For disability providers in Western Australia

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

**31 August 2021**

Note: This document was 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 Western Australia.

Information and links are accurate as of 31 August 2021. NDS welcomes any information or recommendations from providers to include in this document.

Providers are also encouraged to regularly review updates on the WA Government coronavirus website.

0-30 minutes

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| Actions | Responsibility | Time |
| **Internal escalation**   * Escalate to senior management as required. |  |  |
| **Contact WA Health**   * Confirm the case with the WA Public Health Emergency Operations Centre (PHEOC). They would normally notify the facility/ service provider directly of a confirmed COVID-19 case. [WA Population Public Health Units](https://www.healthywa.wa.gov.au/Articles/A_E/Contact-details-for-population-public-health-units) * 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 PHEOC on 1300 316 555 (8am to 5pm) or 13COVID (13 26843). |  |  |
| **Disability Accommodation Service Providers**   * Enact your COVID-19 Management Plan. * Review the latest information and advice for disability service providers on the [WA Government website](https://www.wa.gov.au/government/document-collections/covid-19-coronavirus-disability-service-providers) and the [COVID-19 preparation and response guidelines for congregate living settings](https://ww2.health.wa.gov.au/-/media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-Preparation-and-response-guidelines-for-congregate-living-settings.pdf). * Isolate positive COVID-19 case and any residents who have symptoms of COVID-19 in single rooms (with own bathroom) that have been designated for isolation in your plan. Contact the [PHEOC](https://www.wa.gov.au/government/document-collections/covid-19-coronavirus-disability-service-providers) (1300 316 555) 8am to 5pm or 13COVID (13 26843) for assistance if needed. * Evaluate relocation of a 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. * Consider equipment and support needs e.g., manual handling, medication, behaviours of concern, therapy. * Determine what information is required for relocation if needed (hard copy customer files, computer access). * Ensure staff who are close contacts (or COVID-19 positive) and 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. Inform them that contact tracers will be in contact and provide advice. * They should [get tested](https://www.healthywa.wa.gov.au/articles/a_e/coronavirus/covid-clinics) and inform the tester that they work in disability accommodation. |  |  |
| **Implement infection control measures**   * Use [Personal Protective Equipment](https://ww2.health.wa.gov.au/~/media/Files/Corporate/general%20documents/Infectious%20diseases/PDF/Coronavirus/COVID19-PPE-Poster.pdf) (PPE) for all interactions with positive cases and close contacts. * For routine care of a confirmed case, staff should use:   + a surgical mask,   + protective eyewear,   + gown, and   + gloves. * Ensure that staff understand the risks involved when they [don and doff PPE](https://www.safetyandquality.gov.au/sites/default/files/2020-03/putting_on_and_removing_ppe_diagram_-_march_2020.pdf). * Place a [contact and droplet precautions warning sign](https://www.safetyandquality.gov.au/publications-and-resources/resource-library/poster-combined-contact-and-droplet-precautions) out the front of COVID-19 positive resident’s room. * 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. * Seek assistance from the PHEOC if you are unable to deliver services safely and cannot provide alternative accommodation for residents to isolate. |  |  |
| **Other 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. |  |  |
| **Identify close contacts**   * Begin identifying and listing close contacts to provide to contact tracers using the [close contact spreadsheet](https://www.dhhs.vic.gov.au/close-contact-spreadsheet-covid-19-xlsx) to assist contact tracers. WA Health will lead contact tracing. It is likely that all residents will be considered close contacts. |  |  |

## 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 the PHEOC and WA Health. * 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 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 PHEOC, WA Health, 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**   * 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. |  |  |
| **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. Complete this form within 48 hours. * If you deliver services in partnership with WA Government (e.g., SIL Provider in WA owned SDA), consider whether you need to report to the [Department of Communities](http://www.disability.wa.gov.au/contact-us/). Refer to illness category of [WA Serious Incident Reporting Guidelines](http://www.disability.wa.gov.au/Global/Publications/For%20disability%20service%20providers/Contracts/SIR%20guidelines%20final.pdf) if needed. * You are only required to [notify WorkSafe WA](https://www.commerce.wa.gov.au/worksafe/how-report-injury-or-disease-0) if an employee contracted COVID-19 through work or while residing in employer-provided accommodation and they died as a result. |  |  |
| **Communications**   * Call close contacts, and explain they need:   + [to quarantine](https://ww2.health.wa.gov.au/-/media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-Isolation-instructions-for-people-awaiting-results.pdf)   + [get tested](https://www.healthywa.wa.gov.au/articles/a_e/coronavirus/covid-clinics)   + to wait for further instructions from WA Health. * Inform them that contact tracers will be in contact. 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 i.e., closed, operating or restricted. * Facilitate broader communication with staff, service users, families, and other stakeholders. This should include communications methods that are 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.   * Develop key messages to assist those taking calls. |  |  |
| **Complete stocktake of essential supplies**   * Establish current stock levels of PPE and hand sanitiser to meet ongoing requirements for a minimum of 14 days. * Review stock of required cleaning supplies and waste disposal needs. Refer to details in[WA disability-sector-preparedness-guide-covid-19](https://www.wa.gov.au/sites/default/files/2021-06/disability-sector-preparedness-guide-covid-19.pdf) and [WA COVID-19 Infection Prevention and Control in Hospitals](https://ww2.health.wa.gov.au/-/media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-Infection-Prevention-and-Control-in-Hospitals.pdf)   Source suppliers of PPE:   * The WA Government can assist with provision of PPE. Information on how to access PPE can be found on the [WA government website](https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus/Advice-on-how-to-access-Personal-Protective-Equipment). * 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). |  |  |

## 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. |  |  |
| **Evacuate temporary residents**   * Support the safe transfer of temporary disability accommodation residents to their usual home in collaboration with family members. |  |  |
| **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 WA Health if you are concerned that you do not have adequate workforce to provide continuity of supports. * The [NDIS surge workforce support](https://www.ndis.gov.au/coronavirus/providers-coronavirus-covid-19#workforce-response-service)  can be accessed when all other avenues have been exhausted. This may include nursing assistance. Contact on 1800 943 115 or by email at [NDISworkforce@rcsa.com.au](mailto:NDISworkforce@rcsa.com.au). |  |  |
| **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 the PHEOC. * If the person deteriorates to the extent that they require transfer to hospital by ambulance call 000. Advise if the resident has a positive COVID-19 diagnosis/is a close contact. * Contact the PHEOC on 1300 316 555 (8am to 5pm) or 13COVID (13 26843) if need any advice or assistance. |  |  |
| **Arrange for testing of disability residents**   * Seek advice from the PHEOC on whether testing of close contacts should be done inhouse or through a testing site. * 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 * A list of testing locations can be found on [the WA Health website](https://www.healthywa.wa.gov.au/articles/a_e/coronavirus/covid-clinics). |  |  |

## 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**   * Ensure disability workers and other essential workers, use [Personal Protective Equipment](https://ww2.health.wa.gov.au/~/media/Files/Corporate/general%20documents/Infectious%20diseases/PDF/Coronavirus/COVID19-PPE-Poster.pdf) (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). * Confirm that all staff have current infection control training. |  |  |
| **Cleaning**   * Seek guidance from the PHEOC 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. [DOH Coronavirus Environmental cleaning and disinfection principles for health and residential care facilities](https://www.health.gov.au/resources/publications/coronavirus-covid-19-environmental-cleaning-and-disinfection-principles-for-health-and-residential-care-facilities) |  |  |
| **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. |  |  |

## 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. * 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). * 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://www.jobsandskills.wa.gov.au/jobs-and-skills-centre/covid-19-support-individuals-and-jobseekers) 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 where possible. |  |  |