to report the outbreak to NEPHU. The instructions will contain a link to the OMS and a record number and password to log into the system (pictured in red).

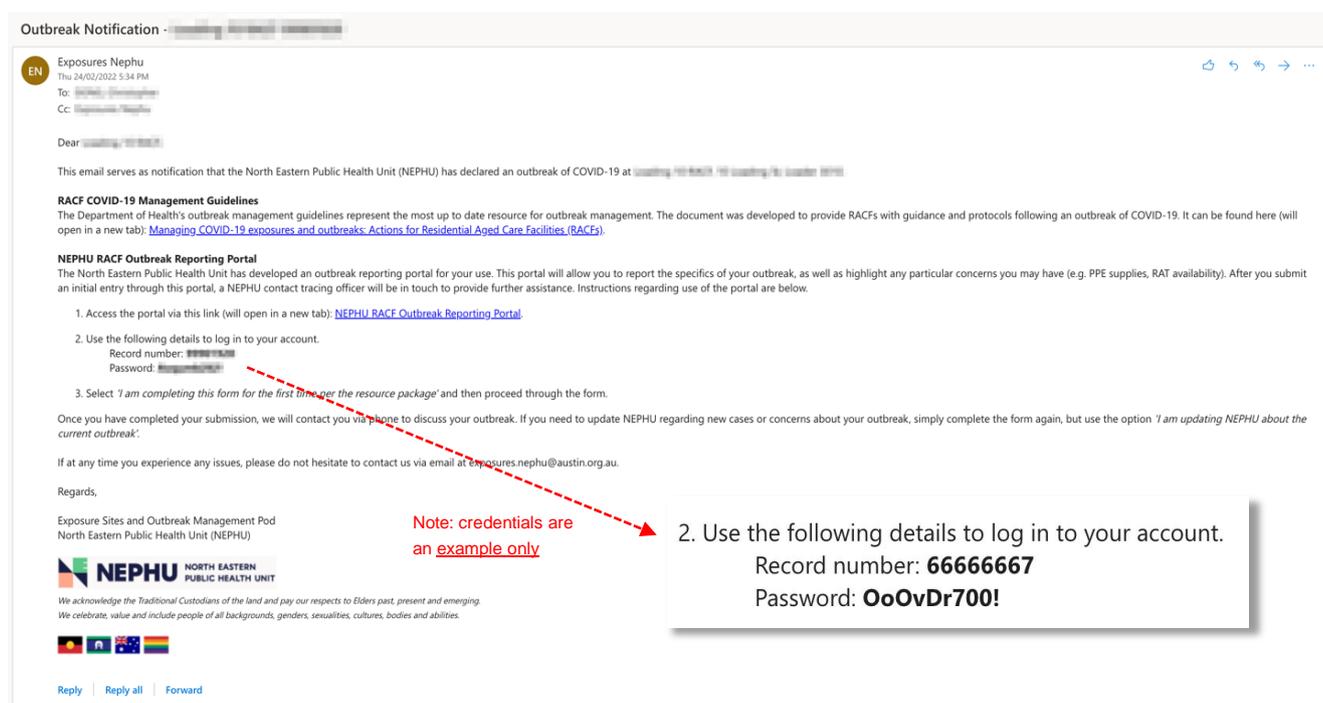


Image 1: an example of an outbreak notification email you will receive from NEPHU.

Required information

Please ensure you have the following details ready prior to filling out the form:

- RACF record number and password (found in your initial notification email).
- Resident case details (e.g. First and last name, DOB, sex, type of test taken, test date, symptom onset, vaccination status, whether they are on COVID-19 antiviral medication).
- Staff case details (e.g. First and last name, DOB, phone number, last date of attendance, test date).
- Total number of residents and staff and their vaccination status.

Credentials page

The *Credentials* page is the home page of the form, and the correct credentials must be entered every time prior to completing the survey. It will ask for the reason for filling in the form, email address and record number and password (found in the initial notification email).

There are three reasons that you may need to complete the form. A description of the option selected will be displayed in the right-hand pane (illustrated by red arrows). Before completing the form, please read this carefully to ensure that you have chosen the correct option.

Once you have filled in your details, click the 'Next section' button in the bottom right corner (circled in red) to proceed with the form. If you encounter any issues at any stage of the form, please click the 'Contact us for support' link just above the button.

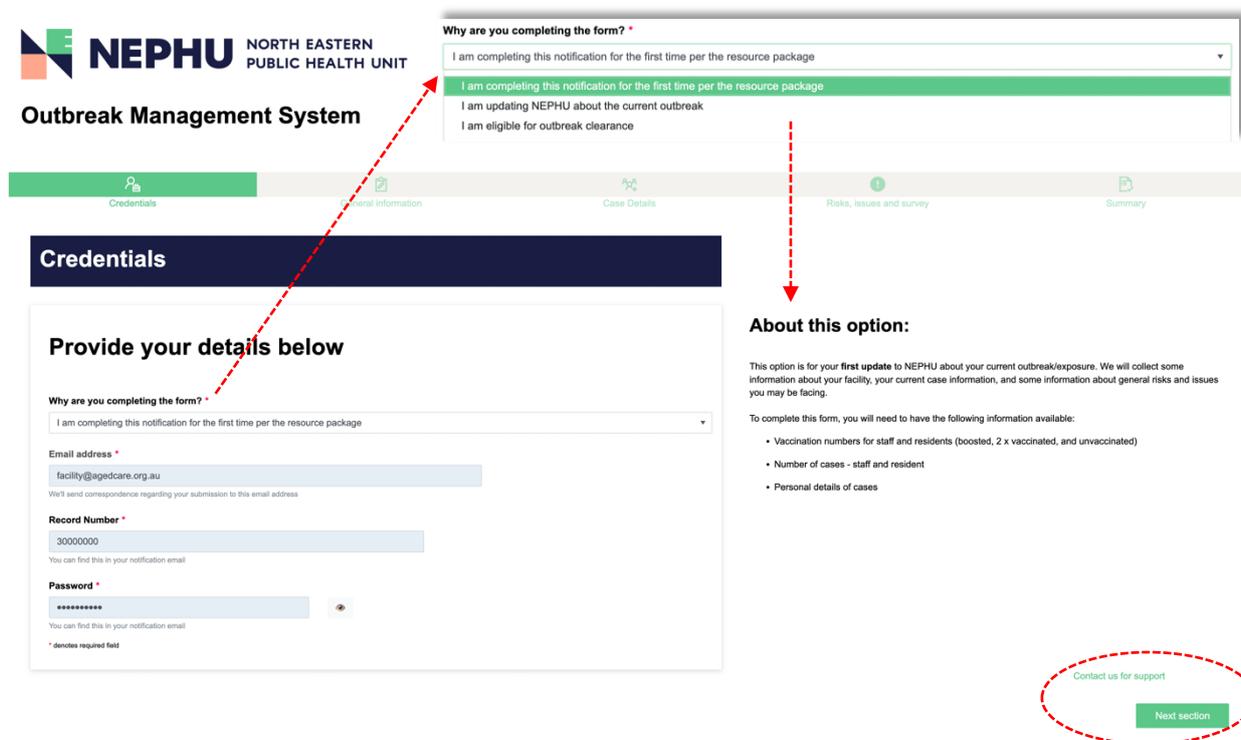


Image 2: there are three options that may be selected from the drop-down menu under the question 'why are you completing the form?'

General Information page

The *General Information* page is the section where you will be required to provide some basic information, such as site contact details and information about staff and residents.

General information

1. Facility details

Facility Name
[Input field]

Contact Name *
[Input field: e.g. Hugh Smith]
Enter the name of the person who NEPHU can liaise with regarding your outbreak. We will address correspondence to this person.

Contact Role *
[Input field: e.g. Manager]
Please describe the role of the nominated contact (e.g. manager, RN, CEO)

Facility phone number *
[Input field: #####]
Enter the contact number for your facility

Organisation Size: *

- Small/independent organisation
- Large organisation with state-wide support
- Large organisation with national-level support

* denotes required field

2. Staff information

Please provide information about your total number of staff and the proportion booster vaccinated, double vaccinated, and unvaccinated. The total number of staff must equal the number vaccinated and unvaccinated staff.

Total number of staff *
[Input field]
Total number of staff employed by the facility

Staff booster vaccinated *
[Input field]
Number of staff who have received 3 doses of the COVID-19 vaccine

Staff double vaccinated *
[Input field]
Number of staff who have received 2 doses of the COVID-19 vaccine

Staff unvaccinated *
[Input field]
This includes staff who are exempt or who have only received a single dose

* denotes required field

If your numbers don't add up, you're likely to start seeing red errors. Once you've corrected the numbers, you can click into the fields to clear the errors or simply go to the next section of the form. If everything adds up, you'll be permitted to go to the next section

3. Resident information

Please provide information about your total number of residents and the proportion booster vaccinated, double vaccinated, and unvaccinated. The total number of residents must equal the number vaccinated and unvaccinated residents.

Total number of residents *
[Input field]
Total number of residents located at the facility

Residents booster vaccinated *
[Input field]
Number of residents who have received 3 doses of the COVID-19 vaccine

Residents double vaccinated *
[Input field]
Number of residents who have received only 2 doses of the COVID-19 vaccine

Residents unvaccinated *
[Input field]
This includes residents who are exempt or who have only received a single dose

* denotes required field

If your numbers don't add up, you're likely to start seeing red errors. Once you've corrected the numbers, you can click into the fields to clear the errors or simply go to the next section of the form. If everything adds up, you'll be permitted to go to the next section

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Image 3: you are required to provide general information about the site when filling in the survey for the first time.

If you are updating NEPHU about your outbreak and information relating to your facility remains unchanged, you will have the option of skipping the *General Information* page. Should you need to update any details, there is the option to do so by toggling the 'Yes/No' switch (circled in red).



Image 4: toggling the 'Yes/No' switch will allow you to update details about the site as required.

Case Numbers and Details page

The *Case Numbers and Details* page is where you will be required to record the number of positive staff and resident cases in the outbreak. Personal details are required for all cases, although there are slightly different requirements between staff and resident cases.

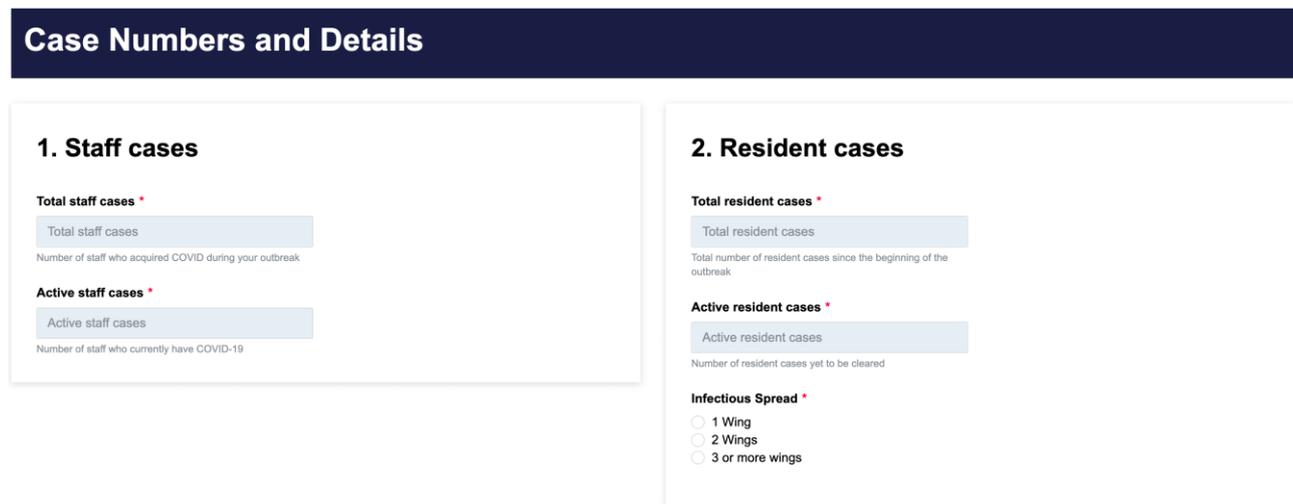


Image 5: case numbers and details – you will be required to provide total numbers of staff and resident cases in this section.

In addition to providing the total numbers of staff and resident cases, you will also be required to provide a response about the infectious spread of COVID in your facility.

You will be prompted to provide the details for each case (staff and residents) in the following section. Once there are 0 cases outstanding, a message will appear to verify that you have recorded all case details (circled in red).

Enter resident cases below

Resident Cases previously submitted

0

To see which cases have been previously submitted, please refer to your most recent successful submission email

Residents yet to be submitted

1

+ Add resident case

First Name*	Surname*	Sex*	Date of birth*	Positive test ...	Test type*	Symptom Onset...	Vaccination stat...	COVID-19 antiviral medication?	Antiviral medication prescribed by
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Enter staff cases below

Staff Cases previously submitted

0

To see which cases have been previously submitted, please refer to your most recent successful submission email

Staff yet to be submitted

1

+ Add staff case

First Name*	Surname*	Date of birth*	Phone Number*	Last date of attendance*	Positive test date*
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Image 6: before all cases have been recorded.

Staff and/or resident cases can be added by clicking on the 'Add resident/staff case' button and the number of cases to be submitted will be displayed (both circled).

Enter resident cases below

Resident Cases previously submitted

0

To see which cases have been previously submitted, please refer to your most recent successful submission email

Residents yet to be submitted

0

Great job! You've recorded all of your resident cases

+ Add resident case

First Name*	Surname*	Sex*	Date of birth*	Positive test ...	Test type*	Symptom Onset...	Vaccination stat...	COVID-19 antiviral medication?	Antiviral medication prescribed by	
Resident	One	Male	11/11/1911	1/3/2022	PCR	1/3/2022	1. Booster vaccinated	No	NA	

Enter staff cases below

Staff Cases previously submitted

0

To see which cases have been previously submitted, please refer to your most recent successful submission email

Staff yet to be submitted

0

Great job! You've recorded all of your staff cases

+ Add staff case

First Name*	Surname*	Date of birth*	Phone Number*	Last date of attendance*	Positive test date*	
Staff	One	11/11/1988	400000000	1/3/2022	1/3/2022	

Image 7: after all cases have been recorded.

Once all cases have been entered correctly, they will appear as line entries and a message will be displayed to confirm this.

Different information is required for resident and staff cases, as reflected in the survey – these are listed in the *Required Information* section (page 1).

Risks and Issues page

General risks

In the *Risks and Issues* page you will be required to respond to several questions about some general risks and issues that may or may not be applicable to your outbreak. Your responses will not only allow NEPHU to gain a better understanding of any risks that may be prevalent, but also inform us in providing support to mitigate any pertinent risks or issues.

Risks and issues

1. General risks

Prior outbreak management experience *

- Have successfully managed an outbreak before without significant issue(s)
- Have managed an outbreak, but found it to be challenging
- Have never managed an outbreak before

Current staffing situation *

- No staff shortages
- Staff shortages but not impacting on provision of care
- Critical staff shortage impacting on provision of care

Management support *

- Management support in place on-site to manage outbreak
- No manager on-site but leadership support available
- No manager designated and no leadership support in place to manage outbreak

Wandering/challenging resident cases *

- No wandering/challenging residents
- Wandering/challenging residents outside the MSU
- Cases in MSU

MSU = Memory Support Unit or equivalent

Do you have any other concerns about being able to safely manage the outbreak? *

- Yes
- No

Please detail your concern(s) *

Please detail your concern(s)

Do you have any other concerns about being able to safely manage the outbreak? *

- Yes
- No

Would you like NEPHU to call you to discuss your outbreak?

- Yes
- No

NEPHU may reach out via email/phone regardless of your selection based on your survey responses

Image 8: select the option that most accurately reflects the circumstances of your outbreak.

Should you have any other concerns outside of the scope of the questions, you will be able to detail them in the text box provided (illustrated by red arrow).

Supply chain issues

If you are experiencing any supply chain issues, please record them in the following section (circled in red).

2. Supply chain issues

Are you experiencing any issues with your supply of RATs, PPE, Air Scrubbers, or any other goods?

No supply issues

Some supply issues

2. Supply chain issues

Are you experiencing any issues with your supply of RATs, PPE, Air Scrubbers, or any other goods?

No supply issues

Some supply issues

Insufficient PPE * Yes No

Insufficient RATs * Yes No

Insufficient Air Scrubbers * Yes No

Challenges with supply of goods or services (other) * Yes No

Waste disposal, oxygen, medication/fluids, food etc

Image 9: please specify what supply issues are relevant to your outbreak so that NEPHU can effectively assist.

Feedback Survey (optional)

The feedback survey found at the end of the *Risks and Issues* page is important as it allows NEPHU to continually make improvements for future versions of the OMS. Although it is optional, we greatly appreciate you taking the time to fill out the survey and providing us with valuable feedback.

3. Feedback survey (optional)

Thank you once again for participating in NEPHU's RACF Outbreak Notification Pilot Program. Your feedback is incredibly valuable and will help us improve our processes.

The form was easy to use

Strongly disagree Disagree Neither agree/disagree Agree Strongly agree

The questions were easily understood

Strongly disagree Disagree Neither agree/disagree Agree Strongly agree

The email instructions were clear

Strongly disagree Disagree Neither agree/disagree Agree Strongly agree

I would like to use this form for future outbreak communication

Strongly disagree Disagree Neither agree/disagree Agree Strongly agree

Please enter any specific feedback here

Image 10: optional feedback survey about the OMS.

Clearance (stand-down) page

Before requesting stand-down for your outbreak, please confirm that you have met the stand-down criteria. You will be required to verify this on the *Outbreak Clearance* page before your request for clearance can be submitted (marked by the red stars). **If you do not meet the criteria for stand-down, you will not be able to submit the form.**

Outbreak clearance

Criteria

If you have confirmed per the Package that you are eligible for clearance, please select the appropriate option below. Please note that you are responsible for ensuring you have met all requirements prior to selecting this option.

Have all active cases on site been cleared? *

Yes ★

Have all household-like/workplace/social contacts been cleared? *

Yes ★

Are all staff and residents asymptomatic? *

Yes ★

Clearance status *

Eligible for outbreak closure ★

Signatory name *

Signatory name

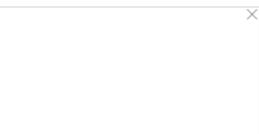
You must be authorised on behalf of your organisation

Signatory role *

Signatory role

Director, Manager, etc.

Please draw your signature below:



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Image 11: you will be asked to answer several questions before your clearance request can be submitted.

In addition to satisfying the clearance criteria, a signatory name, role and signature must be provided in order to submit your request (outlined in red).

Once you have submitted the request, NEPHU will review it and get in touch to discuss clearance eligibility and suitability.

Please note that submitting the request for clearance **does not** automatically provide your outbreak with clearance.

Submission Summary page

After you have completed all sections of the survey, you will be presented with a summary of your survey responses in their entirety for your review prior to submission. Once you have reviewed that all details are correct, please click 'Submit' in the bottom right corner (circled in red).

Submission summary

General information

Record Number [Redacted]
Survey Reason [Redacted]
Email Address [Redacted]
Contact Name [Redacted]
Contact Number [Redacted]
Contact Role [Redacted]
Organisation Size [Redacted]

Resident summary

Total cases [Redacted]
Active cases [Redacted]
Total residents [Redacted]
Booster vaccinated [Redacted]
Double vaccinated [Redacted]
Unvaccinated [Redacted]

Staff summary

Total cases [Redacted]
Active cases [Redacted]
Total staff [Redacted]
Booster vaccinated [Redacted]
Double vaccinated [Redacted]
Unvaccinated [Redacted]

Risk and issue summary

[Redacted]
[Redacted]
[Redacted]
[Redacted]

General concerns:
[Redacted]

Supply shortage summary

General supplies [Redacted]
PPE [Redacted]
RATs [Redacted]
Air scrubbers [Redacted]

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Image 12: example of the submission summary page.

Thank you for completing the survey.