

Guidance for self-managing a COVID-19 outbreak in a South Australian residential disability service

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Who is this advice for?

This advice is for all South Australian residential disability services, providers and private operators who provide 24-hour care to clients in a residential disability service.

This includes:

- > supported independent living (SILs) residential facilities and/or specialised disability accommodation
- > supported residential facilities (SRFs)
- > group homes provided outside of the National Disability Insurance Scheme (NDIS)
- > other similar accommodation settings.

Due to the differences in residential disability care services, some parts of this document may not be directly applicable to your service. The underlying principles to reduce the spread of COVID-19 remain the same.

Some clients may be at higher risk of severe illness from acute respiratory illness, and it is important that residential disability service providers are aware of these risks. A person with a disability or medical condition that affects their lungs, heart, or immune system may be particularly vulnerable to acute respiratory infection. Additional measures to protect these individuals may be required.

A residential disability service with up to six residents can be considered and managed as a household. If the service chooses to manage as a household, clients should follow [SA Health's advice for cases and close contacts](#). However services with up to six residents may choose to follow the guidance in this document, particularly where residents are at [increased risk of severe illness](#).

Supporting documents

This document is to be read in conjunction with the following guidelines:

- > [CDNA National Guidelines for the Prevention and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia – The Disability Supplement](#)
- > [National Guidelines for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection \(including COVID-19 and Influenza\) in Residential Care Facilities](#).

Aboriginal health impact acknowledgement

Communicable Disease Control Branch (CDCB) adheres to the delivery of culturally respectful and safe engagement with the intention of positive health outcomes for South Australians who identify as Aboriginal and Torres Strait Islander, as outlined in the SA Health COVID Operations Aboriginal health impact acknowledgement.

CDCB strives to address the inequities seen within health systems in South Australia and recognises the impact these operations may have on Aboriginal and Torres Strait Islander Peoples. This impact, in all regards, aims to be of benefit to Aboriginal and Torres Strait Islander Peoples, aiming to improve the health outcomes of both individuals and the wider community.

CDCB continues to engage with Aboriginal and Torres Strait Islander stakeholders as well as individuals who identify as Aboriginal and Torres Strait Islander. This collaborative partnership in self-determination of people and community, in choices pertaining to positive health outcomes, is strengthened by ongoing shared decision making. CDCB values this ongoing connection with Department of Health and Wellbeing

(DHW) Aboriginal Health Branch, local governments, Aboriginal community councils, health services, and non-government organisations (NGOs) throughout the response to COVID-19.

What is the aim of this guidance?

Residential disability service providers have an obligation to protect workers and clients from the risks of COVID-19. SA Health strongly recommends service providers establish workplace health and safety policies, vaccination policies, visitor policies and site-specific COVID-19 outbreak management plans to meet these obligations. This guidance provides advice for residential disability services in South Australia to prevent, prepare for and manage COVID-19 exposures and outbreaks. The main aim of this guidance is to maximise the safety, health and wellbeing of all clients and staff in affected residential disability services (regardless of their COVID-19 status). It also aims to support residential disability services as they progress to a business-as-usual response to an outbreak, as COVID-19 becomes an endemic condition.

What is an outbreak in a residential disability service?

An outbreak should be declared when two or more residents test positive for COVID-19 within a 72-hour period.

How can we plan for an outbreak?

- > Each service should develop an outbreak management plan, based upon the advice in the [National Guidelines for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection \(including COVID-19 and Influenza\) in Residential Care Facilities](#) and the [CDNA National Guidelines for the Prevention and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities In Australia – The Disability Supplement](#). These guidelines are under continuous review to ensure best practice guidelines are available nationally.
- > Mask use is no longer mandatory in residential disability services. SA Health strongly recommends that workplace and visitor policies reintroduce mask use for all staff and visitors as soon as one client residing in the service tests positive to COVID-19 or on advice from SA Health.
- > SA Health recommends implementing workplace health and safety policies to support staff undertaking symptom checks and to not attend work if they are unwell.
- > Services may experience increased staff sick leave during a COVID-19 wave and should have policies in place to manage staff and staff shortages.
- > Services must establish appropriate workplace health and safety policies for staff who are COVID-19 cases or close contacts. Please refer to page 8 for information regarding staff COVID-19 cases. Close contact staff may return after a risk assessment and with other risk mitigation as detailed on page 9.
- > Services are expected to establish visitor and workplace policies to advise clients and their visitors about their role in preventing COVID-19 from entering a service, i.e., not visiting when they are a COVID-19 case, a close contact or experiencing symptoms, and to take a rapid antigen test (RAT) on the day of the visit.
- > Encourage clients to be [up to date](#) with vaccinations, including COVID-19 vaccination (per Australian Technical Advisory Group on Immunisation (ATAGI) guidelines) and facilitate rapid vaccination for any clients who are now due/choose to get vaccinated. The [Disability Gateway](#) can be used to make a booking for a COVID-19 vaccination for people with a disability. For more information see the [SA Health website](#).

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- > Staff (employees, agency, contractors) and volunteers are strongly recommended to be [up to date with COVID-19 vaccinations, as per ATAGI guidelines](#). Residential disability services are advised to incorporate vaccination requirements into their workplace policies.
- > Encourage clients to be pre-assessed by a General Practitioner (GP) for COVID-19 antiviral eligibility (the discussion can be guided and documented using an [Oral Antiviral Treatment Plan](#)). Prepare a plan on how to access each client's regular GP or locum within 24 hours in the event they test positive for COVID-19. Services should ensure they have access to oral antiviral medications through an established dispensing pathway with a community pharmacy. Antiviral medication prevents serious illness and can help reduce the spread of COVID-19 from person to person.
- > Ensure enough RATs are available at the disability service. Clients may be eligible to access free RATs through the NDIS or if they hold a valid Concession card. For further information on rapid antigen testing for COVID-19 please refer to the [SA Health website](#).
- > Outside of an outbreak, consider using RATs to screen staff who do not have [symptoms of COVID-19](#). It is recommended staff test themselves with a RAT every third day if onsite. Staff are strongly recommended to report positive results on the [SA Health website](#).
- > Ensure there is enough personal protective equipment (PPE) stock available for staff working with positive clients and close contacts. It is the disability service's responsibility to have adequate supplies of PPE stock for an outbreak, including four days of stock to be stored on site while awaiting the arrival of ordered PPE.
- > Order additional PPE stock as soon as a client or staff member tests positive for COVID-19. For information on how to calculate how much PPE may be required, see the [CDNA national guidelines for the prevention and management of COVID-19 outbreaks in disability residential services](#).
- > Train staff in the correct use of PPE, including [fit checking](#) a particulate filter respirator (PFR), P2/N95 respirator or equivalent. It is best practice for staff to be [fit tested](#) to a PFR (brand and size), which should be made available.
- > Educate staff in infection control processes. Resources can be found on the [infection prevention and control and personal protective equipment \(PPE\) advice](#) page of the SA Health website.
- > Be aware of how and when to contact CDCB for support, and how to identify when your service is experiencing an [outbreak](#).

What are the most common symptoms of COVID-19?

The most common symptoms of COVID-19 are cough, sore throat, or runny nose/nasal congestion. Other symptoms can include headache, muscle aches (myalgia), fatigue, fever, diarrhoea, nausea or vomiting, loss of smell or taste, and shortness of breath (difficulty breathing).

What testing is needed for symptomatic clients and staff?

It is important to test symptomatic clients and staff as soon as possible. If a client or staff member has recovered from COVID-19 in the past 4 weeks, there is no need to test unless they have new symptoms.

Clients

If a client has COVID-19 symptoms, ask them to undertake a RAT. Encourage and support the client to report their positive result to SA Health using the ['report' link](#). Reporting RATs gives clients the opportunity to access COVID-19 treatments and helps understanding of cases in residential disability services.

For vulnerable clients who are risk of severe disease, a General Practitioner may arrange combined testing for COVID-19 and other viral illnesses.

If the RAT is positive, the client is a case – please follow the advice in the [how to manage cases](#) section of this document (including access to antiviral medication). If the RAT is negative, ask the client to have a [polymerase chain reaction \(PCR\)](#) test as soon as possible. If the client is unable to go to a testing clinic, arrange a PCR test via a pathology provider.

If a test cannot be undertaken as a symptomatic client does not consent or shows distress, the client is encouraged to stay home and away from others until their acute symptoms resolve, which is usually 5 to 7 days.

Staff

Symptomatic staff are recommended to stop working, get a COVID-19 test and go home immediately. If they receive a positive result, they are a case and should inform their manager as well as follow [SA Health advice](#). If the staff member tests positive using a RAT, they should report their result to SA Health using the [online form](#). If they are symptomatic and have a negative RAT result, they are recommended to undergo a PCR test.

What if a client at the residential disability service tests positive to COVID-19?

Liaise with the client to notify a GP or locum of their positive test result by phone within 24 hours and to arrange a medical review for health assessment and antiviral eligibility. If the client cannot access a GP, or you have concerns about a client's health, liaise with the client to facilitate a locum GP or contact with the [National Coronavirus Helpline](#) on 1800 020 080 (24 hours a day, 7 days a week). This helpline can also assist with referrals for antiviral eligibility assessment.

In a medical emergency call triple zero (000) and advise the client is a COVID-19 case.

Refer to the [how to manage cases](#) section for more information on how to manage positive clients at the service.

What infection prevention and control measures should be implemented?

Infection control measures are recommended to remain in place while there are positive cases or close contacts residing at the service.

For staff

- > Before staff members begin their shift, inform them how to support positive cases and other clients, including how to use and dispose of PPE correctly.
- > Ensure new staff working at the service for the first time receive a site induction and orientation.
- > If relevant, new, or temporary staff who are engaged through an employment agency are to be advised before commencing a shift that they will be working with one or more COVID-19 positive clients. New or temporary staff are also to be advised when there is an outbreak at the service.
- > Use PPE appropriately for airborne transmission, i.e., a fit checked but preferably a fit tested PFR (Particulate Filter Respirator, a P2/N95 or equivalent), eye protection at a minimum. Refer to the infection prevention control and PPE advice page on the [SA Health website](#) for further information.

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Set up at the service

- > It is recommended that signage is displayed throughout the service to indicate positive cases onsite and recommendations for PPE usage, including [PPE signage](#) showing how to don (put on) and doff (take off) PPE.
- > Set up PPE donning and doffing stations close to where PPE is needed (i.e., outside client rooms/affected areas). Do not remove PFRs and eye protection in an [affected area](#).
- > Set up hand sanitiser and/or hand washing stations throughout the service and at all donning/doffing stations, and consider hand hygiene [signage](#) to encourage use.
- > Make sure there are enough bins for PPE and that appropriate cleaning is undertaken. Refer to the [CDNA National Guidelines for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection \(including COVID-19 and Influenza\) in Residential Care Facilities](#) for further information.
- > Environmental management is to be performed according to the [CDNA National Guidelines for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection \(including COVID-19 and Influenza\) in Residential Care Facilities](#). Please also see the [environmental hygiene in healthcare](#) website for more information on cleaning and disposal of waste. website for more information on cleaning and disposal of waste.
- > Visitors may continue to attend while there are positive cases at the service. Please see the [visitors](#) section for further information.

Who should be notified of an outbreak in a residential disability service?

If your service reaches the outbreak threshold, please notify relevant agencies:

- > CDCB via email at Health.COVIDPublicHealth@sa.gov.au for support and advice
- > [NDIS Quality and Safeguards Commission](#) (NDIS registered providers only).

It is recommended you stay in daily contact with clients, staff, families, carers, decision makers and visiting services (e.g., NDIS providers and GPs) while there are positive cases at the service. Email can be an effective communication method.

Reporting deaths

If a client tested positive to COVID-19 within 35 days of their death, the disability service is to report the death to CDCB within 3 days, including information about their actual cause of death, if known.

NDIS providers must also report the death of a person with disability in their service to the [NDIS Quality and Safeguard Commission](#) within 24 Hours.

How to manage cases

Known COVID-19 cases should not to enter a residential disability service for at least 7 days after the date their positive test was taken unless they live in the service. This recommendation means residential disability service workers, contractors, volunteers, and visitors who are cases should not attend the setting for work or any other purpose until day 8 (after their positive test was taken) at the earliest.

Staff

Staff at residential disability services should inform their manager of their COVID-19 positive result as soon as possible, particularly if they have worked during their [infectious period \(2 days before they develop symptoms or 2 days before their positive test and for 7 days after their positive test\)](#).

If a staff member tests positive via RAT, they should report their result to SA Health using the [online form](#).

Returning to work

Staff should not return to work for at least 7 days after the date the positive test was taken. As COVID-19 cases are infectious for up to 10 days, a longer period away from the service may be necessary to protect other staff and clients.

For staff returning to work after recovering from a COVID-19 infection, SA Health strongly recommends:

- > Staff should notify their employer of their positive COVID-19 test result.
- > If symptom free (i.e., runny nose, cough, sore throat, shortness of breath), staff may return to work after 7 days. A negative COVID-19 test is not required.
- > From days 8 to 10, staff should wear a level 3 surgical mask (or wear a fit checked and/or fit tested PFR/N95, if possible).
- > From days 8 to 10, staff cases should limit work to a single area of the service and services should consider redeploying staff to lower risk roles where possible.

Clients

Clients who test positive for COVID-19 are advised to stay in their own room for 7 days and use their own separate bathroom where possible. If this is not possible, consider using a dedicated bathroom for positive clients. If the same bathroom is being used by both positive and non-positive clients, it should be [cleaned](#) after it has been used by the positive client at a minimum, with consideration given to cleaning in between all clients during an outbreak.

If the client needs to leave their room, they are encouraged to wear a mask, maintain physical distancing when around other clients, and avoid group activities and communal areas for 7 days.

A COVID-19 positive client can leave the service at any time. SA Health recommends the service facilitates a COVID-safe exit and the client follows SA Health's advice for cases in the [general community](#).

Refer to the ['what if a client at the residential disability service tests positive to COVID-19'](#) section for information and to seek a medical review for client cases.

Cohorting clients

Where appropriate and possible, services, in consultation with their clients, can consider temporarily rearranging rooms or repurposing other areas to cohort clients of the same COVID-19 status (i.e., cohort cases with cases; cohort close contacts with close contacts; cohort non-contacts with non-contacts). Cohorting should only be used if ["buffer zones"](#) can be set up between cohorts, with an area for staff to put on or take off PPE. Where possible, close contact clients who are at risk of severe disease are not to be cohorted with other close contacts.

More information on cohorting can be found in the [CDNA National Guidelines for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection \(including COVID-19 and Influenza\) in Residential Care Facilities](#).

Cohorting staff

The service may also consider separating staff into dedicated teams to reduce the impact of an outbreak on their workforce. Separation of staff involves rostering dedicated staff teams to the affected and unaffected areas to prevent team crossover.

How to manage close contacts

The appropriate management of close contacts is an effective measure to limit the spread of COVID-19 within the service.

The definition of a close contact can be found on the [close contact advice](#) page of the SA Health website. Due to client movements, it may be difficult to identify close contacts, so all clients in the affected area may be considered close contacts. If staff are correctly wearing a fit tested (fit-checked at a minimum) PFR e.g., N95/P2 equivalent, and performing hand hygiene while providing care, the worker will not be regarded as a close contact, regardless of the length of time spent with an infectious case.

Clients

Testing

If the criteria for declaring an outbreak have not been met, close contacts are recommended to follow the general community [close contact advice](#). This includes doing frequent RATs for 7 days from their last exposure. Testing is particularly important for close contacts residing with people at-risk of severe illness. If the outbreak criteria have been met, the testing regime for close contacts is outlined in '[Testing during an outbreak](#)'. For information on accessing RATs for clients, refer to the [SA Health website](#).

Staying away from others

Clients who are close contacts may leave the disability residential service and should follow the general community [requirements for close contacts](#) when they are outside of the service. Clients who are close contacts can receive visitors.

Whilst in the disability residential service, it is recommended that close contacts avoid contact with vulnerable people at risk of severe illness and not attend group activities, smoking, and meals with other clients (where possible). If a close contact leaves their room during this period, it is recommended they wear a surgical mask and maintain physical distancing where possible.

Disability residential service providers should be aware of the restrictive practices system and their obligations to report any restrictive practices relating to NDIS participants. For further information visit the [Department of Human Services](#) website.

Staff

Accessing and sustaining a skilled workforce is critical to ensure the continued provision of care in residential disability settings. Allowing close contacts to continue working needs to be balanced with the risk of disease transmission to clients and other staff.

Close contacts who work in residential disability services are strongly recommended to notify their manager they are a close contact and seek permission to return to work.

SA Health recommends the following risk mitigation measures for close contact staff who have been permitted to return to work:

- > Be completely free of all [COVID-19 symptoms](#).
- > Complete a RAT at the start of every shift worked for 7 days after last exposure to a COVID-19 case.
- > If symptoms develop, do not attend work and have a PCR test immediately.
- > Always wear a face mask in the workplace for 7 days after last exposure to a COVID-19 case (a well-fitted surgical face mask for non-client facing staff or a fit checked but preferably fit-tested PFR (P2/N95 respirator or equivalent) for patient facing staff).
- > Take meal and other breaks alone and preferably in an outside space.
- > Avoid staff meetings, staff social functions, or professional development activities.
- > Where possible, limit work to a single area of the service.
- > For staff who are household contacts, try to reduce personal risk of infection (e.g., use own bedroom and bathroom, physically distance, case and contact wear mask).
- > Close contact staff are to follow SA Health's guidelines for [close contacts](#) in the community.

Recommendations to manage visitors

Visitors to disability services play an important role in client wellbeing.

It is recommended that services support clients receiving essential visitors safely regardless of whether the client is a positive case, close contact, or if there is an outbreak in the service. Essential visitors are people who provide physical, social, and emotional support to clients. This may include people who provide personal care, or people who support clients with mental health concerns, cognitive impairment, or other support.

During an outbreak it is recommended visits occur outdoors, or in a specific area decided by the service, and that physical distancing of at least 1.5 metres be maintained wherever possible.

Visitors who are COVID-19 positive or a close contact

- > Known COVID-19 cases should not enter a residential disability service for at least 7 days after the date their positive test was taken.
- > It is recommended close contacts do not enter a residential disability service for at least 7 days after their exposure to a case.
- > If close contacts and cases must enter a residential disability service (e.g., for compassionate reasons) the service is recommended to implement additional strategies to reduce the risk of transmission. These may include close contact visitor completing a RAT before entering the service, wearing a mask, and visiting in a well-ventilated area away from other clients.

What should the service do in an outbreak?

Activate your outbreak management plan

Activate your outbreak management plan immediately and nominate an outbreak coordinator at the service. The outbreak coordinator can oversee testing, quarantine, isolation, and communication with CDCB.

Testing during an outbreak

In an outbreak, it is recommended the residential disability service arrange initial PCR tests for all clients at the service. This is referred to as site-wide PCR testing. If site-wide PCR testing is delayed, 48 hourly site-wide testing with RATs may be undertaken. If a service is large and has separate accommodation areas (i.e., areas not sharing a roof) and staff do not work across areas, then site-wide testing may be limited to the affected building.

Close contacts identified during an outbreak are recommended to follow the general community close contact advice. This includes frequent RATs for 7 days from their last exposure and is particularly important for close contacts residing with people at-risk of severe illness.

It is recommended all clients are monitored for symptoms of COVID-19 for 14 days after exposure. If a client is unable, or does not consent to COVID-19 testing, they are encouraged to avoid others for 7 days and wear a mask if they leave their room.

The service is encouraged to assist clients to report positive RAT results to SA Health using the 'report' link. Reporting RATs gives clients the opportunity to access COVID-19 treatments and helps understanding of cases in residential disability services.

In an outbreak, CDCB may recommend a different testing regime for clients.

Contact CDCB

Email CDCB at Health.COVIDPublicHealth@sa.gov.au within 24 hours (or as soon as possible) to report the outbreak and at any other time if assistance is required. Providing the below information will help CDCB prioritise contacting services for provision of advice and support:

- > Name, phone number and address of the service provider
- > Type of service
- > Name and date of birth of the case(s) (if date of birth known)
- > Whether the case(s) is a staff member or a client
- > Positive COVID-19 test information
- > Total number of clients at the service.

Document and monitor the outbreak

Continue to keep a detailed line list of positive clients and staff and close contacts.

Monitor the health of clients and staff regularly. Encourage the client to notify their GP for initial assessment and clinical management, as previously outlined. Continue to communicate with clients, staff, families, carers, and stakeholders using accessible communication processes (e.g., daily emails).

Ask for help to ensure client safety

If you need further outbreak support and public health advice, contact CDCB via the email address Health.COVIDPublicHealth@sa.gov.au.

Continue to monitor the stock of PPE and RATs at your residential disability service to ensure you have sufficient supplies (minimum four days) on hand to manage the outbreak.

Ensure there is a clear escalation pathway if concerns arise about clients' health. In a medical emergency, call Triple Zero (000). If non-emergency help is required out of hours, contact the [National Coronavirus Helpline](#) on 1800 020 080 (24 hours a day, 7 days a week).

Recovery after an outbreak

Recover and transition to business as usual following an outbreak. An outbreak can be declared over, and the service can return to normal business operations, 7 days from the test collection date of the last positive staff member or client.

Definitions

Affected area

During an active outbreak, any area of the residential disability service accommodating positive cases and their associated close contacts is an 'affected area'.

Buffer zone

Buffer zones are areas which act as a barrier between potentially contaminated and non-contaminated cohorts. This can include a staff station, corridors, staff lunchrooms, meeting rooms and drug rooms. This also includes transition points between areas where staff must put on or take off PPE.

Case

A person who has tested positive for COVID-19 via a RAT or PCR test.

Exposure

When there is a confirmed case of COVID-19 in a person who attended the residential disability service during their [infectious period](#).

Fit check

A procedure performed every time a particulate filter respirator (P2/N95 respirator or equivalent) is used to ensure it is properly worn. This includes exhaling and inhaling once a respirator is applied to check the seal. If leaks are detected, the respirator must be readjusted.

Fit test

A validated method to determine the brand and size of respirator most suited to an individual's face.

Infectious period

People with COVID-19 are considered infectious for two days before their symptoms started. If they did not have any noticeable symptoms, they are considered infectious two days before their positive COVID-19 test was taken.

Line list

A table or spreadsheet containing key information about each case in an outbreak, where each row represents a case and each column represents a demographic, clinical or epidemiologic variable.

Vaccination status

To be considered 'up to date' with COVID-19 vaccination, an individual must have received all required doses at the correct dose interval according to the recommendations from the [Australian Technical Advisory Group on Immunisation \(ATAGI\)](#).

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Being up to date with vaccination may be different to what has previously been required to be 'fully vaccinated'.



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Chief Public Health Officer

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