For disability providers in Victoria

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

**18 February 2022**

Note: This document was developed by SCOPE Australia and 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 Victoria.

Information and links are accurate as of 18 February 2022. Providers are encouraged to regularly review updates on the Victorian Government coronavirus website.

## 0-30 minutes

| **Actions** | **Responsibility** | **Time** |
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| **Internal escalation*** Escalate to senior management as required as soon as a positive COVID-19 case is identified in person with a disability, staff member or visitor of residential or non-residential service.

**Contact*** **DFFH Outbreak Management**

Notify Department Families Fairness and Housing (DFFH) regarding any RA positive test identified in setting. Email: RREMoutbreak@dffh.vic.gov.au This inbox is monitored 9am – 5pm, 7 days a week. * **Department of Health**

If support is anticipated or provider has not been contacted by Local Public Health Unit (LPHU) or Department of Health (DH) call the dedicated coronavirus hotline 1800 675 398 which is open 24 hours, 7 days a week. |  |  |

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| **Disability Accommodation Service Providers*** Enact [COVID Safe plan](https://www.coronavirus.vic.gov.au/covidsafe-plan#covidsafe-plan)
* Note: COVID-19 response plans need to include hard copy and digital details of individual residents needs if emergency isolation or relocation is required. Information to include the contact details of key family or support persons, authorised medical decision makers and appointed guardianship contacts and details where applicable.

These plans should be developed in advance of use to support discussion with the resident and their identified supports regarding what is likely to happen and any individual preferences or needs that will make this time easier for them.* Review [Your COVID Checklist via the Coronavirus Victoria website](https://www.coronavirus.vic.gov.au/checklist) and the [Disability services sector - COVID-19](https://www.dffh.vic.gov.au/disability-services-sector-covid-19#care-facilities-directions) outbreak management plans in disability accommodation.

**Isolate or relocation of individuals** * Evaluate whether to isolate or relocate COVID-19 positive case.
* Decisions subject to:
	+ discussion with person responsible for health and accommodation decisions,
	+ service user and accommodation options
	+ organisation’s guidelines and risk management procedure.
* Isolate any residents who have COVID-19 or symptoms of COVID-19 in single rooms (with own bathroom) that have been designated for isolation in your plan.
* If single rooms are not available and relocation is not an option or appropriate ensure correct infection prevention cleaning protocol for surfaces and high touch contact areas is carried out following each individual’s use.
* Contact the RREMoutbreak Team or coronavirus hotline if assistance needed.

 **Individual’s needs/resources** * Consider equipment and support needs such as manual handling, medication, behaviours of concern, therapy.
* Determine what information is required within residents’ files and format for ongoing access, (i.e., hard copy or computer access).

**Other residents or visitors*** Ask residents (including residents currently off-site) to return to their accommodation/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.
* Any residents or visitors identified as close contacts by providers will need to be given the information to identify the testing or isolation requirements relevant to exposure. This applies to those remaining in the facility or individuals who chose to relocate to other support options.

**Staff** * Inform staff with positive COVID-19 diagnosis and staff who are close contacts they must isolate in their own homes (or other identified accommodation where relevant) until they complete any testing and isolation required as per [COVID-19 staff furlough guidance](https://www.health.vic.gov.au/publications/disability-service-settings-covid-19-staff-furlough-guidance).
* Ensure staff who are at work to go directly home (or alternative accommodation) preferably by private car. If a private car is not available, the person should wear a mask (preferably P2/N95) and practice hand hygiene.

*Refer to ‘Identify close contacts and testing requirements’ below to determine individual needs.*  |  |  |

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| * **Implement infection control measures**
* [Use Personal Protective Equipment (PPE)](https://www.dhhs.vic.gov.au/disability-covid-19-prevention-and-preparedness) for all interactions with positive cases and close contacts. Also refer to: [COVID-19 - A guide to the conventional use of personal protective equipment (PPE) | health.vic.gov.au](https://www.health.vic.gov.au/guide-conventional-use-ppe-covid-19-doc)
* Ensure that staff have had adequate training and understand the risks involved when they [don and doff PPE](https://www.dhhs.vic.gov.au/infection-prevention-control-resources-covid-19) and [how to dispose of used PPE safely.](https://www.epa.vic.gov.au/about-epa/publications/1898)
* Reinforce the need to maintain standard precautions including hand hygiene, cough etiquette and staying 1.5 meters away from other people throughout the facility.
* If a residential setting, 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.
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| **Non-residential services*** In non-housing settings, if service users are on site and are informed, they are a close contact, arrange for their transport home at the earliest opportunity. Send impacted staff home to test or wait for further advice.
* Close the site and place a notice of closure at the entrance. Refer to poster resources at [Infection prevention control resources - COVID-19 | health.vic.gov.au](https://www.health.vic.gov.au/covid-19/infection-prevention-control-resources-covid-19)
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| **Identify close contacts and testing requirements** * Use the [COVID-19 staff furlough guidance](https://www.health.vic.gov.au/publications/disability-service-settings-covid-19-staff-furlough-guidance) to identify staff close contact testing and isolation needs
* All other contacts need to apply at [Your COVID Checklist](https://www.coronavirus.vic.gov.au/checklist)

**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, or authorised decision makers related to COVID-19 testing.
* All positive RAT results to be reported to [RAT result reporting Victoria](https://www.coronavirus.vic.gov.au/node/22270)

**PCR testing*** [Victorian covid testing providers](https://www.coronavirus.vic.gov.au/where-get-tested-covid-19#find-your-nearest-covid-19-testing-site) may need to be accessed by staff or disability residents if RAT option is not available or appropriate.
* All staff identified as contact must get tested and can inform testing provider, they work in disability accommodation
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| **Documentation** * Maintain an organisational list of your contacts and notifications of any participant COVID-19 positive results.
* Remind staff 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

| **Actions** | **Responsibility** | **Time** |
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| **Convene the Outbreak Management Team*** 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 internal LPHU, DFFH, DH lead and any other Government bodies. 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 Victorian Government Departments, NDIS Commission NDIA, 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*** Restrict visitors to the facility according to existing DFFH disability requirements or specific outbreak advice received from LPHU, DH or DFFH.
* Ensure that only essential staff have contact with the COVID-19 positive resident. Maintain visitor log with names, contact details dates and time for future reference if needed.
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| **Complete external notifications*** **Department of Health Victoria**

*(This should have occurred in first 30 minutes)*Ensure details of all staff and any participants who return positive RAT result have completed (or assisted to complete) the [RAT result reporting Victoria](https://www.coronavirus.vic.gov.au/node/22270)Providers must also complete the [Victorian Government COVID-19 Notification form](https://forms.business.gov.au/smartforms/servlet/SmartForm.html?formCode=novelcoronavirus)For additional support phone 1300 651 160.* **Department of Families Fairness and Housing**

Notifications regarding any disability setting RAT or RCR positive cases to be emailed to: RREMoutbreak@dffh.vic.gov.au.Providers of services group homes transferred from government report to DFFH as required.* **NDIS Quality and Safeguards Commission**

Registered NDIS providers are required to report to the NDIS Quality and Safeguards Commission 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. 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. Complete this form within 48 hours.For additional information phone: 1800 035 544.* **NDIA** Provider NDIA Case Manager to be notified or phone 1800 643 787 (Monday to Friday, 8am to 8 pm.)
* **Office of the Public Advocate** *(as needed if this hasn’t occurred)*

[Victorian Office of the Public Advocate](https://www.publicadvocate.vic.gov.au/) (OPA) does not require notification where a resident has a public appointed guardian. However, this is recommended as a courtesy to facilitate any arising needs that may require the individual’s appointed guardian’s input. Email the resident’s known OPA worker or call the OPA Advice Service on 1300 309 337 and identify the relevant details for resident’s record. * **WorkSafe Victoria**

Employers or self-employed staff are no longer required to report COVID-19 positive worker cases effective from 14 January unless the individual has died, required medical treatment within 48 hours of positive identification or been admitted for treatment as inpatient in a hospital. Details can be reviewed at [Report an incident: Criteria for notifiable incidents - WorkSafe](https://www.worksafe.vic.gov.au/report-incident-criteria-notifiable-incidents) or phone:132 360. |  |  |

## 1-3 hours

| **Actions** | **Responsibility** | **Time** |
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| **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 (i.e., closed, operating or restricted).
* Facilitate broader communication with staff, service users, families, and other stakeholders. This should include a communications method suited to the service (website, socials, release, text message, phone calls etc). Ensure you have considered and implemented accessibility options, including interpreters and translators for communication.
* Establish a single point of contact for all media inquiries. Develop key messages to assist those taking calls.
* 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*** RA tests for staff 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 [NDS VIC PPE COVID 19 outbreak supply calculator](https://www.nds.org.au/images/VIC_PPE_COVID_19_outbreak_supply_calculator_Dec2021.docx)

 **Source suppliers of PPE and RA tests:*** [Victorian Government directory of local PPE suppliers](https://www.coronavirus.vic.gov.au/medical-ppe-supplier-directories#coronavirus-covid-19-medical-equipment-and-ppe-supplier-directories)
* [Commonwealth Government PPE Buyers Guide](file:///C%3A/Users/deb.howcroft/Downloads/Commonwealth%20Government%20PPE%20Buyers%20Guide)
* [National Medical Stockpile](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#accessing-ppe) has a limited supply but can be used in a national emergency.
* [Business Access to Masks Service](https://www.coronavirus.vic.gov.au/sites/default/files/2020-11/Fact-Sheet-Sourcing-face-masks-for-your-business.docx) in Victoria for urgent requirements.

**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

| **Actions** | **Responsibility** | **Time** |
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| **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.
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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 settings if available.
* RREM Outbreak team can work with the NDIA to ensure continuity of service. This includes uplift of capability and actions to ensure the safety of residents and staff.

Email RREMoutbreak@dffh.vic.gov.au if required* 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 LPHU contact. If the person deteriorates to the extent that they require transfer to hospital by ambulance call 000. Advise that the resident has a positive COVID 19 diagnosis. Contact RREMoutbreak@dffh.vic.gov.au team or coronavirus hotline with any concerns.
* All residents will be linked to Department of Health LPHU [COVID Positive Pathways](https://www.coronavirus.vic.gov.au/covid-positive-pathways) program through report of RA result online or the external PCR/RAT testing provider.
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| **Arrange for testing of disability residents*** Testing options can include a pre-purchased RAT however this will depend on the individual, their capacity to consent or support of a family member or other authority with medical decision-making authority.
* Testing sites or in-reach testing providers will use a RA or PCR test as appropriate.
* Accommodation residents and staff are considered high priority for testing. Tests will be processed quickly if the test sample is marked high priority for processing

 **Testing services in Victoria*** [Where to get tested for COVID-19](https://www.coronavirus.vic.gov.au/where-get-tested-covid-19) lists testing locations across Victoria.

**Testing at home for a person with a disability*** For any in home testing needs call the COVID-19 hotline on 1800 675 398 and select option 9 to discuss eligibility Ensure that the person responsible according to each resident’s individual health plan is involved in all steps of this process. [Call-to-Test - Reaching out to vulnerable Victorians | Coronavirus Victoria](https://www.coronavirus.vic.gov.au/call-to-test-covid-19)
* In-reach testing can be arranged through RREMoutbreak@dffh.vic.gov.au team.
* Staff will need to organise in advance a pathology request through resident’s GP to be given to in-reach testing provider.
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## 6-12 hours

| **Actions** | **Responsibility** | **Time** |
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| **Perform staff handovers*** Identify staff members on each shift with responsibility for site induction and frontline infection control.
* Ensure all handovers include updates on resident’s clinical and care needs.
* Ensure that all new agency and surge workforce staff working at the site for the first time receive a 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*** Ensure disability staff and other essential workers, use correct level PPE for all interactions with residents.
* Ensure outbreak coordinator has knowledge and experience in infection prevention and control and 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 who is positive COVID-19. This MUST include training on safe PPE usage and disposal (prior to shift starting).
* Confirm that all staff have current infection control training.
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| **Cleaning*** Complete a deep clean and disinfection of the workplace as required. Refer to the [Department of Health guidance.](https://www.dhhs.vic.gov.au/cleaning-and-disinfecting-reduce-covid-19-transmission-building-and-construction-sites) Treat the disposal of waste generated by a deep clean as [clinical waste](https://www.epa.vic.gov.au/about-epa/publications/1901-1).
* Commence enhanced cleaning twice daily at a minimum. Clean frequently touched surfaces (including bedrails, bedside tables, light switches, handrails) more often.
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| **Review*** Arrange an Outbreak Management team 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 Outbreak Management team and backup contact details are available to all required.
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## 12-24 hours

| **Actions** | **Responsibility** | **Time** |
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| **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 as needed.
* Advise families of any visitor restriction 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 contact with staff who are isolating or quarantining.
* Investigate if there is [government financial support](http://www.coronavirus.vic.gov.au/financial-and-other-support-coronavirus-covid-19) for staff who have been instructed to self-isolate or to quarantine at home.
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| **Support resident mental health and wellbeing*** Implement a system for regular monitoring of mental health of all residents impacted.
* Facilitate access to psychological services and resources for residents
* Ensure residents can talk to their caregivers or family over video or phone.
* Ask the LPHU whether it is feasible for residents to access the outdoors while in quarantine or isolation.
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