For disability providers in New South Wales

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

**24 August 2021**

This document has been adapted from a document developed by SCOPE Australia for use in Victoria. It was made available for use and adaption by service providers.

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

NDS has updated the document with the latest links and requirements for providers in NSW.

Information and links are accurate as of 24 August 2021.

Providers are encouraged to regularly review updates on the NSW Health website.

0-30 minutes

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| Actions | Responsibility | Time |
| **Internal escalation**   * Escalate to senior management as required. |  |  |
| **Contact**   * Confirm the case with the NSW Public Health Unit. The Public Health Unit would normally contact the service provider to notify of the confirmed case. * If you are concerned that a resident, staff member or visitor has been diagnosed with COVID-19 and the facility has not been notified, contact the NSW Public Health Unit on 1300 066 055. |  |  |

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| **Disability Accommodation Service Providers**   * Activate the facility’s plan to respond to a COVID-19 case.     **Isolate or relocation of individual**   * Evaluate whether to isolate or relocate a positive COVID-19 case subject to:   + discussion with person responsible for health and accommodation decisions,   + service user and accommodation options   + organisation’s guidelines and risk management procedure. * Isolate the resident/s with COVID-19 and any residents who have symptoms of COVID-19 in single rooms (with own bathroom) that have been designated for isolation in your plan. * Call the NSW Public Health Unit on 1300 066 055 if isolation is not possible or these rooms are not available. If the case is a staff member or visitor, they should return home immediately.   **Individual’s needs/resources**   * Consider equipment and support needs e.g., manual handling, medication, behaviours of concern, therapy etc. * Determine what information is required for relocation if needed (hard copy customer files, computer access). * Exclude any staff from work who are close contacts or who have symptoms and ensure they are isolated at home. NSW Health will provide advice about getting tested.   **Other residents**   * Ask residents (including residents currently off-site) to return to their rooms. Any visitors and non-permanent residents (including Short Term Accommodation Residents) should be moved to a designated waiting area (where physical distancing can be observed) before being returned to their home (in collaboration with family members/informal supports). Ensure that anyone travelling goes directly home, preferably by private car. * Residents not returning home should remain in the facility in quarantine until advised by NSW Health or the Public Health Unit that they can leave quarantine. Residents who are identified as close contacts by NSW Health will need to remain in quarantine for at least 14 days from exposure.   **Implement infection control measures**   * Use [Personal Protective Equipment](https://www.health.nsw.gov.au/Infectious/covid-19/Pages/ppe.aspx) (PPE) for all interactions with positive cases and their close contacts. All staff who need to enter the resident's room should wear full PPE (gown, gloves, eye protection and surgical mask) following NSW Government risk assessment guidelines. Ensure that staff know how to [don, doff and dispose of PPE](https://www.safetyandquality.gov.au/sites/default/files/2020-03/putting_on_and_removing_ppe_diagram_-_march_2020.pdf) appropriately and safely. Allocate a staff member to supervise correct PPE donning and doffing and waste disposal. Refer to sections 2.5 and 2.9 [NSW Clinical Excellence Commission COVID-19 Infection Prevention and Control Manual Version 1.5](https://www.cec.health.nsw.gov.au/__data/assets/pdf_file/0018/644004/COVID-19-IPAC-manual.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 entrances to the facility and on resident’s doors if required. * Seek immediate assistance from the Public Health Unit if you are unable to deliver services safely and cannot provide alternative accommodation for residents to isolate. |  |  |
| **Other disability 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 await further advice. Close the site and place a Notice of Closure at the entrance. |  |  |
| **Identify close contacts**   * Begin identifying and listing close contacts to provide to contact tracers using staff, visitor, and participant attendance records. * Initiate internal notification of contacts as soon as possible. * For guidance, you can check the NSW Health website for advice on [types of contacts](https://www.health.nsw.gov.au/Infectious/factsheets/Pages/advice-for-contacts.aspx#:~:text=A%20close%20contact%20is%20someone,with%20the%20COVID-19%20virus.&text=Someone%20in%20your%20home%20or,you%20are%20a%20close%20contact). |  |  |

## 30-60 minutes

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| Actions | Responsibility | Time |
| **Convene the Outbreak Management Team**   * The Team should include an Outbreak Incident Controller (usually a CEO or Senior Manager) who is responsible for liaising with the NSW Public Health Unit and other government agencies. * Other roles should include responsibility for service management, human resources, OHS, communications, logistics and quality and safeguarding. Staff may need to perform multiple roles. * 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. |  |  |
| **Activate Outbreak Management Plan**   * Revisit the plan and make any updates as required. * Provide copies of the updated plan and any other relevant information to all members of the Outbreak Management Team. |  |  |
| **Document all preventative and response measures**   * Maintain event logs to document any phone calls with the Public Health Unit and other NSW Government bodies, the NDIS Commission, the NDIA or other advisors, internal discussions, issues, phone calls, emails etc. * Ensure that all measures already in place are also documented. |  |  |
| **Confirm screening protocols**   * Stop all non-essential visits to the facility by restricting access. The NSW Public Health Unit can advise if you are unsure if someone is an essential visitor. * Review visitor protocol to the facility as per guidelines. 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**   * Registered NDIS providers are required to report to the NDIS Quality and Safeguards Commission via completion of [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. You will need information including NDIS Commission Registration ID, numbers of participants and staff affected, locations of service outlets and arrangements to ensure continuity of any critical supports. This notification must be made within 48 hours. * If a worker has contracted COVID-19 at work, then you need to [notify](https://www.sira.nsw.gov.au/resources-library/list-of-sira-publications/coronavirus-covid_19/workers-compensation/accordion/?a=346761) SafeWork NSW. Further [guidance on COVID-19](https://www.safework.nsw.gov.au/resource-library/COVID-19-Coronavirus) is available on the SafeWork NSW website. * If a worker has COVID-19 but it was not contracted at work, then you do not need to notify Safework NSW. |  |  |
| **Communications**  Call close contacts, and explain they need:   * to [quarantine](https://www.nsw.gov.au/covid-19/quarantine) * get tested * to wait for further instructions from NSW Health. * Inform them that contact tracers will be in contact at the earliest opportunity. Encourage them to be honest and co-operative with contact tracers. |  |  |

1-3 hours

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| Actions | Responsibility | Time |
| **Communication**   * Release an initial communication once affected service users 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 e.g. closed, operating or restricted. * Facilitate broader communication with staff, service users, families, and other stakeholders. This should include communications methods suited to the service and accessibility needs of your audience (website, socials, media 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. * Develop key messages to assist those taking calls. |  |  |
| **Complete stocktake of essential supplies**   * Review stock levels of PPE and hand sanitiser to meet ongoing requirements for a minimum of 14 days for the people in the impacted facility or staff providing outreach support that is continuing to operate. * 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](mailto:NDISCOVIDPPE@health.gov.au). * Review stock of required cleaning supplies and waste disposal needs. Refer to section 2.7 [NSW Clinical Excellence Commission COVID-19 Infection Prevention and Control Manual Version 1.5](https://www.cec.health.nsw.gov.au/__data/assets/pdf_file/0018/644004/COVID-19-IPAC-manual.pdf) |  |  |

## 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. |  |  |
| **SIL and disability accommodation**   * Use staff familiar to residents wherever possible. * Consider redeployment of staff from services other than residential and accommodation settings if available. * [NDIA can assist with surge capacity](https://www.ndis.gov.au/coronavirus/providers-coronavirus-covid-19) and workforce supply when all other avenues have been exhausted. This may include nursing assistance. |  |  |
| **Monitor the health of residents**   * Implement a system for regular symptom review of all residents. * If a resident shows any deterioration in health or starts to display [symptoms of COVID-19](https://www.nsw.gov.au/covid-19/health-and-wellbeing/symptoms-and-testing) , immediately organise testing and follow the advice of the Public Health Unit. * Call 000 if the person deteriorates to the extent that they require transfer to hospital. Advise if the resident has a positive COVID-19 diagnosis or is an identified close contact. * You can contact the NSW Public Health Unit (1300 066 055) if you need advice. |  |  |
| **Arrange for testing of residents**   * Seek advice from the Public Health Unit (1300 066 055) on whether testing should occur at a testing site or in-house. * [Testing locations](https://www.nsw.gov.au/covid-19/health-and-wellbeing/clinics) are available on the NSW Health website. |  |  |

## 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. |  |  |
| **Infection Control**   * Confirm that all staff have [current infection control training](https://www.health.gov.au/resources/apps-and-tools/covid-19-infection-control-training). * Ensure disability workers and other essential workers use Personal Protective Equipment (PPE) correctly for all interactions with residents. * Ensure an outbreak coordinator with knowledge and experience in infection control can meet 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). |  |  |
| **Cleaning**   * Seek guidance from the Public Health Unit about deep cleaning of the facility. * 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. * Refer to the section 2.7 [NSW Clinical Excellence Commission COVID-19 Infection Prevention and Control Manual Version 1.5](https://www.cec.health.nsw.gov.au/__data/assets/pdf_file/0018/644004/COVID-19-IPAC-manual.pdf). |  |  |
| **Review**   * Arrange an Outbreak Management Team (OMT) briefing for the end of the 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 on Day 2 and any learnings. * Ensure 24hour OMT have backup and contact details are available to all required. |  |  |

## 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. * NSW Health recommends communication at least daily with residents and their families. Consider any specific support services that may be needed. * Advise families that visits to the accommodation facility will be restricted. |  |  |
| **Support your staff**   * Ensure that staff have easy access to information regarding their Employee Assistance Program (EAP). * Ensure a monitoring roster of contact with all staff engaged in outbreak setting is in place to identify risks of fatigue, signs of ill-health etc. * Maintain a roster of contact with staff who are isolating or quarantining. * Investigate if there is [government financial support](https://www.nsw.gov.au/covid-19/financial-support) for workers who have been instructed to self-isolate or to quarantine at home. |  |  |
| **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. * Ask the NSW Public Health Unit whether it is feasible for residents to access the outdoors while in quarantine or isolation. |  |  |