Coronavirus (COVID-19)
Key Information

Hartley Lifecare — *People with disability have opportunities to live their best life*

The following is based on current knowledge of COVID-19 and evidence available on other viral respiratory pathogens.

If you have any questions about any of the below, or if you have queries about COVID-19, please contact your local government officials.

THE FACTS

The Coronavirus (COVID-19) is like a flu or bad cold

Symptoms include a fever, cough, sore throat and trouble breathing

COVID-19 is especially dangerous for the elderly and vulnerable

Cases of COVID-19 are expected to drastically increase in Australia

HOW TO PREPARE

Try and have a month or more supply of medicine and prescriptions

Try and have a month or more supply of essential medical supplies

Make sure you have a good supply of any special foods required

Make sure you have a month or more supply of continence aids, hand sanitisers and gloves

HELP STOP THE SPREAD

Wash your hands (for 20 seconds) many times a day

If you cough or sneeze, do so into your elbow or a tissue

Use hand sanitizer after you touch things in public

You may wish to wear a P2/N95 mask when in crowded spaces

Stay away from people coughing or sneezing

Avoid touching your eyes, nose or mouth with your hands

Ask your support workers to stick to Hartley COVID-19 guidelines

Utilise online platforms for things like shopping and catch ups

Where possible, implement social distancing measures (1.5 meters)

STAY IN THE KNOW

You can call HealthDirect for free anytime on 1800 022 222

Commonwealth Government information - https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources

State Government information - https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert

Hartley Lifecare information – please contact your House Supervisor or Disability Programs Manager

STAY APART TO STAY HEALTHY

Social distancing helps stop and slow the spread of Coronavirus (COVID-19)

- Maintain a distance of 1.5 metres from others

- Avoid any unnecessary physical contact (e.g. handshakes, hugs)

For more information about Coronavirus (COVID-19) visit health.nsw.gov.au

Hartley Lifecare

People with disability have opportunities to live their best life

Coronavirus (COVID-19)

Hartley HYDRO THERAPY

The health and wellbeing of patrons, visitors and community is, and always will be of the utmost importance to the team at Hartley Hydrotherapy. The below guides the advice regarding Hartley Hydrotherapy's response to coronavirus (COVID-19)

What you need to know

The ACT Health Directorate is taking a highly precautionary approach to managing the spread of COVID-19, which is in line with the latest national health advice.

As of 16 March 2020, anyone who has returned to Australia from any overseas country, must self-quarantine at home for 14 days from the date they arrive in Australia and closely monitor for symptoms of COVID-19.

The signs and symptoms to look out for include:

- fever
- cough
- sore throat; or
- difficulty breathing

If you have been in close contact with a person who has been confirmed with COVID-19, you must quarantine yourself for 14 days after your last contact with that person.

If you think you may have been in casual contact with a person who has been confirmed with COVID-19, read the attached document provided by the ACT Government.

The ACT Health Directorate has well established processes and procedures in place for the management of infectious diseases in the ACT. They are working in partnership with the Australian Government Department of Health and our

Preventing the spread of COVID-19

Hygiene practices

Common-sense and good hygiene practices are at the core of prevention:

- Cover your coughs and sneezes using a bent elbow or tissue
- Wash your hands for at least 20 seconds with soap and water and use hand sanitisers where you cannot wash your hands immediately.
- Avoid close contact with anyone with cold or flu-like symptoms
- Stay home if you have cold or flu symptoms

Continue to use universal precautions and assist the people we support to follow the same precautions.

Environmental cleaning

In addition to the above strategies, Hartley Hydro is committed to ensuring environmental cleaning and disinfection principles are followed by:

- Cleaning and disinfecting furniture and high use items such as door handles and hand rails on a daily basis
- Cleaning and disinfecting bathrooms between patron use
- Cleaning and disinfecting equipment on a daily basis

What to do if you think you have COVID-19

- Self-isolate at home.
- Call your GP and let them know you are worried you may have COVID-19
- Testing will be arranged by your GP if they determine it necessary
- Your GP will call the Canberra Hospital Emergency Department if you are very unwell.

Key information for patrons

- Hartley Hydro is open and will run as normal.
- Hartley Hydro will continue to receive advice from ACT Health to ensure we are responding appropriately.
- Following Federal Government advice, you are unable to use or visit the Hydro Pool, if within the last 14 days you have:
  - Had contact with a confirmed coronavirus case.
  - Returned to Australia from overseas travel or arrived to Australia from overseas

ACT Health continues to update their information on the coronavirus, its spread, symptoms and support to manage any of your concerns.
For up to date information visit health.act.gov.au/public-health-alert/updated-information-about-covid-19

Hartley Lifecare

People with disability have opportunities to live their best life

Advice issued 16 March 2020

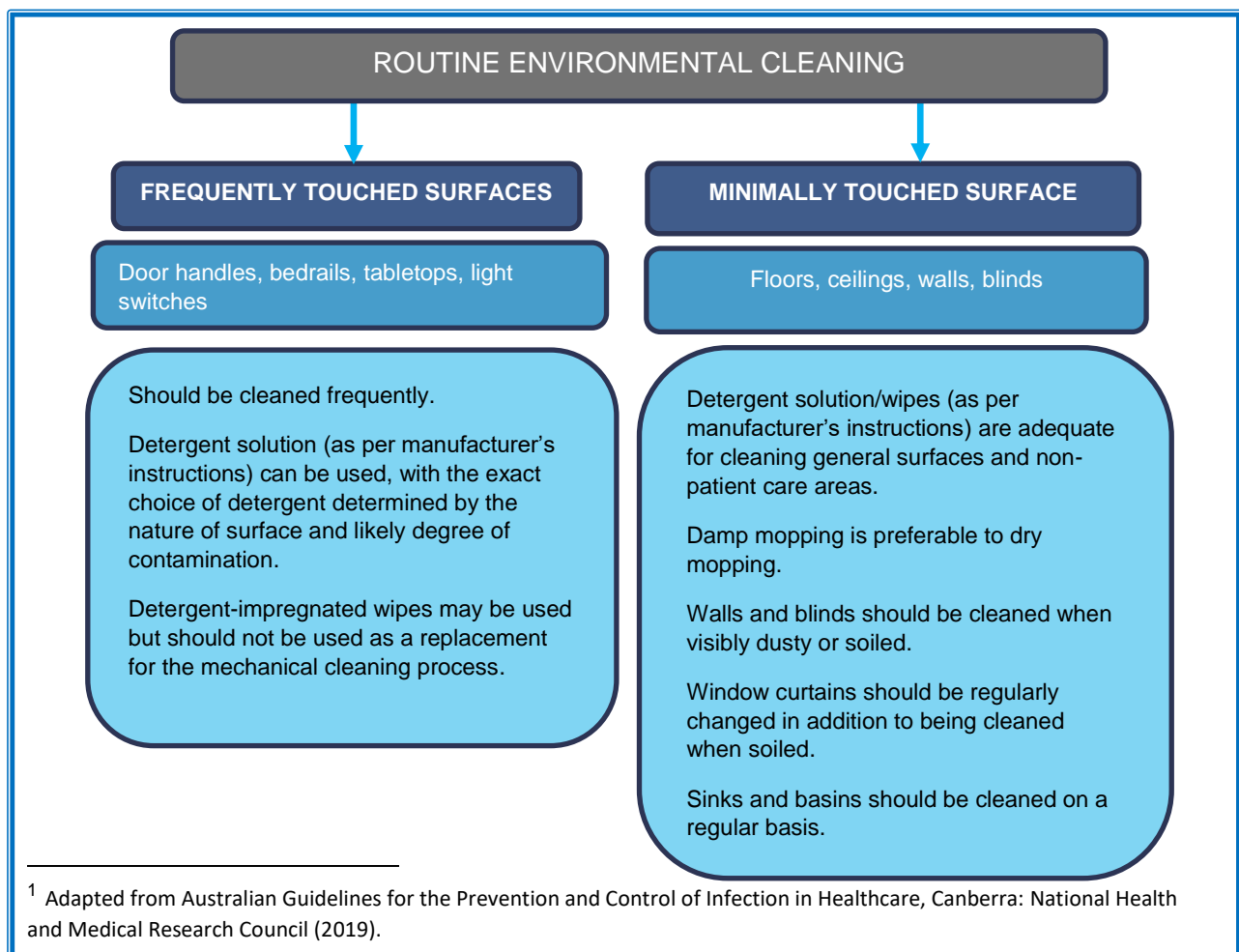# Environmental cleaning and disinfection principles for COVID-19

Routine environmental cleaning

- Cleaning is an essential part of disinfection. Organic matter can inactivate many disinfectants. Cleaning reduces the soil load, allowing the disinfectant to work.

- Removal of germs such as the virus that causes COVID-19 requires thorough cleaning followed by disinfection.

- The length of time that SARS-COV-2 (the cause of COVID-19) survives on inanimate surfaces will vary depending on factors such as the amount of contaminated body fluid – such as respiratory droplets – present and environmental temperature and humidity. In general, coronaviruses are unlikely to survive for long once droplets produced by coughing or sneezing dry out.

It is good practice to routinely clean surfaces as follows:

- Clean frequently touched surfaces with detergent solution (see diagram below).

- Clean general surfaces and fittings when visibly soiled and immediately after any spillage.

Routine environmental cleaning requirements can be divided into two groups[1]:

ROUTINE ENVIRONMENTAL CLEANING

FREQUENTLY TOUCHED SURFACES

Door handles, bedrails, tabletops, light switches

Should be cleaned frequently.

Detergent solution (as per manufacturer's instructions) can be used, with the exact choice of detergent determined by the nature of surface and likely degree of contamination.

Detergent-impregnated wipes may be used but should not be used as a replacement for the mechanical cleaning process.

MINIMALLY TOUCHED SURFACE

Floors, ceilings, walls, blinds

Detergent solution/wipes (as per manufacturer's instructions) are adequate for cleaning general surfaces and non-patient care areas.

Damp mopping is preferable to dry mopping.

Walls and blinds should be cleaned when visibly dusty or soiled.

Window curtains should be regularly changed in addition to being cleaned when soiled.

Sinks and basins should be cleaned on a regular basis.

[1] Adapted from Australian Guidelines for the Prevention and Control of Infection in Healthcare, Canberra: National Health and Medical Research Council (2019).

Hand hygiene

Soap and water should be used for hand hygiene when hands are visibly soiled and alcohol-based hand rub at other times (e.g. when hands have been contaminated from contact with environmental surfaces). Cleaning hands also helps to reduce environmental contamination.

Information for cleaning staff

Information for cleaning staff on cleaning and disinfecting can be found below.

CLEANING STAFF

The risk when cleaning is not the same as the risk when face to face with a sick person who may be coughing or sneezing.

- Cleaning staff should be informed to avoid touching their face, especially their mouth, nose, and eyes when cleaning.
- Cleaning staff should wear impermeable disposable gloves and a surgical mask plus eye protection or a face shield while cleaning.
- Cleaners should use alcohol-based hand rub before putting on and after removing gloves.
- Alcohol-based hand rub should also be used before and after removing the surgical mask and eye protection.

The surgical mask and eye protection act as barriers to people inadvertently touching their face with contaminated hands and fingers, whether gloved or not.

- o The disinfectant used should be one for which the manufacturer claims antiviral activity, meaning it can kill the virus (such as chlorine-based disinfectants, which are commonly used - see below)
- o If there is visible contamination with respiratory secretions or other body fluid, the cleaners should wear a full length disposable gown in addition to the surgical mask, eye protection and gloves
- o Advice should be sought from your work health and safety consultants on correct procedures for wearing PPE.

Use of disinfection

- Use freshly made bleach solution and follow manufacturer's instructions for appropriate dilution and use (see below for dilution instructions).
- Wipe the area with bleach solution using disposable paper towels or a disposable cloth.
- Dispose of gloves and mask in a leak proof plastic bag.
- Wash hands well using soap and water and dry with disposable paper or single-use cloth towel. If water is unavailable, clean hands with alcohol-based hand rub.

Preparation of disinfectant solution

- Gloves should be worn when handling and preparing bleach solutions.
- Protective eye wear should be worn in case of splashing.
- Bleach solution should be:
    - made up daily
    - used mainly on hard, non-porous surfaces (it can damage textiles and metals).
- Sufficient time is required to kill the virus, i.e., at least 10 minutes contact time.

Household bleach comes in a variety of strengths. The concentration of active ingredient — hypochlorous acid[2] — can be found on the product label.

Table 1. Recipes to achieve a 1000 ppm (0.1%) bleach solution

Original strength of bleach		Disinfectant recipe		Volume in standard 10L bucket
%	Parts per million	Parts of bleach	Parts of water	
1	10,000	1	9	1000 mL
2	20,000	1	19	500 mL
3	30,000	1	29	333 mL
4	40,000	1	39	250 mL
5	50,000	1	49	200 mL

[2]Hypochlorous acid (HOCl) is a weak acid formed when chlorine (Cl) dissolves in water and dissociated to hypochlorite (ClO⁻) which is the oxidising disinfectant in bleach.

Social contact environments

Social contact environments include (but are not limited to), transport vehicles, shopping centres and private businesses.

The risk of transmission of COVID-19 in the social and non-health care work settings can be minimised through a good standard of general hygiene. This includes:

- Promoting cough etiquette and respiratory hygiene.
- Routine cleaning of frequently touched hard surfaces with detergent/disinfectant solution/wipe.
- Providing adequate alcohol-based hand rub for staff and consumers to use. Alcohol-based hand rub stations should be available, especially in areas where food is on display and frequent touching of produce occurs.
- Training staff on use of alcohol-based hand rub.
- Consider signs to ask shoppers to only touch what they intend to purchase.

Vehicle air-conditioning should be set to fresh air ☒ ☑

Health care settings

Primary and community care

Patient areas

- Clean and disinfect frequently touched surfaces with detergent and disinfectant wipe/solution between each episode of patient care (according to normal infection prevention and control practice).

- Take care to clean/disinfect surfaces in areas that patients have directly in contact with or have been exposed to respiratory droplets.

- Gross contamination of an area following a patient may require a terminal clean (see below).

- Comply with '5 Moments' of hand hygiene.

Non-patient areas

- Perform routine cleaning of frequently touched surfaces with detergent/disinfectant solution/wipe at least daily or when visibly dirty.

- Floors should be cleaned using a detergent solution.

Inpatient care

- Clean and disinfect frequently touched surfaces with detergent and disinfectant wipe/solution at least daily or more frequently in high intensity (e.g. ICU) or high traffic (e.g. radiology, outpatients) areas.

- Clean and disinfect equipment after each use (as per normal infection prevention and control practice).

- Clean and disinfect surfaces that have been in direct contact with or exposed to respiratory droplets between each patient episode.

Terminal cleaning

Terminal cleaning is a complete and enhanced cleaning procedure that decontaminates an area following discharge or transfer of a patient with an infectious/communicable disease, sometimes also referred to as an 'infectious clean'. Terminal cleaning requires both thorough cleaning and disinfection for environmental decontamination.

Cleaning should be followed by or combined with a disinfectant process (see 2-step clean and 2-in-1 step clean below).

Ensure room is prepared prior to cleaning, remove medical equipment and patient used items.

- Wear PPE – surgical mask, protective eyewear and gloves
- Change bed screens and curtains (including disposable curtains/screens) that are soiled or contaminated
- Damp dust all surfaces, furniture and fittings
- Clean windows, sills and frames
- Clean all surfaces of bed and mattress
- Mop floor
- Remove PPE and perform hand hygiene
- Clean all cleaning equipment and return it to the cleaners' room or storage area, discard any waste
- Perform hand hygiene

2-step clean
Physical cleaning with detergent followed by disinfection with a TGA-listed hospital-grade disinfectant with activity against viruses (according to label/product information) or a chlorine-based product such as sodium hypochlorite.

2-in-1 clean
A physical clean using a combined detergent and TGA-listed hospital-grade disinfectant with activity against viruses (according to label/product information) or a chlorine-based product such as sodium hypochlorite, where indicated for use i.e. a combined detergent/disinfectant wipe or solution.

Cleaning and Terminal Cleaning When managing patients suspected/confirmed with COVID-19 Flow Chart

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┌─────────────────────────────┐                    ┌─────────────────────────────┐
│ Emergency Department/        │                    │ Clean frequently touched    │
│ Outpatient Clinics (short    │ ─────────────────> │ environment with combined   │
│ Stay areas), Community and   │                    │ detergent/disinfectant      │
│ primary care assessment areas│                    └─────────────────────────────┘
└─────────────────────────────┘
                │
                │
                │
┌─────────────────────────────┐    ┌──────────────────┐    ┌──────────────────┐
│ Patient investigated/        │    │ Aerosol          │    │                  │
│ assessed/ confirmed COVID-19 │ ──>│ Generating       │ ──>│ TERMINAL CLEAN   │
│                              │    │ Procedure        │    │                  │
└─────────────────────────────┘    │ Performed (AGP)  │    └──────────────────┘
                │                   │                  │
                │                   │ OR Gross         │
                │                   │ Environmental    │
                │                   │ Contamination    │
                │                   └──────────────────┘
                │
                │ ────────────────────────────────────>  ┌──────────────────┐
                │                                         │ TERMINAL CLEAN   │
                │                                         └──────────────────┘
                │
┌─────────────────────────────┐
│ Admitted Inpatient Ward Area │
└─────────────────────────────┘
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NB: Health care settings must comply with use of TGA compliant cleaning and disinfecting products and technologies

How can we help prevent the spread of COVID-19?

Practising good hand and sneeze/cough hygiene is the best defence against most viruses. You should:

- wash your hands frequently with soap and water, before and after eating, and after going to the toilet
- cover your cough and sneeze, dispose of tissues, and use alcohol-based hand sanitiser, and
- if unwell, avoid contact with others (touching, kissing, hugging, and other intimate contact.

More information

While coronavirus is of concern, it is important to remember that most people displaying symptoms such as fever, cough, sore throat or tiredness are likely suffering with a cold or other respiratory illness—not coronavirus.

For the latest advice, information and resources, go to www.health.gov.au

Call the National Coronavirus Health Information Line on 1800 020 080. It operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131 450.

The phone number of each state or territory public health agency is available at www.health.gov.au/state-territory-contacts

If you have concerns about your health, speak to a doctor.

Coronavirus (COVID-19)

SIMPLE STEPS TO HELP STOP THE SPREAD.

Cough or sneeze into your arm

Use a tissue
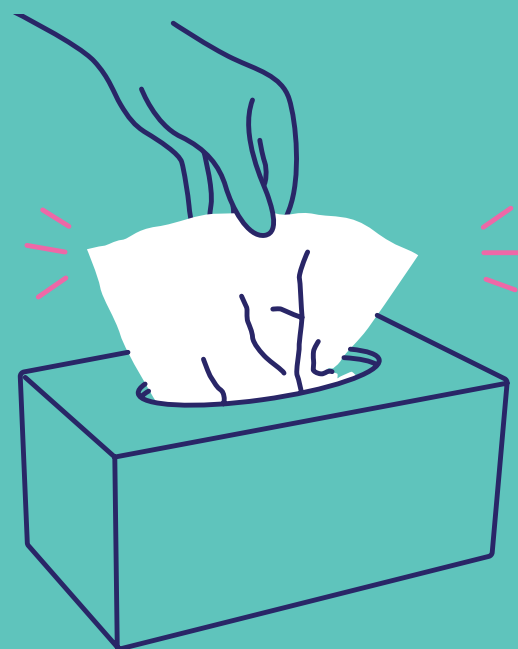
Bin the tissue

Wash your hands

20 SEC

Help STOP THE SPREAD AND STAY HEALTHY
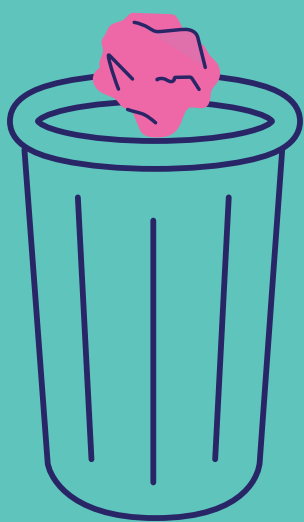
TOGETHER WE CAN HELP STOP THE SPREAD AND STAY HEALTHY.

For more information about **Coronavirus (COVID-19)** visit **health.gov.au**

Australian Government

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds
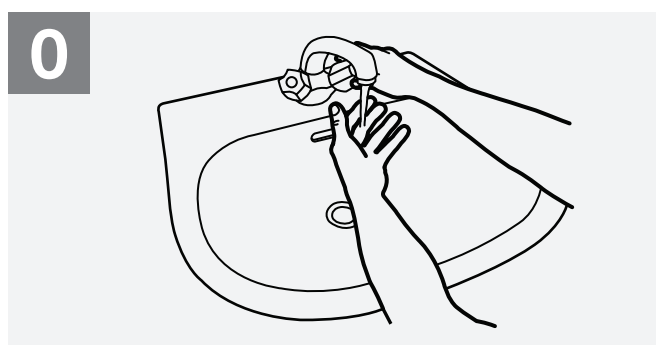
0 Wet hands with water;
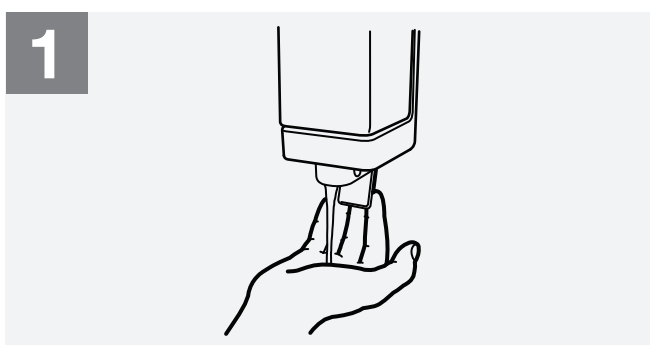
1 Apply enough soap to cover all hand surfaces;
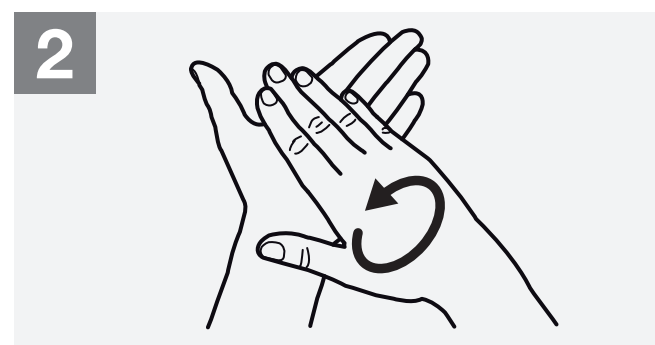
2 Rub hands palm to palm;
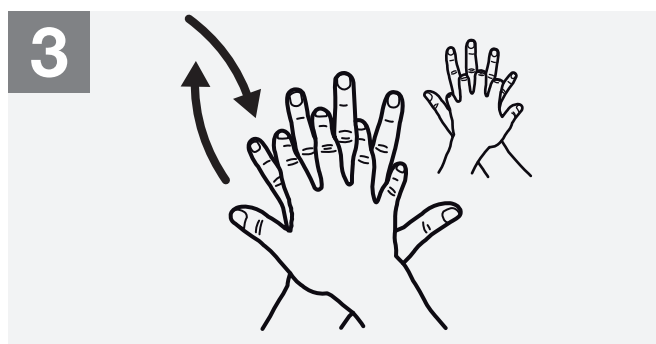
3 Right palm over left dorsum with interlaced fingers and vice versa;
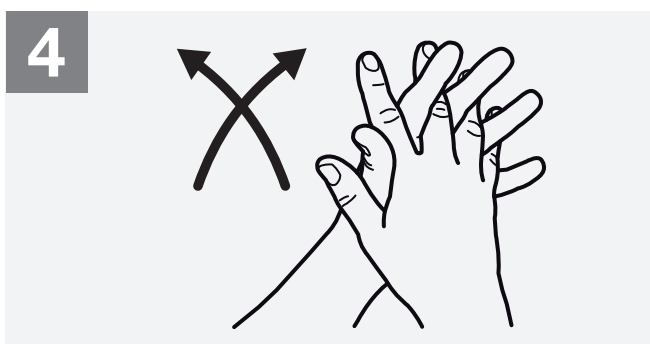
4 Palm to palm with fingers interlaced;
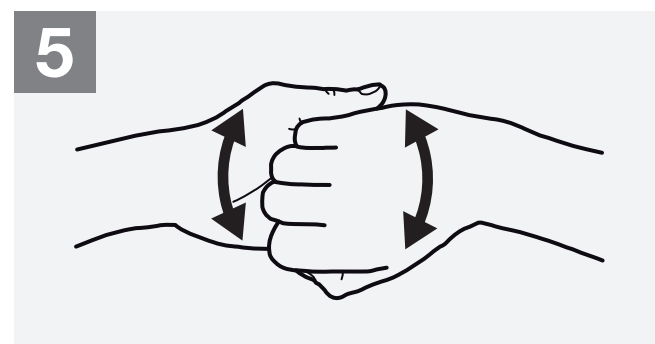
5 Backs of fingers to opposing palms with fingers interlocked;

6 Rotational rubbing of left thumb clasped in right palm and vice versa;
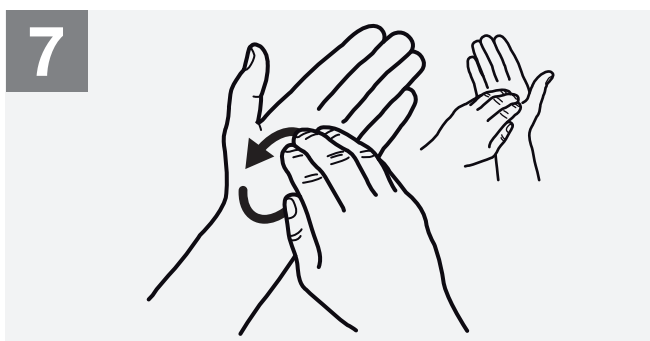
7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;
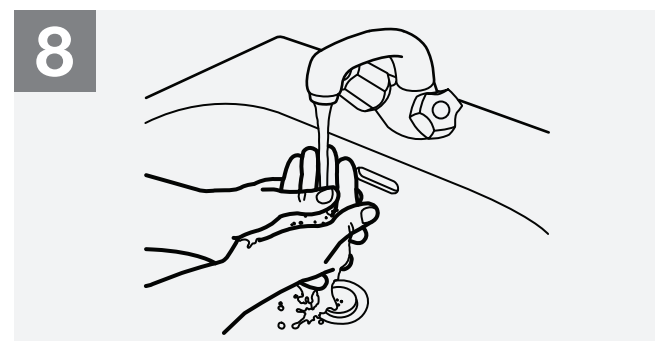
8 Rinse hands with water;
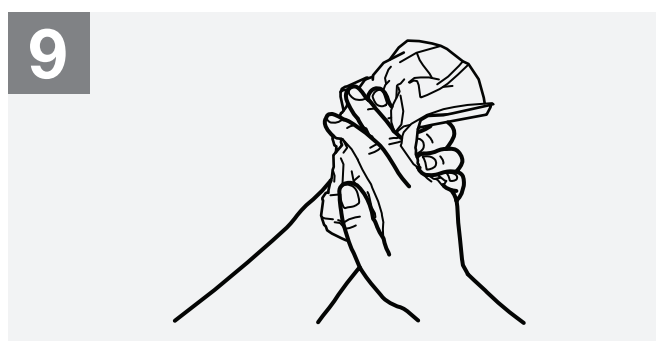
9 Dry hands thoroughly with a single use towel;
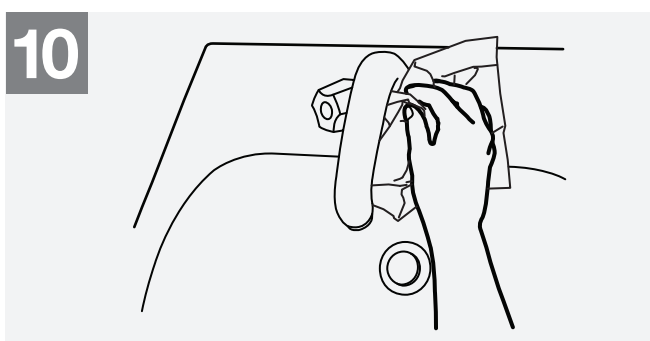
10 Use towel to turn off faucet;
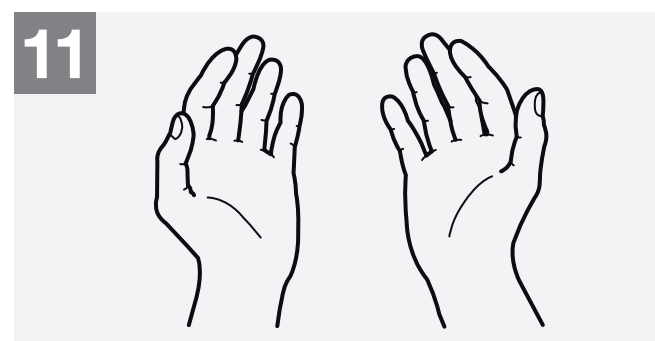
11 Your hands are now safe.

World Health Organization

Patient Safety
A World Alliance for Safer Health Care

SAVE LIVES
Clean **Your** Hands

May 2009

FACT SHEET: INFORMATION FOR DISABILITY SUPPORT PROVIDERS AND WORKERS

22 May 2020

SUPPORTING PEOPLE WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITY TO ACCESS HEALTH CARE DURING THE COVID-19 PANDEMIC

This fact sheet is for disability support providers and workers providing health care to people with intellectual or developmental disability during the COVID-19 pandemic.

Are people with intellectual or developmental disability at greater risk of COVID-19?

Some people with intellectual or developmental disability may:

- be at greater risk of serious illness due to COVID-19 if they have certain medical conditions and co-morbidities
- have difficulty understanding and adhering to social distancing, handwashing and other risk reduction strategies. This may increase their risk of acquiring COVID-19
- not show or be able to communicate early COVID-19 symptoms because of their disability or medical treatments. For example, cough and fever may not present as early signs of COVID-19, or the person may have difficulty communicating symptoms such as a sore throat.

What role can disability support providers and workers play?

Disability support providers and workers are essential to the health and wellbeing of many people with intellectual or developmental disability. During the COVID-19 pandemic, disability support providers and workers should:

- assist the person to use preventative measures, such as physical distancing and good hygiene
- assist the person to access testing and treatment if any symptoms develop
- support the person to understand and make decisions based on advice from the Australian and state and territory governments
- support the person to access their usual health care, including their GP and any specialists
- support the person to maintain physical and mental health and wellbeing (e.g. through exercise, activities and reducing loneliness).

What actions should disability support providers and workers take?

Disability support providers and workers should take steps to ensure they have the resources needed to support the person during the pandemic.

- Provide information about COVID-19 to the person with disability in a way that is accessible and the person can understand
- Ensure that the person's health care plans are up to date and available in the person's medical records. This should include:

  o information about their communication needs
  o names and contact details of those involved in their health care. This should include primary care providers, specialists and those involved in health care decisions (including details of next of kin)
  o a complete medical history, including information about their disability, pre-existing health issues (especially respiratory and heart conditions) and current medications
  o a current advanced care directive or plan if appropriate
  o the person's mental health and/or Positive Behaviour Support plan, if they have one

- Assist the person to keep their vaccinations for influenza and pneumonia up to date
- Have a plan for alternative support for the person with disability. This will be needed if you or other carers develop COVID-19 symptoms and are unable to provide your usual support
- Ensure you are aware of the latest government advice about COVID-19.

- Familiarise yourself with infection control procedures and comply with measures to lower risks of acquiring and transmitting COVID-19. COVID-19 infection control training is available on the Australian Government Department of Health's website
- Ensure you know when and how to access help for everyday health issues, as well as COVID-19 symptoms
- Disability providers should keep up to date and comply with all relevant provider responsibilities related to the pandemic. NDIS providers should refer to information provided by the NDIS Quality and Safeguards Commission.

How can disability support providers and workers support access to health care?

- Do not postpone health care. Continue treatments for chronic health conditions and seek treatment for other health concerns. In the event of an emergency, follow usual protocols and seek emergency medical care
- Make sure the person's health care plan is available to health care providers. Upload details to My Health Record where possible
- Talk to usual health care providers about how and when they are offering services (e.g. home visits, telehealth or face to face consultations)
- Monitor the person's mental wellbeing and behaviour for impacts of the pandemic
- Support adults with intellectual or developmental disability to make their own medical decisions to the greatest extent possible. If the person is unable to consent, follow substitute consent laws.

Note: It is NOT considered an NDIS Commission regulated restrictive practice to:
- isolate an NDIS participant based on medical advice that is consistent with Australian and state / territory government requirements and/or
- prevent that person from attending public gatherings that are currently limited.

This does not limit a person's right to access disability-related supports. See the NDIS Quality and Safeguards Commission guidance on this matter.

What if a disability worker or the person with disability develops symptoms of COVID-19?

- If you suspect the person with disability may have COVID-19:
  - help them or their carer to call their doctor or the National Coronavirus Helpline on 1800 020 080 or call on their behalf
  - seek advice on testing, treatment and how to reduce the risk of passing the virus on to other people

- Disability workers must not attend work if they have a fever or symptoms of a respiratory illness. If you think you may have COVID-19, stay home and contact your doctor or call the National Coronavirus Helpline on 1800 020 080.

Where can I get more information?

For the latest health advice, information and resources on the COVID-19 pandemic, go to www.health.gov.au. For additional information specific to people with disability during the COVID-19 pandemic, go to https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/advice-for-people-at-risk-of-coronavirus-covid-19/coronavirus-covid-19-advice-for-people-with-disability.

The Disability Information Helpline on 1800 643 787 can provide information and assistance related to COVID-19. The Helpline is available Monday to Friday 8am to 8pm (AEST) and Saturday to Sunday 9am to 7pm (AEST). It is not available on national public holidays.

An Intellectual and Developmental Disability Health Working Group convened by 3DN, UNSW Sydney prepared this fact sheet.

0000117

COVID-19 Guidance for Shared Accommodation

Preventing the spread of COVID-19 and other respiratory infections in shared accommodation

Version 2 – July 2020

For the purpose of this document 'shared accommodation' is defined as a facility or environment where people who are not family members reside in close proximity and share facilities such as bathrooms or eating areas. Shared accommodation facilities include, but are not limited to:

- university dormitories and boarding schools;

- refuges and shelters;

- hostels;

- supported independent living accommodation or residential respite for people with disability where facilities are shared between residents;

- Out of home care residential care services; and

- residential facilities providing community, mental health and some health services. For example, respite, rehabilitation, crises support, alcohol and other drug treatment, youth, family violence, or mental health support services

This guidance provides general public health advice for shared accommodation facilities. There are specific national guidelines which apply to hospitals, aged care facilities and correctional and detention facilities. This guidance does not apply to private residential share-houses, which should follow standard ACT Health advice. This guidance is not regulatory advice but has been developed to provide assistance with COVID-19 planning, noting that some accommodation facilities will need to follow advice from their regulatory authority.

The information in this guide is provided to assist shared accommodation facilities to prepare for COVID-19, including developing plans and implementing strategies to prevent the introduction and spread of COVID-19, identifying persons with respiratory illness, and managing residents with suspected or confirmed COVID-19.

Shared accommodation poses many challenges in the context of COVID-19, due to the unique environment of close proximity living by non-family members, with shared bathroom, kitchen and communal facilities. Further challenges are also posed by restrictions on client or resident movement, vulnerable populations, and the presence of volunteers in the workforce.

Shared accommodation facilities can seek further guidance from ACT Health (CDC). Please call Access Canberra on 6207 7244 if further advice from ACT Health is required.

Summary of updates since the previous (1st) version

People who are tested for COVID-19 but do not have risk factors for exposure to the virus can now remain in shared accommodation, even if they can't isolate in a single bedroom with their own bathroom, while awaiting their test result. However, they must practice good hand hygiene, cough etiquette and physical distancing. If the resident cannot practice hand hygiene, cough etiquette or physical distancing, then personal protective equipment (PPE) should be used. Guidance for PPE use can be found at Appendix 4. The resident should stay in the facility, preferably in the room where they sleep as much as possible, until their symptoms have resolved. They can leave the residence once their symptoms resolve.

If a resident who has risk factors for exposure to the virus is tested for COVID-19 (e.g. they have had close contact with a person with the disease), they **need to be isolated in a single bedroom with their own bathroom until they get a test result.** If a single bedroom with a dedicated bathroom is not available, shared accommodation providers should call ACT Health via Access Canberra on 6207 7244 to discuss alternative accommodation options.

Residents under 18 years of age will require supervision and support from a guardian if they need to isolate. Alternative accommodation should be considered with a family member or a member of staff.

[Please see the online information from ACT Health for people awaiting a test result,](link) as it describes who is at higher risk of exposure to COVID-19.

If the resident was already in quarantine under direction from ACT Health prior to getting tested (e.g. due to recent overseas travel or close contact with a confirmed COVID-19 case), they must still complete their full quarantine period, even if their test result is negative.

Outbreak management advice has been added.

General advice about what would occur in the event of an outbreak (defined as at least one case in a residential facility) has been included in this updated version. Individual residential facilities will also need to request an outbreak checklist from their contract manager, relevant Government Directorate (e.g. Office for Disability, CSD; Health Improvement Branch, ACT Health), or PSRContracts@act.gov.au to further assist with their planning. This should be requested in advance and activated in the event of an outbreak. In the event of an outbreak, specific, detailed and on-the-ground support would be provided to the residential facility by ACT Health to help manage the case(s), contacts and infection control. This information is provided in Appendix 3.

Making the Public Health Directions clearer

To ensure that this document is relevant and provides appropriate information, specific instructions from the Public Health Directions that were throughout the document have been removed. The reason for this is that the Public Health Directions are subject to change. Advice about current Public Health Directions and their implications for shared accommodation providers will now be found here in the update section of the Guidance to Shared Accommodation.

More inclusive

More information is included for people with disability or people at increased risk of severe illness from COVID-19.

NOTE: This guidance is based on currently available information and will be updated as the COVID-19 pandemic evolves. Please keep up to date with the latest information on the ACT Health website and Australian Department of Health website.

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Anticipatory planning for COVID-19

ACT Health recommends that shared accommodation facilities in the ACT develop plans to prevent, identify and manage COVID-19 cases by doing the following:

- **Be prepared.** Appoint a lead staff member (or team representing all internal stakeholders in a larger organisation) empowered and authorised explicitly by board/executive management to lead and update pandemic response planning and communication with internal and external stakeholders. The national guidelines on managing COVID-19 outbreaks in a residential care facilities and the AHPPC statement on risk management for re-opening boarding schools and school-based residential colleges may be useful for outbreak planning purposes. An outbreak is defined as at least one COVID-19 case in a residential facility. Information about outbreak management is also provided in Appendix 3.

- **Stay informed**. Keep up to date with reputable information, including the updates and resources on the ACT Health and Australian Department of Health websites.

- **Communicate**. Keep residents, their families and staff informed. Describe what actions the facility is taking to protect them. This includes answering questions and explaining what is being done to protect staff and residents. Provide educational resources in plain English and other languages (if relevant). Translated resources are available on the Australian Department of Health website.

Facilities should focus on rapidly identifying potential cases by encouraging all staff, visitors and residents to get tested as soon as possible, even if they have mild symptoms.

Steps to prevent and manage COVID-19

1. Ensure continuity of operations

Anticipate and plan for staffing shortages:

- Expect that employees may become ill (with illness other than COVID-19, and potentially with COVID-19) and will need to be absent from work until well or cleared by ACT Health (if they are a case of COVID-19). If staff become unwell, it is crucial that they remain home until they have been tested an their symptoms resolve.

- Staff who are at increased risk of severe illness from COVID-19 should seek medical advice and develop a plan with their doctor and employer about how they manage their risk in the workplace and in other public settings.

- Anticipate and plan for shortages due to demands on supply chains by pre-ordering essentials to maintain adequate reserves.

2. Prepare to respond to community transmission of COVID-19

- If widespread community transmission of COVID-19 occurs in the ACT, facilities should follow their emergency management plan if they have one. This may be incorporated into an organisation's updated business continuity plan or may be a separate document.

- If no such plan or system already exists, designate a lead staff member or team to develop and implement a site-specific plan to prevent introduction and transmission of COVID-19 in the facility and to avoid major disruptions in services.

- This person or team should include staff who are familiar with infection control measures to limit exposure to and spread of influenza and other respiratory viruses. If staff are unfamiliar with infection control, they can contact ACT Health (CDC) for advice. If the facility is not staffed, the contract manager and ACT Health (CDC) should be notified.

- As the COVID-19 outbreak evolves, regular announcements should be made to keep staff and residents in your facility informed, especially regarding measures taken to prevent ongoing transmission.

3. Review service delivery

Some shared accommodation facilities provide health care and/or mental health services or other essential services. These range from full service on-site health care or rehabilitation programs to assessment and referral to off-site providers.

- Identify what health care and mental health resources are available and review and update provider contracts (where appropriate), emergency medical protocols including transporting persons to healthcare facilities, notification of receiving facilities, and contact information for providers and pharmacies.

- For people with disability this should include:
  - information about their communication needs
  - names and contact details of those involved in their health care. This should include primary care providers, specialists and those involved in health care decisions (including details of next of kin)
  - where possible a complete medical history, including information about their disability, pre-existing health issues (especially respiratory and heart conditions) and current medications
  - a current advanced care directive or plan if appropriate
  - the person's mental health and/or Positive Behaviour Support plan, if they have one.

- It is still appropriate for services to be delivered on-site, if service providers conduct a point-of-care risk assessment prior to delivering services. See the ACT Health website for information about how to conduct a risk assessment.

- ACT Health recommends that accommodation facilities and residents who regularly receive essential services have a plan in place to ensure they can continue accessing their services.

4. Prevent the introduction of respiratory pathogens into the facility

- Post signs at all entrances instructing visitors to stay away if they have symptoms of COVID-19. Visitors include family, friends and community support or healthcare providers. Signage is available for download at the ACT Health website.

- Assess all new admissions and external clients for any symptoms of COVID-19 upon admission to the facility.

- **Asymptomatic new admission and external clients do not need to be tested for COVID-19** prior to admission, and they do not need to be quarantined for 14 days from entry into the facility, unless they are under a Public Health Direction to do so.

- **Symptomatic new and returning symptomatic residents should not be admitted until they have been tested for COVID-19 and the result comes back as negative.** Alternative accommodation should be sought. ACT Health should be contacted if alternative accommodation is not available. Shared accommodation facilities can seek further guidance from ACT Health, please call Access Canberra on 6207 7244 to be put through to Communicable Disease Control (CDC).

- Inform potential visitors that symptomatic persons will not be allowed to enter the facility. When possible, facilities should use their usual communication channels to inform potential visitors of these rules before they travel to the facility.

- Ideally there should be one point of entry into the facility that can be monitored, so that visitors to the facility can be screened prior to entry. This is not possible in some facilities, and ACT Health will provide advice and assistance in the event of an outbreak.

- Consider implementing screening questions for persons entering the facility and exclude people if indicated. <u>The following questions are provided as a guide and need to be adapted to the circumstances</u>, for example, facilities may need to ask about travel to COVID-19 hotspots.

  Please note: at the current time, returned overseas travellers are completing government mandated hotel quarantine, unless they have a specific exemption from the Chief Health Officer. Due to the current arrangements, it would be very unlikely for shared accommodation providers to encounter individuals who should be in home quarantine due to travel overseas in the past 14 days.

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  1. Have you travelled overseas or to a coronavirus hotspot in the last 14 days?
  2. Have you had contact with a confirmed case of coronavirus (COVID-19) in the last 14 days?
  3. Do you, or anyone you have been caring for closely, have a new illness, notably a fever, sore throat, cough, shortness of breath or loss of smell/taste?

  If the person answers YES to any of these questions, they should not enter the facility. If a person reports that they have symptoms of a new respiratory infection, they should be advised that should seek medical assessment/COVID-19 testing, if they have not already done so.

  Note: Temperature screening of staff, residents or visitors of shared accommodation facilities is not currently required by ACT Health. However, if temperature testing is used, in addition to the standard screening questions, it is recommended to use a no-touch method such as an infra-red temperature detection device.

- Consider offering influenza vaccination for current residents and staff at the facility, if possible.

- Provide educational material for staff and residents on hand and respiratory hygiene. Information can be provided through signs, written materials, and video presentations.

- Ensure staff are familiar with the symptoms of COVID-19 and the COVID-19 testing criteria. Please check this website regularly, as testing criteria are changing regularly as the pandemic evolves.

- Any person living or working in shared accommodation who becomes unwell with symptoms of COVID-19 should seek medical review and follow the process outlined under *Ensure rapid detection of persons with acute respiratory illness* below. This includes all staff in the facility, including kitchen, cleaning and laundry staff.
  - Staff should be advised to stay home if they feel unwell and remain at home until their symptoms resolve. Ensure that sick leave policies allow staff to stay home if they have symptoms of a respiratory infection.
  - If a staff member is symptomatic and tests negative for COVID-19, they can return to work when they have fully recovered.
  - If a staff member is diagnosed with COVID-19, they must isolate until cleared for release by ACT Health.

5. **Prevent the spread of respiratory pathogens**

- Implement physical distancing and planning measures suggested in Appendix 1.
- Educate and encourage the following general, hand and respiratory hygiene practices by residents, visitors, and staff:
  - Liquid soap and water should be used if hands are visibly dirty. Wash hands for at least 20 to 30 seconds. Dry hands on paper towel. Do not share hand towels.
  - If hands are not visibly soiled, you can clean your hands with an alcohol-based hand sanitiser that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
  - Wash hands before and after handling food, eating, entering rooms and touching other peoples' possessions.
  - Wash hands after using the toilet.
  - Avoid touching eyes, nose and mouth with unclean hands.
  - Avoid close contact with others and follow physical distancing measures, where possible.
  - Cough and sneeze into your elbow or directly into a tissue, throw the tissue into a lined bin, and wash your hands.
  - Avoid sharing towels, blankets and pillows with other people.
- Prominently display posters for hand and respiratory hygiene at all entrances, bathrooms and common areas. Signs and posters are available for download from the ACT Health and Australian Government Department of Health websites. For people with disability these should be accessible easy read signs and posters (this will also assist people with low literacy and are available via the CSD website).

- Ensure appropriate hand cleansing materials, such as running water, soap, paper towels and waste baskets, or hand sanitiser are readily available throughout the facility, including:
    - intake areas;
    - visitor entries and exits;
    - visitation rooms and common areas;
    - staff-restricted areas;
    - bathrooms; and
    - food preparation and dining areas.

- Alternatively, except for bathrooms and food preparation areas, alcohol-based hand sanitisers may be used if appropriate. Alcohol-based hand sanitiser can be accessed through the ACT Emergency Services Agency if supplies cannot be sourced through regular suppliers.

- Maintain adequate supplies of hand soap and paper towels, alcohol-based hand sanitiser, tissues, general cleaners, disinfectant spray or wipes and personal protective equipment such as gloves and masks. If there is difficulty accessing personal protective equipment, requests can be submitted through completion of an online request form on the COVID-19 website.

- Educate staff and residents about current physical distancing measures. For people with disability this should be accessible and appropriate easy read info is available on CSD website.

- Regularly clean frequently touched surfaces in common areas (e.g. door handles and light switches), particularly communal kitchens.

- Cutlery, dishes, utensils, and drinking glasses must not be shared and should be cleaned thoroughly with detergent and hot water, or in the dishwasher, after use.

- If the weather allows, make sure shared spaces have good airflow, for example by opening a window.

6. **Advice for residential facilities when physical distancing is not always possible**

Advice for staff

- Services can be safely delivered even if physical distancing can't be maintained, provided other hygiene measures are adhered too, particularly hand hygiene, and staff conduct a point-of-care risk assessment prior to providing services. Refer to the ACT Health webpage for information about the point-of-care risk assessment.

- Staff may be required to wear PPE if physical distancing cannot be adhered to. Information about when PPE may be required is contained within the point-of-care risk assessment and can also be found in Appendix 4.

- If physical distancing cannot be maintained, make sure regular cleaning is conducted.

- Staff may need to assist some clients to perform good respiratory and/or hand hygiene.

Advice for clients

- Clients may also be unable to maintain physical distancing between themselves. In these instances, again, promote good respiratory and hand hygiene and conduct frequent cleaning.

- Provide information to clients and/or their carers or guardians about precautions that are currently in place. As above, information provided should be easy to read, and accessible.

- Please see section 9 for more information for keeping residents who are at increased risk of severe illness from COVID-19 safe.

7. Personal protective equipment (PPE)

- There should be a standard operating procedure for appropriate use of PPE.

- Staff should receive training in how to use PPE and have a 'buddy' who is familiar with using PPE. Removing PPE correctly is extremely important, as taking it off incorrectly can result in contamination and an infection risk. Please see Appendix 4 for ACT Health PPE resources.

- ACT Health recommends that if use of a mask in the community setting is indicated, that a surgical mask be used. Surgical masks should be disposed of after use. If the mask becomes damp or soiled during wearing, it should be disposed of appropriately and replaced.

- More information for use and access to PPE can be found on the ACT Health webpage. And Commonwealth Health website (chief nurse video for support staff).

8. Implement infection control precautions in communal dining areas

- Self-service food stations, buffets and self-service utensil and plate arrangements should <u>not</u> be allowed. Food should be served from the buffet by the staff only.

- Dining areas should be arranged to enhance physical distancing. Consider allocating seating to individual residents.

- Kitchen staff should be advised to do the following:
  - Wash hands often with soap and water for at least 20 seconds. Cover mouth and nose when coughing and sneezing with a tissue, or cough into your elbow, dispose of the tissue into a bin and then wash your hands afterwards.
  - Ensure hand washing facilities are not obstructed and have enough paper towel and soap; these facilities should only be used for hand washing. Ensure gloves are changed regularly and wash hands between glove changes.
  - Brief staff on additional processes and procedures, especially hand washing techniques each shift.
  - Undertake more frequent cleaning of all benches and surfaces (fridge and cool room handles etc), dining areas and condiments such as sauce bottles, salt and pepper shakers, preferably after each dining service. Clean EFT machines regularly. One staff member should be dedicated to handle all transactions.
  - Stagger mealtimes where possible.
  - Ensure all surfaces in the dining area are cleaned after each session.

9. Additional planning with residents who are at increased risk of severe illness from COVID-19 and for residents with disability

- For residents who are identified as being at increased risk of serious illness from COVID-19, a risk assessment should be undertaken, taking into account the local epidemiology, the individual's risk factors, the shared accommodation environment and the nature of the interactions the vulnerable person has with other people in the accommodation. The resident, or their carer, guardian or appointed decision maker, is responsible for seeking medical advice from their doctor to assess their risk and seek advice on how best to manage their risk.

- Where reasonable adjustments can be made based on medical advice, accommodation providers should put those adjustments in place. Where reasonable adjustments cannot be made, accommodation providers may need to liaise further with the resident or their representative, medical professionals and/or the relevant government directorate.

- Some examples of measures that may be put in place to provide additional protection to residents who are at increased risk of severe illness from COVID-19 include:
  - Ensuring the resident has access to their own hand-washing facilities or alcohol-based hand sanitiser, if appropriate.
  - Supporting the resident to carry out regular hand hygiene, if appropriate.
  - Moving the resident into a private room, if available.
  - If an outbreak occurs, some residents or their carer or guardian may plan for the resident to isolate elsewhere (e.g. with family), if appropriate. Document these plans, if possible.
  - Rostering regular staff if the resident requires essential services to reduce the total number of staff that the resident interacts with.

To ensure that people with disability have a plan that is tailored to their unique needs a resource called "Person-centred emergency preparedness planning for COVID-19" is available via the Community Services Directorate website:
  - review the person's behaviour support plan (if they have one) for any recommendations for managing their behaviours of concern as well as the common triggers for their behaviour.
  - If the person does not have a behaviour support plan, draw on your existing understanding of their interaction and communication preferences. Or ask someone who knows them well, what those preferences are.
  - Consider known triggers for the person's behaviour of concern and put in place strategies to mitigate these.

Other tools and guidance can be found on the NDIS Quality and Safeguards Commission website and the Australian Department of Health website.

10. Ensure rapid detection of residents with symptoms of COVID-19

Early detection of respiratory illness and implementation of appropriate infection control measures are crucial to prevent the spread of infection in shared accommodation settings. The following recommendations are given to all shared accommodation settings:

- Instruct residents, visitors, volunteers and staff to monitor for and report symptoms of COVID-19 to the appropriate personnel at the first signs of illness.
- If appropriate for the setting, provide regular welfare checks to residents to help identify the first signs of illness.

11. Seek medical assessment and testing for residents with symptoms of COVID-19

If a sick resident is in quarantine (e.g. due to close contact with a confirmed COVID-19 case), call ACT Health (CDC) for advice. If a sick resident has serious symptoms and it is an emergency, call triple zero (000). Ensure that you tell the operator that the resident is in quarantine.

For residents who do not need to go to hospital:

- Assist the resident to arrange a telehealth appointment with their GP, if appropriate.
- There are several locations where COVID-19 testing can be done free of charge in the ACT. For more information, refer to ACT Health information about getting tested.
- If private transport is not available, assist the resident with transport for assessment and testing, if required. If the resident does not have access to private transport, use existing transport options available to the facility to transport the resident, ensuring that the resident wears a surgical mask (if possible), avoids contact with other people (including other passengers, drivers and transport staff), cough/sneezes into their elbow and washes their hands before and after travel.
- If public transport is the only option available, the resident should wear a surgical mask (if possible) and follow the above hand and respiratory hygiene and physical distancing advice. Please note that the Drive Through Respiratory Assessment Clinic at EPIC cannot be attended from public transport.
- If the resident is unable to get to a testing centre, call ACT Health for assistance by calling 6207 7244 to be put through to Communicable Disease Control (CDC).

12. Put appropriate precautions in place for residents awaiting a test result

If possible, people who are unwell with respiratory symptoms and who are waiting for their test result should stay in a single bedroom with their own bathroom. However, this is not always possible and is not necessary if the resident has no risk factors for exposure to COVID-19 (e.g. is not a close contact of someone with confirmed COVID-19). The risk factors for exposure can be found on the ACT COVID website, under information while you wait for your results.

If the individual does not have any risk factors for COVID-19 exposure, the following actions are recommended:

- The resident should try and stay in one area (e.g. the room where they sleep) as much as possible and avoid contact with other people until their symptoms resolve.

- The resident should practise physical distancing, respiratory hygiene, hand hygiene and wear a mask, if possible, when they are transiting through communal areas.
- The resident does not need to wear a mask when they are sleeping, but they should wear a mask while they are awake if they are sharing a room with another person.
- Other residents in the facility do not need to isolate, unless advised to do so by ACT Health.

If the individual has at least one risk factor for COVID-19 exposure, the following actions are recommended:

- The resident should isolate in a bedroom with his or her own bathroom. If this is not possible, call ACT Health (CDC) for advice regarding alternative accommodation.
- Other residents in the facility do not need to isolate, unless advised to do so by ACT Health.
- Some families or close small groups may remain together to isolate for social or psychological reasons, on a case-by-case basis in consultation with ACT Health. See more information about this in Table 1 below.

13. Manage unwell residents who test negative for COVID-19

- Residents who test negative for COVID-19 should continue to follow hand and respiratory hygiene, avoid contact with others and wear a surgical mask when transiting through communal areas, if possible, until their symptoms resolve. They do not need to continue to isolate in their room, unless they are already in quarantine (e.g. because they are a close contact of someone with COVID-19).

14. Isolate confirmed cases or people in quarantine

- **If there is a case of COVID-19 in a shared accommodation facility, ACT Health will declare an outbreak and provide assistance to manage the case(s), contacts and provide advice on infection control and environmental cleaning (see Appendix 3 for more information about outbreak management).**
- If a person tests positive to COVID-19, the ACT Health will be notified by the testing laboratory. ACT Health will then contact with the person who has tested positive (or their caregiver) to advise them to isolate and provide them with further information. People who have tested positive for COVID-19 are required to isolate until they are cleared by ACT Health. ACT Health will notify the facility of the outbreak and request a liaison.
- ACT Health will advise the person who has tested positive and the shared accommodation facility whether it is appropriate for the person to remain in the facility. ACT Health will collaborate with the affected person and/or their carer or guardian, the shared accommodation provider and other relevant persons to ensure the most appropriate isolation plan for that person is developed.

Table 1. Requirements for a person with confirmed COVID-19 to remain in shared accommodation for their isolation period:

Requirement	Action required by shared accommodation facility

There is an appropriate place for the resident to isolate	• The resident should be moved to a single bedroom with his or her own bathroom. • Ideally, they should have access to their own balcony or outside space, which is safe for them to use. If a balcony is within 2 metres of a neighbouring balcony, the resident should wear a mask when on the balcony. • If a single room is not available, consider moving unaffected residents who are in single rooms into shared accommodation to free up single rooms. • If this is not available, contact ACT Health (CDC).
The resident's basic needs can be met	• The resident can access food and other necessities, through contactless delivery. • The resident may require meals, groceries, medications, or other essential items to be delivered to their door.
The resident can access medical assessment, if required	• The person's symptoms can be monitored, and they can be assisted to seek medical assessment, if required. • People who are confirmed to have COVID-19 can access non-urgent medical assessment through their GP or through the Weston Creek Walk-in Centre Medical/Nursing Support Service for confirmed COVID-19 cases. For more information, refer to ACT Health's information for people who have confirmed COVID-19.
Infection control requirements can be met	• Staff and other residents should not have direct contact or enter the person's room, unless there is an emergency or when providing essential care, utilising appropriate PPE. • Disposable items can be used to minimise the risk of transmission where practicable. • Refer to infection control advice below for more information
The resident can maintain good hygiene	• The resident has access to hand washing facilities and/or alcohol-based hand sanitisers and surgical masks (in case they need to leave the room in the event of an emergency or to obtain medical care, or in case others need to enter their room to provide essential care)

The resident can obtain essential care that they may require and/or is safe to care for him or herself.	- Staff or other care providers should not be interacting with people who are positive for COVID-19 unless they are providing essential care. - Other care providers who need to provide essential care to the resident have access to the recommended personal protective equipment (PPE) such as gloves, goggles, facemask, gowns, and cleaning agents. - Refer to the online information about appropriate use of PPE or see Appendix 4. - ACT Health has developed information and guidance on continued opioid maintenance treatment (OMT) for ACT patients during COVID-19 on the ACT Health website.
Residents who are in isolation should not have any contact with other residents **unless** there are significant social or psychological concerns about separating the client from their family or close group **and** they all understand that ongoing contact will prolong the quarantine period.	- The ACT Health (CDC) should be notified if there are concerns about the client being able to follow isolation requirements. ACT Health has a dedicated COVID-19 wellbeing team to assist with care of complex clients. - Some families or close small groups may remain together for social or psychological reasons, on a case-by-case basis in consultation with ACT Health (CDC). This should only occur if no members of the group are at increased risk from COVID-19. The affected resident should still isolate themselves from the other members of the group where possible. If this is not possible, people who remain in contact with a confirmed case must remain in quarantine for the full time that the person is infectious, and then 14 days following the release of the confirmed case from isolation. This means that contacts may be in quarantine for at least 3-4 weeks.

Further information on isolation for people who are suspected or confirmed cases can be found on the ACT Health website. If facilities have any concerns implementing infection control recommendations, they should immediately contact ACT Health (CDC) via Access Canberra on 6207 7244. Appendix 2 provides guidance on how to reduce boredom and maintain mental health during isolation and quarantine.

15. Additional resources available for people with disability if they are diagnosed with COVID-19

- Residents with NDIS packages in supported independent living are eligible for additional financial support if they are diagnosed with COVID-19 - to assist with additional care and cleaning requirements. Please visit the National Disability Insurance Scheme website information for Coronavirus (COVID-19) cases in supported independent living. This website

details support items that are available in the case that a person in supported independent living tests positive for COVID-19.

16. Housekeeping and cleaning for residents in isolation

PPE requirements while cleaning

- Refer to Appendix 4 for PPE requirements when cleaning the room of an individual who is isolation for COVID-19. Information is also provided in Appendix 4 about PPE requirements when cleaning the room of someone who is in quarantine.

Cleaning

- If appropriate, consider providing the individual in isolation with basic cleaning products so they can clean the room themselves. Cleaners should avoid going in the room, unless it is necessary. Garbage should be double bagged and placed outside of the resident's room for collection. The person removing the garbage should wear gloves and practice hand hygiene.

- Outside of the individual's room, clean frequently touched surfaces in communal areas, such as doorknobs, door handles, light switches, handrails and telephones, recreational equipment, including surfaces in cafeterias and bathrooms. Clean using detergent and water, followed by a household disinfectant or diluted bleach solution, or use a combination detergent/disinfectant product. Always clean and dry surfaces before applying bleach or disinfectant.

- After a person who is a confirmed COVID-19 case has permanently vacated their room or no longer requires isolation, cleaners should:
  - Use gloves and wear a disposable plastic apron when cleaning.
  - Clean all high touch surfaces. This includes kitchen benches, tabletops, fridge door handle, doorknobs, bathroom fixtures, toilets, light switches, phones, remote controls, keyboards, tablets and bedside tables.
  - Clean using detergent and water, followed by a household disinfectant or diluted bleach solution, or use a combination detergent/disinfectant product. Always clean and dry surfaces before applying bleach or disinfectant.
  - Clean any surfaces that may have blood, body fluids and/or secretions or excretions on them using disposable kitchen towel, followed with a diluted bleach solution. A bleach-based disinfectant (1000 ppm) can be made by adding 25mls of bleach to 4 cups of cold water. Mix this disinfectant solution daily and dispose of what you do not use at the end of each day. If using bleach as disinfectant, apply to surface, leave for 10 minutes and then rinse with clean water.
  - Read the labels of cleaning products and follow recommendations on product labels. Labels contain instructions for safe and effective use of the cleaning products including precautions you should take when applying the product. Make sure the area is well ventilated. Wear disposable gloves and ideally a plastic apron when cleaning surfaces, clothing or bedding, dispose of the gloves and apron in the bin when finished and wash your hands.

o   Place all used disposable gloves, gowns, face masks, and other contaminated items in a lined container with the plastic rubbish bag tied when full. Dispose of it with other general waste. Wash hands immediately after handling these items.

- Providers can contact ACT Health (CDC) for more detailed advice relating to cleaning, and advice was also included in the [ACT webinar for NGOs](#).

Crockery

- All cutlery, dishes and drinking glasses should be left outside the client's room by the client, collected by a staff member wearing gloves and then be cleaned thoroughly with detergent and hot water, or in the dishwasher.
- After handling cutler, dishes or drinking glasses, staff should immediately remove their gloves and practice hand hygiene.

Laundry instructions

- If the resident has laundry that must be washed during isolation, the resident, their carer or a staff member should place the laundry in a plastic garbage bag before it is removed from their room.
- Staff members or carers handling laundry should avoid shaking laundry.
- Staff members or carers handling laundry should wear gloves when handling laundry. After handling the laundry, they should immediately remove their gloves and then wash their hands with soap and water or an alcohol-based hand sanitiser immediately.
- Wash laundry thoroughly. Wash and dry with the warmest temperatures recommended on clothing labels. If possible, clothes and linen should be washed at or above 65 degrees Celsius for a 10-minute wash cycle. Alternatively, laundry sanitisers can be added to the detergent in a cooler wash. Follow directions on labels of laundry products. If possible, tumble dry.

Appendix 1: Social distancing and planning measures to limit spread of COVID-19 in shared accommodation

Limiting the number of people who congregate and interact with one another within a facility and allowing more physical space between people can help to curb spread of COVID-19. Below are physical distancing measures that could be implemented to limit the spread of COVID-19 and other respiratory infections. Each facility will be different and have different issues, requiring an individual approach to risk management.

Sleeping arrangements	• If possible, reduce the number of residents sleeping in each room. Single rooms are preferred from an infection prevention and control perspective. • If residents share rooms, increase spacing so beds are at least 1.5 meters apart and arrange beds so that individuals lay head-to-toe (or toe-to-toe), or use neutral barriers (foot lockers, curtains) to create barriers between beds. • Move residents with symptoms into separate rooms with closed doors and with an ensuite facility, or provide a separate bathroom, if possible. • If a single room is not available, consider moving well residents who are in single rooms into shared rooms to free up single rooms. • Consider cohorting residents together who also spend time together during the day.
Mealtimes	• Stagger mealtimes to reduce crowding in shared eating facilities. • Arrange dining areas to enhance physical distancing. • Clean surfaces after each session.
Bathrooms & bathing	• If possible, residents should use their own bathroom facility. • If bathroom facilities are shared, create a staggered bathing schedule to reduce the amount of people using the facilities at the same time and/or assign residents to specific toilets/showers/sinks. • Provide cleaning products so that, where possible/appropriate, residents can clean shared facilities after each use.
Recreation/ common areas/group activities	• Avoid activities that require many residents to congregate at once and opt for smaller group activities, ensuring that physical distancing of 1.5 metres between residents is observed, if possible
Transport	• Transport less people per trip and ensure space between passengers.
Communication	• Reduce the amount of face-to-face interactions with residents for simple informational purposes. • Consider using bulletin boards, signs, posters, brochures, emails, phone, sliding information under resident's doors or mailbox.
Staff activities	• Where appropriate, opt for meetings via teleconference or videoconference instead of in-person meetings.

	• Where meetings are held in person, staff should maintain appropriate physical distancing and hygiene measures.

Appendix 2: Reducing boredom and maintaining mental health during isolation or quarantine for residents

Good mental health and wellbeing can mean different things to different people. Generally, it's about staying well emotionally, socially and cognitively. ACT Health has developed resources to support people through COVID-19 – Mental Health and Wellbeing During COVID-19. This site has resources to support mental health and wellbeing, as well as useful information and interesting reads. Some suggestions include:

- Try to establish a routine for our 'new normal' with a focus on healthy eating, a good sleep pattern, and regular exercise (being mindful of the new guidelines in place to keep all of our community safe).

- Keeping positive really helps. Remind yourself about how you have coped with other challenges, as this can reassure you that you have the resilience to cope with this situation.

- If you live with others, it's important to try and be considerate of everyone's needs, including having some time alone through the day.

- In confined households, you might not get on as well as you'd like all the time! If there are conflicts and arguments, try to resolve things as calmly and as soon as possible.

- If you have children in your household, speak calmly to them about what is happening and help create some structure in their daily routine (even if this is different from their usual). Limiting how much they access distressing news or images will also help them to cope better.

- You might not be able to physically spend as much time with people, but you can remain connected with family and friends by phone, email and social media.

- We all benefit from exercise. It can be more challenging to do this at home, but there are different things you can try such as floor exercises, dancing, yoga, exercise DVDs or online videos. Take advantage of any outdoor space you have. A backyard or balcony can be a great space for exercise.

- For further information, visit the Head to Health website.

Reducing boredom and maintaining mental health during isolation or quarantine for residents with Disability.

- Take into account the person's preferences when preparing activities or indoor recreational activities that may be used for time in isolation at home. Ask what they wish to do or offer alternatives that are not inconsistent with ACT Health advice. For example, cooking or baking together at home, fun recreational activities that adhere to social distancing requirements at the home.

- Implementing social distancing between the people you support and your workers may be challenging in certain environments. It is useful to explain to everyone the need for and importance of social distancing and ask them what activities they wish to do. These activities may include a social story-telling activity, individual art or craft, spending time playing computer

games, reading a book or writing in a journal, individual dance (e.g. "silent disco") or sing-along sessions.

- Maintaining the person's social and family network through telephone, social media or videoconferencing facilities are helpful in ensuring connectedness to friends and families during this period of COVID-19 isolation. Some activity ideas include sharing news or stories using video-phone links or sending photos of themselves doing an activity or sharing news via the telephone.

Appendix 3: Outbreak information for shared accommodation facilities

Shared Accommodation Providers Roles and Responsibilities

Plan: Use the information in the *Guidance for Shared Accommodation* to plan for a COVID-19 outbreak. Develop a checklist specific to your facility.

Identify. Ensure that there is a clear process to identify or notify the facility if someone becomes unwell. Refer to section 10 above Ensure rapid detection of residents with symptoms of COVID-19 on page 12.

Assess and test. Follow the advice in section 11 Seek medical assessment and testing for residents with symptoms of COVID-1911 on page 12.

Implement precautions while awaiting a test result. Follow the advice in section 12 Put appropriate precautions in place for residents awaiting a test result on page 12.

ACT Health will be in contact if the test result is positive. If the test is positive, ACT Health will be notified first by the testing laboratory. If possible, ACT Health will contact the person directly and then the shared accommodation facility. If the person can't be contacted directly, ACT Health will contact the treating clinician and the shared accommodation facility. The treating clinician will need to contact the person or their next of kin directly to inform them of their positive test result.

ACT Health declares an outbreak if there is one positive case in a staff member, resident or frequent attendee of a residential facility.

1. **Implement outbreak management plan and follow the checklist** (contact your contract manager, Government Directorate (e.g. Office for Disability) or ACT Health to obtain the checklist for your setting that your facility can use for outbreak planning if you do not already have one)

2. **Implement ACT Health guidance and monitor situation**.

3. **Notify stakeholders that the outbreak is over and return to business as usual.**

ACT Health Roles and Responsibilities

1. ACT Health will coordinate the public health response, including declaring the outbreak, case investigation, contact tracing, and liaising with the accommodation facility to ensure infection control measures are sufficient.
2. ACT Health will identify critical gaps in the response and mobilise financial, logistic and human resources as required.
3. ACT Health will lead an after-action review of the response.

Appendix 4: ACT Health PPE resources

https://www.covid19.act.gov.au/__data/assets/pdf_file/0005/1551236/ACT-Health-Removing-PPE.pdf

ACT Government | ACT Health

Examples for the use of Personal Protective Equipment (PPE)

https://www.covid19.act.gov.au/__data/assets/pdf_file/0007/1551238/ACT-Health-PPE-Examples.pdf

CHECKLIST

What can I do to keep my workers safe at the workplace and limit the spread of COVID-19?

1. Staff who Working from home

- ✓ Consider relevant state or territory advice and assess if working from home is reasonably practicable for your workers.

- ✓ Provide guidance to your workers on how to set up a safe home work environment (see, for example, SWA's working from home information and diagrams).

- ✓ Require workers to complete a self-assessment checklist to ensure they comply with good ergonomic practices (an example is Comcare's Working from home checklist).

- ✓ Appoint a contact person in your business that workers can talk to about any concerns.

- ✓ Set up ways to communicate with workers online (e.g. through Skype or Zoom) and communicate with them daily.

- ✓ Provide information to workers about the supports available to them, for example through an employee assistance program.

2. Physical distancing

- ✓ Put up posters around the workplace on keeping at least 1.5 metres distance between everyone at the workplace.

- ✓ Erect signs at the entrances to lifts and meeting rooms to ensure the maximum safe capacity is not exceeded.

- ✓ Move work stations, desks and tables in staffrooms further apart to comply with social distancing.

- ✓ If possible, bring in shift arrangements so less staff are in the workplace at once.

- ✓ Instruct workers to have meetings by phone or online instead of in person.

If not possible, require they meet in a large space and keep meetings short.

- ✓ Review regular deliveries and request contactless delivery. Check systems for e-invoicing are in place.

- ✓ Provide social distancing markers on the floor in areas where customers line up or where workers perform tasks.

- ✓ Nominate a person on the work floor to be responsible for keeping everyone the required 1.5 metre distance apart in accordance with the latest government requirements.

3. Handwashing and hygiene

- ✓ Have hand sanitiser stations at entry and exit points and around the workplace.

- ✓ Ensure bathrooms are well stocked with hand wash and paper towel.

- ✓ Put up posters with instructions on how to hand wash/hand rub.

- ✓ Instruct workers on other ways to limit the spread of germs, including by not touching their face, sneezing into their elbow, and staying home if feeling sick.

- ✓ Have alerts set up to remind workers about washing hands and not touching eyes, nose and face

- ✓ Instruct your workers to limit contact with others– no shaking hands or touching objects unless necessary.

- ✓ If possible, accept only cashless transactions.

- ✓ Increase access to closed bins in your workplace.

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CHECKLIST:

What can I do to keep my workers safe at the workplace and limit the spread of COVID-19?

4. Cleaning

☑ Ensure any areas frequented by workers or others (e.g. visitors to your premises) are cleaned daily with detergent or disinfectant.

☑ Instruct workers to wear gloves when cleaning and wash their hands thoroughly with soap or use an alcohol-based hand sanitiser before and after wearing gloves.

☑ Clean frequently touched areas and surfaces several times a day with a detergent or disinfectant solution or wipe. This includes Eftpos equipment, handrails, tables, counter tops, door knobs, sinks and keyboards.

☑ Instruct workers to clean personal property that comes to work, such as sunglasses, mobile phones and iPads with disinfectant, such as disinfectant wipes.

5. Monitor symptoms

☑ Put up signs about the symptoms of COVID-19 in the workplace.

☑ Direct workers to stay home if they are sick, and if they are displaying symptoms of COVID-19 ask them to call the National Coronavirus hotline (1800 020 080), ACT Health and their GP.

☑ Instruct workers to tell you if they are displaying symptoms of COVID-19, have been in close contact with a person who has COVID-19 or have been tested for COVID-19.

☑ Remind staff of their leave entitlements if they are sick or required to self-quarantine.

☑ Treat personal information about individual workers' health carefully, in line with privacy laws.

☑ Facilitate working from home, if possible, for staff who are required to self-quarantine but are not displaying symptoms of COVID-19.

6. Plan ahead

☑ Nominate a worker or a team of workers to champion safe practices in the workplace and teach their colleagues the proper procedures listed above.

☑ Develop a plan to ensure business continuity if there is a suspected or confirmed outbreak of COVID-19 in your workplace.

☑ Consider what you will do if one of your workers is suspected or confirmed to have COVID-19, including how you will support that worker and what you need to do to ensure the workplace remains safe for other workers.

☑ Consider if you have appropriate cleaning products and personal protective equipment available to disinfect your workplace following an outbreak. If you do not, consider options for hiring a cleaning company to do this work.

☑ Consult with workers about returning to the workplace and ensure return to work arrangements are consistent with public health requirements.

Stay informed

Download the official government "Coronavirus Australia" app, or join the WhatsApp channel and frequently check for updates.

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What do I need to do to keep my workers safe and limit the spread of COVID-19?

1. Working from home

Where workers can work from home, they should.

On 29 March, the Prime Minister, the Hon Scott Morrison MP, advised that all Australians should stay at home, except for a limited number of reasons. All Australians are able to leave the home to go to work, however, employers should allow workers to work from home wherever and whenever they can.

All employers are also encouraged to consider alternative ways of delivering their business practices and services, such as switching to online ordering, payment and delivery.

If it is not possible to work from home or redesign practices, it is vital that no worker comes to work if they have any of the following symptoms: fever, cough, sore throat, or shortness of breath.

2. Physical distancing

Physical distancing is important because COVID-19 is most likely to spread through close contact with a person who has a confirmed infection. Physical distancing means keeping people apart.

Currently, this means keeping a distance of at least 1.5 metres between people.

The likelihood of interactions causing the spread of COVID-19 is low if physical distancing advice and good hygiene are followed as the virus is unlikely to be spread if face- to- face interactions are limited to less than 15 minutes and close proximity interactions are limited to 2 hours.

Practical physical distancing examples:

> Queuing strategies – eg marking out spacing on the floor with tape
> Limiting the amount of people who can enter a store
> Implement contactless deliveries
> Have a responsible person on the work floor for ensuring everyone is keeping the required distance from each other
> Move work stations, desks and tables in staffrooms further apart
> Bring in shift arrangements so less staff are in the workplace at once

For further information on physical distancing see the Australian Government Department of Health.

For industry specific examples, see our industry fact sheets in the business resource kit.

3. Handwashing and hygiene

COVID-19 is most likely spread from person to person through:

> Direct contact with a person while they are infectious
> Contact with droplets when a person with a confirmed infection coughs or sneezes, and
> Touching objects or surfaces that are contaminated by droplets coughed or sneezed from a person with a confirmed diagnosis.

Good hygiene is necessary to stop the spread. This means:

> frequent hand washing with soap or hand sanitising, including before and after you eat and after going to the bathroom
> limiting contact with others, including through shaking hands
> stop touching your eyes, nose and face
> covering your mouths while coughing or sneezing with a clean tissue or your elbow, and
> putting used tissues straight into the bin.

Alcohol based hand sanitisers with greater than 60% ethanol or 70% isopropanol is the recommended form of hand hygiene.

If hand sanitiser is unavailable, workers should be regularly given the opportunity to wash their hands with soap. The World Health Organisation (WHO) advises that hand washing should take 20-30 seconds. Workers should ensure the entirety of their hands (palms, fingers and back of their hands) are covered with soap prior to washing them with warm water.

This should occur after a worker has had contact with a customer, as well as after cash transactions. It is particularly important workers sanitise or wash their hands before or after touching their face.

Practical good hygiene examples:

> have automatic alerts set up on computer systems to remind workers about washing hands and not touching eyes, nose and face
> have hand sanitiser stations on entry and exit points and around the workplace generally
> cashless transactions
> increase access to closed bins

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What do I need to do to keep my workers safe and limit the spread of COVID-19?

For more information on good hygiene see the Australian Government Department of Health.

For industry specific examples, see our industry fact sheets in the business resource kit.

4. Signage and posters

It is important that you have signs and posters around the workplace to remind workers and others of the risks of COVID-19 and the measures that are necessary to stop its spread. This includes posters on what is COVID-19 and how we can stop it spreading, how to wash your hands and the physical distancing requirements.

Signs and posters for you to use in your workplace are available:

> How to hand wash poster
> How to hand rub poster
> Australian Government Department of Health Simple steps to help stop the spread poster
> Australian Government Department of Health keeping your distance poster
> Keeping mentally healthy

5. Cleaning

Make sure your workplace is regularly cleaned and disinfected.

You should already have in place regular, scheduled cleaning of your workplace. Ensure any areas frequented by workers or others (e.g. visitors to your premises) are cleaned at least daily. After the business closes at night a thorough clean with detergent or disinfectant should occur to ready the business for the following day.

Frequently touched areas and surfaces should be cleaned several times a day. This includes Eftpos equipment, elevator buttons, handrails, tables, counter tops, door knobs, sinks and keyboards. Clean with a detergent or disinfectant solution or wipe regularly.

Workers should also be encouraged to clean personal property that comes to work, such as, sunglasses, mobile phones and ipads with disinfectant, such as disinfectant wipes.

When cleaning, workers should minimise the risk of being infected with COVID-19 by wearing gloves and washing their hands thoroughly or using alcohol-based hand sanitiser before and after wearing gloves.

For further information on cleaning, see the Australian Government Department of Health.

For industry specific examples, see our industry fact sheets in the business resource kit.

6. Self isolation

All Australians must self-isolate if they have COVID-19, have been in close contact with a confirmed case of COVID-19, or arrived in Australia after midnight on 15 March 2020.

Self-isolation means the worker must stay at home for 14 days.

If a worker suspects they have COVID-19, they must isolate themselves (self-quarantine) and advise their manager immediately.

They should inform their manager and call a doctor or hospital and tell them their recent travel or close contact history.

If they have serious symptoms such as difficulty breathing call 000, ask for an ambulance and notify the officers of the recent travel or close contact history.

National Cabinet also advises Australians:

> over 70 years of age
> over 60 years of age who have existing health conditions or comorbidities, and
> indigenous Australians over the age of 50 who have existing health conditions or comorbidities,

should self-isolate to the maximum extent practicable, limiting contact with others as much as possible when they travel outside.

Where vulnerable workers undertake essential work, a risk assessment must be undertaken. Where risk cannot be appropriately mitigated, employers and employees should consider alternate arrangements to accommodate a workplace absence.

You should allow all workers, including vulnerable workers to work from home, wherever you can.

Further information on self-isolation is available from the Australian Government Department of Health.

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FACT SHEET

INFORMATION FOR SUPPORT WORKERS AND CARERS ON CORONAVIRUS (COVID-19) TESTING FOR PEOPLE WITH DISABILITY

21 May 2020

Who should be tested?

To help stop the spread of COVID-19, anyone with symptoms of an acute respiratory infection should get tested. The symptoms include fever, coughing, sore throat, and shortness of breath.

For further information on who should be tested, please contact the National Coronavirus Helpline on (free call) **1800 020 080**. If someone is experiencing severe symptoms, call 000.

Where can testing be done?

If someone you care for has COVID-19 symptoms, you or they should seek advice from their GP or the National Coronavirus Helpline about whether they should be tested.

The GP can help arrange a test or they can visit a GP-led respiratory clinic or fever clinic to be tested.

The National Coronavrius Helpline can tell you the nearest clinic. You or the person with the disability should telephone the GP or respiratory/ fever clinic to make an appointment before visiting.

COVIDSAFE

How to explain the testing process to a person with disability?

1. A doctor or other health professional, such a nurse, will take your temperature.
2. The doctor or health professional will be dressed in personal protective equipment (PPE) which includes: a face mask, gloves, a gown, and an eye mask.
3. The doctor or health professional needs to take a swab from inside your nose and the back of your mouth. They will use a medium-sized stick (~20cm long) to take the swab from your nose and another one for your mouth. The stick has a soft cotton part on the end of it which takes the swab.
4. You may feel a little funny having the stick inside your nose, it may hurt a little too.
5. You will need to open your mouth for the doctor or health professional to take the swab inside your mouth.
6. Try to stay as still as possible during the test.
7. You might be asked to cough into a container.
8. You might need to also have a blood test.
9. It usually takes 1-2 days to find out the results from all of the tests you've done.
10. After the test, you might go home or you might need to stay in hospital until you feel better.

Note: Some of these steps may be challenging or not possible for some people with disability. You can discuss any questions or concerns with the doctor or health professional.

Tips for managing stress and anxiety about the testing process

The testing process may be quite stressful for a person with disability. Where possible and as appropriate, involve the person in as many aspects of the decision-making as possible.

Communication

Prior to the testing, explain to the person what the testing process will involve, using a communication method that is suited to their individual needs. It is important to involve people that the person with disability trusts, such as family members or friends. If possible, arrange to have these people present when explaining the testing process and throughout the test itself.

2

Location

If appropriate, it is preferable that the test is conducted in a location that is familiar to the person with disability such as their usual GP clinic.

It is important to convey the communication needs of the person with disability to the health professional taking the test, to ensure that the information is provided in an accessible format.

What to do if testing is too stressful for the person with disability?

In the event that the testing process is too stressful for the person with disability and no other testing alternatives are available, then the individual will need to isolate at home. The person will need to take all the necessary precautions, as outlined in the next section, and notify their local public health authority. The public health authority will advise how long the person will need to isolate for.

What happens after the test?

The sample taken during testing will be sent to a laboratory. In most cases, it will take 24-48 hours for the test results to be confirmed. The GP or the clinic where the person was tested will make contact to notify of the result, either by calling or by SMS.

If the person is well enough to be at home while waiting for the test result, they must isolate at home until the result is available. If the test is negative, they do not need to stay in isolation but are advised to stay home until they feel better. If the test is positive, the person needs to continue to isolate until advised by the local public health authority that they can leave isolation.

Isolation means:

- staying at home and not going into public places, including work, school and shops
- where possible, staying at least 1.5 metres away from other people
- if close contact with family, carers or support workers is required, using PPE
- washing hands often with soap and water
- coughing and sneezing into the elbow
- avoiding cooking for or caring for other members of their household
- wearing a mask (provided by their doctor) if close contact with other people is unavoidable.

If symptoms get worse, and/or there are any other health concerns, please call the person's GP for advice or contact the National Coronavirus Helpline on **1800 020 080**. This line operates 24 hours a day, seven days a week.

If the person develops difficulty breathing or becomes seriously unwell and it is an emergency, please call triple zero (**000**) immediately. Alert ambulance staff that the person has been tested for COVID-19 and is awaiting results.

More information

If you require assistance or have any questions related to COVID-19, then please contact the Disability Information Helpline on (free call) **1800 643 787**. The helpline is operated by the Department of Social Services and provides advice to people with disability, their families, carers, and support workers. It is available Monday to Friday 8am to 8pm (AEST) and Saturday and Sunday 9am to 7pm (AEST), but is not available on national public holidays.

Alternatively, please call the National Coronavirus Helpline on (free call) **1800 020 080**. This line operates 24 hours a day, seven days a week.

For the most up-to-date advice, please visit health.gov.au for the latest information and resources related to the COVID-19 pandemic for people with disability. For National Disability Insurance Scheme (NDIS) specific information for carers and support workers please visit the NDIS website.
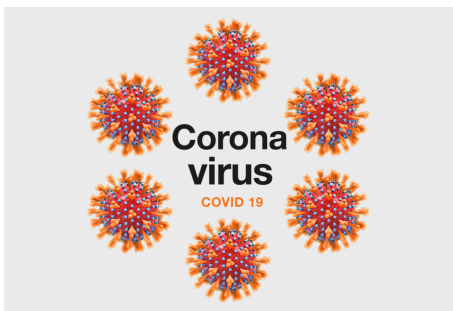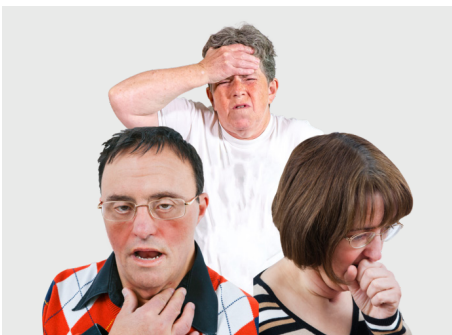
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Staying safe from Coronavirus

16 March 2020

Coronavirus is a virus that is making people sick in Australia and overseas.

Coronavirus is also called COVID–19.

People who have Coronavirus may

- Have a cough

- Have a fever

- Be short of breath

Most people with Coronavirus will feel unwell but will not need to go to hospital.

Some people will need to go to hospital.

How is Coronavirus spread

Coronavirus can spread through the air from a cough or a sneeze.

Coronavirus can spread when you touch things that someone with Coronavirus has touched.

It can go from your hands into your body when you touch your eyes, nose, or mouth.

How to avoid Coronavirus

• Wash your hands with soap and warm water often.

• If you cannot wash your hands then use hand sanitiser.

• Avoid touching your mouth, eyes and nose.

• Try to wash or sanitise your hands before you do.

• Stay away from people who are sick.

• Tell your friends, family and support people to stay home if they are sick.

Social distancing

Social distancing helps stop the Coronavirus spreading between people.

Social distancing means

- Do not shake hands, hug or kiss.

- Try to keep 2 big steps between you and other people.

- Avoid big crowds and busy places.

- Go to the shops when they are not busy.
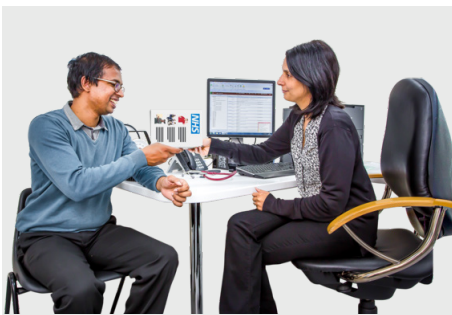
- Use public transport at quiet times.

What to do if you feel sick

Stay home to protect other people.

If you get a fever, cough, sore throat or are short of breath you can

- Call your GP or doctor

- Call Healthdirect on **1800 022 222**

- Go to a hospital emergency department

Support

If you are feeling worried about getting sick talk to your GP, family or support person.

For more information

See CID's other easy read health guides **www.cid.org.au/health-guide**

Call the CID info service on **1800 424 065**

Visit the Department of Health website **www.health.gov.au**