Residential Care and COVID-19

Guidelines for the operation of residential care services during the COVID-19 pandemic

September 2020 (Version 1.0)

**Acknowledgements**

This document has been prepared based on the New South Wales Guidelines *Residential Care Settings for Young People in Out of Home Care and COVID-19*.

The Department of Child Safety, Youth and Women extends its appreciation to all those who have assisted in the development of this document.

# Purpose

The purpose of this document is to provide information to residential care providers and staff in Queensland to prepare for scenarios relating to an outbreak of COVID-19. The guidelines explore how to mitigate the likely risks and issues facing young people in residential care.

The guidelines bring together a wide range of information from various sources into one document. The guidelines support providers to develop and/or refine their service continuity planning and responses. They are not intended to replace existing business continuity plans that service providers may already have in place to respond to their specific circumstances.

Importantly, residential care providers should follow all public health directions issued by Queensland Health and the Chief Health Officer.

Please note: these guidelines may be updated as required through the changing environment of the COVID-19 pandemic.

# Information about COVID-19

## What is COVID-19?

The COVID-19 novel coronavirus is a new strain of coronavirus affecting humans.

Some coronaviruses can cause illness similar to the common cold and others can cause more serious diseases such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS).

Symptoms reported in identified cases of COVID-19 novel coronavirus include:

* Fever
* Cough
* Sore throat
* Shortness of breath
* Runny nose
* Fatigue
* Loss of smell and/or taste

People may also experience other symptoms that are different to what is shown above, such as headache, nausea or vomiting, muscle pain, joint pain, diarrhoea or a loss of appetite. Symptoms can vary depending on each case.

## Preventing the spread of COVID-19

While everybody is at risk of getting COVID-19, for most people, they will only develop mild illness and recover easily, but others may develop severe sickness.

To help prevent young people and staff from getting COVID-19, the Queensland Government recommends maintaining good hygiene and practicing social distancing (also called physical distancing).

**Do**

* Stay home if you are sick
* If you have any COVID-19 symptoms, no matter how mild, get [tested](https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/stay-informed/testing-and-fever-clinics)
* Stay 1.5 metres away from other people—think two big steps
* Wash your hands lots with soap and water, or hand sanitizer
* Sneeze or cough into your arm or a tissue. Then put the tissue in the bin.

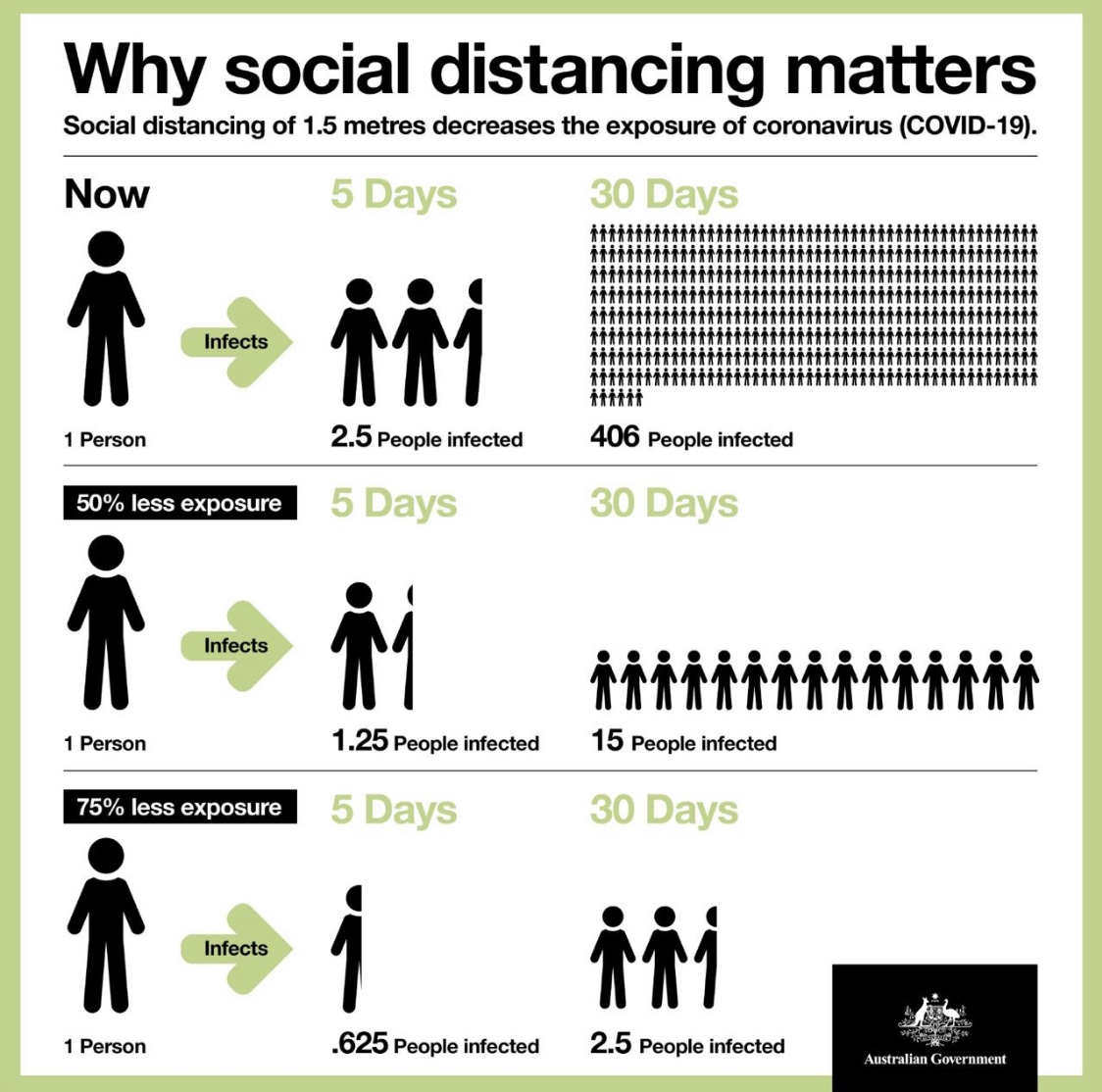
**Do not**

* Go near people if you are coughing or sneezing
* Touch your mouth, nose and eyes
* Shake hands
* Hug or kiss people.

Restrictions on meeting up with other people, in homes and in public places like restaurants and parks, are changing often. To find out what current restrictions in Queensland are, visit the [Public Health Directions web page](https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/current-status/public-health-directions/border-restrictions).

### Social distancing

Social distancing (also called physical distancing) is one way to help slow the spread of viruses and can help protect the people in our community who are most at risk of getting really sick from   
COVID-19.



Source: Queensland Health website – [How to protect yourself and others – coronavirus (COVID-19)](https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/protect-yourself-others/coronavirus-prevention)

### Face masks

Face masks can be a useful measure to help control sustained community transmission. The Chief Health Officer will issue advice should sustained community transmission in Queensland cause a recommendation that face masks are worn in public and/or at work. Otherwise, young people and staff do not need to wear a face mask unless recommended by a doctor, or they are caring for or living with someone who might have COVID-19.

The best way for staff to protect others from COVID-19 is stay home if they are sick and wash their hands often. If staff or young people have been told to wear a face mask, they should avoid touching it while they are wearing it. If they do, it is recommended they wash their hands immediately.

If wearing single-use masks, they should be immediately replaced if it has been coughed or sneezed into. When disposing of a mask, put it in a sealable bag to ensure the used mask will not be touched by others. Then put the sealed bag in the bin. Staff and young people should always clean their hands immediately after removing their masks and putting it in the bin.

For more information on using face masks in the community visit the [Australian Government website](https://www.health.gov.au/resources/publications/when-should-masks-be-worn-in-the-community-in-australia).

## DCSYW support for service providers and young people

The Department of Child Safety, Youth and Women (DCSYW) has developed a [dedicated webpage](https://www.csyw.qld.gov.au/news/novel-coronavirus) to keep children and young people, and service providers informed of supports available to them. This includes all email communiques issued by the Director-General since the beginning of the pandemic.

If service providers require additional support or experience service delivery or funding issues as a result of COVID-19, they should speak to their contract officer in the first instance. Children and young people are encouraged to speak with their Child Safety Officer in the first instance if they require additional support.

## Individual Flexibility Agreements

To ensure continuity of support for children and young people through the COVID-10 pandemic, Individual Flexibility Agreements (IFA) provide additional compensation and conditions for staff willing and able to work within a non-family based care arrangement under quarantine.

The IFA will allow service providers to roster staff for extended shifts of 12-hours or 24-hours in emergency situations — by agreement with employees — where ordinary hours of work and shift patterns covered in the *Social, Community, Home Care and Disability Services Industry Award 2010* (the Award), do not cover the types of health risks currently facing employing agencies associated with the COVID-19 pandemic.

The IFA is a voluntary and temporary measure applied to:

* employers operating non-family based residential services; and
* their employers who deliver direct care and support to a client who is directed to isolate while waiting testing or upon being diagnosed with COVID-19

The IFA has been prepared collaboratively by the Community Services Industry Alliance, Peak Care, the Services Union, Fair Work Commission and Service Providers.

Service providers are encouraged to talk to staff about their willingness and suitability to enter into an IFA, as part of early business continuity planning.

Full details about the IFAs, associated conditions and procedures, are located at Community Services Industry Alliance website:

<https://csialtd.com.au/major-programs/industrydevelopment/disaster/covid19/>

# Managing Mental Health

## Mental health impacts

People are susceptible to many different infectious diseases, including COVID-19. Worrying about diseases is a normal reaction, however, excessive worrying about infectious diseases can affect both physical and mental health. Carers of children and young people should discuss COVID-19 in an open and honest way that will be understood by the child or adolescent.

The Department of Education has developed a [factsheet](https://education.qld.gov.au/student/Documents/coronavirus-fact-sheet-for-parents-and-carers.PDF) providing advice on having conversations with children and young people about COVID-19, as well as a short [video](https://youtu.be/k3mn_42dAmk) about COVID-19.

For young people, not just those in care, they will likely have higher social needs at this time, and be experiencing FOMO (fear of missing out), feeling disconnected, worried about the state of their friendships, their school and their academic performances.

This may be exacerbated for young people in care, particularly those who are already struggling to deal with trauma and are disengaged from school, family or social networks. There are also likely to be added concerns for young people planning their transition from care to adulthood, particularly given job losses already experienced by young people over the past 6 months.

It is important to tell young people that it is normal to feel stressed out about the current situation. Encourage regular exercise, good practices for communicating with others online and have conversations about how this is impacting them.

Encourage young people to rely on trusted information sources rather than social media. This includes the Queensland Government’s [Coronavirus COVID-19](https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19) web page, DCSYW’s [Novel Coronavirus page](https://www.csyw.qld.gov.au/news/novel-coronavirus) and CREATE Foundation’s [COVID-19 Update](https://create.org.au/covid-19-update/) and [Frequently Asked Questions](https://create.org.au/covid-19-faq/) pages.

## Supporting young people to manage mental health

Young people tend to experience emotions intensely when there is uncertainty. Crisis situations may exacerbate the impact of trauma and trigger high-risk coping behaviours. Expected increases in mental health issues and/or misuse of drugs and alcohol which should be included in response planning.

Young people in care are particularly vulnerable to the mental health impacts of COVID-19. This group experience high levels of developmental trauma and regular hospitalisation due to self-harm.

Through this difficult period, providers could take some, or all, of the following steps to support children and young people in care.

|  |  |
| --- | --- |
| **Action** | **Detailed Mitigation Strategy** |
| **Normalise the Anxiety Driven by the Virus** | * Help young people appreciate that healthy anxiety has a purpose: It alerts us to potential threats and helps us move toward safety, whilst ensuring they don’t overestimate the dangers or underestimate their ability to protect themselves. * Encourage young people to channel their discomfort into useful action, such as learning about and following health guidelines e.g. handwashing. Also encourage creative options, e.g. making signs for the house. * Allow young people to make decisions around supportive practices, through providing them with opportunities to control their environment. |
| **Manage the Anxiety of Staff** | * Young people look to adults for cues about how nervous or relaxed they should be when encountering something new * Young people can often tell when adults are saying one thing and feeling another. Keep staff anxiety in check before providing reassuring words. |
| **Ensure Regular Contact to Reassure** | * Provide regular reassurance and alleviate any concerns they may have * For Supported Independent Living placements, regular check in (including around food access) internet/phone access, and a daily support plan. * Facilitate young people asking for help if they are feeling overwhelmed. |
| **Communicate Information about COVID-19** | * Providing clear and transparent information about a potential threat helps people feel better. * Providers and staff should encourage young people to obtain information from reliable and official sources, particularly those noted above. Encourage them not to rely on rumours or unreliable sources as ambiguous information does nothing to reduce anxiety. * Clarify misinformation. * Service providers could provide dedicated COVID-19 comms: * Videos could be sent out by leaders of the organisation * Fact sheets could be developed * Service stories are available for young people with intellectual disabilities to help provide context in an accessible way. * Young people who are feeling highly anxious about COVID-19 should be encouraged to take a break from seeking, or even accidentally encountering, information about the virus (incl. via television or social media). |
| **Amplify Positive Messages** | * Find opportunities to amplify the voices, positive stories and positive images of local people who have experienced COVID-19 and have recovered. * Honour care givers and healthcare workers supporting people affected with COVID-19 in the community. Acknowledge the role they play to save lives. |
| **Develop a Safe Culture around COVID-19** | * It is important to explain to young people why people are isolated from others to avoid stigmatising those who are affected. * Communicate to young people that they will receive assistance and not be judged or blamed if they are showing symptoms (this will lower the chance of them hiding symptoms). * Reject blame behaviour as young people might be sensitised to react. * Reinforce the message that this is about a community effort – we’re working together to be responsible and it is not a punishment. |
| **Acknowledge Mixed Messaging around Schooling** | * Young people may be confused about perceived mixed messaging that COVID-19 has demanded – particularly in regards to changing messages about attending school: * Acknowledge that the public message has changed regarding attendance at school, and is different in each state. * Providers should consider encouraging young people in residential care who would benefit from the structure of attending school to do so, in line with public health advice. * It may also be appropriate that young people with particular additional vulnerabilities do not attend school. * Reiterate to young people the importance of schooling, and help to facilitate them in accessing online learning or other appropriate learning options in partnership with their school. |
| **Encourage Compliance with Government advice** | * Take time to explain to young people: * The purpose of the decisions made to reduce physical contact, which leads to the transmission of COVID-19. * The risks of COVID-19 to them and why they should enact self-preservation (i.e. risks for their age group and demographics, not just elderly people compromised). * The further restrictions that will be placed on them if they contract it (self-isolation). * Link the risks to stories about people they know and care about e.g. older worker with whom they have rapport. * If you deem it beneficial, ask the local police to meet with the young people to sensitively explain any health or movement requirements, as well as taking questions, in order to help them to understand what could happen if they do not comply with current government restrictions.   ***Note:*** *The type of tactic employed will need to be adapted to suit each young person’s circumstances and history.* |
| **Display Posters around the House** | * Put visual displays up around the house on: * Understanding symptoms of COVID-19 * Encouraging behaviours that can prevent person-to-person transmission (e.g. cover your cough, wash your hands) * Effective hand washing technique * Promoting a positive community effort (and avoiding a blame culture). * Encourage young people to create their own posters that convey the messaging to display in their bedroom or common areas. |
| **Create a List of Community Resources** | * Create a list of community resources that will be helpful during an outbreak * These might include emergency telephone numbers, websites, and official social media accounts of each young person’s school, doctor, public health authority, social service, community mental health centre, and crisis hotlines. |
| **Develop Weekly Activity Planners to Maintain Routine** | * Maintain familiar routines in daily life as much as possible, especially if young people are self-isolating. Having stability, constant adult support and maintaining routine are key tools for leading a healthy lifestyle. * Use Activity Planners setting out the week’s activities, including details for every day, to provide a sense of routine. * Staff should ensure that the appropriate resources are available on site to carry out these activities e.g. painting materials, particular board game, bikes) * It is vital to include time to engage with schooling * Involvement in planning meals could also be added * The input of young people into activity plans should be actively sought to improve empowerment and engagement * Routine is particularly important for many young people with a disability – a highly regulated routine will help to regulate behaviour. * The young people’s routines should be carefully documented and considered as part of staff handover processes, so that they are continued despite staff changes. |
| **Provide and Encourage Distractions** | * Encourage young people to engage in purposeful activities and recreations such as doing their homework or watching a favourite show, while shielding themselves from digital intrusions. * Check in with young people’s school about online or distance learning opportunities. * Work with young people in understanding and providing “fair” access to the following indoor and self-isolation friendly distractions: * Books * Board games / Puzzles * Play do * Video games (e.g. X-box, PlayStation) * Television (e.g. Netflix; Disney+) * Phone credit * Relaxation techniques / apps (e.g. Headspace) * Social apps (e.g. WhatsApp, House Party – video-conference and other games) * Online learning opportunities. * Be mindful of where excessive social media use might have negative outcomes with family or predators trying to contact young person (restrict as necessary). * Broaden the use of Wi-Fi hours to support activities which require it. |
| **Encourage Exercise** | * To get positive endorphins pumping, exercise is a useful outlet for releasing tension – this can include walking, running, High Intensity Interval Training or cycling. * To further encourage exercise, where possible, houses could invest in the following: * Exercise apps (e.g. ASICS Studio – free during COVID-19 uncertainty) * Trampoline (if space) * Speakers (to play music, encourage dancing). |
| **Encourage Creative Social Interaction** | * Develop a plan / schedule to ensure regular contact is maintained. * Where relevant and safe to do so, consider changes to organisational rules relating to access to IT equipment on site. This can support young people to communicate and conduct appointments electronically. * Set up a social media group at the facility to provide a way for young people to keep connected, even if they are in self-isolation – organise online games, communicate updates etc. * Set daily challenges for young people with a group of their friends / other residents e.g. a healthy habit, a mindful practice, a creative pursuit. * Set dates and times for young people to watch the same TV show with someone else and to message their TV partner their thoughts along the way. * Use technology to encourage young people to move and dance e.g. create house TikTok videos (for young people 13+years), group video calls and virtual dance parties etc. * Play games / carry out activities as a house e.g. indoor scavenger hunt, hide and seek, choreograph a dance routine, musical chairs, arts and crafts. |
| **Provide Opportunities to Help Others** | * Research suggests that many young people feel better when they turn their attention to supporting others. * Remind young people that following health recommendations is not only to protect themselves, but also helps to reduce the chance of carrying illness into their own communities. * Encourage generosity – giving to others in times of need not only helps the recipient, it also enhances the person’s wellbeing. * Provide young people with tasks (within safety protocols) to support easing the strain on services in the facility. |
| **Find Positive Ways to Express Feelings** | * Help young people find positive ways to express disturbing feelings such as fear and sadness. * Engaging in a creative activity, such as painting or drawing, can facilitate this process. * Hold discussions in a comfortable place and encourage teenagers to ask questions, and help them to understand the situation. * People feel relieved if they can express and communicate their disturbed feelings in a safe and supportive environment. |

## Supporting staff to manage mental health

Responding to COVID-19 can take an emotional toll on care workers, with increased spikes in behaviours, changing routines and potentially sick young people to care for (and personal stressors).

### Steps Staff Can Take

Encourage staff members to:

* Learn the symptoms of vicarious trauma, including physical (fatigue, illness) and mental (fear, withdrawal, guilt)
* Take breaks from watching, reading or listening to news stories, including social media. Hearing about the pandemic repeatedly can be upsetting
* Ask for help if they are feeling overwhelmed or concerned that COVID-19 is affecting their ability to help the young people in their care
* Take care of basic needs and employ helpful coping strategies
* Ensure rest and respite during work or between shifts
* Eat sufficient and healthy food and engage in physical activity
* Stay connected with your friends and family through digital methods where possible.

### Steps Service Providers Can Take

As they navigate the higher than usual levels of tension in the homes, providers should take the following steps to support the mental health and wellbeing of their workforce:

* Rotate workers from high-stress to lower-stress functions
* Partner inexperienced workers with their more experiences colleagues. (A buddy system helps to provide support, monitor stress and reinforce safety procedures)
* Initiate, encourage and monitor work breaks
* Consider the provision of a weekly reflective practice session with a therapeutic specialist to support staff
* Ensure a therapeutic specialist is made available to staff as required.

## Where to find additional support

The Australian Government Department of Health has developed the [Head to Health website](https://headtohealth.gov.au/), which provides:

* links to mental health online and phone support
* resources and services that can help if you’re experiencing mental health concerns or trying to support someone else.

There are also a number of support lines available:

* National Coronavirus Helpline: 1800 020 080
* Lifeline: Call 13 11 14 or Text 0477 13 11 14 or [chat online](https://www.lifeline.org.au/crisis-chat/)
* Beyond Blue: 1300 22 4636
* Kids Helpline: 1800 551 800 or [chat online](https://kidshelpline.com.au/get-help/webchat-counselling/)
* Headspace: 1800 650 890

# Risk mitigation of COVID-19 for young people in residential care

## Residential care and COVID-19

DCSYW discourages service providers from denying services to young people because they may have COVID-19 symptoms. In particular, residential care is an essential service and residential care staff are vital in supporting the management of a symptomatic, [suspected](#_Suspected_cases_–) or confirmed case of COVID-19 in the residential care setting for young people.

Providers need to weigh up potential staff vulnerabilities with the reliance on existing staff to continue care provision, through the provision of a safe work environment. The resource kit and guidelines from [Safe Work Australia](https://www.safeworkaustralia.gov.au/) on work and health safety should be followed. As advised by the Australian Health Protection Principal Committee (AHPPC), the risk needs of vulnerable workers should be assessed regarding the continuation of frontline care. Where the risk cannot be sufficiently mitigated, essential workers who are at higher risk of serious illness should not work in high risk settings. Vulnerable staff could be re-deployed to back office roles which allow them to work from home.

Vulnerable people are, or are likely to be, at higher risk of serious illness if they are infected with COVID-19. They include:

* Aboriginal and Torres Strait Islander people 50 years and older with one or more chronic medical conditions
* People 65 years and older with chronic medical conditions.
* People 70 years and older
* People with compromised immune systems.

## Business Continuity Planning

Having business continuity plans can help reduce the impact of the outbreak. During the planning process, service providers should collaborate, share information, and review plans with community leaders and local public health officials to help protect staff and young people.

The business continuity plan should demonstrate how a provider’s approach will change over the course of responding to the outbreak, and so the COVID-19 Emergency Plan should be broken down into discrete stages.

DCSYW has developed a [resource](https://www.csyw.qld.gov.au/resources/dcsyw/news/business-continuity-planning-residential-care-services.pdf) to assist residential care services in the development of plans around service delivery during the ongoing pandemic.

The following table outlines the key activities in each of the COVID-19 Plan stages:

|  |  |
| --- | --- |
| **COVID-19 Plan Stages** | **Activities** |
| **Initial Action** | *When information about the disease is scarce:*   * Identify and characterise the nature of the disease within the Australian context * Prepare and support system needs * Minimise transmission * Manage initial cases and contacts * Provide information to support best practice healthcare and to empower young people and staff to manage their own risk of exposure * Confirm and support effective governance arrangements   (***Note:*** *See further detail explaining how to conduct these measures in the risk mitigation strategies detailed below*). |
| **Targeted Action** | *When enough is known about the disease to tailor measures to specific needs:*   * Ensure a proportionate response * Support and maintain quality care * Communicate to engage, empower and build confidence in the community * Provide a coordinated and consistent approach * Facilitate influenza vaccination for essential staff and eligible young people as soon as it is available   (***Note:*** *See further detail explaining how to conduct these measures in the risk mitigation strategies detailed below*) |
| **Stand-down** | *When the disease has passed:*   * *Support and maintain quality care* * *Cease activities that are no longer needed, and transition activities to normal business or interim arrangements* * *Monitor for a second wave of the outbreak* * *Communicate the return from an emergency response to normal business services* * *Evaluate systems and revise relevant policies, plans and procedures* |

## Service-wide risk mitigation strategies

Service providers need to plan for higher demand and aim to minimise transmission of infection to unaffected young people and staff. To manage this here are several adaptations to service delivery that providers are encouraged to make including:

|  |  |
| --- | --- |
| **Action** | **Detailed Mitigation Strategy** |
| **Scale down Non-Essential Services** | * It may be necessary to scale down non-essential services to ensure essential services can continue to be delivered during this time * Under the SCAHDS Award and Workplace. Health and Safety legislation, you have a legal obligation to consult with your workforce on the introduction of changes to your service delivery and related safety matters. This includes consultation with workforce representatives. * If these changes impact on your contractual obligations, please inform your contract manager. |
| **Identify Partners** | * Identify points of contact at your local Public Health Unit and nearby healthcare facilities and establish ongoing communication with them * Identify points of contact with your local police stations and district so you can exchange information, advice and work together locally in case behaviours escalate to the point of needing police intervention. This could include serious criminal behaviours, or a young person absconding from the residential care service in a manner that requires police involvement, or if a young person is engaging in behaviour in the community in breach of COVID-19 public health guidance and staff are not able to deal with such conduct. * Refer to the [Joint Agency Protocol to reduce preventable police call-outs to residential care services](https://www.qfcc.qld.gov.au/sites/default/files/Joint%20agency%20protocol%20to%20reduce%20preventable%20police%20call-outs%20to%20residential%20care%20services.pdf). |
| **Develop Symptom Alert Process** | * Put processes in place for young people and staff to immediately inform management and DCSYW if they have fever or respiratory symptoms consistent with COVID-19. For example: * Ensure key contact details are circulated, subject to consent * Consider if there is capacity to provide young people with mobile phones and appropriate credit facilities. * Ensure the young person’s health information is up to date and accessible, including details of the relevant health provider. |
| **Visits and Family Contact** | * For up to date advice on Family Contact during COVID-19, refer to this [DCSYW page](https://www.csyw.qld.gov.au/news/novel-coronavirus). * Family relationships remain important for children and their families. * In line with health advice and restrictions, alternatives to face-to-face contact may be actively considered to maintain family relationships including: * video conferencing (Zoom, Skype) * telephone calls * messages (email or text) * letters * The same options might be used, where possible, for clinicians, counsellors and / or NDIS services. * Where face-to-face contact is continued physical distancing, proper hygiene and outdoor meeting settings should be carefully considered. |
| **Develop Communication Plans** | * Use posters to ensure staff and young people are familiar with the symptoms of COVID-19 * Place signage in locations where they are visible to all visitors, employees and residents * Place posters in bathrooms and at entrance points to encourage behaviours that can prevent person-to-person transmission (e.g. physical distancing, covering your cough, washing your hands) * Posters showing proper hand washing technique should be posted by all sinks. |
| **Keep Informed** | * Monitor the news and any special information or instructions from the Chief Health Officer, Queensland Health and the Australian Government Health Department. |

## House-focused risk mitigation strategies

The following physical distancing and safety precautions should be in place to limit the potential spread of infectious disease in the residential home.

|  |  |
| --- | --- |
| **Action** | **Detailed Mitigation Strategy** |
| **Control Air Flow** | * Ensure that shared spaces have good air flow, by means of an opened window or an air conditioner in individual spaces. |
| **Create Checklists** | * Create and use checklists to ensure houses can organise and store the correct supplies to respond to outbreaks (Appendix 1: Supply Checklist) |
| **Increase Availability of Hygiene & Other Supplies** | * Ensure that all bathrooms in the house are well stocked with soap, disposable paper towels and guidance for hand washing * Do a big food order to reduce the need for staff to go to the shops regularly * Where appropriate provide liquid soap or hand sanitiser (60% alcohol min.) at key locations around the house (by entrance/exits, phone, computers, eating areas etc) * For some young people with high risk behaviours it has been noted that alcohol-based sanitiser may not be appropriate. In such cases note that the use of soap and water, accompanied by thorough washing technique, is rated by health experts as more efficacious in disrupting the virus. * Provide access to tissues and plastic bags / lined rubbish bins for the proper disposal of used tissues. |
| **Implement Stringent Cleaning Procedures** | * As transmission can occur via contaminated surfaces, rigorous cleaning procedures should be implemented in common areas. * Disinfect high touch surfaces at beginning and end of every shift at a minimum e.g. doorknobs, phones, tablets, monitors, bench tops etc. * Rotas / Checklists could be used to record: * Item cleaned * Time and data * Staff Member responsible * Providers may need to consider bringing in additional cleaning resources to support staff with the more stringent cleaning requirements. |
| **Practice Physical-Distancing in Mealtimes** | * Consider: * Staggering mealtimes to prevent shared eating facilities * Staggering the schedule for use of common / shared kitchen. |

## Young Person focused risk mitigation strategies

The following additional precautions should be considered by providers for all young people who are currently unaffected:

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| --- | --- |
| **Action** | **Detailed Mitigation Strategy** |
| **Implement Safe Hygiene Practices** | * Encourage everyone in the house to cover their cough or sneeze with a tissue (or into their elbow if a tissue is unavailable) and have rubbish bins available to dispose of tissues immediately * If possible, young people could be given a cleaning pack so they feel empowered to clean their own room * Encourage young people to wash their hands regularly, with soap and water for at least 20 seconds (Appendix 2: Handwashing Technique), especially: * upon entering and leaving the premises * after blowing their nose, coughing, or sneezing * after using the bathroom * before eating * before and after the use of cooking utensils e.g. cutlery, dishes, glasses. * All tableware to go through the dishwasher if available * Safe hygiene practices should be included in the daily planner. |
| **Stagger Shower / Bathroom Access** | * Create staggered access to shower and bathroom facilities to prevent young people using the facilities at the same time. |
| **Employ Physical Distancing** | * Encourage physical distancing, including maintaining a distance of 1.5 m between one another and staff members, where possible (noting that this will not always be possible within the environment of a small house, and where young people forget to comply) * Discourage congregation in common areas * Schedules for the use of common areas could be used where helpful * If required to transport young people, transport fewer people per trip and ensure that passengers have more space between one another. * It is important to explain to young people and staff why certain people might need to be self-isolated from others to avoid stigmatising those who are affected. |
| **Encourage Young People to Stay at Home** | * Encourage young people to stay at home, in line with Public Health Directions, noting there have been previous exemptions for: * work (where you can’t work remotely) * shopping for food and essentials * medical care or supplies * exercise * Where appropriate, allocate dedicated times for young people to leave the house (e.g. in the case of getting fresh air / exercise / personal space), under strict advice to: * Maintain 1.5m distance from all other people they encounter * Avoid touching their face * Avoid touching any high touch surfaces (e.g. press traffic light with elbow rather than hand) * Wash their hands immediately on return * Wipe down any items they may have purchased / acquired / touched whilst out of the home e.g. mobile phone, food product * Giving young people some leeway (within the constraints of Queensland Public Health Directions) in maintaining their personal freedom may alleviate tension and prevent absconding. |
| **Ensure Staff have documentation to Enable them to Drive Young People About** | * Staff should be provided with relevant documentation (including where possible digital IDs) which will identify them to police, demonstrating that they are essential workers * At times there will be a need for staff to take young person(s) for a drive – particularly when this is part of a young person’s therapeutic plan. * Each house vehicle should have a letter in the glovebox detailing emergency contacts as well as a copy of the Public Health Direction |

### Additional considerations for specific cohorts of young people:

**1. Young People with a Disability**

Young people living with physical or intellectual disabilities may require more high contact interaction with staff and adhering to 1.5m proximity boundaries may present challenges.

* It is particularly important that safety protocols such as frequent and thorough hand washing are observed when supporting these young people
* Staff members interacting with these young people may need to be limited to a small number of dedicated staff (i.e. that staff member should avoid interaction with other young people in the home where possible, and strictly adhere to infection control procedures)
* The staff member should consider the use of PPE if a young person’s care needs and / or unpredictable behaviour has an impact on the ability to maintain adequate physical distancing and the young person develops respiratory symptoms.
* Continue to use existing PPE strategies for young people who have spitting behaviours, and consider the need for additional PPE if the young person develops respiratory symptoms.

**2. Young People with High Behavioural Needs**

Some young people have high behavioural support needs. During uncertain times, these behaviours may be triggered more easily and / or escalate quicker. Staff can support these young people as follows:

* Staff should be aware of potential spikes and likely triggers. Refer back to each young person’s Positive Behaviour Support Plan to manage the behaviour and re-direct the young person elsewhere
* Staff should be trained in de-escalation techniques and strategies
* Staff should be responsive to current known behaviours and be aware of new and potential behaviours. This requires updating the Positive Behaviour Support Plan and case management plan to document changes as required
* With young people spending more time indoors, tensions may be heightened. Frontline staff may need to be more patient and understanding and in turn are likely to need additional managerial support to respond appropriately to day to day behaviours
* Staff should remain aware of young people whose risk of self-harm and suicidal behaviour may escalate. Supervision plans and targeted intervention should be actively considered and obtained
* Should new staff be swapped in, they should be thoroughly briefed on the behavioural history of, and the triggers for, young person(s) in their care
* To deal with escalated needs, consider the out-of-hours response requirements during the crisis

Some high needs young people are likely to abscond and may struggle to adhere to government advice on physical distancing.

If a young person who is well and has not been directed to self-isolate leaves the house without a reasonable excuse, and/or breaches the public health directions, staff **do not** need to contact the police. Staff should engage with and educate the young person, and support them to return to the house.

### Aboriginal and Torres Strait Islander Young People

The continuation of culturally appropriate service delivery and responses to Aboriginal and Torres Strait Islander young people during COVID-19 remains a critical issue for DCSYW and service providers.

Many Aboriginal and Torres Strait Islander families, particularly, but not exclusively, those in regional and remote communities, may be more vulnerable to getting sick and being sicker during the COVID-19 pandemic. During the 2009 swine flu outbreak, Aboriginal people made up a fifth of those hospitalised and 13% of those who died – even though they make up about 3% of Australia’s population.

Aboriginal and Torres Strait Islander young people are more likely to experience poorer health and health outcomes than their non-Indigenous counterparts. The drivers of these poorer outcomes include social disadvantage, and the historical impacts of trauma and racism which have resulted in a disconnection from culture. Poorer health outcomes can result in Aboriginal and Torres Strait Islander young people being more vulnerable to contracting COVID-19.

All young people in care should have a Child Health Passport which records the assessments that have occurred and the health services that they require. The passport should be followed as much as possible during the COVID-19 pandemic to ensure that children and young people’s health needs are met.

Where appropriate and available Aboriginal and Torres Strait Islander Health Services can be utilised by caseworkers for obtaining health services for children and young people in care. Aboriginal and Torres Strait Islander Health Services provide a culturally safe environment and a model of healthcare which reflects a holistic view of health and wellbeing.

## Staff focused risk mitigation strategies

The following strategies should be considered by providers to ensure both staff safety and availability:

|  |  |
| --- | --- |
| **Action** | **Detailed Mitigation Strategy** |
| **Develop Business Continuity Plan in consultation with staff** | * Business Continuity plans should be developed in accordance with consultation requirements contained in the Social, Community, Home Care and Disability Services (SCHADS) Award and/or the Fair Work Act, as well as the Safe Work consultation requirements. This includes consultation with workforce representatives (i.e. the ASU) on broad staff continuity strategies. |
| **Prepare for Staff Absences** | * Staff (and volunteers) may need to stay home as a result of their own self-isolation or quarantine; or the need to care for a sick family member(s); or their child/ren in the event of school shutdowns or caring facilities. * Mitigation actions might include: * Develop flexible attendance and sick leave policies * Extend working hours or schedule additional shifts, within award conditions * Identify critical job functions and cross-train current employees * Engage with previous staff members to see if they would return to service to cover COVID-19 staff absences * Hire temporary employees to cover critical job functions; may have a reserve list / pipeline who can be swapped in when staff member becomes sick * Cease non-essential functions and redirect those staff to essential functions * Provision of special leave where applicable. * Ensure ill staff stay home to prevent transmitting the infection to others. |
| **Minimise Staff Rotations** | * Limit the number of staff rotating through a home as a general mitigation measure. |
| **Limit Face-to-Face Interactions** | * Limit face-to-face interactions wherever possible to minimise the risk of spreading the virus6: * Designate private and confidential open spaces for interactions, to minimise the risk in enclosed environments * Use physical barriers such as a big table between staff and young people to create distance * Use technology and apps to support communication between staff and young people * Where possible, plan staffing to minimise the number of staff members who have face-to-face interactions with young people with respiratory symptoms * Staff at high risk of severe COVID-19 (those who are older or have underlying health conditions) should not be in close contact with young people experiencing symptoms * Require staff to wash their hands before and after every face-to-face interactions and ask young people to do the same. |
| **Reduce Staff Congregation** | * Employ electronic communication for team members and meetings as far as possible * Move staff meetings to video-conference where possible (e.g. Skype, CISCO WebEx or Microsoft Teams) * Avoid the need for staff to use a central office space - house managers should either work from home (admin time) or the residential care setting (staff roster time) |
| **Source Personal Protective Equipment (PPE)** | * Many service providers will have been acquiring PPE for the past number of months and should continue to do so where possible * DCSYW is also working on options to source PPE for service providers due to the limited supply in some locations |
| **Train Staff on Infection Control** | * Staff performing cleaning, laundry, and rubbish pick-up activities should be educated to recognise the symptoms of COVID-19 and provided with instructions on what to do if they develop symptoms * Require staff to complete appropriate training * Develop policies for worker protection and provide training to all cleaning staff on site prior to providing cleaning tasks * Train staff on proper glove use. |
| **Advise staff on risk mitigation at home** | * As a general risk mitigation strategy, staff do need to take any special precautions at home and around their family. Staff should: * Pay careful attention to any symptoms such as fever, cough, sore or scratchy throat or change in taste or smell. * Try to isolate themselves from their family and not go to work if they start to feel these symptoms. * Only seek testing if they have symptoms, as they will have to isolate themselves whilst they wait for the results of the test. |

## Staff Training Supports

Carers and support workers can access free [online training](https://www.health.gov.au/resources/apps-and-tools/covid-19-infection-control-training). Infection control education may help to reduce the risk of getting COVID-19.

# Contact with or suspected cases of COVID-19

## Active Screening for COVID-19 symptoms

Screening is the proactive detection of potentially ill young people and staff through the self-reporting of symptoms. In line with current health advice, people experiencing any COVID-19 symptoms should get tested.

If a young person or staff member has a sudden onset of any COVID-19 symptoms, staff should contact the local doctor, a fever clinic or call 13HEALTH (13 43 25 84).

### Who Should Be Screened?

* All employees should be screened for symptoms prior to entering the residential care service.
* Young people should be screened for symptoms on new entry and on a daily basis. Young people who could be at high risk for complications from COVID-19 (those who have underlying health conditions) should be assessed more regularly.
* Any other people entering the residential care service should be screened prior to entering.

### Screening Methods

* Build daily screening into the routine for young people in the house
* Screen employees at entrances to the home
* To reduce the burden on staff, consider limiting the number of entry points to the home (consistent with fire safety and other requirements)
* Staff leaving home (finishing rotation) should screen the staff member taking over the shift (starting rotation)

### Screening can be accomplished by asking the following questions:

* “Have you or anyone you have been in close contact with been required to isolate?”
* “Do you feel feverish”? (Subjective fever)
* “Have you had a new cough, shortness of breath, or sore throat within the last 7 days”?

If a “yes” answer is given to any of these questions, the young person or staff member should be considered a COVID-19 risk and testing arranged. If they are a young person in residence they should immediately notify the Placement Services Unit and be isolated from other young people.

Ensure young people understand that they will receive assistance and not be judged or blamed if they are showing symptoms (this will lower the chance of them hiding symptoms).

## Supporting a young person in close contact with COVID-19

Close contacts are people who have had face-to-face contact with a confirmed or probable case for more than 15 minutes in total over the course of a week. For example, having three chats of five minutes each over seven days is considered 15 minutes total contact.

Close contacts are also people who have shared an enclosed space with a confirmed or probable case for more than two hours.

This contact period is counted from 48 hours before the start of the person’s symptoms.

If a young person thinks they may be a close contact and they have not already been contacted by health authorities, call 13 HEALTH (13 43 25 84). The local public health unit will advise if the young person is deemed a close contact of someone who has COVID-19. They may direct the young person to quarantine for 14 days. If the young person gets sick with any COVID-19 symptoms during that period, even mild, they should get tested immediately.

The recommended steps are as follows:

* Staff should support close contacts to self-isolate for 14 days from last contact (employ physical distancing in the home at a minimum)
* The number of staff who work directly with that young person should be also be limited and staff should employ physical distancing and infection control procedures
* Staff should monitor the young person for symptoms and seek help if they develop – it is important to detect any sign of infection as early as possible.

## Supporting young person with symptoms of COVID-19

As soon as symptoms are identified, self-isolation should be triggered. Staff should:

* Isolate the young person in previously identified space in the home and determine if severely unwell and emergency care required.
* Employ the following infection control standards:
* Provide young person with a mask to wear if they must be in a shared space with others (which should be avoided in the first instance)
* Maintain a safe physical distance of 1.5m
* Avoid touching the young person, the surfaces they have touched or own face
* Increase hand washing frequency, following guidelines ([Appendix 2: Handwashing Technique](#_Appendix_2:_Handwashing)).
* Support young person in arranging testing either through their GP or local fever clinic. You will need to explain:
* The symptoms experienced
* The number young people in the home experiencing symptoms
* The current accommodation setting and its suitability for self-isolation

While awaiting test results, young people will be instructed to remain at home until the results are received. The staff and young people in the house and other close contacts do not need to be in quarantine unless the local public health unit tells them to, however they should stay away from the sick person as much as possible.

## Supporting young person with a suspected or confirmed case of COVID-19

Most people with COVID-19 can be managed without medical intervention, as long as they are supported with all of their immediate needs and can self-isolate. Efforts should be directed to managing the young person’s illness outside of a hospital (where advised by medical staff).

### Suspected cases – a definition

A suspected case meets the following clinical or epidemiological criteria:

* Clinical symptoms that require a COVID-19 test:
  + fever (≥37.5oC) or history of fever (e.g. night sweats, chills)
  + acute respiratory infection (e.g. cough, shortness of breath, sore throat)
  + runny nose
  + fatigue
  + loss of smell or loss of taste
  + other symptoms may include muscular or joint pain, diarrhoea, nausea and/or vomiting and loss of appetite
* Epidemiological criteria - in the 14 days prior to illness onset*:*
  + Close contact with a confirmed or probable case
  + International travel
  + Passengers or crew who have travelled on a cruise ship
  + Healthcare, aged or residential care workers and staff with direct patient contact
  + People who have lived in or travelled through a COVID-19 hotspots [*https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/current-status/hotspots-covid-19*](https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/current-status/hotspots-covid-19)

Where a young person has a confirmed case of COVID-19, and has been advised to self-isolate or has been issued with a Queensland Health order to quarantine in the home, staff should consider conducting the following additional activities (whilst continuing to follow risk mitigation practices and issue mitigation activities for suspected cases – as defined above):

|  |  |
| --- | --- |
| **Action** | **Detailed Mitigation Strategy** |
| **Inform Relevant Parties** | * In the event of a suspected case: * Report all tests via email to the Child Support Officer, or relevant Child Safety Service Centre if testing is undertaken during business hours. * Report all tests via email to CSAH if testing is undertaken outside business hours * email to include symptoms shown and whether the child or young person has travelled to or through a hot spot or knows they have come into contact with a confirmed or probable case plus summary of actions planned by the service to keep the young person and others in the house safe |
|  | * In the event of a confirmed case * Inform relevant parties in accordance with the service Critical Incident Reporting procedure * Inform the Child Safety Service Centre as to where the young person is self-isolating as they are required to report on this |
| **Facilitate Testing** | * Transport the young person to and from the testing facility (ensuring they are wearing a mask in the vehicle, at the testing facility and going through the house). |
| **Support Young Person to Self-Isolate while Determining Next Steps** | * Support the young person to maintain in self-isolation until test results have been received (negative) **or** recovery criteria have been met (positive) * Where possible confine the young person with suspected case (as defined above) to an individual room e.g. bedroom * Where the young person’s bedroom is unsuitable, the house may have identified a particular area as an interim solution while testing necessity is determined * Designate one bathroom in the house to the young person, where possible * Have them stay out of common areas and deliver food directly to them (see below) * Ensure they have a mechanism to contact a staff member if feeling worse e.g. mobile phone or bell by the bed * Dedicate a single staff member to check in on young person with suspected case (as defined above) * Move young person to more appropriate accommodation to self-isolate as required   ***Note:*** *If the young person is required to move to temporary accommodation (e.g. hotel), their care workers would also move to this setting, to ensure that there is 24/7 care cover.* |
| **Develop Contingency Plans for Isolation** | * Maintain the young person in the residential setting they may have moved into when they became a suspected case (as defined above) (see ‘Determine Appropriate Scenario Based on Accommodation Suitability’ below)   ***Note****: If a young person is in isolation, they must have 24/7 care. This should be accounted for in plans.* |
| **Ensure Adequate Accommodation (Accommodation Criteria)** | * Adequate accommodation for self-isolation is defined as the young person having: * Own bedroom * Dedicated bathroom / appropriate staggered access\* * Capacity to maintain physical distance while exiting and entering the bedroom * Adequate light * Adequate ventilation * Appropriate access to electrical outlets and mobile reception   ***Note:*** *Young people in self-isolation are not permitted to access any common areas for the duration of isolation. Staff will need to monitor and supervise common areas to ensure this is being complied with.* |
| **Determine Appropriate Scenario Based on Accommodation Suitability** | A number of self-isolation scenarios have been determined and are explored below in order of preference:   * **Scenario 1 (Preferred Option)**: Where a young person’s current home meets the accommodation criteria above, the young person should self-isolate in their primary place of residence (i.e. no movement)   Where providers cannot meet the accommodation criteria above, there are a number of options:   * **Scenario 2**: Move young person to an ‘alternative activity space’ i.e. to another house in the organisation with an available bedroom and toilet combination (i.e. appropriate set-up for self-isolation) * **Scenario 3**: Contact the Placement Services Unit to identify an appropriate alternative in another organisation within the region or the broader sector * **Scenario 4**: Move young person to Temporary Accommodation i.e. a hotel / motel room. Accommodation provider must be advised that the person coming is positive.   Young people may be ‘cohorted’ together in a home setting where they have all been infected and the symptoms are minor (provided it meets the advice of the medical practitioner and the public health unit dealing with the case). |
| **Minimise Staff Rotations and Segregate Care** | * Where there is a confirmed case, it is desirable to minimise the number of staff providing care to that young person * **Minimise Rotations:** Hours of work could be extended to minimise the number of rotations required in line with the COVID-19 Individual Flexibility Agreements and related guidelines regarding staff who have entered into these Agreements. For more information see [Section 2.4: Individual Flexibility Agreements](#_Individual_Flexibility_Agreements). * **Segregate Care:** One staff member should be allocated to care for the confirmed case on each shift. (Any other young people in the residential setting who do not meet testing criteria or are COVID-19 negative should be cared for by a different group of staff in the same home). |
| **Sanitise Bedroom Young Person is Self-Isolating in** | * Formalise a plan for cleaning the room daily or more frequently as appropriate * Young person may support cleaning activities themselves if they feel well and it is safe to give them cleaning products. |
| **Encourage Safe Hygiene Practices** | * Encourage frequent hand washing or use of hand sanitiser * Encourage the young person to cough into their elbow area or cover their mouth with tissues or paper towels when they cough or sneeze. |
| **Practice Physical-Distancing in Meal Delivery** | * Deliver meals directly to the room, where feasible * Leave food at door of room * Stay 1.5m away from the young person * Wear a mask and gloves (refer to Section 6.2 for further guidance) if you need to get in close proximity to the young person e.g. in the case of a high-needs young person with a disability * Dispose of mask immediately in designated bin when you leave the room. |
| **\*Stagger Bathroom Access** | * Designate one bathroom in the house to a young person with a confirmed case * If this is not possible: * Use a shared rota to stagger bathroom use * Ensure that the infected person uses the bathroom last to avoid spreading the virus to others * Implement appropriate protocol to ensure the bathroom is cleaned after use by a young person with a confirmed case * Portable toilets could also be used as a temporary solution for infected young person(s). |
| **Reduce Cleaning Frequency of these rooms to ‘As Needed’** | * In the young person’s self-isolation accommodation setting, consider reducing cleaning frequency to as-needed (e.g. soiled items and surfaces) to avoid unnecessary contact * The cleaning of high touch surfaces in any shared space with a COVID-19 case should be frequent and with appropriate PPE * Where appropriate, provide the young person with personal cleaning supplies for their bedroom including tissues, paper towels, cleaners and EPA-registered disinfectants * In the case of an exit clean, staff should wait as long as practical after a COVID-19 positive young person leaves a room to clean and disinfect high-touch surfaces, as the virus remains on hard surfaces for up to 12 hours, and the sooner a staff member cleans the surface the greater the chance they have of contracting COVID-19 * Please contact your contract manager if you require an environmental clean in the event of a confirmed case. |
| **Implement Safe Hygiene Practices** | * Encourage the young person to cover their cough or sneeze with a tissue (or into their elbow if a tissue is unavailable) and have rubbish bins available to dispose of tissues immediately * Encourage young people to wash their hands regularly, with soap and water for at least 20 seconds (Appendix 2: Handwashing Technique), especially: * upon entering and leaving the premises * after blowing their nose, coughing, or sneezing * after using the bathroom * before eating * before and after the use of eating utensils e.g. cutlery, dishes, glasses. * All tableware to go through the dishwasher if available * Use of disposable tableware might also be considered * Please note that for a young person with a confirmed case of COVID-19, general hygiene practices still apply and are the same as for everyone else in the house. |
| **Provide Supplies Required** | * Offer tissues, a plastic bag to dispose of tissues, soap and where appropriate hand sanitiser to keep near the young person to help limit their movement in the house * Provide the young person with washable bedding * When delivering essential supplies to a young person in self-isolation, staff members should employ the following protocols to ensure no contact: * Leave items in a paper (disposable) bag at the front door of the bedroom / accommodation * Ensure a safe 1.5m distance between the courier and the door before it is opened * Ask that the bag carrying the items is not reused. |
| **Ensure Access to Personal Protective Equipment (PPE)** | * All care should be taken to limit face-to-face contact with young people with confirmed COVID-19. Staff should wear the following PPE if they have direct face-to-face interaction with an ill person, bring supplies, provide food or handle young person’s belongings: * Face mask (droplet precautions) * Eye protection (goggles or face shield) * Gown / Apron (contact precautions) * Gloves (standard precautions) * Wash hands immediately with soap and water after removing mask, gloves and gown * Provide disposable face masks for young people and staff * See [Section 6.2](#_Cleaning_and_the) for further guidance on PPE use |
| **Encourage Steps towards Recovery** | * Encourage the young person to lie down and rest or sleep * Encourage drinking fluids regularly to prevent dehydration – water, clear soup, decaffeinated tea, or juice * Provide nutritious food * Paracetamol could be provided to help lower a fever (provided there is no known allergy).   ***Note:*** *Refer to* [*Section 3*](#_Managing_Mental_Health) *for Mental Health and activity supports to keep young person occupied* |
| **Monitor Young Person Frequently** | * Young people with mild symptoms could get worse so continue to monitor them * Check in on young person every few hours – using a non-contact method, where possible – to determine if their health status is getting worse. For example: * Call the young person by mobile / room-based telephone * Check in through the window * Speak through the door * For young people who have a high risk of complications from COVID-19 (e.g. those with underlying health conditions) establish a staff schedule to check in on them more regularly * Record food / fluid intake * Ensure staff know the signs and symptoms of COVID-19 and at what point symptoms go from mild to severe – shortness of breath should trigger concern * Use any augmentative communication systems or current processes to provide messaging around symptoms to young people. This could be enhanced by placing posters around the facility (in bedrooms, common rooms, staff rooms, the back of the bathroom door) illustrating the symptoms * Icons could be used to allow young people (including those with low literacy levels/CALD young people) to understand and communicate effectively any of the symptoms * If the young person’s symptoms don’t alleviate after a week, contact your local healthcare provider * If the young person develops severe symptoms, call an ambulance – advise that young person is confirmed case. |

### Additional considerations for each cohort:

**1. Children and Young People living with a Disability Cohort**

Providers need to weigh the risks to staff and other young people versus the benefit of keeping a confirmed COVID-19 high needs / high touch care (e.g. support bathing) young person in the home setting.

* At the time of consideration of testing, reach out for paediatric / public health advice to consider what would be the threshold for admission to hospital
* If a young person needs to be moved to another house, frame it as an ‘alternative activity space’ with this cohort, instead of isolation, particularly in the case of intellectual disabilities.

Where advised to keep young person in a residential setting, staff should ensure the following:

* Where possible, strictly limit the number of staff working on rotation with [suspected case](#_Suspected_cases_–)
* Staff members working with this individual should not work with other young people
* Ensure staff working with [suspected case](#_Suspected_cases_–) have full PPE required at all times of interaction ([Section 6.2](#_Cleaning_and_the))
* Continue to take extra precautions such as frequent hand washing (as well as wearing gloves).

Highly regulated routine is particularly necessary for many young people in this cohort. With changes to routine as community access / school routines have changed, a behavioural spike can be expected. Staff should:

* Expect to employ approved restrictive practices (medication as prescribed or active restriction e.g. knives in kitchen)
* Ensure compliance with NDIS Quality and Safeguards Commission practice standards on restrictive practices as well as a young person’s Behaviour Support Plan, as well as any reporting requirements against these
* Document routines in detail for staff handover
* Use activity planners to provide sense of routine.

**2. Children and Young People with High Behavioural Needs Cohort**

While the primary aim is to keep young people in their existing and stable accommodation setting, there may be some instances where this is not appropriate (i.e. distressed behaviour resulting in risk to others, behaviours escalating, not getting on with housemates, non-compliance)

### Non-Cooperation with Isolation Measures

If a young person who is a [suspected case](#_Suspected_cases_–) is unable to cooperate with self-isolation rules, staff should:

* In the first instance, rely on the relationship between worker and young person (support them to self-isolate because of public health order).
* Seek support from the safety and support network
* For children and young people with a Positive Behaviour Support Plan, utilise strategies outlined where relevant. Plans contain actions to strengthen positive behaviours and reduce behaviours of concerns.
* Contact the National Coronavirus Health Information line 1800 020 080. The Information line will provide you with instructions and guide you through a process based on the information provided to them about the situation.
* Inform your Child Support Officer within relevant Child Safety Service Centre if a young person in your care is a suspected or confirmed case for COVID-19 and refuses to self-isolate.

If non-compliance with isolation measures is posing a risk to other young people or staff, the decision might be made (with advice from the Department of Child Safety, Youth and Women) to move the young person.

Police also have the authority to respond to those not abiding by the self-isolation rules and who pose a risk to public health, however they should only be called upon to act in such cases as a last resort.

## Supporting staff with a suspected case of COVID-19

As soon as a staff member becomes symptomatic, they should seek medical advice and self-isolate until they have a clearer picture.

Staff must stay home when they:

* are sick
* have had close contact with a diagnosed person or a person under investigation
* are caring for a sick household member

If a staff member has been at work whilst symptomatic, or in the 24 hours prior to the onset of symptoms they should advise their supervisor.

* The supervisor should contact the local Public Health Unit for advice regarding the management of other staff and the young people prior to the result becoming available
* Contingency staff should be brought in to cover and provided with appropriate PPE ([Section 6.2](#_Cleaning_and_the))

If a staff member is identified as symptomatic at the door of the residence, they should not enter the property. If a worker is obliged to leave his or her shift they should contact the supervisor to arrange cover. (This should be avoided by staff monitoring symptoms before going to work.)

## Supporting staff with a confirmed case of COVID-19

Once a staff member has been confirmed as COVID-19 positive they must inform their supervisor. The residential care provider is then required to inform both the Placement Services Unit and contract manager, and update the Public Health Unit.

In all cases, staff are advised to stay at home until the duration of self-isolation is complete. They should focus on rest and recovery in the meantime.

## Testing for COVID-19

To find the closest COVID-19 testing location call 13HEALTH (13 43 25 84).

Testing for COVID-19 involves collecting nasal (inside your nose) or throat swabs, and/or sputum (mucus coughed up). These samples are then transferred to the nearest laboratory that is set up to test for COVID-19. For those who are tested for COVID-19 but are not really sick, they will be sent home to self-isolate while awaiting test results. This may take several days.

If you are really sick you may be admitted to hospital for treatment. If you become sicker while you are waiting for results, please contact your doctor or call an ambulance. Make sure you let them know you are waiting for test results for COVID-19.

If the result is positive, you will receive a call from a public health doctor or nurse who will tell you what to do next. If you are well enough to take care of yourself, you will need to stay at home in self-isolation until you recover. If you get sicker, you may be admitted to hospital in an isolation area.

If the result is negative, your doctor or the clinic that tested you may let you know. Depending on where you got tested, you may just receive an automated SMS. If you have been issued with a notice telling you to self-quarantine, you must stay in self-quarantine until the end date written on the notice, even if you get a negative result. This is because you may still develop COVID-19 infection.

If you are waiting on a test result, the people you live with and other close contacts do not need to be in quarantine unless the local public health unit tells them to. They should stay away from the sick person as much as possible. If the test result is positive, they may be assessed as a close contact and will then need to be in quarantine.

If you’ve been tested in a public Queensland Health facility and have not received any call or a SMS notification and would like to follow up your negative test result, you can call Pathology Queensland on 1800 472 847. Test results for those under 16 years old cannot be provided over the phone, but you can request a copy of the result to be sent to your GP.

# Infection control

## Infection control practices

In an environment where young people live together with rotating staff, infection control is a key strategy in preventing harm from infection. This is particularly important in situations where young people are less likely to comply with social distancing measures.

This section provides an overview on key infection control actions providers can take to reduce the spread of the virus in the home setting:

## Cleaning and the use of Personal Protective Equipment

### Recommended cleaning process

Gather the items needed for cleaning before entering the area and cleaning begins. This may include the following:

* personal protective equipment (PPE)
* cleaning equipment and solutions
* rubbish waste bag
* alcohol-based hand rub (containing at least 60% alcohol).

### Personal protective equipment recommendations

People entering the room and the person with confirmed, probable or [suspected](#_Suspected_cases_–) COVID-19 should wear a surgical mask if the person with COVID-19 remains in the room while the cleaning is done.

People should use the following process to safely put on the recommended personal protective equipment before entering the area:

* Clean your hands. This can be done with liquid soap and running water or alcohol- based hand rub.
* Put on a disposable apron. Fasten the back of the apron at the neck and waist.
* If the person with confirmed, probable or [suspected](#_Suspected_cases_–) COVID-19 is in the area to be cleaned put on a surgical mask. Secure the ties of the mask at the middle of the head and neck. Fit the flexible band to nose bridge and ensure mask is fitted snug to face and below the chin. Do not touch or adjust the mask until you are ready to remove the mask.
* Put on protective eyewear to protect your eyes from the cleaning fluids.
* Put on disposable latex or vinyl gloves.

The purpose of personal protective equipment is to reduce the risk of direct contact with contaminated surfaces.

People should use the following process to safely remove personal protective equipment:

* Remove and dispose of gloves. The outside of the gloves are considered to be contaminated. Remove gloves being careful not to contaminate bare hands during glove removal.
* Clean your hands. This can be done with either liquid soap and running water or alcohol-based hand rub.
* Remove and dispose of apron. The apron front is considered to be contaminated. Untie or break fasteners and pull apron away from body, touching the inside of the apron only.
* Clean your hands. This can be done with either liquid soap and running water or alcohol-based hand rub.
* Remove protective eyewear/face shield. The outside of protective eyewear/face shields is considered to be contaminated. Remove eyewear/face shield by tilting the head forward and lifting the head band or ear pieces. Avoid touching the front surface of the eyewear/face shield. Reusable protective eyewear should be placed into a container and washed in detergent and water and allowed to completely air dry.
* Clean your hands. This can be done with either liquid soap and running water or alcohol-based hand rub.
* Remove and dispose of surgical mask if worn. Do not touch the front of the surgical mask. Remove the surgical mask by holding the elastic straps or ties and remove without touching the front.
* Clean your hands. This can be done with either liquid soap and running water or alcohol-based hand rub.
* Personal protective equipment can be disposed into general waste.
* Once you enter the area, avoid touching your face and don’t touch or adjust your face mask if one is worn.
* If wearing a mask, it should be either on or off – ensure it always covers both the nose and mouth and don’t let it dangle from the neck.

### Cleaning recommendations

Once the person with confirmed, probable or [suspected](#_Suspected_cases_–) COVID-19 vacates a room, cleaning can commence immediately. The room and all hard surfaces in the room should be physically cleaned. All furniture, equipment, horizontal surfaces and all frequently touched surfaces (e.g. door handles) should be thoroughly cleaned.

When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used.

Cleaning of hard surfaces (e.g. bench tops) should be done using either:

* a physical clean using a combined detergent and 1,000ppm bleach solution (2-in-1 clean) made up daily from a concentrated solution. Follow manufacturer’s directions for dilution.
* a physical clean using detergent and water followed by a clean with 1,000ppm bleach solution (2-step clean), for example, household bleach or hospital-grade bleach solutions that are readily available from retail stores. Read the product label and follow the manufacturer’s directions for use or see Table 1 below for a typical dilution recipe.

Bleach solutions should be made fresh daily and gloves should be worn when handling and preparing bleach solutions. Protective eyewear should be worn in case of splashing.

Once cleaning is completed, place all disposable cleaning items in the rubbish waste bag. Waste does not need any additional handling or treatment measures.

Cleaning equipment including mop heads and cloths should be laundered using hot water and detergent and completely dried before re-use. Cleaning equipment, such as buckets, should be emptied and cleaned with a new batch of chlorine bleach solution and allowed to dry completely before re-use.

### Waste handling

Waste from a household, or waste from a hotel or motel where someone with confirmed, probable or [suspected case](#_Suspected_cases_–) of COVID-19 infection is living or staying, is not regulated as medical waste under the Queensland Environmental Protection (Waste Management) Regulation 2000. However, it is still important that waste from these places is handled with caution before throwing away.

Personal waste, such as used tissues, packaging, masks and disposable cleaning supplies should be put securely inside disposable rubbish bags in the same room as the person with confirmed, probable to [suspected](#_Suspected_cases_–) COVID-19 infection.

When dealing with waste, avoid touching the inside of the bag. Make sure the rubbish bag is not completely full, so the contents don’t overflow and use two bags if the contents are wet in case it leaks.

This waste can be put with other general rubbish (not recycling or green bins) for your normal rubbish pick-up.

Rubbish bins inside the house should be kept clean and disinfected regularly. If a pedal bin or plastic bucket is used, it is a good idea to use a bin liner. Bin liners stop the bin from getting dirty, help with taking the rubbish out and also help with cleaning and sanitising the bin.

It is important to always wash your hands well and dispose of any personal protective equipment after handling waste.

## Food preparation and serving practices

There is no evidence to date to suggest that food is a source or route of transmission of the virus. It is also highly unlikely that a person can contract COVID-19 from food or packaging.

After shopping, handling food packages, or before preparing or eating food, it is important to always wash your hands with soap and water for at least 20 seconds.

Maintain and practise frequent hand washing when preparing foods, after going to the bathroom, and after touching the face or hair

Maintain thorough cleaning and sanitising of facilities, food contact surfaces and equipment (including crockery and cutlery), and also door handles, lights and appliance switches, floors and benches.

# Contingency Planning for Substance Users

### Vulnerability of Alcohol and Drug Users to COVID-19

Young people who use substances are more vulnerable to the effects of viral infection because of reduced immunity due to drug and alcohol use. In addition to weaker immune systems, they might have respiratory problems or other conditions that place them at a higher risk of severe disease if infected. People with lung disease have an increased risk of developing a serious illness. Smoking (including methamphetamine, crack cocaine, cigarettes or vapes) makes it more difficult to inhale, exacerbates breathing impairment and so increases the severity of the virus.

When young people are known to use nicotine, marijuana, ‘ice’ (meth) and alcohol, staff should be mindful of the additional support they might require during the pandemic. In the COVID-19 climate, these substances may be restricted, in turn leading to escalated behaviours or prompting young people to take other substances they are not used to, in substitution. Providers should make specific contingency plans to manage substance use. Consultation with youth alcohol and other drug service is encouraged.

## Preventative Care

Members of staff should consider contingency plans for situations such as:

* Counselling / Support Groups – The stress of this situation on all systems in society may place young people at greater risk for alcohol and or drug use. The following may help them to get through this stressful time:
* Encourage young people to practice additional self-care.
* Some young people may benefit from counselling, taking care to avoid unnecessary visits and exposures. Work to provide telemedicine or telephone options.
* Provide recommendations for online teleconferencing platforms or web-based support groups.
* Nicotine Treatments for Smokers – Young people with smoking addictions should be encouraged to have a telehealth appointment with their GP to discuss nicotine replacement treatment (NRT) or other treatments to help minimize smoking and vaping58. Under 18s will require a script for NRT.
* Drug and Alcohol Withdrawal – Where young people exhibit withdrawal symptoms, providers should be aware that this can be a very serious situation resulting in a medical emergency. Staff should understand the signs of withdrawal ([Appendix 3: Withdrawal Signs and Symptoms](#_Appendix_3:_Withdrawal)) so that they can be confident in responding to young person and know when to call a GP and / or ambulance. Consideration should be given to helping young people in accessing ‘take-away’ supplies of replacement drug therapies i.e. methadone, buprenorphine in consultation with the local health network / methadone clinic. Safe storage in the house of opioid replacement drugs needs to be considered. Additionally, young people may need to be supported to safely leave and return to premises to manage their withdrawal or opioid replacement therapy. It is important that during this process the young person maintains physical distancing and other hygiene measures in line with COVID-19 health advice.

## Curative Care

Members of staff should consider contingency plans for the following:

* Close Monitoring of Patients – Whilst screening for COVID-19 should be universal and not targeted to those with dependency issues, careful attention should be paid to this high-risk group. Some early symptoms of withdrawal and COVID-19 are similar. These include fever and muscle soreness. If symptoms include a persistent cough, that signals that it could be COVID-19. Providers should set procedures for young people to alert staff if they are experiencing symptoms.
* Withdrawal – Due to the likelihood of interrupted supply or reduced access to drugs or alcohol as the world reacts to COVID-19, service providers should be prepared for young people to go through involuntary withdrawal, particularly those young people dependent on ‘ice’ (methamphetamines). Providers should:
* Ensure the necessary medications, food and drinks that help detox are on hand. Protein-based and electrolyte drinks are particularly effective
* Speak with a medical provider, on the young person’s behalf, about starting methadone or buprenorphine, where necessary
* Ensure that sufficient treatment capacity is available if people look for withdrawal support or substitute with prescribed medications as an alternative to using illicit drugs.

# Appendices

## Appendix 1 – Supply Checklist

A critical component to infectious disease prevention is ensuring that refuges and accommodation have the necessary supplies in stock to maintain a disease-free environment. To appropriately mitigate and respond to outbreaks, develop a checklist of items.

The table below provides a sample list of recommended supplies to keep available at the facility. This table includes check boxes and space to include the number of each item required. It can be edited and used by service providers.

Young people with disabilities may need additional supplies, which should be added to the list accordingly.

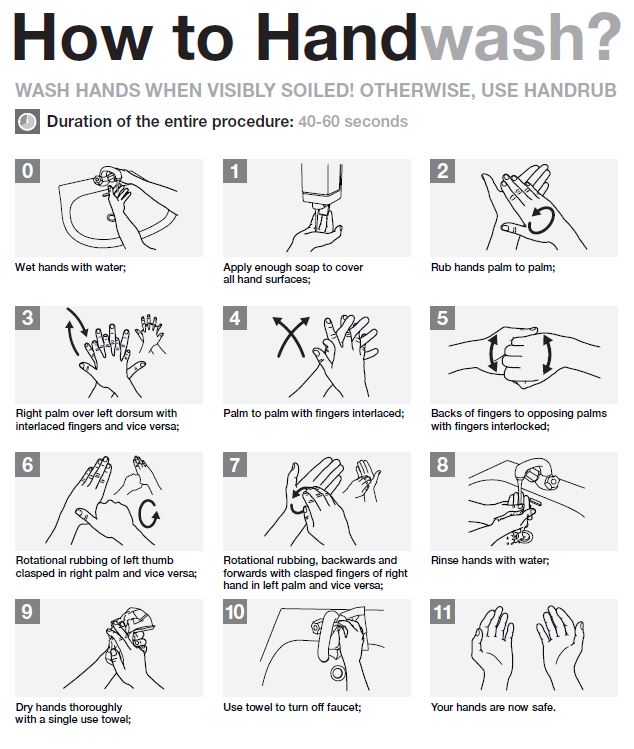
|  |  |
| --- | --- |
| **Category** | **Description** |
| Personal Protective Equipment (PPE) | ☐ \_\_ Gloves  ☐ \_\_ Surgical masks  ☐ \_\_ Eyewear protection (e.g. goggles)  ☐ \_\_ Gowns  ☐ \_\_ Aprons (where gowns are unavailable) |
| Cleaning Supplies | ☐ \_\_ Large garbage bags  ☐ \_\_ small garbage bags  ☐ Other waste disposal supplies \_\_\_\_\_\_\_\_\_\_\_ |
| Hand Hygiene Products | ☐ \_\_ Soap  ☐ \_\_ Paper Towels  ☐ \_\_ Hand sanitiser (alcohol containing)  ☐ \_\_ Hand wipes  ☐ \_\_ Tissues |
| Thermometers & Thermometer covers | ☐ \_\_ Thermometers  ☐ \_\_ Thermometer covers  **Note:** *Approx. one thermometer for every 10 infected young person is adequate; clean between use per product instructions* |
| Health Supplies | ☐ \_\_ Adult and children anti-fever medications e.g. Panadol  ☐ \_\_ First Aid Kit53  ☐ \_\_ Resuscitation Face Shield with valve  **Note:** *First aid kit may need to be customised to the house and the young people’s needs* |
| Bags | ☐ \_\_ Resealable zip-top plastic bags |

## Appendix 2: Handwashing Technique

**Protect Yourself**

* Wash your hands regularly
* Wash your hands with soap and water, and dry them thoroughly with paper towel (where possible) and dispose
* Use alcohol-based hand rub if you don’t have immediate access to soap and water

**How to Wash Your Hands Properly**

* Washing hands properly takes 20 seconds
* This can be about as long as singing “Happy Birthday” twice
* To wash your hand thoroughly, use the motions illustrated in the images below:

Source: World Health Organisation

## Appendix 3: Withdrawal Signs and Symptoms

Given the increased likelihood and frequency of young people experiencing withdrawal from alcohol and other drugs as COVID-19 remains a threat, staff should make themselves aware of signs and symptoms to look for in young people who may be experiencing withdrawal.

The table below demonstrates a summary of the signs and symptoms that would indicate withdrawal of nicotine, cannabis, psychostimulants and alcohol (in order of pervasiveness) which are prevalent in Residential Care settings for children and young people across New South Wales:

|  |  |
| --- | --- |
| **Substance** | **Signs and Symptoms** |
| Nicotine | * Craving * Irritability, Restlessness, Mood Swings * Increased Appetite and Hunger * Sleep Disturbances with Resulting Insomnia and Fatigue * Anxiety and Depression, Difficulty Concentrating |
| Cannabis | * Insomnia, Shakiness * Irritability, Restlessness, Anxiety * Anger, Aggression |
| Psychostimulants (Methamphetamines, Cocaine & Amphetamines) | Three phases:  1. **Crash**: fatigue, flat affect, increased sleep, reduced cravings  2. **Withdrawal**: fluctuating mood and energy levels, cravings, disturbed sleep, poor concentration  3. **Extinction**: persistence of withdrawal features, gradually subsiding |
| Alcohol | * Anxiety, Agitation * Sweating * Tremor * Nausea, Vomiting, Abdominal Cramps * Diarrhoea * Anorexia * Craving * Insomnia * Elevated Blood Pressure, Pulse and Temperature * Headache * Confusion, Perceptual Distortions, Disorientation, Hallucinations * Seizures (may be life threatening) |