

## Disability Accommodation and Residential Services business contingency checklist - COVID-19 outbreak management and preparation

<b>Scope</b>	Disability Accommodation Services and Residential Services as defined in the Residential Services <a href="#">Act</a> 2002, including Supported Accommodation Facilities and Homelessness Services (referred to as services in this document).
<b>Target Audience</b>	Operators and service providers of the above services including executives, managers and staff members, and visiting essential care and support services.
<b>Purpose</b>	To provide best practice guidance for COVID-19 outbreak management and preparation for people with disability.
<b>Considerations</b>	<p>The development of a business contingency plan and how much detail it contains will vary depending on the level of service being provided at each service. This is not a disaster management plan.</p> <p>Note: Registered NDIS providers must ensure they meet all requirements of registration and adhere to relevant legislation, rules and policies. Available <a href="#">here</a>.</p>

### Generic business requirements:

Prepare a **resident overview profile** (refer to example in Appendix 1) or [Julian's Key Health Passport](#) that details important information for each resident to assist new workers caring for the person in the home or in hospital. These documents should be available in hard copy and include:

- ✓ A photo of the resident
- ✓ Their full name, date of birth and contact details (level 1)
- ✓ Contact details of their next of kin, decision maker, contact person, guardian, carer, any external service provider or NDIS support co-ordinator (level 1)
- ✓ Any special dietary requirements or allergies, including any food dislikes or cultural requirements (level 2) and meal management plans. Detail any medical conditions associated with dietary requirements (e.g. type 2 diabetes)
- ✓ The resident's communication techniques and/or communication aides
- ✓ Any personal care needs including, the daily living, medical or health supports required, the contact details for their doctor, any instructions to help support the resident (level 3)
- ✓ The resident's current weight
- ✓ A list of any medication the resident is taking and their medication records (level 3)
- ✓ The resident's behavioural support plan, if applicable (level 3)
- ✓ A printed copy of this checklist and supporting documents for easy access

Ensure information is available regarding **normal business requirements** including:

- ✓ Daily household routine
- ✓ Communication book/ daily diary (if applicable)

- ✓ Visitors book/ sign in and out book
  - ✓ Rubbish bin collection day and garden maintenance
  - ✓ Any regular deliveries, day they occur and how often
  - ✓ Important contact details
  - ✓ How the bills are paid (electricity, water, gas, etc)
  - ✓ Floor plan and resident room identification
  - ✓ Laundry process – residents’ responsibility or contractor/service provider
  - ✓ Cleaning schedule and location of cleaning equipment
  - ✓ Fire safety management plan and evacuation procedure
- Do you provide **food services**? Consider:
- ✓ Ensure residents can access water without visiting shared kitchen areas
  - ✓ How food is ordered, delivered and paid for
  - ✓ If you purchase it yourself, where is the shopping list located?
  - ✓ What are the special dietary requirements (if any) for residents?
  - ✓ Is there a current menu in place to follow?
  - ✓ Are there healthy snacks available?
  - ✓ Who assists with food preparation and serving?
  - ✓ Food safety management plan
  - ✓ Kitchen processes and schedules
- Do you provide **personal care**? Consider:
- ✓ Bathing, toileting or other personal hygiene requirements
  - ✓ Assistance with dressing or undressing
  - ✓ Assistance to consume a meal
  - ✓ Mobility problems for a resident and any equipment required
  - ✓ Residents who need assistance with medication
  - ✓ Managing a residents’ financial affairs
- Are you a **sole service provider**? Consider the following:
- ✓ Are there spare keys for access to the residential service?
  - ✓ Who can take over if you fall sick?
  - ✓ Will you know who to contact regarding a resident’s needs?
  - ✓ Is there a staff member you can contact for assistance?

## Communications:

- Ensure any management staff are aware of the rapid response process and that the Public Health Unit must be notified as soon as practicable (and within 24 hours) when a COVID-19 case is suspected in a resident, staff member or frequent visitor. Contact details for your local Public Health Unit can be found [here](#), alternatively you can contact 13HEALTH.
- Distribute information about COVID-19 to residents, the next of kin, family and/or guardian in accessible formats – the service may want to consider the Commonwealth Department of Health [fact sheets](#) or QDN's easy-English [information](#).
- If the resident receives NDIS funded services, providers must notify the NDIS Quality and Safeguards Commission of any changes or events related to COVID-19. Registered providers should use the [Notification of event form – COVID-19 \(Registered providers\)](#) to notify the NDIS Quality and Safeguards Commissioner of change or events resulting from the COVID-19 outbreak.
- Familiarise all staff (clinical and non-clinical) with [work exclusion / isolation requirements](#). Check in with staff daily to ensure they are fit for work.

*If any staff member feels unwell, they must stay at home to protect themselves and residents.*

*If any staff member develops any symptoms of COVID-19 they must isolate, get tested immediately and notify management.*

*If a staff member tests positive for COVID-19, refer to the Queensland Health Responding to a Suspected Case of COVID-19 document for additional advice. Available [here](#).*

- Assist residents, if required, to complete the QDN developed '[Your Emergency Plan for COVID-19](#)'. This is a good guide for replacement staff who may need to support residents (particularly level 3 residents).
- Develop a communication plan to ensure that resident's, their family members, carers and/or guardians are informed of preparation and response arrangements.

## Infection control requirements:

- Ensure you stay up to date with any [Queensland Health](#) and [Commonwealth Department of Health](#) information, advice or directions. Registered NDIS Providers should also be aware of updates from the [NDIS Quality and Safeguards Commission](#).
- Keep accurate records of any suspected, probable and confirmed cases of COVID-19 at the residential service, including those notifications regarding residents, staff and any external visitors and service providers.
- Suggest that residents access the seasonal influenza vaccinations (unless contraindicated) and facilitate staff (if any) influenza vaccination programs and maintain register of staff vaccination.
- Put in place or review any outbreak management plans including, but not limited to, consideration of:
  - ✓ Single point of entry and risk assessment for all staff, external service providers, visitors, contractors, delivery drivers
  - ✓ Keeping a log of visitors for 56 days including name, phone number, email address and the date and time period of patronage
  - ✓ Keeping a list of all staff and request staff to provide details of any other locations at which they work

- ✓ Limiting the practice of staff working across multiple high-risk environments – If not possible, consider temperature checks, use of personal protective equipment (PPE) and ensure continued high hygiene practices
  - ✓ Encourage the wearing of masks by people who enter the residential service including external service providers, visitors and contractors in line with current health advice
  - ✓ Business continuity planning in case of potential sickness of service providers, associates or any staff sick leave
  - ✓ Roster adjustments to prevent or reduce cross infection through staff contact
  - ✓ Services that would be required to be maintained during an outbreak and which services could be limited. Ensure external service providers understand their role and requirements if an outbreak were to occur
  - ✓ If the residential service is a registered NDIS provider, the [COVID-19: Outbreak preparedness, prevention and management resource](#) should be reviewed.
- Ensure the service has adequate stock of PPE, hand hygiene products and cleaning supplies.
  - Ensure the service has a plan to restrict unwell visitors from entering the premises.
  - Ensure that staff have training and [competency in hand hygiene](#) and [infection control](#).
  - Ensure that staff have training and competency in application and removal of personal protective equipment (PPE) - [Safe fitting and removal of personal protective equipment \(PPE\) for healthcare staff](#).
  - Ensure that staff have training and competency in appropriate handling and disposal of sharps and [clinical waste](#), environmental cleaning, laundry and food handling processes.
  - Consider the current equipment and prescription needs of residents and as appropriate, arrange a General Practitioner (GP) review to ensure ongoing availability of the most clinically appropriate care.
  - Ensure the continuity of health and essential care services for residents, including health and disability professionals visiting the service, allowing residents to leave the service to attend appointments or consider facilitating access for residents to access care onsite via telehealth/virtual care.

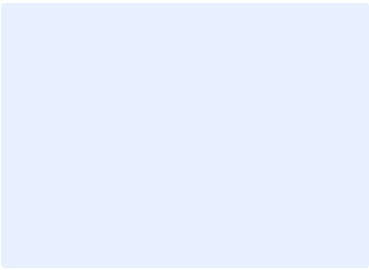
### Isolation:

- Consider if there is an area at the service where a resident can be isolated and infection control measures achieved. The Public Health Unit can provide up to date information and guidance. For example:
  - ✓ A single room with an ensuite bathroom (shower, toilet, hand-wash basin) and closing door
  - ✓ An area of the premises where access can be restricted
  - ✓ Private access to a kitchenette (if responsible for own food preparation)
  - ✓ Room restriction signs including required PPE for entry
  - ✓ Room has door with door self-closer (if possible)
  - ✓ Hands-free covered rubbish bins at entry (e.g. pedal bins) for safe disposal of tissues, gloves, masks, paper hand towels etc
  - ✓ Independent air conditioner / filter system if available

- ✓ Consider how the resident will maintain their physical and mental wellbeing while in isolation, including exercise, connection to support network, phone credit, computer access, etc
- What infection control arrangements will be required for residents to continue receiving their **food service**:
  - ✓ Ensure residents in isolation will continue to receive meals
  - ✓ Ensure there is a space where residents can eat away from other residents
  - ✓ Take precautions around providing meals to residents in isolation, and consider factors such as using separate cutlery and crockery
- Consider what infection control arrangements are required for residents who receive a **personal care service** from staff of the accommodation setting or visiting service provider to ensure the following continue for a resident in isolation:
  - ✓ Bathing, toileting or other personal hygiene requirements
  - ✓ Assistance with dressing or undressing
  - ✓ Assistance to consume a meal
  - ✓ Mobility problems for a resident
  - ✓ Residents who will continue to need assistance with medication
  - ✓ Managing a residents' financial affairs

## Appendix 1: Example Resident Profile

The below Resident Profile is offered as an example for service providers.

RESIDENT DETAILS			
Room Number:		Date of Birth:	
Title / prefix: <input type="checkbox"/> Mr/ <input type="checkbox"/> Mrs/ <input type="checkbox"/> Miss/ <input type="checkbox"/> Ms		Ph:	
Family Name:		Mob:	
Given names:		Marital Status:	
Email:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
<b>ALLERGIES (including food allergies):</b>		 <i>Insert Picture</i>	
SPECIAL DIETARY REQUIREMENTS			
<b>Requirements</b>		<b>Preferences</b>	
<input type="checkbox"/> Intolerances <input type="checkbox"/> Diabetic		<input type="checkbox"/> Vegetarian <input type="checkbox"/> Cultural	
PERSONAL			
Fears / phobias:			
Speak English: <input type="checkbox"/> Yes <input type="checkbox"/> No		1 <sup>st</sup> Language:	
Emergency Contact:	<input type="checkbox"/> Next of Kin <input type="checkbox"/> Other		
	Name:		Relationship:
	Ph:	Mob:	Work:
	Email:		
Source of Funds:	<input type="checkbox"/> DSP <input type="checkbox"/> Age Pension <input type="checkbox"/> Family <input type="checkbox"/> Other:		
	Pension Card No. / CRN:		
MEDICATION DETAILS			
Medication required: <input type="checkbox"/> Yes <input type="checkbox"/> No		See medication administration sign off chart attachment	
GP	Name:		Ph:
	Organisation:		Mob:
	Email:		
Medication Records attached:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any further medical information (i.e. high-risk medications or difficulties swallowing medication): <input type="checkbox"/> Yes <input type="checkbox"/> No Details:			

PERSONAL CARE NEEDS		
Any daily living supports in place (i.e. assistance with financial and clerical support): <input type="checkbox"/> Yes <input type="checkbox"/> No Details:		
Any further health supports in place (i.e. showering, bathing, toileting assistance): <input type="checkbox"/> Yes <input type="checkbox"/> No Details:		
BEHAVIOURAL SUPPORT PLAN		
Behavioural Support Plan in place:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Plan attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Details of plan or behaviours of concern:		
KEY CONTACTS / SERVICES:		
Is the resident case managed by a mental health service or have an NDIS plan in place? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> NDIS Support Coordinator	Name:	Ph:
	Organisation:	Mob:
	Email:	
Case Manager	Name:	Ph:
	Organisation:	Mob:
	Email:	
Public Guardian <i>If yes go to question on Trustee</i>	Name:	Ph:
	Organisation:	Mob:
	ID No.:	
	Email:	
Enduring Power of Attorney	Name:	Ph:
	Organisation:	Mob:
	Email:	
Statutory Health Attorney	Name:	Ph:
	Organisation:	Mob:
	Email:	
Trustee / Financial Manager / Administrator	Name:	Ph:
	Organisation:	Mob:
	Email:	
CONSENT		
<input type="checkbox"/> Resident consent has been received to share information and is on file, unless information is required by law.		
FURTHER COMMENTS / SUMMARY		