For disability providers in the Northern Territory

# First 24 hours: Steps to take in response to a positive COVID-19 diagnosis

19 January 2022

Note: This document was developed by SCOPE Australia. It was reviewed and adapted by Victorian Government and service providers.

NDS wishes to acknowledge and thank SCOPE for making this publicly available.

NDS has updated the document with input from NT providers and key stakeholders and includes the latest links and requirements for providers in the NT.

Information and links are accurate as of 19 January 2022. NDS welcomes any information or recommendations from providers to include in this document.

Providers are also encouraged to regularly review updates on the Northern Territory Government website.

## **0-30 minutes**

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| Actions  | Responsibility | Time |
| **Internal escalation*** Escalate to senior management as required.
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| **Contact NT Health*** Confirm the case with [NT Health](https://health.nt.gov.au/) They would normally notify the facility/ service provider 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, contact the [NT Coronavirus COVID 19 Hotline](https://coronavirus.nt.gov.au/contacts) on 1800 490 484
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| **Disability Accommodation Service Providers*** Enact your COVID-19 response plan.

**Note**: COVID-19 response plans need to include hard copy and digital details of individual resident’s needs if emergency isolation is required and the contact details of key family or supports persons, authorised medical decision makers and guardianship contacts and details where applicable. These plans should be developed in advance of use to support discussion with the resident/their supports regarding what is likely to happen and any specific individual preferences or needs that will make this time easier for them. * Isolate positive COVID-19 case and any residents who have symptoms of COVID-19 in single rooms (with own bathroom, where possible) that have been designated for isolation in your plan.Contact the NT COVID-19 hotline on 1800 490 484 if you need advice or assistance.
* If single rooms are not available IPC cleaning protocol after use needs to be implemented. cleaning protocol for surfaces and high tough contact areas between COVID-19 + contact after each use
* Evaluate relocation of a COVID-19 positive case subject to:
	+ discussion with person responsible for health and accommodation decisions,
	+ service user and accommodation options
	+ Organisation’s guidelines and risk management procedure.
* Consider equipment and support needs eg manual handling, medication, behaviours of concern, therapy.
* Determine what information is required for relocation if needed. (Hard copy customer files, computer access).
* Inform staff with positive COVID-19 diagnosis and staff who are close contactshave the current requirement links or information, refer below.
* Ensure staff who are at work go directly home, preferably by private car. If a private car is not available, the person should wear a surgical mask and practice hand hygiene.
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| **Implement infection control measures** * [Use Personal Protective Equipment (PPE)](https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-advice-for-the-health-and-disability-sector/personal-protective-equipment-ppe-for-the-health-workforce-during-covid-19) for all interactions with positive cases and close contacts.
* Ensure that staff understand the risks involved when they [don and doff PPE.](http://www.amsant.org.au/wp-content/uploads/2020/03/Poster-NT-PPE-Donning-and-Doffing.pdf)
* Reinforce the need to maintain standard precautions including hand hygiene, cough etiquette and staying 1.5m away from other people throughout the facility.
* Organise lockdown of the facility. Place warning signs at the entrance to the home and outside rooms where people are isolating.
* Seek assistance if you are unable to deliver services safely and cannot provide alternative accommodation for residents to isolate.
* Several infection prevention control resources are available at [NT COVID 19 Resources](https://coronavirus.nt.gov.au/stay-safe/resources)
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| **Non-residential services*** In non-housing settings, (e.g., day service) if service users are at the site, arrange for their transport home at the earliest opportunity. Send staff home to wait for further advice.
* Close the site and place a Notice of Closure at the entrance.
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| **Identify close contacts and testing requirements** * Begin identifying and listing details of all [close contacts](https://coronavirus.nt.gov.au/stay-safe/living-with-covid-19/close-contacts)  and advise to follow the requirements regarding accessing a testing site or reporting RAT results
* Ensure all contacts have the links or information requirements for COVID-19 testing, asymptomatic [essential workers close contact](https://coronavirus.nt.gov.au/stay-safe/living-with-covid-19/close-contacts#essential) and [positive COVID-19 result](https://coronavirus.nt.gov.au/stay-safe/living-with-covid-19/covid-19-positive)

**Rapid Antigen Test (RAT) use and results** * Self-administered RA tests can be used if available and appropriate for disability residents with the required consent from the individual, their authorised guardian or are approved by the Public Guardian as applicable. Contact 1800 810 979 or via email at public.guardian@nt.gov.au.
* All positive results from a RAT must reported using the [NT Rapid Antigen Test declaration form](https://forms.nt.gov.au/Produce/Form/COVID19/Rapid%20antigen%20test%20declaration)
* RAT distribution sites for personal use are located across the NT regions and can be identified at: [RA testing and distribution points](https://coronavirus.nt.gov.au/stay-safe/symptoms-testing#/katherine)

**PCR testing** * [PCR testing locations](https://coronavirus.nt.gov.au/stay-safe/symptoms-testing#/katherine) may need to be accessed by workers or disability residents if RAT option is not available or appropriate.
* All workers identified as contact must [get tested](https://coronavirus.nt.gov.au/stay-safe/symptoms-testing#arrange-testing) and inform tester they work in disability accommodation

**Documentation*** Maintain an organisational list of your contacts and notifications of any participant COVID-19 positive results.
* Remind workers of the need to provide your organisation with a copy of all PCR and RAT test results to understanding their needs and rostering decisions with the wellbeing of all workers, people with disabilities, immediate families and communities as your priority.
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## 30-60 minutes

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| **Actions**  | **Responsibility**  | **Time** |
| **Convene the Outbreak Management Team** * Roles should include responsibility for service management, HR, OHS, communications, logistics and quality and safeguarding. Staff may need to perform multiple roles.
* Nominate key internal contact(s) to liaise with NT Health and other government or public health officials.
* Nominate key contact(s) for the site(s) affected.
* Depending on the size of the organisation appoint a frontline team.
* Ensure that the most senior member of the frontline team is also part of the Outbreak Management Team.
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| **Activate outbreak management plan*** Revisit the plan and make any updates required.
* Provide copies of the updated plan and any other relevant information to all members of the Outbreak Management team.
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| **Document all preventative and response measures*** Maintain event logs to document any phone calls with the NT government, the NDIS Commission, the NDIA, Public Guardian or other advisors’ family members, authorised decision makers, internal discussions, issues, phone calls, emails etc. Ensure that all measures already in place are also documented.
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| **Confirm screening protocols*** Review visitor protocol to your facility following [NT COVID 19 close contacts guidelines re visitors and household members](https://coronavirus.nt.gov.au/travel/quarantine/hotspots-covid-19/quarantine-information-for-close-contacts#/what_if_i_live_with_other_people).
* Ensure that only essential staff have contact with the positive COVID-19 case.
* Ensure QR code check-in requirements are completed for everyone entering the facility.
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| **Complete external notifications****NDIS Quality and Safeguards Commission** * Registered NDIS providers must report via completion of [13A notification of event form](https://www.ndiscommission.gov.au/providers/notice-changes-events/notification-covid-19). This form is used to notify any changes and events related to COVID-19.
* Information to include: NDIS Commission Registration ID, numbers of participants and staff affected, locations of service outlets and arrangements to ensure continuity of any critical supports.
* Complete this form within 48 hours.

**Office of Public Guardian** *(if this hasn’t occurred)** Any individual who is a COVID-19 confirmed case and under the care of a [Office of the Public Guardian](https://publicguardian.nt.gov.au/contact-us) must be notified as soon as possible and they will advise any additional specific actions needed by them.

**NT Worksafe** * You must notify [NT WorkSafe](https://worksafe.nt.gov.au/notify-nt-worksafe) if an employee contracts COVID-19 which can be reliably attributed to a workplace exposure and:
	+ the person is required to have treatment as an in-patient in hospital, or
	+ has died.

Note communication section that did follow as next line in this timeframe has been removed as captured in contacts and testing  |  |  |

## 1-3 hours

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| **Actions**  | **Responsibility**  | **Time** |
| **Communication** * Release an initial communication once affected service users, their identified contacts and staff have all been notified (or have had messages left for them). Use a communication template that has been prepared earlier as part of the development of your outbreak management plan.
* Ensure that the communication lists the status of the sites i.e., closed, operating or restricted.
* Facilitate broader communication with staff, service users, families, and other stakeholders. This should include a communications methods suited to the service (website, socials, release, text message, phone calls etc).
* Establish a single point of contact for all media inquiries.
* Appoint staff to take all incoming calls. This should **NOT** be a person on the frontline.
* Identify pre prepared or develop key messages to assist those taking calls.
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| **Complete stocktake of essential supplies*** Establish current stock levels of: note new format
* RA Tests for workers and disability residents to meet testing requirements
* PPE and hand sanitiser to meet ongoing requirements for a minimum of 14 days
* Infection control cleaning supplies and waste disposal needs.
* **Note** In residential settings with COVID-19+ and suspected cases. If single rooms are not available attention to infection control cleaning protocols need to be implemented with sufficient supplies to manage this. Bathroom/Toilet to be cleaned after every use by COVID+ case for all contact surfaces and high touch contact areas. Hand sanitiser to be available immediately before exiting.
* Refer to infection control including cleaning and waste information at: [NT COVID 19 Resources](https://coronavirus.nt.gov.au/stay-safe/resources) [Australian DOH COVID-19 guidelines for infection prevention and control in residential care facilities](https://www.health.gov.au/resources/publications/coronavirus-covid-19-guidelines-for-infection-prevention-and-control-in-residential-care-facilities) [Australian DOH COVID-19 Environmental cleaning and disinfection principles for health and residential care facilities](https://www.health.gov.au/sites/default/files/documents/2020/12/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities-coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-fac.pdf)

**Source suppliers of PPE and RA tests:*** Seek advice from [NT Health COVID-19 hotline](https://coronavirus.nt.gov.au/contacts) on 1800 490 484 if you do not have sufficient supply of PPE or RA tests.
* Disability providers and self-managed NDIS participants, where they cannot acquire the equipment they need through their usual channels, can request access to PPE from the National Medical Stockpile by contacting NDISCOVIDPPE@health.gov.au.

**NDIS funding support** * During COVID-19 outbreaks and community transmission providers and people with disabilities may be able to claim COVID-19 support payments. These vary in availability as outbreaks occur and are included as a % of a participants plan or direct invoicing.
* Refer to: [Providers COVID-19 supports](https://www.ndis.gov.au/coronavirus/providers-coronavirus-covid-19#ppe-for-support-workers) and the [payments and billing](https://www.ndis.gov.au/coronavirus/providers-coronavirus-covid-19/payments-and-billing) pages for current options.
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## 3-6 hours

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| **Actions**  | **Responsibility**  | **Time** |
| **Redeploy staff if required*** Ensure there are sufficient staff numbers at sites affected to cover absences. Note that rostered staff may need to isolate or be unavailable.
* Minimise staff movement across facilities.
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| **Evacuate temporary residents*** Support the safe transfer of temporary disability accommodation residents to their usual home in collaboration with family members.
* Note: These arrangements should be documented as previously agreed with resident and any family or authorised supports
* A copy of each resident’s individual COVID-19 emergency management plan needs to be included in your site COVID-19 response plan. Always ensure you have hard copy as well as digital.
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| **SIL and disability accommodation*** Use staff familiar to residents wherever possible
* Consider redeployment of staff from services other than residential and accommodation setters if available
* Contact [NT Health COVID-19 hotline](https://coronavirus.nt.gov.au/contacts) on 1800 490 484 if you are concerned that you do not have adequate workforce to provide continuity of supports
* The NDIA can also assist [clinical first response service](https://www.ndis.gov.au/coronavirus/providers-coronavirus-covid-19)  (SIL providers only) when all other avenues have been exhausted. This may include nursing assistance. Contact on 1800 800 110 or by email: provider.support@ndis.gov.au.
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| **Monitor the health of disability residents*** If a resident shows any deterioration in health or symptoms of an infection immediately organise testing and follow the advice of NT Health.
* If the person deteriorates to the extent that they require transfer to hospital call 000 for an ambulance or regional [NT Emergency Service](https://nt.gov.au/emergency/emergencies/contact-an-emergency-service) Advise that the resident has a positive COVID-19 diagnosis.
* Contact the [NT Health COVID-19 hotline](https://coronavirus.nt.gov.au/contacts) on 1800 490 484 if you need advice/assistance.
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| **Arrange for testing of disability residents***(where this hasn’t already occurred)** Seek advice from the NT COVID-19 hotline 1800 490 484 for advice on in-house testing options if needed.

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## 6-12 hours

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| **Actions**  | **Responsibility**  | **Time** |
| **Perform safe handovers*** Identify staff members on each shift with responsibility for site induction and frontline infection control.
* Ensure all handovers include updates on clinical and care needs.
* Ensure that all new agency and surge workforce staff working at the site for the first time receive a thorough site induction as well as the briefing and orientation about how to support the person with a positive COVID-19 diagnosis.
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| **Infection control** * Confirm that all staff have current infection control training.
* Ensure disability workers and other essential workers, use Personal Protective Equipment (PPE) for all interactions with residents.
* Ensure outbreak coordinator, with knowledge and experience in infection control meets with staff at the beginning of each shift.
* Ensure that all staff starting their shift receive a thorough briefing and orientation about how to support the person with a positive COVID-19 diagnosis. This **MUST** include training on safe PPE usage and disposal (prior to shift starting).
* [NT COVID 19 Resources](https://coronavirus.nt.gov.au/stay-safe/resources) [Australian DOH COVID-19 guidelines for infection prevention and control in residential care facilities](https://www.health.gov.au/resources/publications/coronavirus-covid-19-guidelines-for-infection-prevention-and-control-in-residential-care-facilities) [Australian DOH COVID-19 Environmental cleaning and disinfection principles for health and residential care facilities](https://www.health.gov.au/sites/default/files/documents/2020/12/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities-coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-fac.pdf)
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| **Cleaning*** Seek guidance from NT COVID-19 Hotline 1800 490 484 on whether deep cleaning is needed.
* Your organisation may be eligible to claim up to $300 per participant for [deep cleaning through the NDIS](https://www.ndis.gov.au/coronavirus/providers-coronavirus-covid-19).
* Commence enhanced cleaning twice daily at a minimum. Clean frequently touched surfaces (including bedrails, bedside tables, light switches, handrails) more often.  [Australian DOH COVID-19 Environmental cleaning and disinfection principles for health and residential care facilities](https://www.health.gov.au/sites/default/files/documents/2020/12/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities-coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-fac.pdf)
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| **Review** * Arrange an Outbreak Management Team (OMT) briefing for the end of day.
* Review event logs and ensure all actions have been documented.
* Document any key issues and actions that require attention.
* Provide summary of Day 1 activities to senior managers and Board (if required).
* Document key issues, actions required Day 2 and any learnings.
* **Ensure 24hour OMT have a backup and contact details are available to all required.**
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## 12-24 hours

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| **Actions**  | **Responsibility**  | **Time** |
| **Follow up communications** * Review existing communications templates and adapt to update all external and internal communications.
* Communicate with staff to advise them of all measures put in place to manage the outbreak.
* Communicate regularly with residents and their families and consider any specific support services that may be needed and existing or changes to visiting requirements.
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| **Support your staff*** Ensure that staff have easy access to information regarding their Employee Assistance Program (EAP).
* Implement a staff monitoring process to identify risks of fatigue etc.
* Maintain a roster of contact with staff who are isolating or quarantining.
* Investigate if there is [government financial support](https://coronavirus.nt.gov.au/business-and-work/wellbeing-support#:~:text=The%20Pandemic%20Leave%20Disaster%20Payment%20is%20a%20lump%20sum%20payment,attend%20work%20and%20earn%20income.) for workers who have been instructed to self-isolate or to quarantine at home.
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| **Support resident/client mental health and wellbeing*** Implement a system for regular monitoring of mental health of residents/clients.
* Facilitate access to psychological services and resources for residents.
* Ensure residents can talk to their caregivers or family over video or phone as often as needed, where this is possible.
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