Responding to a Suspected Case of COVID-19 in Disability Accommodation and Residential Services

Scope	Disability Accommodation Services, Residential Services as defined in the Residential Services Act 2002, Supported Accommodation Facilities and Homelessness Services (referred to as services in this document)
Target Audience	Operators and Service Providers of the above services including executives, managers, staff and visiting essential care and support services.
Purpose	To provide best practice guidance to support the effective management of a suspected case of COVID-19 in a person with disability.
Supporting Documents	This document should be read in conjunction with CDNA National Guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia

1. PREPARE for an outbreak now

All services should develop and implement business continuity plans, including an outbreak management plan and communication plan which can be activated immediately for a suspected or confirmed coronavirus (COVID-19) diagnosis in a resident, staff member or frequent visitor. This is a requirement of registration for NDIS providers (additional information available here).

The plan should include the establishment of an outbreak management team commensurate with the scale of the organisation (refer to the CDNA Guidelines). A Business Contingency Checklist has also been developed to offer additional advice.

2. IDENTIFY symptoms of COVID-19

- The most common symptoms of COVID-19 are a fever (temperature higher than 37.5°C) and a dry cough.
- Other symptoms can include shortness of breath, phlegm, fatigue, sore throat, loss of taste, loss of smell, diarrhoea, nausea or vomiting. Less common symptoms include headache, muscle and joint pain, chills, nasal congestion, haemoptysis or conjunctival congestion.
- A single case of *suspected* or *confirmed* COVID-19 in a resident, staff member or frequent visitor requires prompt further action.

Suspected case – A person who meets the following clinical **AND** epidemiological criteria:
Clinical criteria: Fever/history of fever **OR** acute respiratory infection (cough, shortness of breath, sore throat) **OR** loss of smell or loss of taste.
Epidemiological criteria: In the 14 days prior to illness onset:

- Close contact with a confirmed case; International travel; Passengers or crew who have travelled on a cruise ship; Healthcare, aged or residential care workers and staff with direct patient contact; People who have lived in or travelled through a geographically localised area with elevated risk of community transmission, as defined by public health authorities

- If residents are symptomatic and no epidemiological link is identified, testing should still be undertaken but this is not considered a “suspected case”.

3. IMPLEMENT infection control measures

Isolate symptomatic residents in single rooms with individual bathroom and ensure essential needs are met – If unable to safely meet this requirement, contact your local Public Health Unit (contact information available here) or 13 HEALTH.

- Symptomatic staff to be sent home immediately and advised to be tested
- Use surgical masks, gloves, gowns and eye protection for symptomatic resident care (contact and droplet precautions) – Refer to Queensland Health PPE Guidance and Infographic

- The use of P2/N95 respirators may be considered in areas with significant community transmission for the clinical care of residents with suspected or confirmed COVID-19 who have cognitive impairment, are unable to cooperate or exhibit behaviours of concern.
- Services are responsible for ordering adequate Personal Protective Equipment (PPE) supplies. Two days of supplies should be stored onsite that can be accessed immediately whilst further stocks are ordered. Your regulatory body may be able to assist with this. **Note**: Accessing PPE may be more difficult on weekends and this should be appropriately planned for in your supplies.
- The National Disability Insurance Agency (NDIA) has introduced new temporary support items so that registered providers in restricted areas can claim for PPE they use when delivering face-to-face supports assisting participants with daily living. National Disability Insurance Scheme (NDIS) participants who receive at least one hour per day of face-to-face daily living supports can purchase PPE from their core support funding for their use when their support worker is supporting them. Additional information here.

- Ensure there is appropriate waste disposal for used PPE (refer to COVID-19 waste management advice here).
- Wash hands before and after resident care.
- Reinforce the need to maintain standard precautions including hand hygiene, cough etiquette and staying 1.5m away from other people throughout the service.
- Where appropriate, place warning signs at entrance to facility and rooms where residents with suspected or confirmed COVID-19 are isolated – signs are available for printing here.
- Commence enhanced cleaning of service – cleaning advice can be found here.

4. NOTIFY relevant stakeholders of a suspected or confirmed case

- Contact your local Public Health Unit (contact information available here) or 13 HEALTH. A map of Hospital and Health Services is available here to determine your local Public Health Unit.
- Escalate to senior management at the service and activate your Outbreak Management Plan – *the Public Health Unit will assist with outbreak management once the case has been confirmed.*
- Notify the following agencies, where relevant to your service:
  - Safe Work Queensland here (for confirmed case only – within 7 days)
  - NDIS Quality and Safeguards Commission here (NDIS registered providers only)
  - Queensland Health Hospital and Health Service (Queensland Health funded)
  - Department of Communities, Disability Services and Seniors (AS&RS, FDS only)
  - Commonwealth Department of Health (Continuity of Supports)
  - Department of Housing and Public Works
  - Department of Child Safety Youth and Women
- Communicate with residents, staff, families, carers, decision makers and visiting services e.g. NDIS providers and GPs.

5. TEST symptomatic residents and staff immediately

- Urgently contact the resident's GP and arrange urgent review and testing. Request that the GP indicate in the clinical notes that the person is a resident or staff member at the service (specify) for priority testing.
- The GP may arrange for pathology to visit the resident at home or instruct them to visit a fever clinic or hospital.
- If it is a medical emergency, call 000 indicating that the resident could have COVID-19.
- In the event of an **outbreak**, the Public Health Unit will assist to guide the testing strategy for residents and staff.

6. LIMIT group activities

While awaiting test results, limit activities in which residents and staff will gather in the service. Residents without symptoms are not required to be isolated at this time but should be kept apart from symptomatic residents. Restrict visitors unless they are providing behavioural, emotional or social support essential to the residents' health and wellbeing.

7. DOCUMENT the outbreak

Begin identifying close contacts from your contact information record/visitor log if available. Close contacts include anyone who has had 15 minutes of face-to-face contact or shared an enclosed space for two hours or more within 24 hours prior to the onset of their symptoms.
The Public Health Unit will assist with contact tracing if a case is confirmed. Public Health Units require the following information for the purpose of contact tracing; full name, phone number, email address (residential address if unavailable) and the date and time period spent at a facility.

8. SEEK ASSISTANCE to ensure resident safety

- The Public Health Unit will provide advice on isolation and quarantine requirements. If you are unable to meet these requirements for the suspected case while maintaining the safety of your other residents, contact your local Public Health Unit (contact information available here) or 13 HEALTH and your regulatory body for additional guidance. This includes if you are unable to meet your workforce requirements due to a number of staff being in isolation or quarantine and need additional supports.
- If residents require additional services during this time, contact the NDIA to arrange. If residents are not NDIS participants, contact their service provider.

9. CONTINUE infection control measures during the outbreak

- Ensure that all staff starting their shift receive a thorough briefing and orientation about how to support the confirmed case and other residents This must include a refresher on safe PPE usage and disposal.
- Ensure any surge workforce staff working on the site for the first time receive a site induction and orientation.
- Ensure procedures are in place to minimise risk with aerosol generating behaviour e.g. screaming, shouting, crying out and vomiting, where appropriate.

10. MONITOR the outbreak

- Be diligent and check the health status of residents and staff regularly, providing any updates to the Public Health Unit. Ensure appropriate clinical governance is in place to continue monitoring the health of residents who require regular clinical review.
- Continue to communicate with residents, staff, families, carers, and relevant decision makers using appropriate and accessible communication techniques and aids.
- The Public Health Unit will advise when the outbreak is over as per COVID-19 protocols.

GLOSSARY

Confirmed case - A person who has tested positive to COVID-19

Essential care and support – the term essential care and support means care and support that cannot be provided by electronic or other non-contact means that is:

- Necessary for a person with disability's immediate physical wellbeing that optimises the care and support delivered by workers at the disability accommodation service; or
- For the purposes of providing emotional and social support to a person with disability

Isolation - the term isolation is used to separate from the rest of the population people who are unwell with confirmed or suspected COVID-19 and restrict their movements until they are no longer considered infectious to others

Outbreak – is a term used to define as a single confirmed case of COVID-19 in a person with disability within a congregate living arrangement e.g. disability accommodation service

Quarantine - the term quarantine is used to separate from the rest of the population people who are well but have been exposed (or potentially exposed) to COVID-19 and restrict their movements during the disease's incubation period (i.e. 14 days)

Suspected case – A person who meets the following clinical **AND** epidemiological criteria:

Clinical criteria:

- Fever (≥37.5°C) or history of fever (e.g. night sweats, chills) **OR** acute respiratory infection (e.g. cough, shortness of breath, sore throat) **OR** loss of smell or loss of taste.

Epidemiological criteria:

- In the 14 days prior to illness onset:
  - Close contact (refer to Contact definition below) with a confirmed or probable case
  - International travel
  - Passengers or crew who have travelled on a cruise ship
  - Healthcare, aged or residential care workers and staff with direct patient contact
  - People who have lived in or travelled through a geographically localised area with elevated risk of community transmission, as defined by public health authorities