Queensland Health

Acute Respiratory Infection: A Resource for Disability Accommodation Services

Version 1.3

DISABILITY ACCOMMODATION SERVICES CHECKLIST

The below actions are recommended to be followed by disability accommodation services to prepare for and manage cases of acute respiratory infection (ARI), including COVID-19 and influenza.

Prepare for Outbreaks

- Each disability accommodation service should have an Outbreak Management Plan. This should be activated when there is a confirmed outbreak or a single confirmed case of COVID-19 or influenza in a resident of a disability accommodation service while awaiting additional test results of other residents. Outbreak definitions are found in the supporting guidance section of this document.
- Disability accommodation service managers should liaise with their usual primary care contact in advance to encourage assessment of residents for suitability and eligibility of anti-viral treatment (influenza and COVID-19).
- This should include discussion on vaccination and anti-viral options with the resident and/or their substitute health decision maker. Ensure processes are in place to access anti-viral medication promptly for management of influenza or COVID-19, if required.
- All staff and residents are strongly recommended to be up-to-date with COVID-19 and Influenza vaccination. Further advice on COVID-19 vaccination for people with disability is available here.
- Ensure all staff have completed the COVID-19 Infection Control Training. This course takes approximately 30 minutes to complete and includes a certificate of completion.
- Disability accommodation services should have 48 hours of PPE on hand to respond immediately to cases of ARI. PPE should be purchased through usual supply chains. If shortages are being experienced, consider:
  - Engaging across the sector to obtain from another provider with supply.
  - Using the Queensland Government PPE Portal that matches suppliers with purchasers.
  - Request support from the NDIA through the Form 13A submission or by emailing provider.support@ndis.gov.au (if applicable).
  - NDIS Providers can also access the National Medical Stockpile by emailing NDISCOVIDPPE@health.gov.au.
  - Contacting other regulatory body (if applicable).

Identify Symptoms of ARI

- Regular screening of staff, visitors and residents to identify symptoms, including:
  - Recent onset of fever and/or new or worsening acute respiratory symptoms: cough, difficulty breathing, sore throat or runny nose.
  - Other symptoms may include headache, muscle ache, fatigue, nausea or vomiting, loss of smell or taste.
  - Residents with disability may have difficulty reporting symptoms or may demonstrate atypical symptoms such as confusion, changes in behavior or exacerbation of a chronic illness.
  - Residents should be screened for ARI symptoms at least daily. This can occur as a modification of their usual daily review.

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- A symptom checklist may be used for regular screening – there is no requirement to use this checklist or maintain a record.
- Symptoms of ARI in a staff member, visitor or resident should be promptly escalated to the disability accommodation service manager.

Managing the COVID-19 or Influenza Positive Resident in Place

- If the resident has mild symptoms, disability accommodation service providers are expected to continue providing care and should allow access to external service providers delivering essential services.
  - Staff and external service providers are to wear appropriate PPE when providing care for positive residents and symptomatic close contacts, including N95/P2 masks for confirmed or suspected COVID-19 cases.
  - Any staff providing care in the disability accommodation service to a COVID-19 or influenza positive resident should avoid working in other vulnerable facilities, where possible.
  - Non-essential supports and visitors to positive residents and symptomatic close contacts should be restricted.
- To access the right advice and healthcare for a COVID-19 positive resident, there are several options:
  - Call the National Coronavirus Helpline 24/7 on 1800 020 080 and select 5 for disability.
  - Engage directly with the resident's GP.
- If the resident is seriously unwell, they may be admitted to hospital for their care.
  - A list of concerning symptoms to watch for can be found here.
  - Support workers are not expected to make clinical decisions and should escalate concerns to a health professional or dial '000' for medical emergencies and tell them if the resident has COVID-19 or influenza

Review Resident Care Needs

- Review the resident profile, Person Centred Emergency COVID-19 Planning Tool, Julian's Key Passport, Comprehensive Health Assessment Plans or similar to identify the resident's specific health and disability care needs.
- Also consider reviewing the Positive Behavioural Support Plan as isolation/quarantine is likely to have significant impacts on the resident and their behaviours of concern. This will support clinical decision making should the resident be transferred to hospital.
- High risk residents in disability accommodation should consider having advanced care planning documents available and preferably stored in their 'My Health Record'. This should include their preferences for life-prolonging treatments and identify substitute decision makers where appropriate.

Isolate Staff and Residents with Symptoms of ARI

- **For a resident:**
  - Immediately isolate the resident in a single room with a private ensuite - where this is not possible, do what is within your capacity to minimise the risk of transmission and ensure infection control measures are in place. Isolation alternatives are outlined in the Supporting Guidance.
  - When COVID-19, influenza and other respiratory viruses are circulating in the community (for example, during winter months), it is recommended that the resident be tested for COVID-19, Influenza and other respiratory viruses by PCR to determine which virus is present. There will be cases where a PCR test is not possible.
    - In an established COVID-19 outbreak, a COVID-19 Rapid Antigen Test (RAT) can be used for testing.
    - Report a positive RAT result here. The laboratory will automatically report PCR tests

- **If the person is a staff member or visitor:**
  - Staff members and visitors should stay home when sick and not attend the disability accommodation service until they are fully recovered.
  - If the staff member or visitor is on site, ask them to leave the premises as soon as it is safe to do so and to isolate at their home. Ensure there is workforce coverage to maintain the safety of residents.
  - The staff member should be encouraged to have a COVID-19 RAT test and if negative to get tested for COVID-19, Influenza and a range of respiratory viruses by PCR.

Isolation and Case Management Advice

- Additional information on isolation requirements can be found here.

		COVID-19	Influenza	Other respiratory pathogens
Resident	**Case isolation**	Isolate **7 days** from the date of the positive COVID-19 result. Manage with **standard, contact, droplet and airborne precautions**. Case can cohort with other COVID-19 positive residents.	Isolate **5 days** from symptom onset or 72 hours after commencing antiviral treatment. Manage with **standard, contact and droplet precautions**. Case can cohort with other influenza positive residents.	Isolate while symptoms remain. Manage with **standard and droplet precautions** while symptomatic.
	Release from isolation	After **7 days** and fever and acute respiratory symptoms resolved.	After **5 days** and fever and acute respiratory symptoms resolved.	After fever and acute respiratory symptoms resolved.
Staff	**Return to work**	**7 days** after the date of the positive COVID-19 result, and fever and acute respiratory symptoms are resolved.	After **5 days** from symptom onset and fever and acute respiratory symptoms are resolved or 72 hours after commencing antiviral treatment.	Once symptoms resolve.
Visitor	**Visiting the facility**	Exclude from the facility for **14 days** from their test date, except under exceptional and compassionate circumstances, as per current Chief Health Officer Guidelines. Fever and acute respiratory symptoms must be resolved.	Exclude from facility for **5 days** from symptom onset. Fever and acute respiratory symptoms must be resolved.	Exclude while symptomatic.

Notify the NDIS Quality and Safeguards Commission or Other Regulatory Bodies

- Notify the NDIS Quality and Safeguards Commission if you provide services to NDIS participants and have a confirmed case of COVID-19 in your disability accommodation service.
  - Registered NDIS providers should submit Form 13A Notification of Event Form.

  - Registered NDIS providers must ensure they meet all requirements of registration and adhere to relevant legislation, rules and policies. Available here.
 - Unregistered providers can contact provider.support@ndis.gov.au.
- The NDIS Quality and Safeguards Commission will triage the notification and advise the NDIA if additional supports are required to ensure continuity of care. The NDIA are working with GenU and IPA to ensure continuity of care for NDIS participants.
  - The NDIS website is being updated regularly with information on temporary support measures to support the COVID-19 response.
- If you are not providing supports to an NDIS participant:
  - Residential Service Providers notify the Department of Communities, Housing and Digital Economy.
  - State run disability providers follow agency-specific escalation processes.
  - NIISQ providers contact NIISQ 0n 1300 607 566.
  - DSOA providers contact the Commonwealth Department of Health.

Identify COVID-19 Close Contacts

- Close contacts of COVID-19 cases are those that have used the same shared accommodation areas as a COVID-19 case during their infectious period.
  - Guidelines for Close Contacts can be found here.
  - All close contacts of a confirmed COVID-19 case should be tested for COVID-19 with RAT or PCR.

		COVID-19	Influenza	Other respiratory viral illness
Resident	**Contact management**	Symptomatic close contacts should be treated as suspected cases and isolated as per case management advice. Asymptomatic close contacts should be tested with RAT as soon as practicable and on day 6 of their close contact period. They should wear a mask wherever possible.	Residents who share a room or live in the same area of the facility as an Influenza case should be monitored for symptoms regularly. If symptoms develop, they should be isolated as per case management advice. **No testing is required for asymptomatic contacts of influenza.**	Residents who share a room or live in the same area of the facility as a case should be monitored for symptoms regularly. If symptoms develop, they should be isolated as per case management advice. **No testing is required for asymptomatic contacts of other respiratory viruses.**
Staff	**Return to work**	Symptomatic close contacts should be treated as suspected cases and isolated as per case management advice. Asymptomatic close contacts can return to work where they undertake a COVID-19 test and receive a negative result on	Staff who have been in contact with a case of influenza may return to work immediately if they remain symptom free. **No testing is required for asymptomatic contacts of influenza.**	Staff who have been in contact with another respiratory virus may return to work immediately if they remain symptom free. **No testing is required for asymptomatic**

		the day of their first shift and every second day thereafter until the close contact period is competed. All close contacts must let the workplace know they are a close contact before they return to work and comply with any additional requirements set by the workplace.		**contacts of other respiratory viruses.**
Visitor	**Visiting the facility**	Close contacts must not visit the facility, except under exceptional and compassionate circumstances, as per current Chief Health Officer Guidelines.	May attend facility if no symptoms.	May attend facility if no symptoms.

Personal Protective Equipment and Infection Control

- All residents with symptoms of ARI should be managed with **standard, contact, droplet and airborne precautions** until the respiratory virus is determined through testing. Following confirmation of the respiratory virus, manage according to Isolation and Case Management advice.
  - **Standard, Contact, droplet and airborne precautions** = gloves + gown + protective eye goggles or face shield + N95/P2 mask (fit tested)
  - **Standard + droplet precautions** = surgical mask + protective eye goggles or face shield (if there is potential for contact with bodily fluids, for example from a coughing person)
  - **Standard, Contact and droplet precautions** = gloves + gown + surgical mask + protective eye goggles or face shield (if there is potential for contact with bodily fluids, for example from a coughing person)
  - **Standard precautions** = appropriate hand hygiene, use of PPE where exposure to blood or bodily fluid is anticipated, cleaning and disinfection, respiratory hygiene and safe disposal of sharps.
- It is recommended that routine **hand hygiene** is performed:
  - before touching a resident
  - before performing a procedure
  - after a procedure has been completed or any exposure to bodily fluid has occurred
  - after touching a resident
  - after touching a resident's surroundings
  - Where hands are visibly soiled, hand hygiene should include washing with soap and water. Where hands are not visibly soiled, alcohol-based hand rub (containing 60%-80% ethanol or equivalent) is an alternative to washing with soap and water.
- It is recommended that **respiratory hygiene** occurs at all times, including:
  - Covering the nose/mouth with single-use tissues when coughing, sneezing or blowing the nose. Tissues should be used to contain respiratory secretions and disposed of after use.
  - Where tissues are unavailable, cough or sneeze into the inner elbow.
  - Practice hand hygiene after contact with respiratory secretions or any contaminated materials.
- Information on **waste management** can be found here and additional information on cleaning and infection is in the Supporting Guidance section of this document.

- Follow PPE Guidance in Residential Aged Care and Disability Accommodation Services.
- Guidance on Fit Testing can be found here. Where an individual has been unable to access fit testing, P2/N95 masks should be fit checked prior to use.

Communications

- Ensure residents, staff, families and other key stakeholders are kept up to date. Consider ways that you can disseminate information (e.g. website and/or social media) that will keep people informed and reduce incoming calls. For supporting resources, please visit the Department of Health or Queensland Health websites.
- Consider how staff will assist residents to remain connected (e.g. Facetime/Skype where these are available to residents). Ensure staff consider the individual communication needs of each resident while providing support.

Monitor State and Federal Guidance

- Public Health Directions issued by the Chief Health Officer for Queensland are available here.
- Department of Health COVID-19 health alerts can be accessed here.

Contact the Public Health Unit

- Disability accommodation services should contact their local PHU if they are unable to safely manage the outbreak independently and their regulatory body has not been able to assist. PHUs are able to provide advice on isolation requirements for COVID-19 cases. PHUs may also provide guidance on management of an outbreak with widespread transmission, an outbreak with prolonged time course or where both COVID-19 and Influenza cases have been identified within a facility.
- Where required, the Public Health Unit can liaise with the local hospital and health service to support outbreak response.
- If a facility is unable to resolve identified issues locally, the PHU can escalate to the Disability Rapid Response Group.

Supporting Guidance

ISOLATION ALTERNATIVES

- Unless a person requires medical care, they should isolate in their home, including at the disability accommodation service.
- Cohort residents with the same respiratory virus, if possible and use adequate signage to identify zones of infected residents. Allocate staff to minimise movement between zones.
- A resident with a respiratory virus should be isolated from other residents in a separate room with an ensuite, where feasible.
- Where it is not possible to isolate each resident with ARI in their own room with an ensuite, the following options can be considered, in order of preference. In all options meals should be taken in the resident's room.
    - Single room with exclusive use of a bathroom (multiple residents with the same respiratory virus could use the same bathroom).
    - Single room and the resident wears a mask to attend a shared bathroom. Specified periods for residents with the same respiratory virus to use the bathroom for showering purposes, ideally after other residents have finished in the bathroom. The shared disability accommodation provider should arrange for touch points (e.g. taps, basin), to be cleaned after use by the resident with the respiratory virus.
    - Shared room with other residents diagnosed with the same respiratory virus, using the same designated bathroom or shared bathroom. Consider that non infected well persons shower in the morning and residents infected with a respiratory virus shower later in the day. High touch points in the showers should be cleaned after use by the persons with a respiratory virus.
    - Where a resident is unable to comply with the direction to isolate, they should be moved to a wing or area of the accommodation where they will have no or limited contact with other residents. Efforts should be made to maintain physical distancing and limit the face-to-face interaction between residents with acute respiratory illness and other residents who do not have a respiratory illness.
    - As a priority, medically at-risk residents should be separated from any resident experiencing acute respiratory symptoms or any resident who has been identified as a COVID-19 close contact.

CLEANING AND DISINFECTION

- Cleaning and disinfection of environmental surfaces should be conducted with the assumption that COVID-19 or other respiratory viruses are, or may be, present in the environment at any time. In the event of an outbreak, standard household cleaning products are effective and a 'deep clean' is not required.
- It is recommended that previous standards of cleaning are increased to assist with outbreak prevention and management. The following cleaning principles should be adhered to in addition to existing cleaning protocols:
    - Once daily cleaning and disinfection with a standard household cleaning product is usually sufficient to remove virus that may be on surfaces. Please refer to Safe Work Australia for detailed advice on cleaning and disinfection (How to clean and disinfect your workplace - COVID-19 | Safe Work Australia (swa.gov.au)), which is summarised here:

    - Detergent means a surfactant that is designed to break up oil and grease with the use of water.
    - Disinfectant means product labelled as household disinfectant. For disinfection of hard surfaces, this means a product containing alcohol (≥ 70%), chlorine bleach, oxygen bleach, or wipes or sprays that contain quaternary ammonium compounds.
    - The Therapeutic Goods Administration publishes a list of disinfectants that are effective against COVID-19, some of which may be suitable for use on other surfaces.
  - Cleaning and disinfection must prioritise frequently used areas with extra attention to **high-touch point surfaces** and **shared equipment**, such as communal recreation equipment, door handles, light switches, toilets, taps and sinks.
- Other strategies to consider:
  - Reducing materials available for communal use
  - Where appropriate and feasible, engaging residents in cleaning of personal areas and shared equipment after use.

VENTILATION

The spread of respiratory viruses occurs via droplet and/or aerosol transmission, where tiny droplets are created by coughing, sneezing, talking and singing. These droplets can remain suspended in the air, where they can come into direct contact with another person's eyes, nose or mouth or be inhaled. The droplets can also settle on surfaces and be transferred to others through touch. The risk of aerosol transmission is increased in enclosed and crowded spaces where ventilation is inadequate. In addition to other preventative actions, improving indoor ventilation can reduce the likelihood of transmission of respiratory viruses.

There are several ways to improve ventilation in residential disability accommodation that may limit transmission of respiratory viruses:

Accessing outdoor air

- Where possible and safe, keep windows and doors open. Consider outdoor air temperature, humidity and air quality to determine the safety of opening windows.
- Use of fans to improve the flow of outdoor air from open doors and windows.
- Where possible and safe, utilise outdoor spaces for meals, activities and socialising. Ensure there is access to shaded areas and other sun-safe measures to improve the safety of outdoor spaces.

Heating, ventilation, and air conditioning (HVAC)

- Ensure that HVAC systems undergo regular maintenance in accordance with manufacturers' stipulations. Filters should be cleaned and changed as recommended.
- Set HVAC systems to minimise air recirculation. Where the HVAC system is designed to exclusively use air recirculation, utilise exhaust filtration to assist in removal of airborne virus (this can include use of high efficiency particulate air (HEPA) filters).
- Increase the total airflow out of the HVAC system. This improves air circulation and increases the frequency of air passing through the filtration system. The continuous airflow setting is better than demand-controlled or temperature-controlled airflow settings.

Exhaust fans

- Kitchens and restrooms may be fitted with exhaust ventilation systems. These should be inspected, maintained and used.
- Exhaust fans, where present, should be run continuously.

Air purifiers

- Air purifiers with HEPA filters may enhance the removal of COVID-19 virus aerosols. When used, air purifiers do not substitute for alternative ventilation strategies and should always be used as an adjunct.
- Air purifiers need to be regularly maintained and filters changed in accordance with the manufacturers' instructions.

Definitions

ARI - Recent onset of new or worsening acute respiratory symptoms: cough, breathing difficulty, sore throat, or runny nose/nasal congestion with or without other symptoms. This includes a range of infections cause by respiratory viruses, including (but not limited to) COVID-19, influenza and respiratory syncytial virus (RSV).

COVID-19 infectious period for a COVID-19 case is generally taken from:

- 48 hours prior to symptom onset (or prior to positive test if asymptomatic) until their release from isolation.

COVID-19 outbreak is defined as:

- Two or more residents of a residential care facility who have tested positive for COVID-19 within a 72-hour period; or

Influenza outbreak is defined as:

- Two or more residents test positive for influenza within a 72-hour period.

A respiratory illness outbreak is defined as:

- Three or more epidemiologically linked cases of acute respiratory infection, where influenza and COVID-19 have been excluded by laboratory testing, in residents or staff of the facility within 72 hours.

COVID-19 outbreak is declared over when:

- Source of infection and transmission understood within the facility, and there is no further risk of transmission; the PHU or outbreak management team should be involved in considering this.
- Generally this is when:
  - No further resident cases of COVID-19 have been identified within past 7 days from when the last case was effectively isolated; or
  - No further resident cases of influenza have occurred within 8 days following the onset of symptoms in the last resident influenza case.
- Where residents identified as a case or close contact are able to effectively isolate and there is no ongoing risk, the RCF can consider a staged return to business as usual.

Additional Resources

- CDNA Guideline: COVID-19 Outbreaks in Residential Care Facilities
- Resources to assist the management of a COVID-19 outbreak in disability accommodation:
  - Disability Accommodation and Residential Services Business Continuity Checklist: COVID-19 Outbreak Management and Preparation
  - Disability Surge Sector Workforce Framework – COVID-19 Outbreak Planning and Preparation
- Work permissions and restrictions framework for workers in health care settings | Australian Government Department of Health: Commonwealth resource to assist providers managing staff in settings that have been exposed to COVID-19.
- Guidance for transfer of residents of aged care facilities to hospital in the event of a COVID-19 outbreak: Although this applies to residential aged care settings, components of this guide may be helpful for disability accommodation.
- Guidance on PPE and fit testing
  - Queensland Health fit testing
  - NDIS Quality and Safeguards guidance on PPE
- Private companies may be able to assist with fit testing training and support, including but not limited to:
  - Book a Respirator Fit Testing | RPE Face Fit Testing | SureFit Services
  - Face Fit Testing Brisbane | Pro Safety and Training (prosafetytraining.com.au)
  - Home | Keys Human Resources Fit Testing Services
  - Find a Fit Tester » RESP-FIT (respfit.org.au)

Note: Queensland Health review and update resources as the COVID-19 response evolves and new information becomes available.