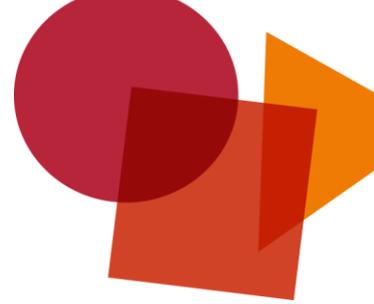


COVID-19 Preparedness and Response Plan

For Specialist Housing settings in Tasmania

Version No: 21-10-2020

We acknowledge and respect Tasmanian Aboriginal people as the traditional owners and ongoing custodians of the land on which we work and live, and pay respect to Elders past and present. For around 40 000 years, Aboriginal people have lived on lutruwita/Tasmania, within strong and resilient communities. We acknowledge that as we work to strengthen resilience against COVID-19 across Tasmania

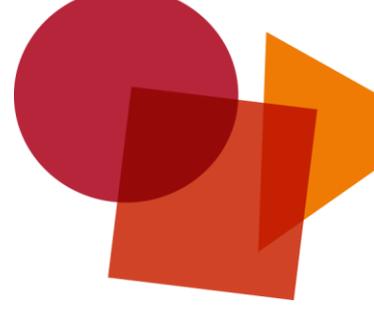


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Abbreviations

GP	General practitioner
PHS	Public Health Services
PPE	personal protective equipment



Introduction

This document provides information and advice to operators and staff of Specialist Housing settings in Tasmania to ensure they are prepared for, and can manage the impacts of, Coronavirus (COVID-19) on their business, their clients and their workforce.

Guidance in this plan is designed to be used alongside other available resources, including those from the [Commonwealth Department of Health](#) and the [Australian Government COVID-19 website](#).

This plan aligns with the directions issued under the [Public Health Act 1997](#) and should be read in conjunction with information available on the [Tasmanian Government Coronavirus \(COVID-19\) website](#).

This document will be updated on a regular basis. It is best accessed online, as printed copies may become out of date.

Providers of Specialist Housing in Tasmania must always act upon the most up-to-date COVID-19 information provided by:

- [The Tasmanian Government \(COVID-19\) website](#)
- The Tasmanian Public Health Hotline on 1800 671 738

Target Audience

The target audience of this document is for providers of Specialist Housing in Tasmania, including organisations that manage:

- Specialist Homelessness Accommodation (both crisis and transitional accommodation), including
 - shelters with or without communal facilities; and
 - stand-alone properties
- Supported Accommodation Facilities
- Youth Foyers

This document is not intended for the general public. Information for the general public is available on the [Tasmanian Government Coronavirus \(COVID-19\) website](#).

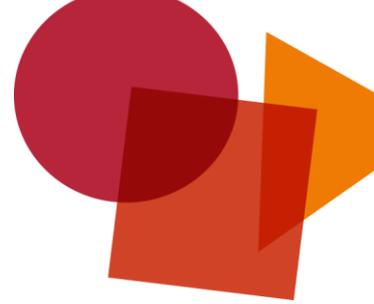
Signs and symptoms of COVID-19

The most common symptoms of COVID-19 are:

- fever (or signs of fever, for example chills, night sweats)
- acute respiratory infection (sore throat, shortness of breath, cough, runny nose with or without a fever)
- loss of smell or loss of taste
- tiredness or fatigue.



Any person who has a new respiratory symptom, however mild, should be tested for COVID-19.



Less common symptoms include headache, myalgia/arthralgia (muscle and joint aches and pains), stuffy nose, nausea, vomiting and diarrhoea.

Most people with COVID-19 experience a mild illness and recover. Some people develop potentially life-threatening complications, and some may die.

People at highest risk are those with other chronic illnesses and/or weakened immune systems.

Transmission

The virus that causes COVID-19 spreads through:

- close contact with an infectious person
- contact with droplets from an infected person's uncovered cough or sneeze (if you are within 1.5 metres or two large steps of an infected person)
- touching objects or surfaces (like doorknobs, sink taps and tables) that have cough or sneeze droplets from an infected person, and then touching your mouth, nose or eyes.

How are cases and outbreaks of COVID-19 controlled?

COVID-19 outbreak control is difficult and resource intensive. It can cause severe resource shortages in some settings because of the need to isolate confirmed cases and quarantine their close contacts for up to 14 days – and longer if they become unwell.

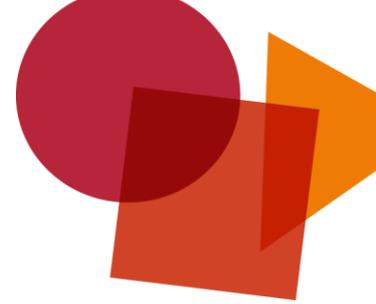
The [*COVID-19 Case and Outbreak Management Framework for Tasmanian Settings*](#) describes the many components of outbreak management and how they fit together.

Those components include:

- isolation and appropriate care of the person/people who have the virus
- rapid identification and quarantining of people who have had close contact with cases while they were infectious (able to spread the virus)
- rapid risk assessment
- timely and effective communication with people associated with the setting
- widespread testing within the community to identify further cases
- enhanced physical distancing, hand and respiratory hygiene and cleaning and disinfection within the affected setting
- tracking and analysis of the spread of illness and effectiveness of public health interventions
- coordination through a multi-agency outbreak management coordination team.



Public Health Services is the lead agency in the response to a COVID-19 case in Tasmania. PHS will advise you what to do if there is a case associated with your setting and will work with you to identify what you need to do to protect other people and resume normal activities safely.



COVID-19 in Specialist Housing Settings

Tasmanians who are homeless or at risk of homelessness are subject to the same restrictions as the general population in Tasmania. Providers should always consider the risk of exposure to COVID-19 against the risk to wellbeing that may result from the isolation of people who are homeless or at risk of homelessness. This cohort of people may have a higher incidence of co-morbidity, pre-existing health issues, including chronic conditions and weakened immune systems.

For this reason, the Australian Government has identified people who are homeless or at risk of homelessness in Specialist Housing settings as a vulnerable cohort during the COVID-19 pandemic.

Key factors to be considered regarding COVID-19 infection risk in Specialist Housing settings include:

- The high prevalence of chronic or other medical conditions can increase residents' and clients' risk of severe complications
- The difficulty some homeless people may experience adhering to physical distancing and other COVID-19 prevention or management measures due to support needs, comprehension, housing and/or health status
- Communal living and activity areas within a Specialist Housing setting may be conducive to the spread of respiratory illness.

A COVID-19 'outbreak' in a priority setting may be a **single confirmed case of COVID-19 in a resident, staff member or frequent attendee of that setting.**

Providers of Specialist Housing must prepare for and prevent COVID-19 in their settings, respond if there is a confirmed case or outbreak, and stand-down the response after the case/outbreak has resolved, then go back to preparedness and prevention activities in a cycle as shown in Figure 1.

Figure 1: Cycle of COVID-19 stages

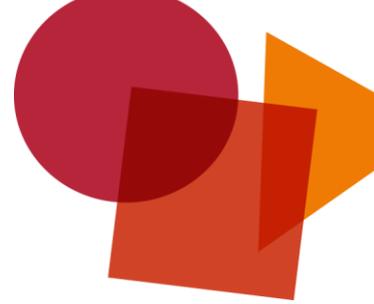


Appendix I shows a summary of key activities during these three stages.

COVID-19 Safety Plans

Work-related risk is managed under the [Work Health and Safety Act](#) and the code of practice [How to Manage Work Health and Safety Risks](#). These require workplaces to assess and manage risk so far as is reasonably practicable.

All workplaces are required to have a COVID-19 Safety Plan as part of the [COVID-19 Safe Workplaces Framework](#). Minimum Standards were introduced on 15 June 2020 requiring all businesses to have a Safety Plan.



Providers of Specialist Housing will need to do a risk assessment to decide which control measures are most suited to their operating environment. Providers will need to consider the risk levels associated with the spread of the virus at the time.

COVID-19 Safe Workplace Guidelines that provide more detail on how sectors and workplaces can meet the Minimum Standards for providers of Specialist Housing include [Other Residential Care Services](#) and [Social Assistance Services](#).

There are Public Health Orders in place that require workplaces to comply with many of the Minimum Standards.

Stage IA- Prevention

It is vital that you maintain and implement your COVID-19 Safety Plan to help prevent introduction and transmission of COVID-19 within your Specialist Housing setting. There are simple measures that will help.

Hygiene measures

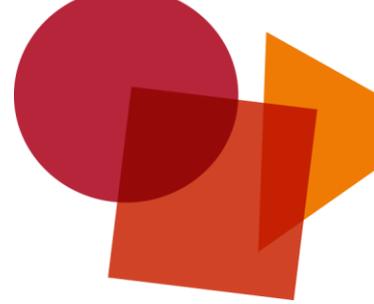
- Support and encourage hand and respiratory hygiene by residents, staff and visitors:
 - provide hand washing stations and alcohol-gel stations throughout the premises especially in communal areas
 - provide tissues and rubbish bins throughout the precinct/community
 - provide [signage](#) and education to staff, residents and visitors.
- Reminders about hygiene requirements should be made often to staff, residents, clients and visitors. Guidelines for best practice of hygiene measures can be found on the [Tasmanian Government Coronavirus \(COVID-19\) website](#).
- Support and encourage all residents and staff to stay at home if they are unwell and/or have any respiratory symptoms and get tested for COVID-19.

Physical distancing and PPE

- Support and encourage physical distancing.
- Stay up to date with the current restrictions on household visitors, gatherings and density limits, at: www.coronavirus.tas.gov.au/families-community/gatherings-density-and-physical-distancing
- Ensure communal spaces have clear signage on person density restrictions, for example 'No more than four people can safely gather in this space'.
- Ensure organised communal activities meet physical distancing guidelines.
- Workers who come into contact with residents do not need to wear masks or other personal protective equipment (PPE), unless the resident has symptoms, has been diagnosed with COVID-19 (ie is a confirmed case), or is identified as a close contact of a confirmed COVID-19 case.



Use of PPE is not recommended unless the resident has symptoms, has been diagnosed with COVID-19, or is identified as a close contact of a confirmed COVID-19 case.



Appendix 5 includes tables showing when PPE is required when caring for or having contact with residents.

Visitors

To reduce the risk of transmission, Specialist Housing providers are encouraged to implement the following measures for restricting visits and visitors where it is possible to do so.

- Consider requiring all visitors to sign in prior to visiting any individual in the setting and place signage at the entrance to advise of the process. Keep a record of visitors' full name, date, time, duration of visit, and contact details. This enables contact tracing should a case arrive within the precinct.
- Consider designating a single entrance point to the setting (where there are multiple entrances) to enable monitoring of visitors entering the setting.
- Limit the number of visitors in keeping with current physical distancing guidelines.
- Display signage and advise all visitors and staff to stay away from the setting while they are unwell and/or have any respiratory symptoms, even if mild. Visitors and staff must not enter the setting if they have symptoms of COVID-19.

Influenza vaccination

Influenza vaccinations are strongly promoted for both staff and residents/clients to reduce the concurrent burden of influenza in Specialist Housing settings, and the confusion regarding diagnosis/causes of outbreaks.

Influenza vaccination is the most effective way to protect against influenza, which can be very serious and cause hospitalisation and death, especially in those with chronic diseases. Some people are eligible for free influenza vaccine, including people aged 65 years and over and Aboriginal people aged 50 and over. Further information can be found here: www.coronavirus.tas.gov.au/keeping-yourself-safe/what-you-can-do/influenza-vaccination

It is **not** mandatory for residents, staff, or visitors in Specialist Housing settings to have the influenza vaccine. However, influenza vaccine for staff is highly recommended to protect yourself and your clients.

Routine Temperature Testing

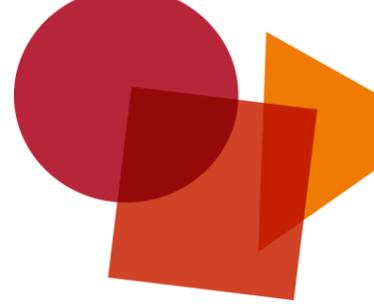
There is no requirement for providers of Specialist Housing to routinely take the temperature of their residents and / or clients, unless a person is showing symptoms of COVID-19 and / or a provider is advised to do so by health professionals.

Environmental cleaning

Cleaning and disinfecting frequently touched surfaces will help to slow the spread of COVID-19. Where possible, clean and disinfect high-touch surfaces at least twice daily within communal areas. Also clean surfaces and fittings immediately when visibly soiled and after any spillage.

Additional cleaning requirements should be prepared, e.g. liaise with contractors or hire extra cleaners as required. Ensure there are enough environmental cleaning supplies.

Common contact surfaces include:



- lift buttons
- door and cupboard handles
- handrails
- switches
- taps
- tables and chairs (including underneath)
- kitchen and food contact surfaces.

How to clean and disinfect

You need to clean *and* disinfect surfaces; both steps are essential. The first step is cleaning, which means wiping dirt and germs off a surface. You can use common household detergent products for cleaning, they are stocked at supermarkets.

Cleaning alone does not kill germs. The next step is to disinfect the surface. Disinfection means using chemicals to kill germs on surfaces. Again, supermarkets stock common household disinfection products – it is important to use products that are labelled ‘disinfectant’ and to follow the instructions on the label.

Consider keeping cleaning logs and make them visible in all relevant shared workplaces and publicly accessible areas, recording dates and times of each clean, the name of the cleaner, and the cleaning protocol including the frequency of cleaning and contact person.

Where environmental cleaning is a part of staff duties, it should be undertaken regularly as per advice provided by the [Commonwealth Department of Health](#).

Staff absenteeism

Staff members should stay home if they are unwell and/or have any respiratory symptoms, even if mild. Staff who have been advised to be in isolation or quarantine by Public Health Services (PHS) should also stay home until advised that they can return to work. Depending on the type of work they do and provided they are well, quarantined staff may want to discuss alternative arrangements such as working from home.



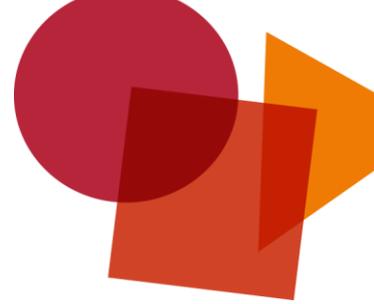
If staff remain well during quarantine and do not develop any symptoms of COVID-19 (even mild), they do not need clearance testing to return to work after completing quarantine, unless specifically requested by PHS.

Information and Signage

Information should be provided to residents and their families to raise their awareness of infection control policies (including isolation protocols), and to ensure they are aware of visitor restrictions and guidelines.

The provision of information for staff, residents and visitors must be easy to read and understand. This includes culturally appropriate messaging and accessible information around:

- COVID-19 and being able to recognise the symptoms



- Good hand hygiene
- Cough and sneeze etiquette
- Physical distancing
- Appropriate use of PPE.

Easy read resources, such as those produced by the [National Disability Insurance Agency \(NDIA\)](#) and [Council for Intellectual Disability](#) are available to residents and clients with a disability .

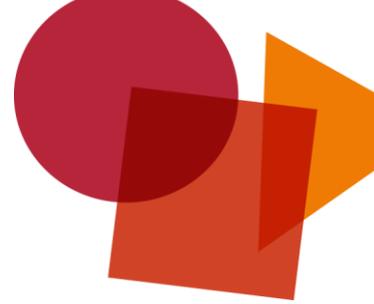
Stage 1B- Preparedness

Providers of Specialist Housing should ensure they are well prepared for COVID-19 cases and outbreaks. Being prepared for cases will help your organisation respond well and quickly within a vigorous multi-agency response, potentially save lives and minimise disruption to normal services and activities.

What you can do to prepare

The following steps are key in ensuring preparedness.

- I. Develop an **Outbreak Management Plan** for suspect or confirmed cases.
 - Providers of Specialist Housing should have an outbreak management plan that outlines the actions you will take if there is a suspected case or confirmed case of COVID-19 within your service.
 - A COVID-19 Outbreak Management Plan Template for Specialist Housing Settings is included at Appendix 2 to assist organisations to complete their site-specific plans.
 - Check that your plan includes:
 - who staff/residents should tell if they have symptoms of COVID-19 and are getting tested
 - how to ensure residents and staff getting a COVID-19 test are appropriately isolated while they are awaiting results
 - contact numbers for PHS that can be easily accessed if there is a confirmed case (Public Health Hotline 1800 671 738)
 - the person who will lead your response and be the main contact person for PHS and details of your internal outbreak response team, if you need one
 - how you will manage and support residents who are identified as confirmed cases or close contacts throughout their isolation/quarantine periods.



2. Develop an outbreak communication plan.

- In the event of a confirmed case, you will need to communicate clearly with staff, residents, and visitors. PHS will support this and assist with key messages that need to be communicated.
- You can prepare by developing a list of key stakeholders that you will need to communicate with, considering how you will communicate with each group, keeping an up-to-date contact list, and pre-preparing signage and letters/emails, that can be adapted with input from PHS.
- The Outbreak Management Plan Template at Appendix 2 includes a section for you to complete your communication plan.

3. Ensure staff are trained and educated about COVID-19.

Useful training resources are available that are applicable to Specialist Housing. These include:

- Use of PPE:
 - The Commonwealth Department of Health has produced a [Guide to personal protective equipment \(PPE\) for disability care providers and COVID-19 wearing personal protective equipment for disability support workers video](#).
- Droplet and Contact Precautions:
 - The Tasmanian Department of Health has produced [Transmission Based Precautions - A guide for healthcare workers](#).

4. Consider whether you need additional consumables such as cleaning supplies or PPE.

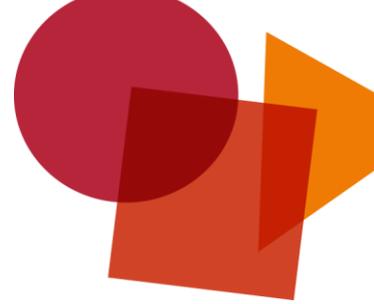
- The Tasmanian Government has contracted St John Ambulance to coordinate the supply of PPE to essential service providers unable to obtain their supplies through their normal supplier. Contact St John Ambulance on 1300 360 455 or ppe@stjohntas.org.au for assistance.
- The Department of State Growth has also set up a [Personal Protective Equipment Temporary Supply Register](#).

5. Develop workforce contingency plans for if your staff are isolated or quarantined due to COVID-19 and consider how you will maintain business continuity.

6. Ensure you have information that PHS may need in an outbreak.

- Prepare a map/plan of your facility.
- Ensure your resident and staff details are current and collated in an Excel spreadsheet, including correct names (ie not nicknames), date of birth and contact details.
- Collect and store information to support contact tracing if required. This includes information about who spends time in your premises (when and where) (for example visitor logs, staff rosters, attendance lists for communal events), and keeping frequent visitor contact information up to date.

7. Stay up to date. Monitor changes to COVID-19 guidelines and restrictions in Tasmania. See www.coronavirus.tas.gov.au/



A Checklist for Case and Outbreak Preparedness is included at Appendix 3 to help you with activities consistent with your Outbreak Management Plans

Testing for COVID-19

Early identification of COVID-19 cases and a rapid response is key to minimising transmission of COVID-19 to others and the broader community.

When should staff or residents get tested for COVID-19?

It is important to encourage any staff member or resident to get tested for COVID-19 if they have or have had any of the following symptoms in the past 7 days, even mild:

- fever (or signs of fever, including chills or night sweats)
- runny nose
- cough
- sore/itchy throat
- shortness of breath
- loss of taste or smell.

Unwell staff or residents should be assessed and clinically managed by their GP.

If they become very unwell or have difficulty breathing, call Triple Zero (000) and ask for an ambulance.

How to organise a test

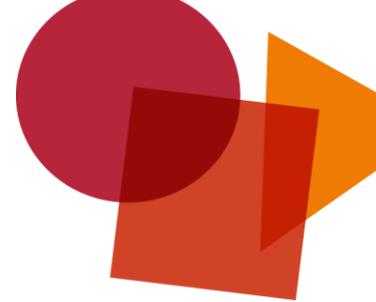
The Tasmanian Public Health Hotline (1800 671 738) should be contacted for advice on persons with respiratory illness and accessing testing.

Residents or staff should tell their GP or the testing centre that they live/work in a Specialist Housing priority setting.

After getting tested for COVID-19

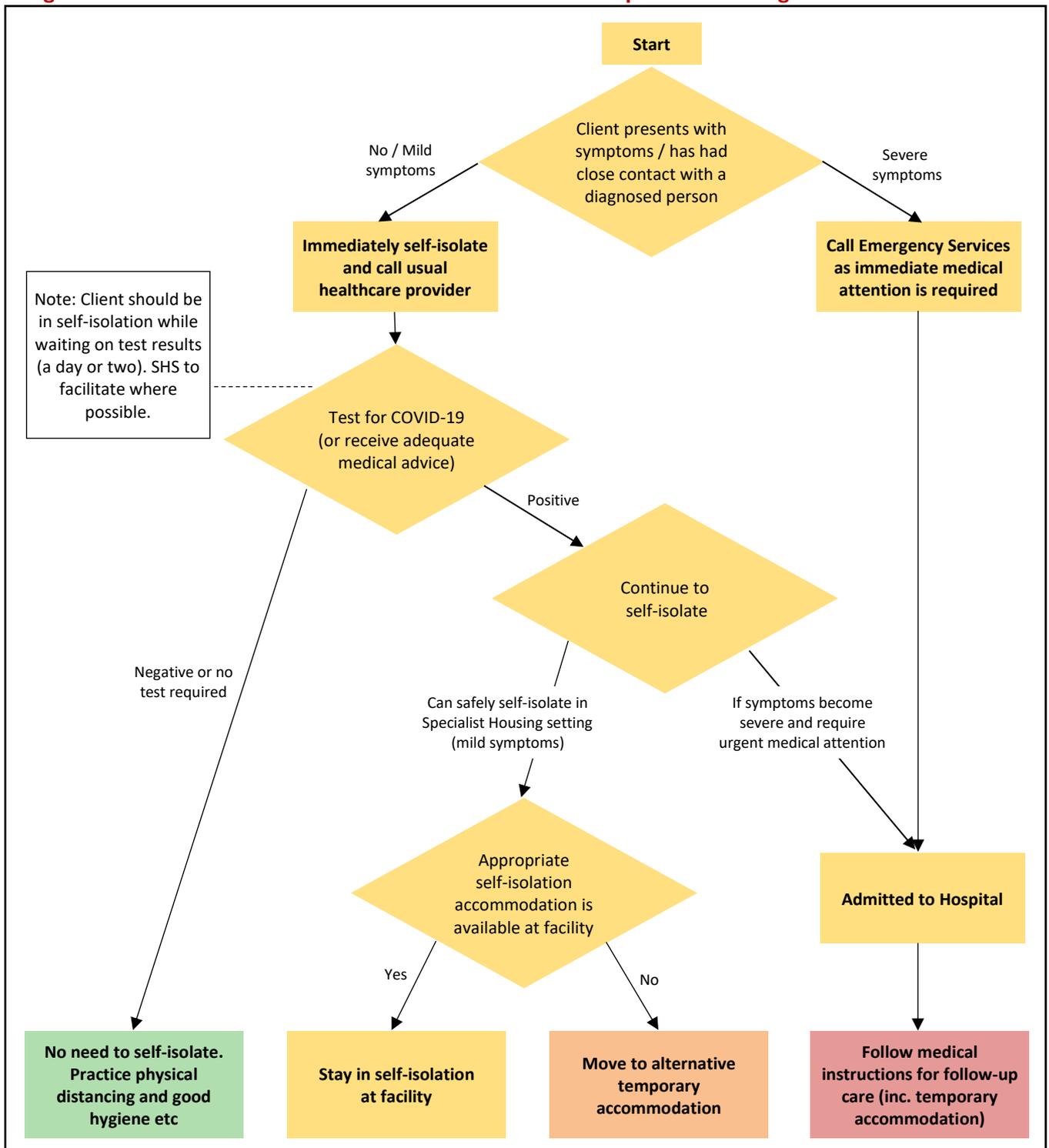
Residents

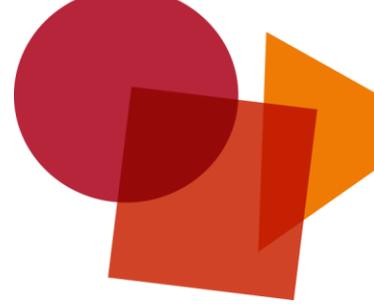
- Isolation advice should be followed as provided by the Public Health Hotline. This should be consistent with Figure 2: COVID-19 Isolation Decision Tree for Residents in Specialist Housing.
- All persons with respiratory illness should limit exposure to others while symptomatic, including other residents and staff.
 - As a priority, accommodate unwell residents with excessive cough and sputum production in single rooms, ensuring that supports can be delivered effectively and the residents have access to their own bathroom.
 - If residents must reside in the same room, cohort unwell residents together and ensure as many efforts are made as possible to physically separate well residents from unwell residents.
- Plan for continuation of services to the sick resident and other residents at the Specialist Housing setting. Situations will be determined on a case by case basis with direction from Public Health Services and clinical oversight.



- Where there are complex and intense support requirements, the continuation of supports in the resident’s usual settings is in their best interest, where it is safe to do so and subject to a medical assessment.
- Persons entering an isolation area need to protect themselves, including using PPE when having close contact. Please refer to Appendix 5 which shows when PPE is required when caring for or having contact with residents.

Figure 2: COVID-19 Isolation Decision Tree for Residents in Specialist Housing



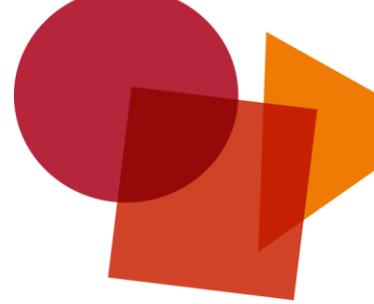


Staff members

Staff members must stay at home and self-isolate while waiting for COVID-19 results. They should not return to work until they no longer have symptoms (depending on the condition) and until the test result has come back as negative. Remind staff of their leave entitlements if they are sick and need to self-isolate.

Advice for staff in self-isolation:

- Do not leave your home or garden.
- Ask a friend or family member to assist if you need help with supplies or essential tasks outside your home. Supplies can be left at the door. If you don't have someone to help, you can call the Public Health Hotline on [1800 671 738](tel:1800671738) for support.
- Cover coughs and sneezes. If you don't have a tissue, use the inside of your elbow. Put used tissues in the rubbish straight away and wash your hands.
- If you share your home, consider if you or other members of your household can stay elsewhere, especially if they are elderly or have underlying medical conditions, including diagnosed conditions affecting their immunity. If this isn't possible:
 - stay at least 1.5 metres (two big steps) away from other household members. Wear a facemask if you need to be closer to household members.
 - sleep in a separate bed and use a separate bathroom if you can.
 - keep personal items (like towels, face washers and toothbrushes) separate.
 - do not share food or drinks.
 - stay away from shared spaces, like the kitchen (a shared garden is okay).
- Do not have visitors while in self-isolation, even if they are also in self-isolation or quarantine. Tell family, friends and neighbours not to visit. Consider putting a note on your door to let people know.
- Wash your hands often with soap and water (alcohol-based hand rub is OK if your hands do not look dirty). Viruses can survive for a short time on surfaces and spread through hand contact.
- It is recommended that Specialist Housing staff stay off work until they are symptom-free and have a post infection negative COVID-19 test result. Staff should remain alert to symptoms.
- Know when and how to seek further help.
 - If you get very sick or have trouble breathing, call Triple Zero ([000](tel:000)) for an ambulance. Tell them you may have COVID-19.
 - If you feel stressed or anxious while you wait for your results, talk with someone. Lifeline has set up a new service to help Tasmanians effected by COVID-19. Call [1800 984 434](tel:1800984434) from 8:00 am to 8:00 pm, seven days.



COVID-19 test results

It usually takes a day or two to get the result from a COVID-19 test.

If the result is negative, the person tested will get a text message or be phoned by their doctor. If the symptoms have stopped (and the person isn't in quarantine as a recent arrival to Tasmania or with a close contact with someone known to have COVID-19), they can then stop self-isolation. They still need to follow the rules in place for the whole community.

If the result is positive, PHS will contact the person tested and provide instructions on what to do.

If the person is a resident at a Specialist Housing setting, PHS will contact the Specialist Housing operator.

Stage 2- Response to a confirmed case

PHS response to a confirmed case

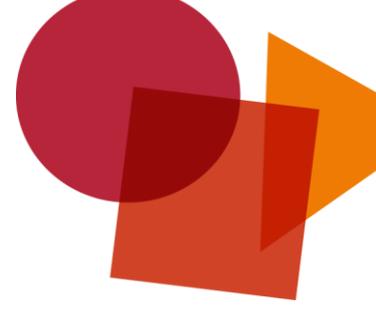
Laboratory-confirmed COVID-19 is a notifiable disease in Australia. PHS is notified by the laboratory of all positive tests and will initiate the response. If you become aware of a confirmed COVID-19 case within your Specialist Housing setting and you have not already been in contact with PHS, please call the Public Health Hotline on 1800 671 738.

PHS will:

- ensure that the case can be safely isolated and is getting the appropriate medical care. This may involve being transferred to hospital, but this is assessed on a case-by-case basis and is informed by the care needs and living arrangements of the case
- interview the case and identify who has been in close contact with them while they were infectious (contact tracing)
- instruct any identified close contacts of the case to quarantine for 14 days and get tested if they have any symptoms
- inform the Specialist Housing operator that a confirmed case has been identified on their premises
- support the operator in any communications to other residents, staff, and visitors
- advise if any further testing is recommended for other residents and staff
- set up an outbreak management co-ordination team if required, to help co-ordinate support across different agencies
- declare when an outbreak is over.

A close contact is any person who, without recommended PPE or with failure of PPE, has:

- face-to-face contact in any setting with a confirmed or probable case, for greater than 15 minutes cumulative over the course of a week, in the period extending from 48 hours before onset of symptoms in the confirmed or probable case
- shared a closed space with a confirmed or probable case for a prolonged period (more than two hours) in the period from 48 hours before the case's onset of symptoms.



Specialist Housing response to a confirmed case

A Checklist for Response to a Confirmed Case is included at Appendix 4 to assist you with outbreak management activities consistent with your Outbreak Management Plans.

If COVID-19 is diagnosed in a resident or staff member of your setting, PHS may ask you to:

- activate your outbreak management plan
- activate your internal outbreak response team to coordinate the response within your setting and provide to PHS the name and contact details of your preferred contact person/s
- support contact tracing, for example provide information about residents, staffing, visitors, or communal activities
- support risk assessment by providing information about your setting (for example site plan, outbreak management plan) and advising on risks specific to the setting
- communicate with your staff and residents that you have a confirmed COVID-19 case and what you need them to do, for example be vigilant for symptoms and get tested if required. PHS will support any communications. It is important to maintain confidentiality of residents and staff.
- protect others by displaying outbreak signage
- enhance infection prevention and control measures such as physical distancing, hand hygiene, and environmental cleaning
- restrict visitors and movement of residents within the premises, for example cease communal activities
- support the health and wellbeing of all residents and staff, including those isolating as a confirmed case or quarantining as a close contact, for example by facilitating access to healthcare, testing and essential items
- continue to provide essential services
- join the multiagency outbreak management coordination team when activated by PHS.



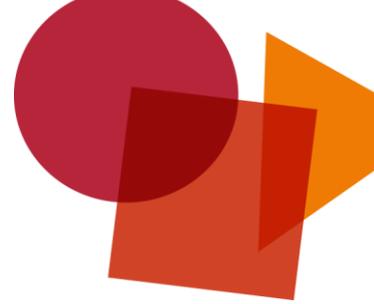
If the confirmed case is an employee, you may also need to notify WorkSafe Tasmania immediately. This is a legal requirement.



Please liaise with PHS before activating your communication plan.

Wellbeing of residents in isolation

- You should continue to facilitate social connection as much as possible and ensure residents' and staff mental health is supported. You can do this by encouraging and helping with video calls and activities.
- You must ensure you do not restrict the rights of vulnerable people by 'locking down' rooms or facilities without proper reason.



Approach to persons that develop an acute respiratory infection

If a resident requires ventilation, they must be hospitalised.

- If the resident is under Guardianship, notify guardian. With permission, also notify relatives or representatives of their condition if the person hasn't done so already.
- Provide clear communication to the hospital and retrieval services that the transport involves a case or suspected case of COVID-19. It should be noted that some cases will require accessible or specialised transport.
- On transfer to hospital, information about the person's contacts and preferences (e.g. individual plan) should be provided such as information about pre-existing health conditions and medications.

Isolation of residents in alternative temporary accommodation

Isolation advice should be followed as provided by the Public Health Hotline.

- If safe isolation of a sick resident is not feasible within your setting, alternative temporary accommodation will need to be considered under the guidance provided by the Public Health Hotline.

Alternative temporary accommodation may include:

- other specialist homelessness accommodation if available and appropriate; or
- a government-designated quarantine hotel.
- Information about quarantining in government-designated accommodation is available on the [Tasmanian Government Coronavirus \(COVID-19\) website](#).
- The following special conditions apply for residents of Specialist Housing if directed by Public Health to isolate in government-designated accommodation:
 - The quarantine fee will be waived.
 - Where there are support requirements for the client, the Statewide Mental Health Housing Outreach and Support Team (MHHOST) can provide mental health and wellbeing support as appropriate including mental health treatment, alcohol and drug services, and provision of medications whilst in isolation.

Referrals to MHHOST are made via: drmeg@moretongroup.com

Release from isolation

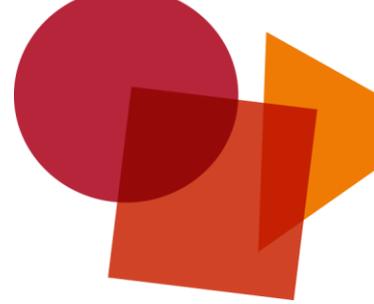
Residents and staff who are confirmed cases will be released from isolation by PHS in liaison with the treating clinician, when their symptoms have resolved and they are no longer considered infectious, as per the national guidelines.

PHS will provide instructions and a letter confirming that the resident or staff member can be released from isolation.

Staff can only return to work once they have been released from isolation.



Confirmed cases must remain isolated until they receive a letter from PHS confirming they can leave isolation and return to work.



Stage 3: Stand-down

PHS will declare when the outbreak is over. Key activities for your organisation will include:

- communicating that the outbreak is over with your residents, staff, visitors, and other key stakeholders
- removing outbreak signage
- standing down your outbreak response team
- debriefing with your staff and residents
- evaluating what went well and what could have gone better
- updating your plans to reflect lessons learned.

Governance

Liaison Persons for governance of the COVID-19 Preparedness and Response Plan for Specialist Housing Settings in Tasmania are:

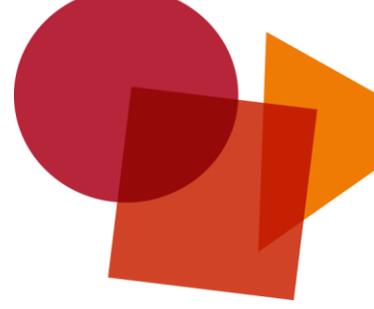
- Jessemy Stone – Director Housing Programs, Department of Communities Tasmania
- Carol Owens – Director Public Health Programs and Priorities, Department of Health.

The Liaison Persons will work collaboratively with key sector stakeholders for distribution of information to the Specialist Housing sector in Tasmania.

Key Resources

Important sources of COVID-19 resources are:

- [Australian Government Department of Health Coronavirus \(COVID-19\) webpage](#)
- [NDIS Coronavirus \(COVID-19\) Information and Support webpage](#)
- [NDIS Quality and Safeguards Commission Coronavirus \(COVID-19\) information webpage](#)
- [Tasmanian Government Coronavirus \(COVID-19\) website](#)
- [Tasmanian Department of Health's website](#)
- Tasmanian Public Health Hotline: 1800 671 738
- National Coronavirus Helpline: 1800 020 080
- Disability Information Helpline: 1800 643 787
- Referrals to Statewide Mental Health Housing Outreach and Support Team (MHHOST) are made via: drmeg@moretongroup.com

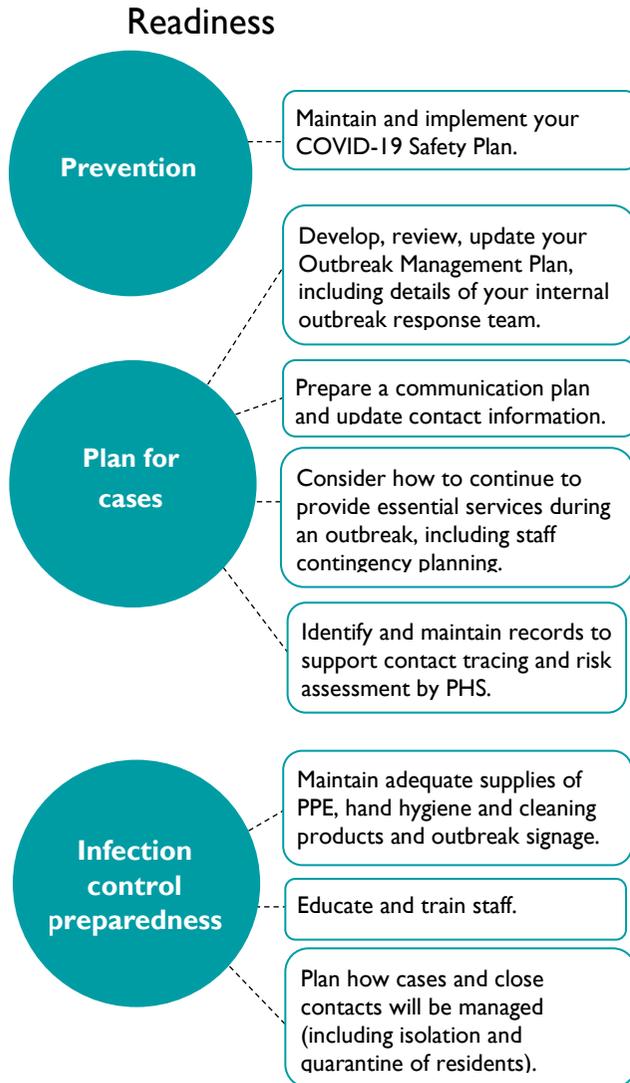


References

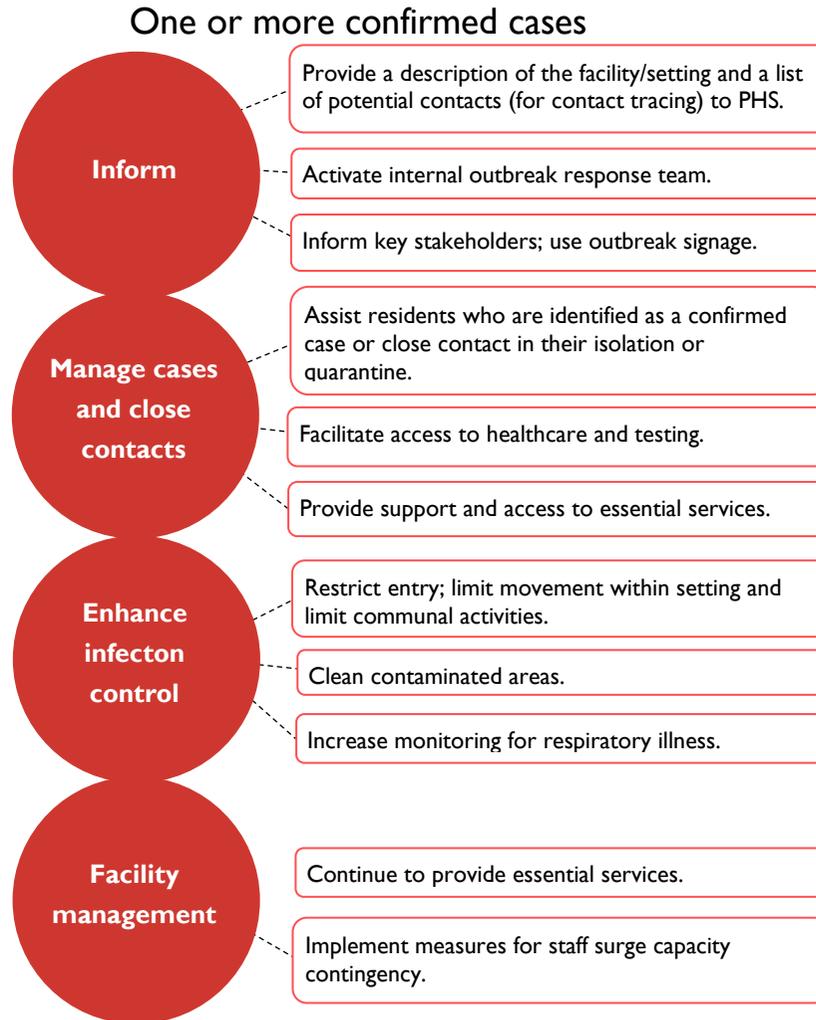
- [Work Health and Safety Act](#)
- [How to Manage Work Health and Safety Risks](#)
- [COVID-19 Safe Workplaces Framework](#)
- [Guide to personal protective equipment \(PPE\) for disability care providers and Coronavirus \(COVID-19\) wearing personal protective equipment for disability support workers video](#)
- [Coronavirus Disease 2019 \(COVID-19\) Outbreaks in Residential Care Facilities](#)
- [Coronavirus Disease 2019 \(COVID-19\) CDNA National Guidelines for Public Health Units](#)
- [Home Visits Risk Assessment Tool and Risk Minimisation Guidelines](#)

Appendix I: COVID-19 outbreak management – key activities for Specialist Housing settings

1. Prevent and Prepare

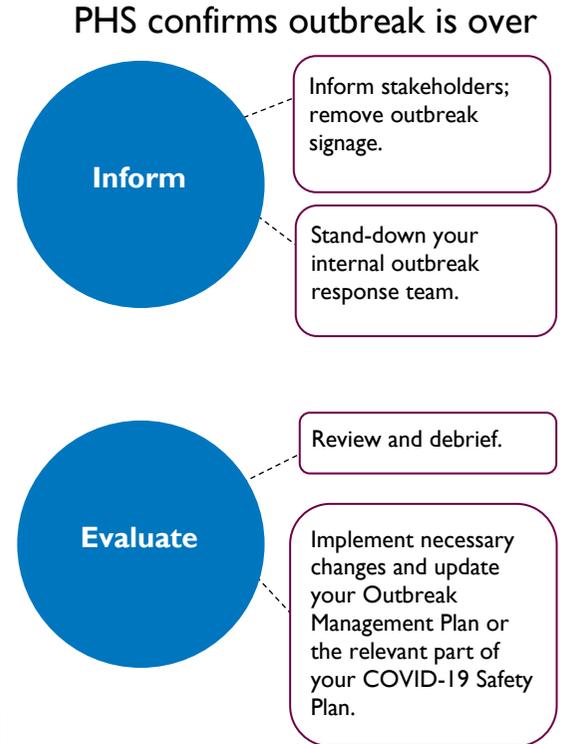


2. Respond

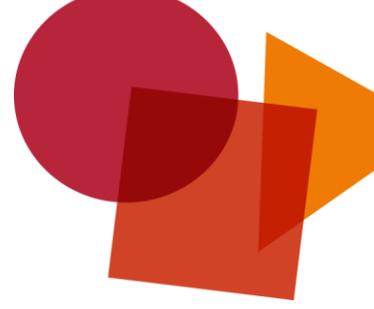


Join the outbreak management coordination team and implement further response measures as needed.

3. Stand-down

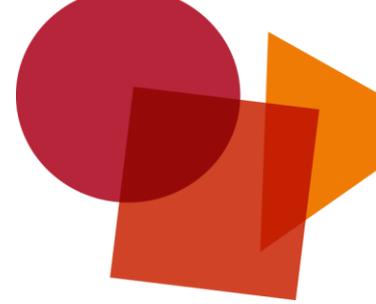


Resume Stage I activities



Appendix 2: COVID-19 Outbreak Management Plan Template for Specialist Housing Settings

The template is attached separately to this document and is available from the Liaison Person at Communities Tasmania identified in this document.



Appendix 3: Checklist for Case and Outbreak Preparedness

Planning

- Develop an Outbreak Management Plan (the Plan).

- Ensure all staff are aware of the Plan, including their roles and responsibilities.

- Name in the Plan an outbreak coordinator and/or outline the composition of the internal outbreak response team.

- Develop a system to ensure this Plan remains up to date, including version control and removing old versions from circulation.

Education and training

- Train staff in infection prevention and control, according to their likely roles and responsibilities during an outbreak affecting your setting.

- Train staff in tasks to help maintain essential services during an outbreak.

- (For residential facilities) Provide residents and their families/guardians with information about COVID-19 prevention and what to expect if an outbreak occurs.

Surveillance

- Review systems to ensure you can rapidly identify possible COVID-19 infections in staff, residents, and visitors (eg entry screening).

- Ensure staff know who to inform of possible COVID-19 infections within the facility.

Information and records

- Identify records that can be used to support rapid contact tracing (eg rosters, electronic access systems, visitor log) or establish new records as needed.

- Have a site plan and other facility information (eg size, layout, staff and resident numbers) ready to provide to Public Health Services to support their risk assessment early in the response.

Case and contact management

- Develop a plan to isolate confirmed cases if they are onsite (eg residents). Include how you will provide or facilitate access to support and essential supplies to the person during their isolation (eg facilitate access to healthcare and testing, provide food, cleaning and laundry services, maintain connectivity with family and friends).

- Develop a plan to quarantine close contacts of a confirmed case if they are onsite (eg residents). Include how you will provide or facilitate access to support and essential supplies to the person during their quarantine (eg facilitate access to healthcare and testing, provide food, cleaning and laundry services, maintain connectivity with family and friends).



Infection prevention and control

- Implement your COVID-19 Safety Plan.

- Plan how you will clean areas that the confirmed case used (eg desk, common areas) and how you will restrict access to those areas until cleaning is complete.

- Plan how you will increase monitoring for respiratory illness and facilitate access to testing in the event of a COVID-19 outbreak.

- Plan how you will limit the number of people onsite during an outbreak to reduce the risk of transmission within the facility and externally.

- Plan how you will limit movement of people within the facility during an outbreak (eg restrict movement across different areas, limit communal activities).

- Check you have adequate stock of PPE, hand hygiene and cleaning supplies, and outbreak signage, or a plan for rapidly accessing those supplies.

Staffing

- Develop a staffing contingency plan in case staff become sick or are identified as close contacts with a confirmed case and need to quarantine for 14 days. Use your own estimate of absenteeism or use 20-30%.

Communication

- Maintain a contact list for key stakeholders.

- Regularly update contact information for staff, residents, visitors, families and other key stakeholders.

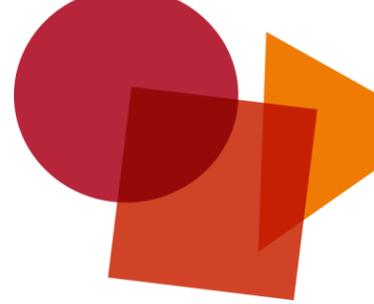
- Develop a plan detailing the communication activities to undertake in the event of an outbreak. Remember it is important to coordinate communications activities with Public Health Services and the outbreak management coordination team.

- Plan how you will manage a high volume of enquiries from stakeholders and the media in the event of an outbreak.

- Develop templates for key communications (eg letters to families of residents, telephone scripts).

Business continuity

- Ensure business continuity planning to support continuation of essential services/priority activities during an outbreak.



Appendix 4: Checklist for Response to a Confirmed Case

Please take these steps, in order, when informed of a case of COVID-19 within your setting.

-
- If the confirmed case is a resident, immediately **isolate** them from others, if safe to do so.
-
- If the confirmed case is not a resident (eg staff), they should **leave the facility** immediately and isolate at home.
-
- Determine who is the **outbreak coordinator** to lead your response and be the key liaison with Public Health Services (PHS).
-
- Provide to PHS a list of **potential contacts** and their contact information.
-
- Provide **information** to PHS, including:
 - facility description (location, business activities, number of staff/residents)
 - site plan
 - a copy of your COVID-19 Safety Plan and Outbreak Management Plan ('the Plan').
-
- Convene your internal **outbreak response team** as outlined in the Plan and arrange to meet regularly.
-
- In consultation with PHS, **implement enhanced infection control activities** outlined in the Plan (e.g. cleaning, restricted access and movement, monitoring for respiratory illness).
-
- If the confirmed case is a resident, **provide or facilitate access to support and essential supplies** as required. This includes arranging for urgent medical attention if needed.
-
- In consultation with PHS, release an initial **communication** to inform staff, residents, families and other key stakeholders of the situation. Be mindful of your privacy obligations.
-
- Implement measures to continue to provide **essential services** (eg residency, healthcare).
-
- If a resident is identified as close contact of the case, **quarantine** them and **provide support** as needed, referring to your Plan.
-
- Join the multi-agency **outbreak management coordination team**.
-

Public Health Services and the outbreak management coordination team may advise of extra activities required to control the outbreak/spread of the virus.

Appendix 5: Infection Prevention and Control Measures



Table I – Infection prevention and control measures for clients who are very unlikely to have COVID-19

For use when:	 Hand hygiene	 Gloves	 Surgical mask	 P2/N95 respirator	 Eye protection (safety glasses/goggles/ face shield)	 Disposable fluid repellent gown	 Plastic apron
Providing care that involves touching the client or contact with blood or bodily fluids eg dressing and showering.	✓	✓	Only if there is risk of splash to the carer's face from blood or bodily fluids.	✗	Only if there is risk of splash to the carer's eyes from blood or bodily fluids.	Only if there is risk of splash to the carer's body from blood or body fluids.	
Providing non-contact care or support.	✓	✗	✗	✗	✗	✗	

Table I relates to delivering care to someone who is **very unlikely to have Coronavirus (COVID-19)**, i.e.:

- Are **not** in quarantine
- Are **not** unwell
- Do **not** have symptoms
- Have **not** been diagnosed with Coronavirus (COVID-19), and
- Are **not** waiting for Coronavirus (COVID-19) test results

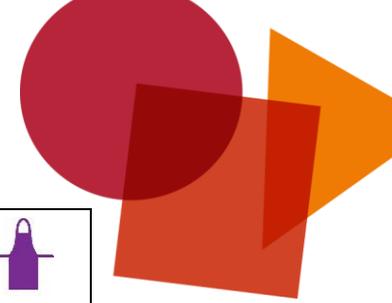


Table 2 - Infection prevention and control measures for clients who have risk factors for having COVID-19

For use when:	 Hand hygiene	 Gloves	 Surgical mask	 P2/N95 respirator	 Eye protection (safety glasses/ goggles/ face shield)	 Disposable fluid repellent gown	 Plastic apron
Providing care that involves touching the client or contact with blood or bodily fluids eg dressing and showering	✓	✓	✓	✗	✓	✓	✗
Providing non-contact care or support when 1.5 metres distance cannot be maintained or if visit is for longer than 2 hours	✓	✗	✓	✗	✗	✗	✗
Providing non-contact care or support when 1.5 metres distance can be maintained, and the visit is for less than 2 hours.	✓	✗	✗	✗	✗	✗	✗

Table 2 relates to delivering care to someone who **have or might have Coronavirus (COVID-19)**, i.e.:

- People in quarantine
- People who are sick with flu-like or respiratory symptoms – fever (or signs of fever, eg night sweats, chills), cough, sore throat or shortness of breath – who have not been tested for COVID-19
- People who are waiting for COVID-19 test results
- People who have tested positive to COVID-19 and not yet been released from isolation by the Public Health Service

Thank you to the Tasmanian Department of Health for permission reproduce Table 1 and 2.

Thank you to the Victorian Government Department of Health and Human Services for the permission to reproduce the purple icons in Table 1 and 2.



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