## Checklist for Providers of Disability Supported Accommodation to Respond to a COVID-19 Case

**This checklist is to be used in conjunction with to the advice in the** [Guidance to Shared Accommodation.](https://www.health.act.gov.au/sites/default/files/2020-07/COVID-19%20Guidance%20for%20Shared%20Accommodation%20-%20Version%202%20-%2010July2020.pdf) **All disability supported accommodation providers need to prepare a plan for how they would respond if a resident, staff member or visitor to the accommodation tests positive for COVID-19.This checklist can be used by accommodation providers to prepare this plan.**

**If a COVID-19 case occurs in a resident, staff member or visitor to an accommodation site, ACT Health will do a risk assessment to determine the level of response required and whether an outbreak should be declared.** Not all COVID-19 cases at disability supported accommodation sites will result in the declaration of an outbreak, due to the relatively small size of many disability supported accommodation sites and therefore lower risk of onward transmission of COVID-19.

Regardless of whether an outbreak is declared or not, similar responses are required by the accommodation provider. Where an outbreak is declared more people will be affected and a bigger team will be mobilised to deal with the response.

In the event of a COVID-19 case at a disability supported accommodation site, you can contact ACT Health COVID Response Operations on 5124 6209.

*This checklist assumes that you have a Plan for managing COVID-19 in Disability Supported Accommodation in place for your facility. For guidance on outbreak planning, please refer to the* [*ACT Guidance for Shared Accommodation*](https://www.health.act.gov.au/sites/default/files/2020-07/COVID-19%20Guidance%20for%20Shared%20Accommodation%20-%20Version%202%20-%2010July2020.pdf)*.*

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| Planning prior to a COVID-19 case  |
| 1. Develop a business continuity plan
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| 1. Develop a plan for responding to a COVID-19 case using this checklist in addition to your business continuity plan
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| 1. Ensure you have implemented the advice in the *Guidance for Shared Accommodation* (where applicable)
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| Confirmed Positive COVID-19 Resident  |
| Day 1 |
| Response  | **Action**  |  |
| Initial response to a confirmed COVID-19 positive resident | 1. Confirm the case with ACT Health. ACT Health would normally notify the facility directly of a confirmed COVID-19 case. *If you are concerned that a resident or staff member/visitor has been diagnosed with COVID-19 and the facility has not been notified, or that they may have COVID-19 and have not sought testing, contact Communicable Disease Control (CDC) on 5124 6209.*
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|  | 1. Activate the facility’s plan to respond to a COVID-19 case. This should include details for business continuity in the event of a COVID-19 case.
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|  | 1. Isolate the resident/s with COVID-19 and any residents who have symptoms of COVID-19 in single rooms (with own bathroom) that have been designated for isolation in your plan. Call ACT Health if isolation is not possible or these rooms are not available. If the case is a staff member or visitor, they should return home immediately.
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|  | 1. Enact the residents [Person Centred Emergency Plan](https://www.communityservices.act.gov.au/__data/assets/pdf_file/0004/1547932/Person-Centred-Emergency-Preparedness-Planning-for-COVID-19_ACT_FINAL-003.pdf) or other individual support plans.
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|  | 1. Exclude any staff from work who have symptoms and ensure they are isolated at home. ACT Health will provide advice about getting tested.
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|  | 1. Cancel group activities
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|  | 1. Ask residents (including residents currently off-site) to return to their rooms, or a designated waiting area for day residents or any staff currently at the residence who will be returning home (i.e. an area where physical distancing can be observed). Ensure that anyone travelling goes directly home, preferably by private car. If a private car is not available, the person should wear a surgical mask, if available, and practice hand hygiene.
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|  | 1. Ask residents (including residents returning home) to quarantine at least until contact tracing is complete (24-48 hours). Notify ACT Health if residents voluntarily discharge from the facility.

**Residents remaining in the facility to quarantine** Residents not returning home should remain in the facility in quarantine (as per guidelines) until advised by ACT Health that they can leave quarantine. If a single room with an ensuite is not available, call ACT Health for advice. Residents who are identified as close contacts by ACT Health will need to remain in quarantine for at least 14 days. **Residents returning home to quarantine** If residents are considering returning home, discuss with the resident and their family members suitable arrangements for home quarantine and provision of ongoing essential services. Residents returning home to quarantine will be followed up daily by the ACT Health COVID Response Team.  |[ ]
|  | 1. Ensure quarantined residents have minimal contact with others and wear a mask (if possible/appropriate) if they leave their room (e.g. in an emergency or to seek medical care).
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|  | 1. Implement physical distancing including markings on floor space and furniture.
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|  | 1. Arrange refresher training for staff on appropriate use of PPE, in consultation with ACT Health.
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|  | 1. Ensure that staff use PPE appropriately when caring for clients who require direct care support. Allocate a staff member to supervise PPE donning and doffing.
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|  | 1. Ensure that staff are assigned to care for specific groups of residents
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|  | 1. Restrict movement between units/wings, as advised by ACT Health (there is no need to evacuate the facility).
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|  | 1. Collate a spreadsheet and provide it to ACT Health. Include at a minimum the names and contact details of:
* The residents
* Family/caregivers (if appropriate)
* Staff, volunteers and visitors
* Any leave activities or outings that the residents have taken within the timeframe.

ACT Health will provide you with the dates and times the contact tracers require information for. |[ ]
|  | 1. ACT Health and the Office of Disability advise the facility about the information that needs to be communicated with staff, volunteers, residents and their families or caregivers and provide templates for communication.
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| Establish Local Response Team  | 1. Assemble a Local Response Team (LRT) for your facility. Include a lead liaison from your team who will coordinate actions between ACT Health, Office for Disability and the LRT.
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| Restrict access to the facility  | 1. Stop all non-essential visits to the facility by restricting access. The facility, the Office for Disability and ACT Health work together to define essential visitors, including on a case-by-case basis.
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|  | 1. ACT Health assist with managing processes for people entering and leaving the facility
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| Notify Stakeholders  | 1. Notify relevant Office for Disability, if they are not already aware.

officefordisability@act.gov.au Phone number: 6207 1086 | [ ]  |
|  | 1. If you are a registered NDIS provider, notify NDIS Quality and Safeguards Commission [www.ndiscommission.gov.au](http://www.ndiscommission.gov.au); Phone number: 1800 035 544. The Commission will inform the NDIA, who will update the participants plan as quickly as possible to include additional funding
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|  | 1. Notify the Support Coordinator, where appropriate.
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|  | 1. Notify your service’s head office, management board etc.
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|  | 1. Notify in-reach services or regular care providers (e.g. GP, Community Mental Health)
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| Communicate  | 1. Review the facility’s communication plan with the Office for Disability, ACT Health and other stakeholders. The following factors should be considered, and, **where possible, planned for in advance of an case of COVID-19:**

Principles of communication include the following: * Communication is two-way; answer questions from residents, family and staff and provide them with a means to ask further questions
* Communication is timely, honest, and consistent.

Recommendations for the communication plan: * Dedicate specific staff to developing, implementing and managing the communication plan.
* Identify communication channels (doorknocking, email, calls, webinars, website, and social media) and a database of contact details to communicate with residents, staff and families.
* Conduct a communication devices audit to identify residents with no means of communication. Determine whether residents have communication needs, e.g. a translator or culturally appropriate communication.
* Where direct communication is required, e.g. door knocking to inform residents directly of the case and maintain ongoing communication, ACT Health will provide support to ensure adequate human resources are available to do this and appropriate PPE is worn.
* Some residents may be more open to communication from a specific support person (e.g. housing manager, case manager, social worker, disability support worker). Assess whether these support people would be willing to communicate with the resident directly in the event of an case, if so, ensure these support people are competent in using PPE.
* Develop email templates and talking points on the initial announcement of the case and what can be expected now
* Ensure you have a clear strategy for providing regular information to staff, volunteers, residents and their family or caregivers, including:
* Advice for staff on how infection risks are managed and the support available for staff
* How families will be updated on the status and welfare of residents
* Information for families and friends and what precautions are being taken in the facility to contain risk
* What options are available for families to connect with residents.
* What options are available for residents to connect to fellow residents
* Assist ACT Health to assign a family liaison officer who will be available to support family members of residents and provide them with regular updates.
* Ensure that protocols are in place for managing media enquiries
* Develop FAQs to be used with phone scripts, email templates, daily newsletters, etc. This will need to be frequently updated. Include:
* How residents will be kept informed and frequency of communications
* If you have a question(s) who/when to ask
* How their families/carers will be kept informed and frequency of communications
* Visitor advice
* The use of PPE and why,
* How to communicate in quarantine or isolation, how to stay involved with their family
* Residents may also be concerned for the safety of staff and other residents. Consider responding to these concerns as well, including how you communicate about resident’s changes and operational changes for staff.
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| Implement additional infection control measures *ACT Health will provide infection control support*  | 1. Ensure PPE is available to staff and is being used correctly[[1]](#footnote-1), in consultation with ACT Health. Contact and droplet precautions are required when providing care to residents in isolation or quarantine.
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|  | 1. Review stock levels of PPE and hand sanitiser. Liaise with ACT Health to ensure adequate access to PPE and appropriate use of PPE.
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|  | 1. Display signage at entrances to the facility and on resident’s doors if required (ACT Health will provide signage if you don’t already have it).
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|  | 1. Reinforce standard precautions: hand hygiene, cough etiquette, and physical distancing.
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|  | 1. Organise cleaning contractor to conduct cleaning; see the Guidance to Shared Accommodation for more information. This can be paid for through an NDIS plan.
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|  | 1. Follow ACT Health advice regarding infection control requirements around delivery of meals, medication and vital supplies.
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| Day 2 Onwards |
| Minimise negative psychological and physical impacts  | 1. Facilitate access to psychological services and resources for staff, residents and volunteers.; ACT Health can help with this.
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|  | 1. Implement system for regular monitoring of mental health of residents, staff and volunteers.
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|  | 1. Ensure residents can talk to their caregivers or family over video or phone.
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|  | 1. Ask ACT Health whether it is feasible for residents to access the outdoors while in quarantine or isolation
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| Monitor and Report  | 1. Implement system for regular symptom review of all residents and staff who are not required to quarantine but may have had casual contact with a case (ACT Health will have daily contact with people directed to isolate or quarantine).
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| Provide high quality care *ACT Health and the provider should discuss early the ongoing management options of COVID-19 positive residents* | 1. Work with the ACT Health to clarify the general clinical care arrangements, including arrangements with existing in-reach health care providers and alternative models of care, if required.
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|  | 1. Assess whether the resident has a pre-existing [Person-Centred Emergency Plan](https://www.communityservices.act.gov.au/__data/assets/pdf_file/0004/1547932/Person-Centred-Emergency-Preparedness-Planning-for-COVID-19_ACT_FINAL-003.pdf), a current [advanced care directive or plan](https://www.advancecareplanning.org.au/#/), COVID-19 isolation plan or has complex needs
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|  | 1. Ensure appropriate services are put in place to address resident needs:
	* Mental health needs (pre-existing conditions and emerging concerns)
	* Positive Behaviour Support Plan, if they have one
	* Pre-existing health conditions
	* Current medications
	* Disability requirements and
	* Current providers
 |[ ]
|  | 1. Confirm additional NDIA COVID 19 disability supports are in place including
* Cleaning services $300 per resident:
* Additional supports: $1,200 maximum daily rate to cover the cost of higher intensity support needs
* Further information on [NDIS supports](https://www.ndis.gov.au/) are available online
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|  | 1. Provide information about COVID-19 to the person with disability in a way that is accessible and the person can understand.
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| End of the incident  | 1. Once all residents, staff and volunteers have finished quarantine or isolation and ACT Health advises that the incident is over, continue to communicate with staff, residents and family to answer any further questions and provide with further information, as required.
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|  | 1. Review and evaluate the response.
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1. ACT Health will be ensuring facilities meet the recommendations provided by the [Infection Control Expert Group](https://www.health.gov.au/committees-and-groups/infection-control-expert-group-iceg) with regards to infection prevention and control of COVID-19 [↑](#footnote-ref-1)