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ACT Health

COVID-19

Information for Disability Accommodation Providers – Responding to a Case of COVID-19

Hosted by the Public Health Emergency Coordination Centre

October 2020

Purpose of presentation

- Summarise the vast amounts of information available!
- Link to key resources
- Review key requirements to plan, prepare and respond to COVID-19
- Prepare you for the upcoming in-person workshop about responding to a COVID-19 case in a supported independent living site
- Comprehensive information for accommodation providers but also relevant to in-reach service providers

Questions throughout



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Part 1

**Summary of information, roles and responsibilities,
overview of case management**

Common terms

- **High risk setting:**
 - A high-risk setting is defined as a setting where there is a likelihood of a risk for rapid spread and ongoing spread of infection.
- **Outbreak:**
 - An increase, often sudden, in the number of people with COVID-19 in a defined population or geographical region
 - In a high-risk shared accommodation setting, this is **one confirmed case**.

Common Terms continued

- **Quarantine:**
 - Will be required for people who have been in contact with someone who has COVID-19 but who are currently well
- **Isolation:**
 - Is required for people who are unwell with suspected or confirmed COVID-19
- **Case investigation:**
 - Is conducted to find out the source of exposure to COVID-19 and identify contacts of a person with COVID-19
- **Contact tracing:**
 - Process that identifies and contacts, where possible, all the potential close contacts of a confirmed COVID-19 case

Resources for planning

- [Coronavirus Disease 2019 \(COVID-19\) Outbreaks in Residential Care Facilities](#)
 - [ACT Health website for NGOs](#)
- [ACT Guidance to Shared Accommodation](#)
 - [Checklists specific to Disability Supported Independent Living](#)
- ACT Outbreak Management Framework (Internal ACT Government docs)

Main components of management of a COVID-19 case

Advance planning is key!

1. ACT Health notified of case and assesses situation
2. Infection control
3. Case investigation & contact tracing
4. Quarantine & isolation
5. Clinical care
6. Communication
7. Business as usual

Roles and responsibilities: Public Health Emergency Control Centre

- ACT Health will coordinate the public health response
 - Case investigation, contact tracing, quarantine, isolation, daily monitoring, guidance to service providers, providing information
- ACT Health will identify critical gaps in the response and mobilise financial, logistic and human resources as required.
- ACT Health will lead an after-action review of the response.

Public Health Emergency Control Centre Wellbeing Team

- ACT Health PHECC conducts a risk assessment with all people who are identified as a COVID-19 case or are required to quarantine
- This includes asking about the person's needs, including mobility, physical and mental health and whether the person is a carer or receives care
- If concerns are identified, they are referred to the ACT Health Wellbeing team within the PHECC
- The Wellbeing team will then assess and refer as required to ensure that they are safe to quarantine or isolate

Clinical Health Emergency Control Centre

- In-reach testing
- Facilitate appropriate models of clinical care

Roles and responsibilities: NDIA and NDIS Quality and Safeguards Commission

- Provide information to providers
- Provide PPE through NMS
- Mobilise funding to support person required to quarantine or isolate
 - Cleaning and support payment
- Update plans
- Contribute to information sharing
- Regulation and oversight

Office for Disability and Human Services Registrar

- Communication with registered and non-registered providers of supported accommodation
- Coordination between agencies

Roles and responsibilities: Facility/Provider

- Plan
 - Identify potential case of COVID-19
 - Assess and test potential case
 - Implement precautions while awaiting a test result
 - If negative result, implement standard precautions until symptoms resolve.
 - If positive result, ACT Health will be directly notified.
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- ACT Health will notify if test is positive
 - Implement management plan and follow checklist
 - Implement ACT Health guidance and monitor situation

COVID-19 Plans

- The plan for managing a COVID-19 case sits within your larger COVID-19 plan
- The plan includes business continuity and ensuring the facility can carry out each of the actions in the checklist – e.g. describe the processes to carry out each action (e.g. who what when where how)
- Plans are specific for each provider

COVID-19 Plan: Business Continuity

- Processes for developing BCP (divided into phases)
- Key activities required for COVID-19 preparation and planning including establishing key risks, responding to risks and processes for documentation
- All phases consider participants + families, organisation and external (visitors, suppliers)
- Examples of things need to be considered in different phases
 - Who is responsible for leading and making sure actions are carried out
 - Ensuring documentation is available about participants to ensure continuity of care
 - Understanding staffing needs, alternative ways of staffing (e.g. from home), surge staffing
 - Pre-ordering and storing vital supplies
 - Back up for all roles in the plan

See: <https://teamdsc.com.au/resources/business-continuity-guide> in addition to the information on the NGO website



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Checklist Actions Part 2

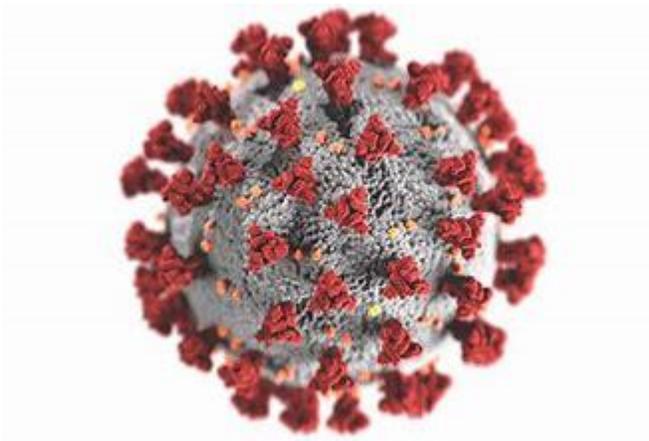
Please take a break if you need!

Checklist – please open the word document!

Response	Action	Complete
Initial response to a confirmed COVID-19 positive resident		<input type="checkbox"/>
Establish Local Response Team		<input type="checkbox"/>
Restrict access to the facility		<input type="checkbox"/>
Notify stakeholders		<input type="checkbox"/>
Communication		<input type="checkbox"/>
Implement additional infection control measures		<input type="checkbox"/>
Minimise negative psychological and physical impacts		<input type="checkbox"/>
Monitor and Report		<input type="checkbox"/>
Provide high quality care		<input type="checkbox"/>
End of incident		<input type="checkbox"/>

Initial response to a confirmed COVID-19 positive resident

- Confirm the case with ACT Health 5124 6209
 - Include the number in your plan
 - Make sure the plan and the number is accessible to your staff and staff are aware of their role in the plan



Initial response to a confirmed COVID-19 positive resident

- Activate facility management plan
 - Have you got a designated lead person who will activate the plan? Have you got a designated person to operationalise the plan? (may be same person depending on size of organisation)

Initial response to a confirmed COVID-19 positive resident

- Isolate the case and other residents who are symptomatic
 - » This should be in a single bedroom with its own bathroom
 - » Call ACT Health if this is not available
- Use the resident's person centred emergency plan or other individual support plan, if available.
- Include in your COVID-19 plan a process for documenting these plans / information about where they are stored

What happens if a resident can't quarantine or isolate at the SIL?

Example: no access to a separate bathroom or risk of harm if required to remain in one room or can't follow quarantine or isolation instructions

- This would be assessed on a case-by-case basis in consultation with the resident, their caregivers or support workers, the facility, ACT Health and NDIA.

Initial response to a confirmed COVID-19 positive resident: continued

- Communicate in consultation with ACT Health
 - Communicate to all staff, residents, service providers and families. Staff includes: managers, support workers, in-reach service providers, volunteers, administration, catering, laundry, and cleaning/contractors
 - Do you have a process for communicating this information with all of these people? E.g. a list-serve or SMS system?

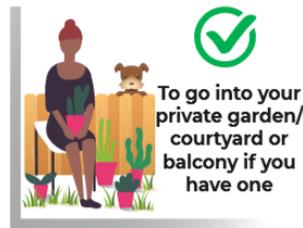
ATTENTION COVID-19 ALERT

You have been asked by ACT Health to remain in your room to protect yourself and your neighbours from COVID-19.



Stay in your room

You can **EXIT** for the following:




To go into your private garden/courtyard or balcony if you have one




To go to the bathroom (if you don't have an ensuite)




For medical assessment




In an emergency

You can not have any visitors.



Supplies will be brought to your door

We will be in touch soon to check on you and see if you need anything.



Wear a mask

-  if you need to open the door.
-  travel through the shared spaces (e.g. if you are going to the bathroom)
-  leave the property (e.g. if you are going to get medical care)



If it is an emergency call 000

If you have questions or need help call:

Initial response to a confirmed COVID-19 positive resident

- Exclude symptomatic staff
 - Have staff been provided education about COVID-19 pandemic processes?
Have they been provided with a copy of the plan?
 - Things to include in education: COVID-19 signs and symptoms, what to do if staff experience symptoms, what to do if residents have symptoms, hand and respiratory hygiene, PPE use, cleaning and handling linen
 - Do staff know about the hardship isolation payment?
<https://www.covid19.act.gov.au/business-and-work/economic-survival-package/families-and-households#Hardship-Isolation-Payment>

Initial response to a confirmed COVID-19 positive resident: continued

- Cancel group activities, implement physical distancing and ask residents to return to their rooms or a designated waiting area
 - Do you have a process in your plan of how you will communicate this with all residents?
 - Do you have a dedicated waiting areas?
 - Do you have enough supplies to implement physical distancing? E.g. tape/signs

Initial response to a confirmed COVID-19 positive resident: continued

- Cohort staff and residents
 - In the context of SIL, this may mean allocating staff to particular residents or preventing movement between houses on the same site.
 - Roster break times to avoid overlap
 - Consider rostering staff in teams (A/B) to avoid unnecessary contact between teams

Initial response to a confirmed COVID-19 positive resident: continued

- Travel should be directly home, preferably by private car
 - Do you have masks you could supply staff or residents if they need to travel home by public transport or in the back of a taxi?

Initial response to a confirmed COVID-19 positive resident: continued

- 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.
- It helps to have this information in an accessible form ahead of time. The quicker we can contact trace the better! Consider keeping this information in digital form.
- Consider using the Check in CBR App:
<https://www.covid19.act.gov.au/business-and-work/check-in-cbr>
- You will also need to provide a floor plan to ACT Health

Establish Local Response Team

- Assemble Management Team
- Nominate lead liaison with ACT Health
- The teams will meet at least daily
 - If you are a very small organisation, this may just be one person!
 - It would be helpful to include a template in your plan that you can use to communicate daily with ACT Health:
 - Current situation, communication status, education issues, barriers/challenges, staffing levels, escalation requirements, reports, family/visitor issues, resident issues/changes to condition/ transfers, supply and stock levels

Restrict access to the facility

- Restrict access to the facility to required staff
 - Vital staff will depend on the context of the setting and the specific residents
 - Do you have signage available to communicate this?
 - Do you already have a plan for managing/monitoring entry and exit?

My client depends on daily visits from their family, are there any exceptions?

- ACT Health will conduct a risk assessment and provide tailored advice on a case-by-case basis.

Public Health Directions permit:

- Entry for medical, law enforcement or emergency purposes
- A household member to enter into quarantine where another person in their household is required to quarantine and they cannot maintain physical distancing.
- Variations to Public Health Direction need to be formally approved (exemption request)

Consider other low risk options:

- Window visits etc.

Notify Stakeholders

- If you are a registered NDIS provider, notify NDIS Quality and Safeguards Commission 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. The notification of event form can be found here: <https://www.ndiscommission.gov.au/providers/notice-changes-events/notification-covid-19>
- Notify in-reach services, support coordinator or regular care providers (e.g. GP) To be specified as plan is adapted to each setting

Communicate

The principles:

- 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.

Communicate

The following factors should be considered:

- Dedicate staff to manage communications
 - Dedicated phone line
 - Staff member to provide written updates
 - Do you need specific staff members to communicate with specific residents? Document this ahead of time.
 - Could you buddy up staff members with individual residents/families?
 - Consider sending a letter ahead of time advising families that in the event of a case communication will occur via the primary contact.

Communicate

The following factors should be considered:

- Communication channels
 - Do you have documented communication channels you can use?
 - Email lists
 - SMS
 - Website
 - Remember to include all staff (and whether staff have communication needs)
 - Have you conducted a communication audit to determine communication needs for residents?

Communicate

The following factors should be considered:

- Templates for communication
 - Considerations described in checklist
- Strategy
 - Considerations described in checklist
- Protocols for managing media enquires
- Provide information about COVID-19 to the person with disability in a way that is accessible and the person can understand.
 - Resources are available:
<http://www.hcq.org.au/home/covid19/residential-facilities/>

Implement additional infection control measures

- PPE
 - Do you have a ready to go kit of PPE?
 - Have you identified where you could place PPE donning and doffing stations?
 - Have staff received in-person training on PPE use?

Implement additional infection control measures

- Signage
 - Do you have signage about how to use PPE correctly?

Implement additional infection control measures

- Reinforce standard precautions: hand hygiene, cough etiquette, and physical distancing
 - Is someone designated to be responsible for monitoring compliance?
 - Is there a process (e.g. designated staff member) for ensuring hand sanitiser, tissues, and towel dispensers are kept well stocked?

Implement additional infection control measures

- Contact cleaning contractor following advice from ACT Health infection control
 - Have you got a nominated staff member to organise the change to cleaning services?
 - In some settings it may be appropriate for existing staff to conduct cleaning, if appropriately trained. Frequently used areas will need to be cleaned at least daily and high touch areas (e.g. handles) at least twice daily. Shared equipment should be cleaned every time it is used. The TGA has a list of products for use against COVID-19.
 - Document process for disposing of clinical waste

Minimise negative psychological and physical impacts

- Ensure residents can talk to their caregivers or family over video or phone
 - Is there a process in the plan that describes how this will be done? E.g. staff trained to assist with this, access to device/wifi
 - Consider having spare devices that residents can use if they don't have their own device
- ACT Health will advise whether it is feasible for residents to access the outdoors while in quarantine or isolation

Monitor and Report

- Implement system for regular review of all residents
 - Is the process for doing this described in your plan?
 - Consider setting up an excel document ahead of time that you could
- Monitor staff (at work) for symptoms

Provide high quality care

- Most residents with COVID-19 will have mild or moderate symptoms and **may** be suitable for management in the facility

Disability support workers are not expected to make clinical decisions. Document in the plan clearly the normal escalation pathway if a resident is unwell. The normal pathway will be reviewed in consultation with ACT Health and additional options will be discussed.

- Clarify clinical care arrangements
 - General (access to regular health services, mental health supports, access to medications)
 - For clients in quarantine or isolation
 - For clients with access to additional support (e.g. through NDIS)

Provide high quality care

- 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
 - Document needs and existing providers

Incident declared over

- ACT Health will declare the outbreak/incident over
- Review and evaluate the management

What next?

- Stay tuned for information about infection prevention and control training and in-person PPE training
- Stay tuned for information about attending an in-person workshop where we practise applying the checklist - please save the date 4th of November 2020