

COVID-19 Plan for the Disability Services Sector

Version 2 – 9 April 2020

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Introduction

COVID-19 is a respiratory illness caused by a novel (new) coronavirus. Reported symptoms include fever, sore throat, cough and shortness of breath. Recent information on the transmission of the virus suggests that cases may be infectious up to 24 hours before the onset of symptoms, and until at least 24 hours after symptoms resolve. The World Health Organisation (WHO) has confirmed that the main driver of transmission is from symptomatic patients coughing and sneezing. Good hygiene can prevent infection for most people.

People with disability who have underlying chronic health conditions, or who have high support needs may be at increased risk of contracting COVID-19. Infection is also likely to spread rapidly in residential settings such as group homes if not managed effectively. **It is vital that service providers are prepared and supported to respond to COVID-19.**

The Victorian Department of Health and Human Services (the department) has developed this plan to assist disability service providers in Victoria plan for and address the impacts of COVID-19 on business continuity, workforce and service delivery. Each service provider's situation will be different. This plan should be interpreted and applied consistent with individual circumstances. Clinical and epidemiological understanding of the pandemic continues to evolve, and people should always refer to the latest information available on the [department's COVID-19 section of the website](https://www.dhhs.vic.gov.au/coronavirus) < <https://www.dhhs.vic.gov.au/coronavirus>>.

This document should be read in conjunction with other COVID-19 information published by the department and the Chief Health Officer, and any guidance issued by the Commonwealth Department of Health, the National Disability Insurance Agency (NDIA), and the National Disability Insurance Scheme Quality and Safeguards Commission (NDIS Commission).

Both department and NDIS funded providers have a responsibility to comply with Victorian legislation, regulations and directions from the Chief Health Officer regarding management and control of COVID-19.

All Victorian providers should check the department's website for Chief Health Officer updates and alerts <<https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>>.

State of Emergency

On 16 March 2020, a State of Emergency was declared in Victoria to combat COVID-19. This provides the Chief Health Officer with additional powers to do whatever is necessary to contain the spread of coronavirus (COVID-19) and reduce its risk to the health of Victorians.

For more information see the signed directions from the Deputy Chief Health Officer in accordance with the emergency powers arising from the declared state emergency at <http://www.dhhs.vic.gov.au/state-emergency>

Purpose, scope and objectives

The purpose of this plan is to:

- Clarify the roles and responsibilities of the department, disability service providers, and Commonwealth agencies during the COVID-19 pandemic
- Outline a four-stage approach that disability service providers can take to ensure they are prepared for, and can manage the impacts of COVID-19 on their business, clients and workforce
- Provide links to key information sources and further guidance materials for disability service providers

This document is not intended for the general public. Information for the general public is available on the department's website <https://www.dhhs.vic.gov.au/coronavirus>

The NDIA also has a range of accessible information for people with disability on its coronavirus website: <https://www.ndis.gov.au/understanding/ndis-and-other-government-services/ndis-and-disaster-response>

The objectives of this plan are to:

1. Prepare the disability services sector to prevent and manage cases of COVID-19
2. Prepare the disability services sector to continue to meet the needs of Victorians with disability
3. Reduce the morbidity and mortality associated with COVID-19 in disability services
4. Slow the spread of COVID-19 in Victoria through rapid identification and isolation of cases.

Updates to this document

This document is being updated on a regular basis. It is best accessed online, as printed copies may become out of date quickly. The most recent version of this document is always available on the department's dedicated COVID-19 website <<https://www.dhhs.vic.gov.au/coronavirus>>.

- For the most up to date COVID-19 information visit <https://www.dhhs.vic.gov.au/coronavirus>
- Call Nurse-on-Call on **1800 675 398** for expert health information and advice (24 hours, 7 days a week)

Roles and responsibilities

Victorian Department of Health and Human Services

The department has a key role in advising on the prevention, detection and management of COVID-19. The department may direct any service provider to take action to manage public health risk, including any action to manage an outbreak of COVID-19, under the *Public Health and Wellbeing Act 2008*.

Key roles and responsibilities of the department include:

- providing guidance and directions to service providers on COVID-19 responses
- monitoring development of the COVID-19 pandemic in Victoria and publishing public information
- contributing to national surveillance as part of the COVID-19 response
- coordinating the Victorian response to the COVID-19 pandemic
- providing worker screening services for existing and new disability workers in both NDIS and non-NDIS service settings
- working closely with the Commonwealth Government, the NDIA and the NDIS Commission to support a collaborative response to the COVID-19 threat.

All disability service providers

Regardless of funding source, all service providers have a responsibility to:

- ensure staff are trained in infection prevention and control as appropriate
- respond to requirements for self-quarantine, self-isolation or COVID-19 illness among service recipients or staff in accordance with Victorian and Commonwealth guidelines and instructions as issued from time to time
- develop and implement business continuity plans to ensure critical supports and services continue to be provided to people with disability, while reducing risk of exposure to COVID-19 of both clients and staff
- ensure that all clients are supported to access to relevant and up to date information in a format they can understand
- ensure families and carers receive information about any changed practices or service delivery to respond to COVID-19.

Providers registered under the *Disability Act 2006* (including transfer providers)

Disability service providers registered under the *Disability Act 2006* are subject to the Human Services Standards. Under these standards, providers must have documented processes in place that describe the systems for promoting a safe environment, including the service environment, through the early identification and response to potential risks, including infection control processes.

Providers are expected to:

- ensure staff are trained in infection prevention and control
- develop and enact business continuity plans to ensure critical supports and services are provided to clients while reducing their risk of exposure to COVID-19.

NDIS Providers

NDIS providers have specific obligations under the NDIS Code of Conduct and the NDIS Practice Standards that relate to the delivery of safe, quality supports and services, and the management of risks associated with the supports provided to NDIS participants. NDIS providers should remain up to date with instructions and specific guidance issued by the NDIS Commission.

NDIS Quality and Safeguards Commission

The NDIS Commission is the national regulator of NDIS supports and services. The roles and responsibilities of the NDIS Commission in relation to COVID-19 include providing information to registered NDIS providers to support them in understanding:

- their obligations to safely and competently provide supports and services to people with disability during the COVID-19 pandemic
- how to reduce exposure and transmission of COVID-19
- how to maintain NDIS supports and services.

The [NDIS Commission coronavirus website](https://www.ndiscommission.gov.au/resources/coronavirus-covid-19-information) <<https://www.ndiscommission.gov.au/resources/coronavirus-covid-19-information>> contains links to updates, training, alerts, and resources for NDIS participants and providers.

National Disability Insurance Agency

The NDIA is the Commonwealth agency responsible for implementing the NDIS. During the COVID-19 pandemic, the NDIA and its community partners have a key role in ensuring that NDIS participants continue to receive critical services and supports, and that they have timely access to relevant safety and wellbeing information.

The NDIA disaster response website <<https://www.ndis.gov.au/understanding/ndis-and-other-government-services/ndis-and-disaster-response>> has information in a range of formats for NDIS participants and providers in relation to COVID-19, including on management of and revisions to NDIS plans during the COVID-19 pandemic.

Commonwealth Department of Health

The Commonwealth Department of Health is the Australian Government's lead agency for monitoring and responding to the COVID-19 pandemic across Australia.

The [Commonwealth Department of Health COVID-19 website](https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert) <<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>> collates national information on the COVID-19 pandemic. The website includes daily updates, current facts and figures, travel advice, key contacts and phone numbers, and official Commonwealth medical advice.

Identifying COVID-19

Symptoms and testing

The most common symptoms of COVID-19 infection include:

- fever
- acute respiratory infection (shortness of breath, dry cough, sputum production, sore throat, with or without a fever)

- tiredness or fatigue
- less common symptoms may include headache, myalgia/arthralgia (muscle/joint pain), chills, nausea and vomiting, nasal congestion, diarrhoea, haemoptysis (coughing up small amounts of blood), and conjunctival congestion.

Most people will experience a mild illness and will recover, but some people can develop complications which may be life-threatening and result in death. People at highest risk are likely to be older people and those with other chronic illnesses or with weakened immune systems.

To help people decide if they should be tested, the Self-Assessment tool can be used. The Coronavirus self-assessment tool is available at:

<https://www.dhhs.vic.gov.au/coronavirus-self-assessment>

Risk factors include any international travel within the last 14 days, or close contact with a person who is a confirmed case of COVID-19 (without using appropriate personal protective equipment (PPE)). The current case definition for a suspected case of COVID-19 is described on the department website:

<https://www2.health.vic.gov.au/about/news-and-events/healthalerts/2019-Coronavirus-disease--COVID-19>. These guidelines outline the high risk groups for testing, including people who have a fever or acute respiratory symptoms and live in a high risk setting such as disability residential services.

For specific health information, including advice regarding testing, contact the dedicated COVID-19 hotline on 1800 675 398 (staffed 24 hours a day, 7 days a week).

Incubation period and infectious period

People with COVID-19 generally develop signs and symptoms, including mild respiratory symptoms and fever, on average 5-6 days after infection (range 1-14 days). People with COVID-19 are thought to be infectious for 24 hours before the onset of symptoms but evidence on the duration of infectivity for COVID-19 is evolving. Criteria for release from isolation are described in department guidelines for health services and general practices available on the department's website.

Stages of Pandemic Response

The table below outlines the four stages of pandemic response in the COVID-19 Pandemic Plan for the Victorian Health Sector with corresponding actions. These pandemic stages are operational stages aimed at guiding your practice and do not correspond to the number of physical distancing stages communicated to the general public. The actions are expanded in this document.

Stage	Disability services action	Are we at this stage?
Stage 1 Initial containment stage - preparedness and planning	Disability services adapt existing business continuity plans to prepare the specific requirements of COVID-19 and communicate with staff and clients to implement exposure prevention protocols e.g. hygiene protocols.	<input checked="" type="checkbox"/> Now
Stage 2 Targeted Action - containment in response to confirmed cases of COVID-19 in Victoria	Disability services implement containment protocols and modify service delivery as appropriate. Identify contingencies and plan the maintenance of essential services.	<input checked="" type="checkbox"/> Now
Stage 3 Peak Action stage – a severe and sustained outbreak of COVID-19	Disability services implement contingencies in line with their business continuity plan to maintain the delivery of essential services. This may involve redirection of available resources to essential services.	<input type="checkbox"/> Not yet Victoria's Chief Health Officer will advise if/when Victoria moves into this stage.
Stage 4 Stand-down and recovery stage The number of confirmed cases is declining,	Disability services carefully transition delivery back to normal	<input type="checkbox"/> Not yet Victoria's Chief Health Officer will advise if/when Victoria moves into this stage.

Stage 1: Initial containment stage - preparedness and planning

Disability service providers must abide by directions issued by the Victorian or Commonwealth Governments regarding prevention, including physical distancing.

All service providers must implement recommended hygiene practices in all settings including for client facing services, staff and contractors.

Promotional materials are available in community languages, and where possible should be communicated to staff, clients and carers as directly as possible. This may include mail outs, posters in accessible areas and discussions with clients.

Posters and other documentation supporting good hygiene practice are available for downloading at: <https://www.dhhs.vic.gov.au/promotional-material-coronavirus-disease-covid-19>

All service providers should ensure they have a Business Continuity Plan (BCP) that addresses the potential impact of COVID-19 on their service delivery. Business Continuity Plans need to cover potential staff absenteeism and incorporate the impact of dependencies on other services or systems which may or may not be available.

The Business Continuity Plan will identify:

- loss of staff as a risk, including specialist skill sets
- dependencies such as use of third-party providers and service level agreements, including consumables and increased cleaning requirements
- identify the processes or tasks that if interrupted could lead to serious impacts (financial, health, reputational, legal, or other)
- how service continuity will be maintained in the event of potential staff absenteeism and/or clients becoming infected
- communication with clients and families
- regular review and updates as needed, based on updated public health advice
- current staff members and their responsibilities and back-up staff for key roles

Disability service providers should implement protocols and update them as additional information is published:

- protocols for infection prevention and control procedures in your organisation, including updates and staff education and audits
- protocols for quarantine
- protocols for outbreak management in your setting and reporting of cases
- protocol for responding to situations where a client has a confirmed or suspected case of COVID-19 or is required to self-isolate
- staff absenteeism/leave
- consumable planning.

Stage 2: Targeted Action

Minimising transmission of COVID-19 must continue to be a priority in this stage. While this is being tackled by the health care system it is a shared responsibility of all disability service providers. The focus of Stage 2 initiatives are to:

- continue to prevent the further exposure and transmission of COVID-19
- support clients who have been exposed and/or have contracted COVID-19 to access appropriate health care, whilst focusing on obtaining or maintaining appropriate accommodation and care options
- ensure the workforce is safe and continue to maintain essential service delivery (as per agency business continuity plans)
- in accordance with the current advice of Victoria's Chief Health Officer, anyone who has been in close contact* with a confirmed case of COVID-19 should remain at home for fourteen days following exposure.

*Close contact is defined as face to face contact for at least 15 minutes with someone who has tested positive to COVID-19 or has been in the same space for at least 2 hours when that person was potentially infectious (i.e. within 24 hours of the point at which they began showing symptoms or while they are showing symptoms). Workers and other contacts who have taken recommended infection control precautions, including the use of recommended PPE, while caring for a confirmed case of COVID –19 are not considered to be close contacts. However, they should be advised to self-monitor and if they develop symptoms consistent with COVID –19 they should isolate themselves and be managed as a suspected case.

Service delivery

In addition to the initiatives in Stage 1: Prevention and Planning, disability service providers must implement the following actions in relation to service delivery during Stage 2.

- physical distancing measures
- information and education for staff and clients
- additional protective measures for elderly carers or people with existing conditions that increase their vulnerability to COVID-19
- prioritisation of essential services, that is, what is critical and needs to be maintained and what can be delayed or stopped
- implementing alternative to usual modes of service delivery for all other services where practicable, for example – telephone contact rather than face to face contact, where possible.

Physical distancing

There are a number of actions that service providers can take to reduce the risk of infection and slow the spread of COVID-19. The situation is rapidly changing, and this advice will be updated regularly. Please check www.dhhs.vic.gov.au/coronavirus for updates.

Disability service providers are required to implement physical distancing measures in all services they provide and follow the [Stay at Home Direction](https://www.dhhs.vic.gov.au/coronavirus-stay-home-and-restricted-activities-directions-faq) at <https://www.dhhs.vic.gov.au/coronavirus-stay-home-and-restricted-activities-directions-faq> issued by the Chief Health Officer. The following should be adopted:

- ensure clients remain in their homes unless one the specified exemptions applies:
 - to obtain necessary goods or services
 - to access medical services
 - to attend work or education that cannot be done remotely
 - for exercise
- reconfigure seating arrangements in shared areas to be at least 1.5m between seating and adhere to the rule of 1 person for every 4 square metres to ensure a safe physical distance
- reschedule all face to face interactions (meetings/assessments/case conferencing) to telephone contact or other digital messaging forums instead of face-to-face
- if face to face contact is unavoidable:
 - people must keep a minimum of 1.5 metres distance from each other (if this is difficult due to provision of personal care to clients, follow the advice below in relation to when PPE should be used)
 - telephone ahead to ensure that the client and their immediate contacts are well
 - require all attendees to wash their hands upon entering
 - make available hand sanitiser and tissues
 - it should be limited to no more than 15 minutes.

Advice about transmission reduction in a number of settings can be found at:

<https://www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures>

The Australian Government has also developed a fact sheet about social distancing:

https://www.health.gov.au/sites/default/files/documents/2020/03/coronavirus-covid-19-information-on-social-distancing_0.pdf

Infection Control and use of Personal Protective Equipment

Measures to prevent COVID-19 deploy the same infection prevention control strategies used to prevent the spread of other respiratory viruses like influenza. Preventive measures should be undertaken now to minimise risk of exposure.

Staff should be provided with information about infection control and appropriate equipment to enable effective infection control and hygiene practice.

Staff identified as requiring self-isolation need to remain away from the workplace for the required period.

There are hygiene practices that should be applied in all services. These include the use of hand hygiene products and suitable waste receptacles with frequent cleaning and waste disposal. The following options should be considered:

- reschedule client meetings/assessments/case conferencing to telephone contact or other digital messaging forums instead of face-to-face appointments
- schedule or roster client access to shared common areas
- reconfigure seating arrangements in shared areas, or common areas with at least 1.5 metres between seating
- limit people being in enclosed spaces (e.g. meeting rooms) with others to less than 2-hour durations
- phone ahead of home visits to ensure that the client and their immediate contacts are well
- only attending home visits if essential and implement physical distancing and hygiene practices outlined above.

Employees have a duty to take reasonable care for their own health and safety and to not adversely affect the health and safety of others. Employees should be reminded to always practice good hygiene and take other measures to protect themselves and others against infection. This includes:

- washing their hands often, with soap and water, or carrying hand sanitiser (where permitted) and using it as needed.
- practice good respiratory hygiene:
 - Cover your mouth and nose with a tissue when coughing or sneezing.
 - Cough into your elbow.
 - Dispose of tissues.
- wash your hands with soap afterwards
- seeing a health care professional if they start to feel unwell.
- if unwell, avoiding contact with others (including shaking hands or other touching).

Further information can be found at <https://www.worksafe.vic.gov.au/safety-alerts/exposure-coronavirus-workplaces>.

Promotional material about hygiene and preventative actions including printable resources are available at: <https://www.dhhs.vic.gov.au/promotional-material-coronavirus-disease-covid-19>

Personal Protective Equipment

Standard precautions

If clients are healthy and well, there is no need to use any additional PPE other than would be required for routine service delivery.

Transmission-based precautions

If the client is a suspected or confirmed case (case definitions available at <https://www2.health.vic.gov.au/about/news-and-events/healthalerts/2019-Coronavirus-disease--COVID-19> and a self-assessment tool at <https://www.dhhs.vic.gov.au/coronavirus-self-assessment>) then providers should follow the following steps, principles and rules.

Hand hygiene supplies:

- If appropriate in the setting, put alcohol-based hand sanitizer with >60% alcohol in every resident room (ideally both inside and outside of the room) and other resident care and common areas (for example, dining area). If this is not a safe option, provide small bottles to staff that they can carry.
- Make sure that sinks are well-stocked with soap and paper towels for handwashing.

Use of PPE:

The department has developed guidance on the use of PPE in community services, including disability services:

<https://www.dhhs.vic.gov.au/information-community-services-coronavirus-disease-covid-19>.

- Staff should be trained and deemed proficient in donning and doffing PPE before an outbreak occurs. Posters for how to put on and take off PPE can be found on the department's website <<https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>>.
- Always perform hand hygiene before putting on PPE and immediately after removal of PPE.
- Wear a surgical face mask and disposable gloves when you are in the same room as the person with confirmed or suspected infection.
- Staff must wear gloves, gown or apron, single-use surgical mask and eye protection when it is anticipated that there may be contact with a resident's blood or body fluids, mucous membranes, non-intact skin or other potentially infectious material or equipment.
- PPE should be removed in a manner that prevents contamination of the workers clothing, hands and the environment. PPE should be immediately discarded into clinical waste bins. Follow the PPE removal poster for how to remove PPE.

Respiratory hygiene and cough etiquette:

- Make tissues and single-use surgical masks available for symptomatic residents (should they be required to leave their room) and that there are rubbish bins by every door.
- Consider designating staff to steward those supplies and encourage appropriate use by residents, visitors, and staff.

Information for caregivers and household members of a confirmed case of novel coronavirus is available at

<https://www.dhhs.vic.gov.au/novel-coronavirus-confirmed-case-what-you-need-know>

Posters outlining the procedures for the above are available on the [department's website](#)

<<https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>>.

Access to PPE

Disability providers funded under the National Disability Insurance Agency (NDIA) have access to the National Medical Stockpile and should request PPE through this in the first instance:

<https://www.ndiscommission.gov.au/sites/default/files/documents/2020-03/fact-sheet-covid-19-provider-information-about-ppe.pdf>

Disability providers funded by DHHS and NDIS can request PPE via the department's centrally managed inbox:

CSPPE@dhhs.vic.gov.au.

Requests for PPE received by the department will give priority to facilities, programs and carers where there has been a confirmed case of COVID-19. Demand for PPE is very high; therefore providers are encouraged to source PPE independently if they can, prior to requesting stock from the department.

Further information on how to request PPE is provided on the Funded Agency Channel:

<https://fac.dhhs.vic.gov.au/news/requests-personal-protective-equipment>

Cleaning

Routine cleaning and disinfection

Workplaces, services delivery settings and residential facilities should routinely (at least daily) clean frequently touched surfaces (for example, tabletops, door handles, light switches, desks, toilets, taps, TV remotes, kitchen surfaces and cupboard handles). Also, clean surfaces and fittings when visibly soiled and immediately after any spillage. Where available, a disinfectant may be used following thorough cleaning.

For suspect and confirmed cases of COVID-19

There are additional cleaning requirements, including for linen, crockery and utensils where there is a suspected or confirmed case of COVID-19. Service providers should refer to <https://www.dhhs.vic.gov.au/cleaning-and-disinfecting-reduce-covid-19-transmission> for guidance.

People with pre-existing medical conditions

It should be noted that older people and people with pre-existing medical conditions such as heart and lung disease or a weakened immune system are more at risk of experiencing severe symptoms if they contract the coronavirus. Prevention practices and more frequent monitoring will be required to enable early detection of symptoms.

Transporting clients

Services should consider the necessity of transport and avoid where possible. If transport is required, the client should sit in the rear passenger seat as far from the driver as possible. The driver should be a worker that has already had contact with the client (that is, not expose a new contact). If a client, staff member or carer requires emergency medical treatment, an ambulance should be called.

Stage 3: Peak Action stage

If the scale and severity of COVID-19 worsens, the department may advise community service providers to implement Stage 3 measures.

This document will be updated with guidelines as they become available. In addition to the steps outlined in Stage 1 and Stage 2, focus on:

- ensuring regular communication and information sharing
- workforce safety and business continuity
- managing surge on service due to demand led by pandemic events
- client and carer safety and wellbeing procedures

In Stage 3 there are likely to be significant disruptions to society and challenges to social cohesion. Social distancing may have wide-ranging effects on business, the economy and public sentiment. Vulnerable community members may be significantly impacted by the effects of COVID-19 and the community's various responses to it.

Modifications to disability service delivery

Service providers should consider mitigation strategies in the context of each method of service delivery. Some considerations may include:

<p>Residential services in group homes and short-term accommodation</p>	<ul style="list-style-type: none"> • Require all residents and staff to wash hands upon entering the building • Provide adequate supplies for good hygiene, including easy access to clean and functional handwashing facilities including soap, paper towels, and alcohol-based hand sanitizer • Increase the frequency of health monitoring such as taking temperature • Limit visitors to the house, screen necessary visitors. See the Care Facilities Direction issued by the Chief Health Officer https://www.dhhs.vic.gov.au/sites/default/files/documents/202004/Direction%20-%20Care%20Facilities%20%28signed%29.pdf • Reduce any activities where social distance cannot be implemented, that is where 1.5 metres between people or 1 person per 4 square metres cannot be maintained. • Implement physical distancing at mealtimes and communal areas. • Implement a more frequent cleaning schedule and routinely clean and disinfect all frequently touched surfaces and objects, such as doorknobs, bannisters, countertops, taps, keyboards and phones • Implement plans for the care of residents who are vulnerable due to age or health status, prepared in conjunction with their family and medical practitioner.
<p>Social and community participation including group-based activities</p>	<ul style="list-style-type: none"> • Do not undertake any non-essential activities where physical distancing to maintain 1.5 metres between people or 1 person per 4 square metres cannot be implemented. • Note advice regarding non-essential travel.
<p>Home-based services</p>	<ul style="list-style-type: none"> • For any essential home visits, clients should be contacted prior to visiting to screen in relation to their health (whether they or anyone in their household has a confirmed case of COVID-19 or is unwell) and travel status (whether they or anyone in their household has travelled outside Australia in the last 14 day) • Provide information on Coronavirus and prevention – including hygiene, frequent hand washing.
<p>Office based service delivery</p>	<ul style="list-style-type: none"> • Screen clients in relation to current health (whether they are anyone in their household has a confirmed case of COVID-19 or is unwell) and travel status (whether they have travelled outside Australia in the last 14 days) by telephone before they attend the service if this is possible • Require all attendees at the service to wash their hands upon entering the service • Make available hand sanitiser and tissues • Where possible use alternative modes of contact (i.e. phone or email) to reduce person-to-person contact • Reduce periods of face-to-face contact where possible • Implement 1.5 metres space between people

All Facilities

Service providers must have plans for dealing with the need to quarantine clients or staff and should:

- Educate and emphasise the importance of the everyday personal prevention actions and encourage and support your staff to stay home when they are sick
- Provide adequate supplies for good hygiene, including easy access to clean and functional handwashing facilities, soap, paper towels, and alcohol-based hand sanitizer (where available)
- Minimize, where possible, close contact and the sharing of objects such as cups, food, and drinks
- Routinely clean and disinfect all frequently touched surfaces and objects, such as doorknobs, bannisters, countertops, taps, and phones
- Provide clients in residential settings and staff providing services in these settings with accurate, up to date information about novel coronavirus and steps they can take to protect themselves and their families
- Provide health messages and materials developed by the department, including in accessible formats: <https://www.dhhs.vic.gov.au/promotional-material-coronavirus-disease-covid-19>

Disability group homes and residential services

Close contacts

Should a resident be identified as a close contact the resident and facility should follow the guidance available at <https://www.dhhs.vic.gov.au/novel-coronavirus-close-contact-what-you-need-know>

Care Facilities Direction

The [Care Facilities Directions](#) have been issued under the Public Health and Wellbeing Act 2008 (Vic) and make provision for restricting access to facilities where vulnerable Victorians live and receive care.

This will help protect elderly people, those with disability, people experiencing homelessness, and children and young people in secure welfare services from the spread of coronavirus (COVID-19). People who live in these care facilities are especially vulnerable to the transmission of coronavirus and may be critically at-risk if exposed.

What disability accommodation is covered

The direction covers disability residential services under the Disability Act 2006, including group homes, forensic disability justice accommodation services and the Disability Forensic Assessment and Treatment Service. The direction also covers Short Term Accommodation and Assistance dwellings and SDA enrolled properties where there is a residency agreement under Part 12A of the Residential Tenancies Act 1997.

The disability service provider or NDIS registered provider who provides services at the facility is responsible for ensuring the direction is implemented.

The direction applies to disability accommodation services due to the vulnerability of many residents. To minimise the potential exposure of residents to coronavirus (COVID-19), only essential services and visitors providing care and support to a resident (including family members, friends, professional services and advocacy) should be given access to the home with additional requirements. Please note this direction does not limit statutory bodies such as Community Visitors and the Disability Services Commissioner from visiting the property.

Please ensure residents, family members and staff are informed of the actions you are taking to implement these directions.

What this means for disability accommodation

Only residents, workers and some visitors can enter the disability accommodation. Residents will still receive the necessary supports and services they require to support them.

Workforce

Workers who can enter disability accommodation to provide support include direct employees or contractors (such as labour hire) of a disability service provider or registered NDIS provider, a person providing necessary goods or services or where a person is providing medical or pharmaceutical goods or services. Medical services include allied health services such as speech pathology or physiotherapy that are necessary for the person's health and wellbeing.

Workers can also enter disability accommodation to provide behaviour support services and support services. Behaviour support services include services to assess, plan or implement a person's behaviour support plan where these services cannot be provided remotely. Support services are additional services or supports provided to the person through the person's support plan that are provided in the disability accommodation. This may include additional support provided by another service provider. A worker also includes a person who attends the disability accommodation to provide treatment under a treatment plan.

Ensure staff have completed the coronavirus (COVID-19) [Infection Control Training](#), that trains staff on recognising the early signs and symptoms of coronavirus (COVID-19) in themselves, colleagues, residents and visitors.

Visitors

Visitors may only enter to provide:

- care and support
- for providing end of life support
- as a prospective resident or to accompany a prospective resident.

A resident may have only one care and support visit each day, including no more than two people and the visit must be for no longer than two hours.

Most disability accommodation facilities have limited space for ensuring appropriate social distancing between residents, house staff, other workers and visitors. Providers must balance the need for social distancing and delivery of essential supports with requests for care and support visits necessary for the person's well being. On this basis visits should be scheduled and adhere to [social distancing guidance](#). Visitors are required to practice social distancing, including maintaining a distance of 1.5 metres at all times.

All Victorians are subject to the [Stay at Home Directions](#). Where visits are not possible phone or video calls should be made available to all residents to enable more regular communication with family members and encourage family and friends to maintain contact with residents by phone and social media as appropriate.

Visitor Screening

Screening of all visitors to disability accommodation services must occur to identify people who may pose an infection risk to residents and who are excluded from entry. **Excluded persons** include:

- a person who has arrived in Australia from overseas in the preceding 14 days
- a person who has been in contact with a confirmed case of coronavirus (COVID-19) in the last 14 days
- a person with a temperature or symptoms of COVID-19

Assess if the individual attending the disability accommodation service is an excluded person. Ask the following questions of all visitors:

1. Have you travelled overseas 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 have a new illness, especially a fever, sore throat, cough, shortness of breath or other respiratory symptoms?

If the person answers **YES** to question 1 and/or question 2, the person should be in quarantine (self-isolation) and must not enter the home under any circumstances.

If a person answers **YES** to question 3 they are to be advised that they cannot enter the home and should seek medical assessment if they have not already done so.

Note: Registered NDIS providers should be aware of requirements to notify the Commissioner of certain changes and events: <https://www.ndiscommission.gov.au/providers/notice-changes-events/notification-covid-19>

Registered NDIS providers should also be aware of Commission's COVID-19 webpage which includes links to other information and updates for NDIS providers: <https://www.ndiscommission.gov.au/resources/coronavirus-covid-19-information>

Stay at Home Direction

On 30 March 2020, the Deputy Chief Health Officer issued a Stay at Home Direction for the Victorian community.

The direction and is available at

<https://www.dhhs.vic.gov.au/sites/default/files/documents/202003/Stay%20at%20Home%20Directions%20.pdf>

The directions require everyone in Victoria to limit their interactions with others by:

- Restricting the circumstances in which they may leave the premises where they ordinarily reside
- Placing restrictions on gatherings

The directions require people to stay at home except in specific circumstances such as obtaining necessary goods and services.

If a person is currently residing in a long term supported accommodation facility this is considered the place they ordinarily reside for the purpose of the Stay at Home direction. If a resident is away from their long term disability supported accommodation, for example staying with their family, the person and their family must immediately decide whether they will return to the long term supported accommodation facility until the Stay at Home direction is lifted.

If a person is in temporary accommodation, they should return to their usual place of residence or other safe accommodation options if possible.

Once a person moves from temporary accommodation to a safe option, this becomes the place they ordinarily reside for the purpose of the Stay at Home direction. If there is not another safe accommodation option, the respite accommodation provider is obliged to continue to offer the person accommodation for the duration of the Stay at Home direction.

People with disability are still bound by any requirements of the accommodation, and the agreement between the person and provider still stands. If a person breaches requirements, the provider may arrange other accommodation for them.

Organisations that provide bed based services to people with disability can continue to operate but must ensure there is appropriate physical distancing in place.

Supporting residents with suspected or confirmed COVID-19 infection in disability group homes

Scenario	Actions
Resident showing symptoms of COVID-19	<ul style="list-style-type: none"> • Use the COVID-19 self-assessment tool which is updated regularly https://www.dhhs.vic.gov.au/coronavirus-self-assessment • If the resident does not meet the criteria for coronavirus testing, continue to provide support implementing infection control practices and social distancing and any further directions provided by the treating doctor
Resident requires testing for COVID-19	<ul style="list-style-type: none"> • If the resident meets the criteria for COVID-19 testing, call the Coronavirus Hotline on 1800 675 398 to get advice on getting tested or call the resident's regular GP to decide • If a suspected case of COVID-19 is unwell enough to require ambulance transfer to hospital, call Triple Zero (000) in the normal manner but advise that the patient may have suspected COVID-19 infection
Resident has confirmed COVID-19	<ul style="list-style-type: none"> • Implement planned isolation* and enhanced infection control practices whilst maintaining care provision • Ensure staff interacting with the resident have PPE and there is appropriate waste disposal • Monitor status in line with the medical practitioner's treatment advice • Communicate with the resident's family and other people who have had contact with the person • Limit movement of staff across workplaces • Enhanced monitoring of the health status of other residents <p>* The need for isolation in these circumstances is not considered a restrictive practice and does not require authorisation by the Victorian Senior Practitioner.</p> <p>The following fact sheet provides information for confirmed COVID-19 cases.</p> <p>https://www.dhhs.vic.gov.au/novel-coronavirus-confirmed-case-what-you-need-know</p> <p>Notification of confirmed cases is made by medical practitioners and laboratories to the Department of Health and Human Services Communicable Diseases Section. For further information call the coronavirus hotline (Nurse-on-Call) on 1800 675 398.</p>

Supporting residents after the infection phase

Information is provided in the guidelines for health services about criteria for hospital discharge. This is subject to change and the most recent advice should be checked at: <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>

Resources

Important Telephone numbers:

Coronavirus hotline: 1800 675 398

Health or health advice: National Coronavirus helpline – 1800 020 080

All questions about relief assistance packages – Vic Emergency Hotline – 1800 226 226

All questions about reducing transmission including mass gatherings and physical distancing – DHHS hotline – OR visit [dhhs.vic.gov.au/coronavirus](https://www.dhhs.vic.gov.au/coronavirus)

Any other queries – National Coronavirus helpline – 1800 020 080

Chief Health Officer

[Follow the Chief Health Officer on Twitter](#)

Check the daily [Chief Health Officer updates and alerts on the department's website](#)

<<https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>>

National

National Disability Insurance Agency: <https://www.ndis.gov.au/understanding/ndis-and-other-government-services/ndis-and-disaster-response#coronavirus-information>

National Disability Insurance Scheme Quality and Safeguards Commission

<https://www.ndiscommission.gov.au/resources/coronavirus-covid-19-information>

<https://www.ndiscommission.gov.au/document/1976>

Smart Traveller website, Department of Foreign Affairs & Trade: <http://www.smartraveller.gov.au>

Australian health sector emergency report plan for novel coronavirus (COVID-19) guides the Australian health sector response: <https://www.health.gov.au/resources/publications/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19>

Australian Government Department of Health, Coronavirus (COVID-19) resources

<https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources>

Victorian

Victorian and national information on COVID-19 resources (includes links to other sites)

<https://www.dhhs.vic.gov.au/coronavirus>

Employers

WorkSafe Victoria, Preparing for a pandemic: a guide for employers

<https://www.worksafe.vic.gov.au/resources/preparing-pandemic-guide-employers>

Commonwealth of Australia, Emergency management for business <https://www.business.gov.au/Risk-management/Emergency-management>

WorkSafe Victoria, An alert about the risks associated with potential exposure to novel (new) coronavirus (2019-nCoV) in workplaces

<https://www.worksafe.vic.gov.au/safety-alerts/exposure-coronavirus-workplaces>

Australian Fair Work Ombudsman, Coronavirus and Australian workplace laws

<https://www.fairwork.gov.au/about-us/news-and-media-releases/website-news/coronavirus-and-australian-workplace-laws>

Education

Department of Education and Training, coronavirus advice

<https://education.vic.gov.au/about/department/Pages/coronavirus.aspx>

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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