

Queensland Health COVID-19 Policy and Action Plan for Queenslanders with disability

2021



Interpreter service statement



The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding the COVID-19 Policy and Action Plan, you can contact us on (07) 3234 0111 or 13 QGOV (13 74 68) and we will arrange an interpreter to effectively communicate the Plan to you.

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Abbreviations

Name	Abbreviation
Culturally and linguistically diverse	CALD
Children's Health Queensland Hospital and Health Service (part of QH)	CHQ
Clinical Excellence Queensland (part of QH)	CEQ
Community Services Funding Branch (part of QH)	CSFB
COVID-19 Supply Chain Surety Division (part of QH)	CSCSD
Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships	DSDSATSIP
Department of Health	DOH
Department of Communities, Housing and Digital Economy	DCHDE
Healthcare Purchasing and System Performance Division (part of QH)	HP&SP
Hospital and Health Services (part of QH)	HHS
Lesbian, gay, bisexual, transgender and intersex	LGBTI
Mental Health Alcohol and Other Drugs Branch (part of QH)	MHAODB
National Disability Insurance Scheme	NDIS
Novel Coronavirus	COVID-19
Office of Chief Clinical Information Officer (part of CEQ)	OCCIO
Office of the Public Guardian	OPG
Office of Rural and Remote Health (part of QH)	ORRH
Personal Protective Equipment	PPE
Queensland Civil and Administrative Tribunal	QCAT
Queenslanders with Disability Network	QDN
Queensland Health	QH
Social Policy and Legislation Branch (part of QH)	SPLB

Purpose

The *Queensland Health COVID-19 Policy and Action Plan for Queenslanders with disability* (the Policy and Action Plan) outlines the mainstream health COVID-19 response to support Queenslanders with disability.

The Policy and Action Plan aims to ensure that the COVID-19 health response meets the specific needs of people with disability and minimises the risks to people with disability as a result of any unintended consequences of changes to public health messaging and changes in service delivery.

The Queensland Government is committed to upholding the United Nations Convention on the Rights of Persons with Disabilities. Under the Queensland *Disability Services Act 2006* and *Human Rights Act 2019* the Queensland Government is committed to ensuring that the fundamental rights of people with disability are recognised and upheld on the same basis as the rest of the community.

The Queensland Government is also committed to upholding the *Queensland Carers Charter* (Charter). Under the *Carers (Recognition) Act 2008*, the Queensland Government must be aware of and reflect the principles of the Charter when providing services to carers and the people they care for. The Charter stipulates that representative bodies must be consulted when strategic policy or planning decisions relevant to carers and the people they care for are made.

The Policy and Action Plan aligns with *All Abilities Queensland: opportunities for all - state disability plan 2017-2020*, by ensuring that COVID-19 health services are accessible and responsive to the needs of all Queenslanders, including Queenslanders with disability. The Policy and Action Plan will be implemented to achieve outcomes for all Queenslanders with disability, including First Nations people and people from culturally and linguistically diverse backgrounds.

Alignment with the National Plan

The Policy and Action Plan is closely aligned with the *Management and Operational Plan for People with Disability* (the National Plan) as part of the *Australian Health Sector Emergency Response for the Novel Coronavirus (COVID-19)*.

In line with the National Plan, the Policy and Action Plan seeks to ensure that health services provided in response to COVID-19:

- recognise that people with disability have an inherent right to life and its enjoyment on the same basis as others
- provide people with disability the same standard of health care as other persons
- provide people with disability access to health services as close to their own community as possible, including rural and remote areas

- promote dignity, autonomy, and respect for people with disability when receiving health care and that the provision of health care is free from bias or discrimination.

The Policy and Action Plan, like the National Plan, is a living document and will be updated to reflect new information and any changes in the national plan. New priorities and actions may be added as they emerge over the course of the pandemic. Activity under the Policy and Action Plan will complement work being undertaken at the national level, including through the National Disability Insurance Scheme (NDIS).



Introduction

Around **one in every five Queenslanders has a disability** (938,100 people).

A disability can encompass intellectual, cognitive, neurological, sensory, physical or psychosocial impairments.

People with disability are **diverse**, and their **unique and individual** needs and experiences should be recognised and responded to.

An estimated **306,400 Queenslanders** of all ages have a profound or severe disability¹. People with a profound or severe disability require assistance with everyday activities, including self-care, mobility, communication and self-management.

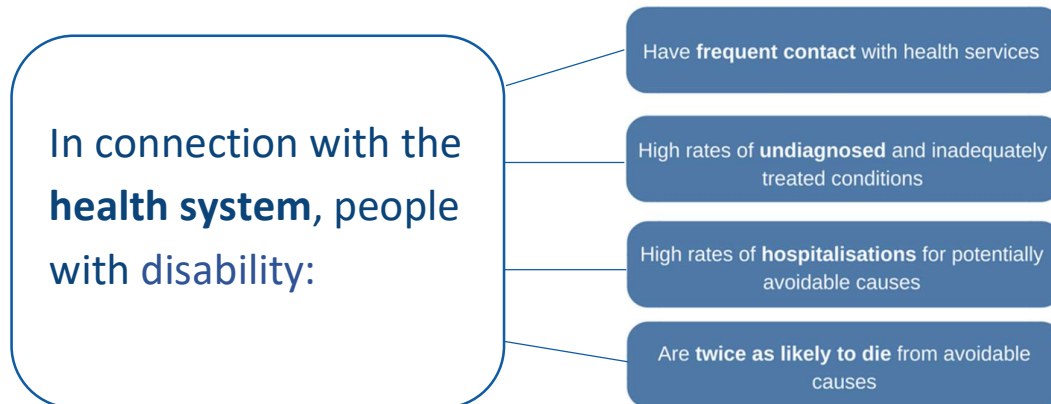
¹ Australian Bureau of Statistics (2018). Disability, Ageing and Carers, Australia: Queensland 2018. Tables 1.1, 2.1.
<https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4430.02018?OpenDocument>

About **92,000** Queenslanders are **NDIS participants**. Of these participants, around one in ten have a psychosocial disability².

Older age groups (over 60 years of age) have significantly higher proportions of people with disability.

Nationally, approximately **36% of Aboriginal and Torres Strait Islander people** have a disability. Aboriginal and Torres Strait Islander people are twice as likely as other Australians to have severe or profound disability³.

About **533,200 Queenslanders are carers**⁴.



COVID-19 context

On 11 March 2020, the World Health Organization officially declared the COVID-19 viral disease a pandemic. The COVID-19 pandemic was expected to place healthcare systems under enormous pressure, and it was identified that addressing the needs and risks to people with disability over this period would require careful planning and coordination.

People with disability were identified as more likely to be disproportionately impacted by the pandemic as they are more likely to be highly vulnerable to adverse outcomes associated with COVID-19, due to their complex and unique care needs⁵. Research from the United States indicates that intellectual disability is the second highest predictor of COVID-19 mortality, only after age⁶.

² [Queensland | NDIS](#)

³ Australian Institute of Health and Welfare (2015) *Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples:2015* quoted in Queensland Government Disability Statistics (2018).
<https://www.qld.gov.au/disability/community/disability-statistics#atsi>

⁴ Australian Bureau of Statistics (2018). Disability, Ageing and Carers, Australia: Queensland 2018. Table 29.1.
<https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4430.02018?OpenDocument>

⁵ https://www.ohchr.org/Documents/Issues/Disability/COVID-19_and_The_Rights_of_Persons_with_Disabilities.pdf

⁶ [The Devastating Impact of Covid-19 on Individuals with Intellectual Disabilities in the United States | Catalyst non-issue content \(nejm.org\)](#)

People with disability may have high rates of comorbid pre-existing health conditions. This makes people with disability more susceptible to contracting the virus and experiencing more severe symptoms upon infection, potentially leading to higher levels of fatality. Those with high support needs (multiple disabilities; intellectual disability; autism; acquired brain injury; cerebral palsy) and/or require use of immunosuppressant drugs (spinal cord injury; tetraplegia; Multiple Sclerosis; Rheumatoid Arthritis) are particularly vulnerable to complications.

People with disability may live in group residential settings such as hospitals, aged care, cared components of retirement villages, hostels and group homes, as well as other supported accommodation and they are over-represented in custodial settings. Group residential living has been identified by the Australian Government as a high-risk issue⁷.

People with disability face greater inequalities and discrimination in accessing healthcare. Barriers for persons with disability in accessing health facilities, services, information and advice are amplified during the pandemic. Selective medical guidelines and protocols, which may include unintentional bias against persons with disability, may contribute to discrimination in healthcare provision.

People with disability have increased exposure to social vulnerability factors. Examples of such factors and its impacts are explored below.

- Some people with disability have limited ability to undertake preventative measures and practise self-care, which may present significant barriers to implementing basic hygiene measures such as frequent hand washing and covering coughs and sneezes.
- Some people with disability have limited literacy or capacity for communication, or they experience a lack of accessible communication modes, leading to difficulty accessing essential COVID-19 information. This may result in increased reliance on third parties to support access to care.
- People with disability need to be able to access their regular medication and health and social services during a pandemic. Disruption to medications or supports can exacerbate illness and increase risk of exposure⁸.
- People with disability suffer higher rates of violence, neglect and abuse. This is likely to increase, as evidenced by the increased rates of domestic and family violence in the COVID-19 pandemic period.
- People with disability experience barriers with access to appropriate transport and housing. This is likely to be made more difficult during the pandemic.
- People with disability experience economic barriers and often struggle with inflexible working conditions, unemployment, and poverty. They may now experience greater difficulties in finances and in returning to work⁹.
- Some people with disability live in remote and isolated communities and may face significant social or geographic isolation during lockdown measures.

⁷ <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert#if-you-are-at-risk>

⁸ <https://www.nousgroup.com/insights/covid-19-vulnerabilities/>

⁹ <https://news.un.org/en/story/2020/05/1063242>

- For First Nations people, remoteness, overcrowding, lower socioeconomic status, difficulty in accessing healthcare and higher prevalence of health issues in the community can increase risk of illness.
- For people with disability from culturally and linguistically diverse backgrounds, lack of knowledge about risks, mistrust of health services, language and cultural barriers and lower healthcare-seeking behaviours can increase the risk of illness¹⁰.

These issues are further compounded for older people with disability as the impact of disability and rates of comorbid health conditions increase with age.

Issues for people with disability

In the COVID-19 context, particularly during periods of increased community transmission, people with disability face many of the same issues as the rest of the community, but they also are contending with a range of challenges specific to their experience.

Some issues that have arisen for people with disability are outlined below.

Disruptions to disability service provider operations: Many services have closed, including respite services, training programs and group-based support to join community, social or recreational activities. This contributes to social isolation and has detrimental impacts on people’s health and wellbeing.

PPE issues: Some people with disability have suffered fear and anxiety and some have refused access to support workers due to the perceived danger in allowing support workers into their homes without PPE. Some support workers who feel unsafe to work in close contact with people with disability without PPE have chosen not to work. This has contributed to disruptions in provision of services and support for people with disability. Lack of understanding around PPE requirements in disability settings and potential supply shortages have contributed to the fear and uncertainty felt by people with disability and by support workers.

Workforce planning issues: There have been concerns about a shortage of workers in the disability sector for a range of reasons, such as support workers feeling unsafe to work, a potential surge in infection of support workers and the sector being unable to attract replacement workers. This may lead to avoidable relinquishment of supports and hospitalisation.

Access to ongoing care: Healthcare professionals have noted that people with disability are accessing regular health services less frequently, resulting in people presenting to emergency departments when their symptoms have significantly worsened. This increases the risk of avoidable health complications such as infections.

COVID-19 testing: Testing has been a concern for people with disability, both in terms of understanding what it entails, ability to access testing and stress around the experience. Alternative testing approaches need to be readily available for people with disability where required.

¹⁰ <https://www.nousgroup.com/insights/covid-19-vulnerabilities/>

Mental health concerns: With people with disability feeling highly anxious and concerned about the risk of contracting COVID-19, and with restricted community access increasing social isolation for many, their mental health and wellbeing can suffer.

Technology issues: People with disability who lack reliable access to the internet or have technical problems with their devices are likely to experience further restrictions on their ability to meaningfully connect with other people, engage in work and training, and access essential information and services.

Areas of focus

To support the needs of people with disability over this period, while managing the impact of COVID-19 on the health system, Queensland Health will focus on actions across the three phases of the National Plan being:

- 1) Preparedness
- 2) Targeted action
- 3) Evaluation and stand down.

The Policy and Action Plan will focus on nine priorities that will address people with disability's need for appropriate and timely information, equitable access to COVID-19 healthcare and ongoing access to their regular non-COVID-19 healthcare and disability support services. High risk settings and situations will be addressed, including group residential settings and the discharge of vulnerable patients from hospital.

People with disability and their support networks will be included in the planning and implementation of the Policy and Action Plan, which will be inclusive of the needs of Queenslanders with disability in all their diversity, including First Nations people with disability and people from culturally and linguistically diverse backgrounds.

Governance

The development and implementation of effective actions to deliver on these outcomes will require informed and timely decision-making, together with effective coordination across Queensland Health, government agencies, disability sector peak bodies and other stakeholders, including the National Disability Insurance Agency (NDIA) and the NDIS Quality and Safeguards Commission, as the Commonwealth agencies responsible for NDIS participants and providers.

Effective governance is provided through the *COVID-19 Working Group – Disability support in the Queensland community* (Working Group) and the COVID-19 Residential Aged Care and Disability Services Clinical Advisory Group which has been established to provide implementation oversight of Queensland Health's policy and action plan for a mainstream health COVID-19 response to support people with disability. The Working Group will develop solutions to support the health and disability sectors to respond to the needs of Queenslanders with disability during the COVID-19 pandemic.

The Working Group membership is included in Appendix 1.

Roles and Responsibilities

There are many agencies, organisations and individuals that have a critical role to play in protecting the health of people with disability from COVID-19 infection. At the centre are people with disability and their support networks.

While many of the actions in the Policy and Action Plan are the responsibility of Queensland Health, a number of actions will require multi-agency approaches or actions by other government agencies, and the involvement or engagement of the disability sector, community-based health services and people with disability, their families and support networks.

The Department of Health will:

- coordinate implementation of the Policy and Action Plan in partnership with the Working Group and other stakeholders
- coordinate and communicate with other Queensland Government agencies, including the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (DSDSATSIP), other states and territories, the Commonwealth Government and the National Disability Insurance Agency (NDIA), to support effective communication and health service provision for people with disability in response to COVID-19
- prepare and disseminate information, guidelines, procedures and other resources to support this Policy and Action Plan
- support a Queensland communications plan specific to people with disability, in partnership with other stakeholders
- ensure that the COVID-19 health response meets the diverse needs of people with disability across Queensland and across different types of disability, including First Nations people with disability, people from culturally and linguistically diverse backgrounds and people living in rural and remote communities.

Hospital and Health Services will:

- support the implementation of the Policy and Action Plan
- engage with people with disability and their support networks, and local disability service providers in the development of local COVID-19 responses for people with disability.

Other government agencies, including DSDSATSIP, will:

- support Queensland Health in implementation of the Policy and Action Plan
- support faster NDIS access for patients by providing end-to-end case management of access requests
- engage extensively with people with disability, advocates and the disability sector to provide insight into the impacts of COVID-19
- work to resolve identified issues, including in collaboration with Queensland Health
- provide expert advice, information and resources and participate in governance mechanisms.

People with disability, their families, carers and support networks, disability support providers, peak bodies and other stakeholder groups will participate in the development and monitoring of the Policy and Action Plan and provide their expert insights and experience to support implementation and ensure it is meeting its objectives.

Review

The Policy and Action Plan will be reviewed to inform the ongoing response to COVID-19. Where appropriate, COVID-19 specific processes may be transitioned into improved business as usual arrangements regarding people with disability. Review processes will also identify successes and

learnings arising out of the implementation of the Policy and Action Plan to improve Queensland's preparedness for future pandemic outbreaks.

Given the constantly changing nature of the pandemic, it is expected that the review will be an iterative process where learnings are captured and implemented on an ongoing basis.