

COVID-19 Outbreak Preparation: A Resource for Disability Accommodation Services

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| DISABILITY ACCOMMODATION SERVICES CHECKLIST  The purpose of this resource is to provide best practice guidance for COVID-19 outbreak management and preparation for people with disability living in shared accommodation. |
| Key Messages for COVID Outbreak Preparation   * Have a Get COVID Ready kit on hand – click [here](https://www.qld.gov.au/__data/assets/pdf_file/0016/230605/covid-ready-kit.pdf) for information on what your kit should include * Have PPE stock for at least 48 hours and a supply of Rapid Antigen Tests (RAT) * Know the residents you support – have a COVID Care Plan for residents * Encourage vaccination – it’s not too late! * Have a service continuity plan in place – the COVID-19 pandemic is a unique, complex and constantly changing situation so keep your plan updated * Consider isolation arrangements within your service for a COVID-19 positive resident * Make sure your planning considers managing disruption to critical services * Communicate regularly with your workforce, residents, families and other key stakeholders to ensure they know what steps you are taking to prepare and how you will respond to an outbreak   Note: Registered NDIS providers must ensure they meet all requirements of registration and adhere to relevant legislation, rules, and policies. Available [here.](http://createsend.com/t/t-167B91E1A48FB4F12540EF23F30FEDED) |
| Creating a Resident Profile  Prepare a resident profile that details important information for each resident to assist new workers caring for the person in the home or in hospital – Example templates available in Appendix 1, [the Queensland Disability Network (QDN) resource](https://qdn.org.au/wp-content/uploads/2021/10/Person-Centred-Emergency-Preparedness-Planning-for-COVID-19.pdf) or [Julian’s Key Health Passport](https://www.health.qld.gov.au/public-health/groups/disability). These documents should be available in hard copy and include:   |  |  | | --- | --- | | * A photo of the resident * Full name, date of birth and contact details * Contact details of their next of kin, decision maker, contact person, guardian, carer, any external service provider or NDIS Support Co-ordinator * Any special dietary requirements or allergies, including any food dislikes or cultural requirements and meal management plans. Detail any medical conditions associated with dietary requirements (e.g., type 2 diabetes) * The resident’s behavioural support plan, if applicable | * 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 * A list of assistive technology aids used * A list of any medication the resident is taking and their medication records (level 3) * A printed copy of this checklist and supporting documents for easy access |   Personal Protective Equipment (PPE) and Infection Control   * Disability accommodation services should have 48 hours of PPE on hand to respond immediately to the confirmed case of COVID-19 and a supply of RATs for testing close contacts. PPE and RATs should be purchased through usual supply chains. * As a minimum, ensure all staff: * Complete [COVID-19 Infection Control Training](https://www.health.gov.au/resources/apps-and-tools/covid-19-infection-control-tr%C3%A0ining). This course takes approximately 30 minutes to complete and includes a certificate of completion.   + Are able to fit test P2/N95 masks, information can be found [here](https://www.health.qld.gov.au/__data/assets/pdf_file/0022/1032682/fit-testing-guidance.pdf).   + Understand waste management, available [here](https://www.health.qld.gov.au/public-health/industry-environment/disease-prevention-control/covid19-industry/covid-19-cleaning-disinfection-waste-management).   + Follow [PPE Guidance in Residential Aged Care and Disability Accommodation Services](https://www.health.qld.gov.au/__data/assets/pdf_file/0016/1003633/pandemic-response-guide-ppe-agedcare-disability-services.pdf).   Other infection Control Measures to consider include:   * Set up the Queensland Check in App for your facility. Information on how to register can be found [here](https://www.covid19.qld.gov.au/check-in-qld/check-in-qld-registration-form). * Keep an updated list of all staff and limit their movements across sites. If not possible, consider temperature checks, surveillance testing, use of personal protective equipment (PPE) and ensure continued high hygiene practices. * Establish a single point of entry and risk assessment for all staff, external service providers, visitors, contractors, delivery drivers etc. * Roster adjustments to prevent or reduce cross infection through staff contact. * Encourage the wearing of masks by people who enter the disability accommodation service including external service providers, visitors and contractors in line with current health advice. * 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. * Ensure the service has a plan to restrict unwell visitors from entering the premises.   COVID and Other Vaccinations   * It’s not too late, both residents and staff should be encouraged to be vaccinated. The Commonwealth may be able to provide in-reach vaccination, contact information available [here](https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/disability-sector/service-providers#inreach-services). * Ensure staff mandatory vaccinations are documented, as required in the Workers in a Healthcare Setting [Direction](https://www.health.qld.gov.au/system-governance/legislation/cho-public-health-directions-under-expanded-public-health-act-powers/workers-in-healthcare-setting). Services are encouraged to be aware of the vaccination status of residents, noting that this is not mandatory. * Encourage staff and residents to get their booster at the appropriate time.   Service Continuity Plan   * Service continuity planning should be undertaken in the likely event staff will be required to isolate or quarantine. Plan for managing disruptions to critical services and identify essential supports the residents rely on. Advice is being regularly updated and can be accessed [here](https://www.health.qld.gov.au/system-governance/legislation/cho-public-health-directions-under-expanded-public-health-act-powers/isolation-for-diagnosed-cases-and-management-of-close-contacts). * Understand the continuity of care support available from your regulatory body. * Ensure you stay up to date with any [Queensland Health](https://www.health.qld.gov.au/) and [Commonwealth Department of Health](https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert) information, advice or directions. Registered NDIS Providers should also be aware of updates from the [NDIS Quality and Safeguards Commission](https://www.ndiscommission.gov.au/resources/coronavirus-covid-19-information#advice-providers). * Ensure you have a process for accurately recording any diagnosed cases and close contacts at the service. * Ensure information is available regarding normal business requirements. This will support the service to continue operating if management is in quarantine/isolation. This information could include:  |  |  | | --- | --- | | * 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 service provider * Cleaning schedule and location of cleaning equipment * Fire safety management plan and evacuation procedure |  * If 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 |  * If you are a sole provider, you might consider:  |  |  | | --- | --- | | * Are there spare keys for access to the service * Who can take over if you fall sick, need to isolate or quarantine | * Will you know who to contact regarding a resident’s needs * Is there a staff member you can contact for assistance |   Preparing for 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 advice should you not be able to safely isolate diagnosed cases. Some considerations are:  |  |  | | --- | --- | | * 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) * What infection control arrangements will be required for residents to continue receiving meals | * Room restriction signs including required PPE for entry * 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 possible) * 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 * Take precautions around providing meals to residents in isolation, and consider factors such as using separate cutlery and crockery |   Communication   * Develop a communication plan to ensure that resident’s, their family members, carers and/or guardians are informed of preparation and response arrangements. * Ensure any management staff are aware of the outbreak management planning. Should you require assistance to manage an outbreak, contact your local Public health Unit. Contact details for your local Public Health Unit can be found [here](https://www.health.qld.gov.au/system-governance/contact-us/contact/public-health-units), alternatively you can contact 13 HEALTH.   + To register a COVID positive case following a Rapid Antigen Test (RAT) with the Qld Government, [register here.](https://www.qld.gov.au/rat-positive) * 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](https://www.health.gov.au/resources/publications/coronavihttps:/www.health.gov.au/resources/publications/coronavirus-covid-19-information-for-familiesrus-covid-19-information-for-families) or QDN’s easy-English [information](https://qdn.org.au/home/covid-19/get-the-facts/qdns-easy-english-covid-19-information/). * Be aware of your responsibilities to notify regulatory bodies (for e.g., NDIS Quality and Safeguards Commission) of change or events resulting from the COVID-19 outbreak. * Familiarise all staff with [work exclusion / isolation requirements](https://www.health.gov.au/resources/publications/coronavirus-covid-19-guidelines-for-outbreaks-in-residential-care-facilities). Check in with staff daily to ensure they are fit for work. * Consider how staff will assist residents to remain connected (e.g., Facetime/Skype where these are available to residents). Ensure staff consider the individual communication needs of each resident while providing support. |

**Additional Resources**

* [Resources to assist the management of a COVID-19 outbreak in disability accommodation](https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/information-for/people-with-disability-and-carers/disability-accommodation-services):
  + [Responding to a Confirmed Case of COVID-19 – First 24 Hours](https://www.qld.gov.au/__data/assets/word_doc/0018/160182/responding-to-confirmed-case-first-24-hours.docx)
  + [Disability Accommodation and Residential Services Business Continuity Checklist: COVID-19 Outbreak Management and Preparation](https://www.qld.gov.au/__data/assets/word_doc/0019/141445/Business-Contingency-Checklist-Disability-Accommodation-Residential-Services.docx)
  + [Responding to a Suspected Case of COVID-19 in Disability Accommodation and Residential Services](https://www.qld.gov.au/__data/assets/word_doc/0020/141446/Responding-Suspected-Case-COVID-19-Disability-Residential-Services.docx)
  + [COVID-19 Testing Framework Implementation Plan for People with Disability](https://www.health.qld.gov.au/__data/assets/pdf_file/0020/1013078/COVID-19-testing-framework-plan-people-with-disability.pdf)
  + [Disability Surge Sector Workforce Framework – COVID-19 Outbreak Planning and Preparation](https://www.health.qld.gov.au/__data/assets/pdf_file/0021/1013079/disability-sector-surge-workforce-plan.pdf)
* [Managing COVID-19 in workplaces](https://www.qld.gov.au/__data/assets/pdf_file/0028/228655/Managing-the-risk-for-COVID-19-exposures.pdf): Queensland resource to assist providers managing staff in settings that have been exposed to COVID-19.
* [Work permissions and restrictions framework for workers in health care settings | Australian Government Department of Health](https://www.health.gov.au/resources/publications/work-permissions-and-restrictions-framework-for-workers-in-health-care-settings): Commonwealth resource to assist providers managing staff in settings that have been exposed to COVID-19.
* [Guidance for transfer of residents of aged care facilities to hospital in the event of a COVID-19 outbreak](https://www.health.qld.gov.au/__data/assets/pdf_file/0031/1006879/racf-resident-relocation-covid-outbreak.pdf): Although this applies to residential aged care settings, components of this guide may be helpful for disability accommodation.
* Guidance on PPE and fit testing
  + [Queensland Health fit testing](https://www.health.qld.gov.au/__data/assets/pdf_file/0022/1032682/fit-testing-guidance.pdf)
  + [NDIS Quality and Safeguards guidance on PPE](https://www.ndiscommission.gov.au/document/2001)
* Private companies may be able to assist with fit testing training and support, including but not limited to:
  + [Book a Respirator Fit Testing | RPE Face Fit Testing | SureFit Services](https://www.surefitservices.com.au/book/)
  + [Face Fit Testing Brisbane | Pro Safety and Training (prosafetytraining.com.au)](https://prosafetytraining.com.au/services/quantitative-face-fit-testing/)
  + [Home | Keys Human Resources Fit Testing Services](https://keyshr.com.au/Menu/Fit-Testing.aspx)
  + [Find a Fit Tester » RESP-FIT (respfit.org.au)](https://respfit.org.au/find-a-fit-tester/#providers)

**Note**: The COVID-19 response is constantly evolving and therefore Queensland Health will continue to review and update resources as new information becomes available.

Appendix 1: Example Resident Profile

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **resident details** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Room Number: | Enter Text | | | | | | | | | | | | | | Date of Birth: | | | | | | | Enter Text | | | | |
| Title / prefix: | Mr/Mrs/Miss/Ms | | | | | | | | | | | | | | Ph: | | | | | | | Enter Text | | | | |
| Family Name: | Enter Text | | | | | | | | | | | | | | Mob: | | | | | | | Enter Text | | | | |
| Given names: | Enter Text | | | | | | | | | | | | | | Marital Status: | | | | | | | Enter Text | | | | |
| Email: | Enter Text | | | | | | | | | | | | | | Sex: | | | | | | | M  F  Other | | | | |
| **ALLERGIES (including food allergies):** | | | | | | | | | | | | | | | | | | | Shape  Description automatically generated with low confidence | | | | | | | |
| *Insert Picture* | | | | | | | |
| **Special dietary requirements** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Requirements** | | | | | | | | | | | | | **Preferences** | | | | | | | | | | | | | |
| Intolerances Enter Text  Diabetic | | | | | | | | | | | | | Vegetarian  Cultural | | | | | | | | | | | | | |
| **pERSONAL** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fears / phobias: | | | | | | | | Enter Text | | | | | | | | | | | | | | | | | | |
| Speak English: | | | | Yes  No | | | | | | | 1st Language: | | | | | | | Enter Text | | | | | | | | |
| Emergency Contact: | | Next of Kin | | | | | | |  | | | | | Other Enter Text | | | | | | | | | | | | |
| Name: | | | | Enter Text | | | | | | | | | | Relationship: | | | | | | | | | Enter Text | |
| Ph: | | | Enter Text | | | | | Mob: | | | | Enter Text | | | | | | | Work: | | | | | Enter Text |
| Email: | | | | | Enter Text | | | | | | | | | | | | | | | | | | | |
| Source of Funds: | | DSP | | | | | Age Pension | | | | | Family | | | | | Other: | | | | | | Enter Text | | | |
| Pension Card No. / CRN: | | | | | | | | | | Enter Text | | | | | | | | | | | | | | |
| **medication details** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medication required: | | | | Yes  No | | | | | | See medication administration sign off chart attachment | | | | | | | | | | | | | | | | |
| GP | | | Name: | | | | | | | Enter Text | | | | | | | | | | Ph: | | | | Enter Text | | |
| Organisation: | | | | | | | Enter Text | | | | | | | | | | Mob: | | | | Enter Text | | |
| Email: | | | | | | | Enter Text | | | | | | | | | | | | | | | | |
| Medication Records attached: | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | |
| Any further medical information (i.e. high-risk medications or difficulties swallowing medication):  Yes  No  Details: Enter Text | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **personal care needs** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any daily living supports in place (i.e. assistance with financial and clerical support):  Yes  No  Details: Enter Text | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any further health supports in place (i.e. showering, bathing, toileting assistance):  Yes  No  Details: Enter Text | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any information on Assistive Technology needs (e.g., wheelchair, hoist, cpap etc)  Yes  No  Details: Enter Text | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **behavioural support plan** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Behavioural Support Plan in place: | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | |
| Plan attached:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details of plan or behaviours of concern: Enter Text | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Key Contacts / Services:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the resident case managed by a mental health service or have an NDIS plan in place?  **Yes**  **No** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NDIS Support Coordinator | | | Name: | | | | | | | Enter text | | | | | | | | | | Ph: | | | | Enter text | | |
| Organisation: | | | | | | | Enter text | | | | | | | | | | Mob: | | | | Enter text | | |
| Email: | | | | | | | Enter text | | | | | | | | | | | | | | | | |
| Case Manager | | | Name: | | | | | | | Enter Text | | | | | | | | | | Ph: | | | | Enter Text | | |
| Organisation: | | | | | | | Enter Text | | | | | | | | | | Mob: | | | | Enter Text | | |
| Email: | | | | | | | Enter Text | | | | | | | | | | | | | | | | |
| Public Guardian  *If yes go to question on Trustee* | | | Name: | | | | | | | Enter Text | | | | | | | | | | Ph: | | | | Enter Text | | |
| Organisation: | | | | | | | Enter Text | | | | | | | | | | Mob: | | | | Enter Text | | |
| ID No.: | | | | | | | Enter Text | | | | | | | | | | | | | | | | |
| Email: | | | | | | | Enter Text | | | | | | | | | | | | | | | | |
| Enduring Power of Attorney | | | Name: | | | | | | | Enter Text | | | | | | | | | | Ph: | | | | Enter Text | | |
| Organisation: | | | | | | | Enter Text | | | | | | | | | | Mob: | | | | Enter Text | | |
| Email: | | | | | | | Enter Text | | | | | | | | | | | | | | | | |
| Statutory Health Attorney | | | Name: | | | | | | | Enter Text | | | | | | | | | | Ph: | | | | Enter Text | | |
| Organisation: | | | | | | | Enter Text | | | | | | | | | | Mob: | | | | Enter Text | | |
| Email: | | | | | | | Enter Text | | | | | | | | | | | | | | | | |
| Trustee / Financial Manager / Administrator | | | Name: | | | | | | | Enter Text | | | | | | | | | | Ph: | | | | Enter Text | | |
| Organisation: | | | | | | | Enter Text | | | | | | | | | | Mob: | | | | Enter Text | | |
| Email: | | | | | | | Enter Text | | | | | | | | | | | | | | | | |
| **Consent** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Resident consent has been received to share information and is on file, unless information is required by law. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Further comments / summary** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enter Text | | | | | | | | | | | | | | | | | | | | | | | | | | |