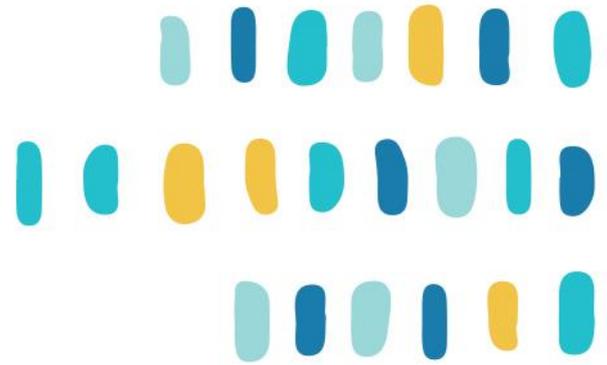




Government of **Western Australia**
Department of **Communities**



Disability Sector – Preparedness Guide for COVID-19

A guide to support the Disability Sector in
Western Australia

Version 3 – 22 December 2020

This guide will be updated during the pandemic in Australia and government advice changes.

Please ensure you have the most up-to-date version and check this webpage often for updates. The document is best accessed online. Download a copy of the [Disability Sector – Preparedness Guide for COVID-19](#).

This guide can be made available in alternative formats on request to disability@communities.wa.gov.au

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Introduction

Background

Coronaviruses are a large family of viruses known to cause respiratory infections, including the common cold. The World Health Organization (WHO) describes a novel coronavirus as “a new strain that has not been previously identified in humans”. On 30 January 2020 the WHO declared the novel coronavirus (COVID-19) outbreak to be a “Public Health Emergency of International Concern”. On 28 February 2020 the WHO raised COVID-19 to the highest level of global risk.

A State of Emergency was declared on 15 March 2020 in Western Australia (WA) in respect of the pandemic caused by COVID-19. Pandemics are often, but not always, caused by influenza viruses and an influenza pandemic occurs when a new virus subtype emerges which has little or no immunity. Without immunity, the new subtype can spread rapidly worldwide to become a pandemic, potentially causing high numbers of cases, severe disease and deaths (Government of Western Australia, 2020, [Western Australian Government Pandemic Plan](#)).

Some people with disability who have high support needs or underlying chronic health conditions may be at an increased risk of severe illness if they contract COVID-19. Many people with disability also receive assistance with activities that require close contact, at times from multiple support staff. This presents challenges with physical distancing and compounds the risk of contracting the virus.

Infection is more likely to spread rapidly in group settings such as supported accommodation facilities or supported employment, if not managed effectively. Disability service providers need to be prepared and supported to respond to COVID-19.

For the purposes of this document the following definitions are used throughout:

Person/people with disability – people who have long-term physical, mental, intellectual, cognitive or sensory impairments resulting in substantial functional impact.

Carer – a person who provides unpaid support and care to people with disability, this includes family members or friends.

Support worker – a person who provides paid support to a person with disability. A support worker can be directly employed by the person or employed by a disability sector organisation and is inclusive of volunteers.

Disability service provider – an organisation that provides supports and services to people with disability

Disability Taskforce

The Disability Taskforce was established by the Department of Communities (Communities) in February 2020 with a primary focus to ensure people with disability, their families and carers continued to receive the support required and to maintain a suitably skilled workforce to sustain quality service delivery during the State of Emergency. The Disability Taskforce comprises representatives of disability and community sectors, Communities and other government agencies working in partnership.

The State Welfare Incident Coordination Committee (SWICC) was established in March 2020 with responsibility for emergency welfare responses and the Disability Taskforce aligns to SWICC.

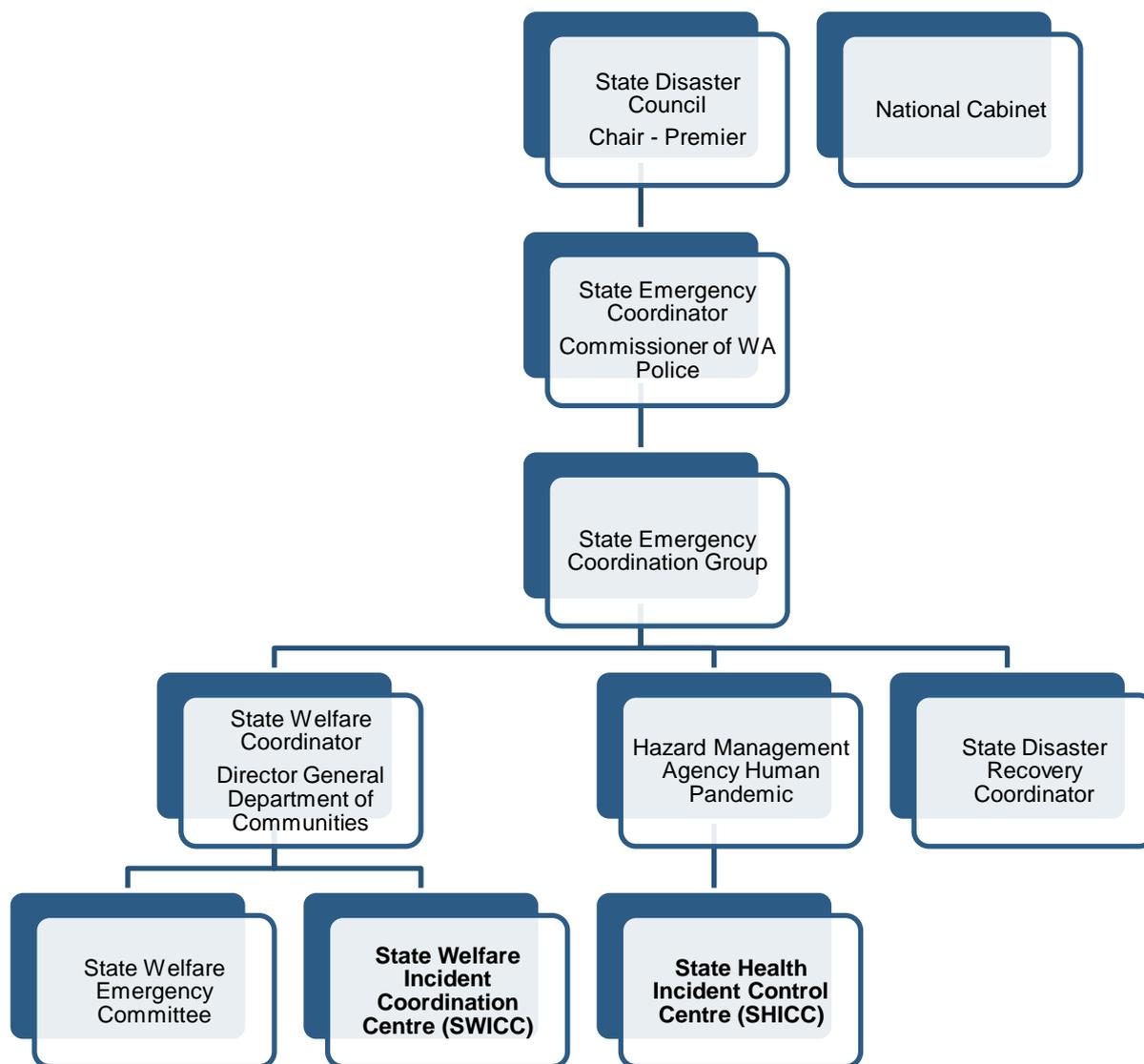


Figure 1: State emergency committees

Disability service providers have an essential and valued role assisting the state government to manage the pandemic. This includes the continued delivery of essential supports to people with disabilities in a range of settings.

In August 2020, at the request of the Minister for Disability Services, the Director General of Department of Communities convened a meeting of key representatives from the

disability sector, state and federal government agencies to discuss the development and implementation of a preparedness plan if there is a surge in COVID-19 cases in people with disability, their families and/or support workers in WA. The Disability Taskforce was tasked with developing and driving a preparedness plan and actions — with learnings from other jurisdictions taken into consideration — an associated action was the development of this preparedness guide for the disability sector.

About this plan

Purpose

The purpose of the *Disability Sector - Preparedness Guide for COVID-19* is to deliver a pragmatic guide for the disability sector in WA by clearly articulating the roles and responsibilities of stakeholders and providing clear and concise information specific to people with disability.

Objectives

The objectives of this guide are to:

- Clarify the roles and responsibilities of key stakeholders
- Provide knowledge, support and guidance to disability service providers to ensure the continued essential service delivery for people with disability should a further outbreak occur
- Provide COVID-19 resources and information specific to people with disability in an easy to access guide
- Encourage disability service providers to work alongside other sector providers to deliver supports and information, for Cultural and Linguistically Diverse (CaLD) service providers and Aboriginal and Torres Strait Islands people with disability

Roles and responsibilities

Department of Communities

Communities role and responsibility is the coordination of WA Government partnerships with the community services sector and proactively responding to issues for vulnerable cohorts in the WA community. A specific responsibility is the safeguarding of the health and well-being of people with disability, as well as their families and carers.

Communities has the primary responsibility for coordinating the provision of welfare support. To assist in coordinating the provision of welfare services, six functional areas have been identified:

- emergency accommodation;
- emergency food provision;
- emergency clothing and personal requisites;
- personal support services;
- registration and reunification;

- financial assistance.

In addition, other priority activities may be directed by the State Welfare Emergency Committee (SWECC). The following operational welfare functions are also the responsibility of Communities:

- Reception.
- Disaster Information Support Care Centres (DISCCs).
- Coordination of welfare services under the Perth Airport Aerodrome Emergency Plan.

Detailed information about the six functional areas and other welfare functions is within the State Emergency Management Committee – [State Support Plan Emergency Welfare \(Interim\)](#).

Department of Health Western Australia (WA)

The Department of Health (WA) provides advice regarding the prevention, detection and management of COVID-19 in WA and responsibilities linked to the *Public Health Act 2016* under the State of Emergency declared in WA.

The Department of Health (WA) have developed comprehensive outbreak management plans for a range of settings. Stakeholder engagement has been undertaken which includes testing protocols, measures for isolation, treatment of those affected and guidelines for the management of outbreaks in metropolitan and regional areas.

The Public Health Emergency Operations Centre (PHEOC) mentioned in this guide is a part of the Department of Health (WA).

Australian Government Department of Health

The Australian Government Department of Health is the nation's lead agency for monitoring and responding to the COVID-19 pandemic across Australia.

National information including daily updates, current facts and figures, travel advice, key contacts and phone numbers and official Commonwealth medical advice is on the [Coronavirus \(COVID-19\) health alert](#) website.

Disability Service Providers

Disability service providers have the below responsibilities:

- ensure staff are trained in infection prevention and control, see [Infection Control and use of Personal Protective Equipment \(PPE\) resources](#)
- ensure staff have access to PPE when there is a suspected or confirmed COVID-19 case
- develop and implement [COVID safety plans](#)
- review and update [business continuity plans](#)

- respond to requirements for self-isolation, self-quarantine or COVID-19 illness among people with disability and staff in accordance with WA and Commonwealth guidelines and instructions at the time
- support people with disability and carers to access relevant and current information in accessible formats including the use of translation and interpreter services if required, see [support and resources](#)
- ensure people with disability and carers receive information about any changed practices or service delivery to respond to COVID-19
- refer people with disabilities and carers to other relevant services for support if required, see [key contacts for immediate assistance and direction](#)

The National Disability Insurance Scheme (NDIS) providers in WA have specific obligations under the [NDIS Code of Conduct](#) and the [NDIS Practice Standards](#) requiring workers and providers to deliver supports and services in a safe and competent manner. Obligations also apply to the prevention and management of risks associated with the supports provided to NDIS participants.

NDIS Quality and Safeguards Commission

The NDIS Quality and Safeguards Commission (NDIS Commission) is the regulator of NDIS supports and services ensuring a nationally consistent approach to quality and safeguarding. In relation to COVID-19, the NDIS Commission provides information such as updates, training, alerts and resources to registered NDIS providers to support the continued delivery of quality and safe services to NDIS participants.

A condition of registration with the NDIS Commission is that the disability service provider [notifies of changes or events](#) that adversely affect the capacity to deliver supports and services to NDIS participants. This includes, if a person with disability lives in Supported Independent Living accommodation, and has been diagnosed with COVID-19, the provider must advise the NDIS Commission. The NDIS Commission will advise the National Disability Insurance Agency (NDIA), and existing plans will be updated with additional funding as soon as possible.

Disability service providers wishing to receive information to assist with meeting obligations can [subscribe for provider updates](#).

See further information from the NDIS Commission below:

- [Coronavirus \(COVID-19\) information](#)
- [COVID-19 information pack – information for NDIS providers and workers](#)
- [Coronavirus \(COVID-19\) information for people with disability](#)

National Disability Insurance Agency (NDIA)

The NDIA is the Commonwealth agency responsible for implementing the NDIS. During the COVID-19 pandemic a key role is ensuring people with disability who are connected with the NDIS continue to access essential supports and services. A further role is ensuring timely access to relevant safety and wellbeing information.

People with disability who are NDIS participants impacted by COVID-19 will be prioritised to ensure they continue to receive their disability related supports, including any additional supports or funding.

A summary of supports provided by the NDIA to support NDIS participants during the COVID-19 pandemic is located in [appendix 1](#).

Visit the NDIS [Coronavirus \(COVID-19\) information and support](#) website.

About coronavirus (COVID-19)

COVID-19 is a respiratory illness caused by a novel coronavirus with reported symptoms including fever, sore throat, cough, tiredness and difficulty breathing.

COVID-19 is most likely spread from person-to-person through:

- close contact with an infectious person or in the 48 hours before their symptoms appeared
- close contact with an infectious person who coughs or sneezes
- touching objects or surfaces contaminated from a cough or sneeze from an infected person, and then touching your mouth or face.

Information on the transmission of the virus suggests people may be infectious up to 48 hours before the onset of symptoms, and until at least 24 hours after symptoms resolve.

Currently, there are no approved vaccines or treatments to prevent or cure COVID-19. Some people will recover easily, whilst others may get sick very quickly. There are some medical treatments that can help people who are seriously ill. Researchers and companies across the world are developing potential [vaccines and treatments](#) with the Australian Government developing a strategy to deliver them to the public when available.

People most at risk of contracting COVID-19 include:

- travellers who have recently been overseas
- people who have been in close contact with someone who has been diagnosed with COVID-19
- people in correctional and detention facilities
- people in group residential settings

Some people with disability will be at greater risk of serious illness if they contract COVID-19. Those at a higher risk of more serious illness if they contract COVID-19, include but is not limited to people who:

- are over 70 years old
- have cancer or are having chemotherapy or radiation
- have chronic renal failure, heart disease, chronic lung disease, chronic liver disease
- have diabetes
- experience a neurological condition (e.g. stroke or dementia)

- experience some chronic inflammatory conditions

Refer to the Australian Government Department of Health for [advice for people at risk of COVID-19](#), [COVID-19 advice for people with disability](#) and [COVID-19 – frequently asked questions](#).

Testing

The Department of Health (WA) encourages early testing as people are most infectious when they first experience symptoms. COVID-19 can cause symptoms that range from mild illness to pneumonia. If a person is experiencing any of the below symptoms, they should get a COVID-19 test:

- fever of 37.5°C or above OR fever in the last few days (for example, night sweats or chills)
- coughing, shortness of breath, sore throat, runny nose
- loss of smell or taste.

If the person has severe symptoms, such as difficulty breathing, an ambulance should be called on 000 and the operator advised that the person has a fever, cough, sore throat or respiratory illness.

If a person with disability is accessing the health system alone or without a known support (carer or support worker) consider completing the [COVID-19 hospital companion for people with disability form](#). This can be provided to frontline health workers to communicate important personal information and to ensure health workers understand their individual needs.

Testing is also important for the below situations (Australian Government Department of Health, [What you need to know about COVID-19](#)):

- a person has returned from overseas in the past 14 days, including travelling on a cruise ship
- a person has been in close contact with someone diagnosed with COVID-19 in the past 14 days
- health care, aged care or residential care workers or staff members with direct people contact.

Visit Department of Health (WA) for further information on [COVID-19 testing](#).

COVID clinics

If a person has COVID-19 symptoms, they should seek advice from their General Practitioner (GP), the WA Coronavirus Information Helpline **13 COVID (13 268 43)** or the National Coronavirus Helpline **1800 020 080** about whether they should be tested.

Testing locations	Further information
COVID clinics - metropolitan	<ul style="list-style-type: none"> • Local hospital/health service locations

Testing locations	Further information
	<ul style="list-style-type: none"> • Free • No Medicare card required
COVID clinics - regional	<ul style="list-style-type: none"> • In regional areas with no COVID clinic, people should go to a public hospital, health service or remote health clinic • Ensure to phone ahead to advise of symptoms • Free • No Medicare card required • Where to get tested for COVID-19 throughout WA in regional and remote areas
GP respiratory clinics	<ul style="list-style-type: none"> • GP respiratory clinics are being established around the country to clinically test and diagnose people with mild to moderate respiratory conditions. • Clinic bookings are only for symptomatic people • Phone ahead to make an appointment • Fees may apply
Private pathology collection centres	<ul style="list-style-type: none"> • GP referral is required • Fees may apply; (People with symptoms with a Medicare card will be bulk billed)

Home testing

COVID-19 testing in the home is available for people with disability who cannot attend a COVID-19 Clinic for testing and this is organised through the primary care provider, the GP. The GP needs to make a request that a staff member from the relevant pathology group (for example PathWest) visit the home. The GP should include additional information on the pathology request form detailing if the person lives in supported accommodation and the contact of the disability service provider. The GP may also complete a home visit or have an appointment via teleconference. If the GP primary care provider requires further information or advice regarding COVID-19 testing they can contact the Public Health Emergency Operations Centre (PHEOC) on 08 9222 0221 or their local Public Health Unit.

A proactive approach is essential for at risk people who require COVID-19 testing in the home. The primary care provider should be contacted in advance to develop a plan should home testing be required in the future. This enables the primary care provider to have procedures in place ahead of time.

For people with disability living in supported accommodation, the disability service provider should develop a plan with the person, guardian (if applicable) and carers to ensure a proactive approach. If a person with disability or a support worker from disability support accommodation undergo a COVID-19 test, they need to advise the clinic or GP that they are from a high risk setting to have a priority placed on testing and delivery of results.

Testing process

The testing process for COVID-19 is summarised below:

- A swab will be taken from inside the nose and back of mouth. This is done using a medium sized stick (~20cm long) to take the swab from the nose and another one for the mouth. The stick has a soft cotton part at the end like a long cotton bud. This process can be uncomfortable but should not be painful.
- If required alternative testing arrangements may be available.

For people unlikely to tolerate having a nasal swab taken, a discussion with the GP should occur.

Visit [Information for supports workers and carers on COVID-19 testing for people with disability](#) for more detailed information.

Point of care (POC) testing

POC testing provides faster turnaround times and is available for urgent cases and higher risk COVID-19 testing scenarios, such as people living in Aboriginal communities. Test results are available within an hour. There is a limited supply of COVID-19 cartridges to operate the GeneXpert platform which completes the test. The Health Service Approver makes decisions on the appropriateness of testing and the use of POC testing versus laboratory-based testing, see Department of Health (WA) [GeneXpert COVID rapid test approval process](#) document for further information. POC testing should be used for cases where this will provide a clinical or public health advantage, compared with usual laboratory-based testing.

Isolation after testing

A person with COVID-19 or suspected to have it must enter mandatory isolation. Following a COVID-19 test a person is required to isolate in:

- home if it is suitable
- hospital if a person requires medical treatment
- another location if determined by Department of Health (WA)

Isolation means remaining at the isolation location, except in an emergency or to get essential medical care.

Read Department of Health (WA) [self-isolation information for confirmed cases of COVID-19 in WA](#) for further information

Test results are usually received between 24 to 72 hours (Source: Department of Health (WA), 2020, [COVID-19 Testing](#)).

If the person had a COVID-19 test at a public COVID Clinic in WA or at testing facilities within country WA the result can be obtained by phoning 1800 313 223 Monday to Friday from 8am to 4pm (excluding public holidays).

- **Positive test result:** A Public Health Unit staff member will discuss the positive test result with the person or guardian/s. Public Health will conduct contact tracing to determine contacts of the positive case and public health actions. People with a positive test result must self-isolate until cleared by the Department of Health (WA), including a formal letter of clearance from COVID-19.
- **Negative test result:** If the person has provided an Australian mobile number the negative test result will be provided by text message. After a negative test result the person can leave isolation and resume normal activities.

Disability service providers are to have plans in place for continued delivery of essential supports for people isolation. Detailed plans should be considered for supported accommodation options and how isolation will occur. If a person has tested positive and lives in group supported accommodation a team from Department of Health (WA) may test others who live at the home and may complete testing on site.

If a person with disability cannot isolate safely, please contact **13 COVID (13 268 43)**. Communities have been exploring alternative isolation options for people who cannot isolate safely at their home (such as respite houses, hotels and contracts with external support agencies to ensure continuity of support). This number is also applicable for regional and remote areas seeking support.

Quarantine

Quarantine occurs when a person is not symptomatic or known to have COVID-19 but may have been in contact with someone with COVID-19. Isolation from other people is required to prevent the spread of the virus. The quarantine period is 14 days from contact with the virus.

Department of Health (WA) will advise when a person can leave quarantine. Read [self-quarantine in WA to prevent the spread of COVID-19](#) and [assistance for people in quarantine or isolation](#)

Resources for Aboriginal people and communities

See below links to safety and support resources for Aboriginal people and communities:

- Department of Health (WA), [Coronavirus disease information for a confirmed case](#)
- Western Australian Government, [COVID-19: remote Aboriginal communities](#)
- Mental Health Commission, [Strong Spirit Strong Mind](#)
- Aboriginal Health Council of WA, [COVID-19 community resources](#)

Preparedness and prevention

Business continuity plans

The NDIS Commission issued a provider alert on 19 March 2020 detailing information about [business continuity planning](#) for registered NDIS providers. An expectation is that disability service providers have a tested and regularly reviewed business continuity plan outlining how they will manage in the event of a crisis or disaster.

COVID safety guidelines and safety plans

During the height of the pandemic various restrictions were implemented to reduce the spread of COVID-19. A [WA roadmap](#) was developed outlining six phases and the associated easing of restrictions during each phase.

The WA Government requires all businesses to mitigate the risks of COVID-19 and detailed [COVID safety plans and guidelines](#) are available which stipulate the requirements at any given phase.

The below recommendations represent good practice for any organisation, inclusive of disability service providers:

- Comply with conditions outlined in the [COVID safety guidelines](#)
- Complete a [COVID safety plan](#)
- Display a COVID safety plan certificate in a visible location on the premises
- Maintain hygiene and frequent cleaning
- Maintain attendance records of people for contact tracing
- Carefully manage waiting areas to ensure social distancing.

Completing a COVID safety plan demonstrates that an organisation meets safety requirements and is not putting the community at risk.

[Safe Work Australia](#) has developed a range of fact sheets which include resources for organisations to download and display in their workplaces, with checklists, infographics and posters on handwashing, hygiene and physical distancing.

Contact registers

The WA Government announced that from 5 December 2020 particular WA businesses and venues will be required to maintain a mandatory contact register for staff and patrons. For businesses not detailed on the list as mandatory (for example disability service providers not delivering accommodation), contact registration is encouraged but not mandatory. This is an additional protection measure to assist Department of Health (WA) contact tracing, if required.

Read the announcement: [Maintaining contact registers, a requirement to keep WA safe.](#)

Contact register records must be kept for 28 days and not used for any other purpose.

To assist, the WA Government has developed the free, SafeWA app, an online contact register system that uses QR codes for patrons and staff to scan and register their attendance. This can be downloaded from the Apple App Store or Google Play. The use of the app is not mandatory and alternative formats for mandatory contact registers are available. Businesses must still maintain a written contact register for people who choose not to use the app.

Further information:

- WA Government, 2020, [COVID-19: SafeWA guide for businesses](#)
- WA Government, 2020, [COVID-19: Contact registers for businesses and venues – frequently asked questions](#)
- WA Government, 2020, [COVID-19: Contact registers stakeholder toolkit](#)
- WA Government, 2020, [COVID-19: Contact registers for patrons – frequently asked questions](#)

Response strategies

In addition to adhering to the COVID safety guidelines and development of safety plans, infection prevention and control procedures need to include the following:

- Good hygiene
- Physical distancing measures
- Information and education for staff, people with disability and their carers
- Additional protective measures for vulnerable persons, i.e. elderly or people with existing conditions that increase their vulnerability to COVID-19.

Good hygiene

Practicing good hygiene is essential to prevent viruses spreading. Key elements of [good hygiene](#) outlined by the Australian Government Department of Health are detailed below:

- Handwashing often with soap and water. This includes before and after eating and after going to the toilet
- Using alcohol-based hand sanitisers when soap and water is unavailable (hand rubs without alcohol are not recommended)
- Cover coughs and sneezes with a tissue or use your inner elbow. Throw used tissues in the bin immediately and wash your hands or use alcohol-based hand sanitiser.
- Avoid touching your eyes, nose and mouth
- Clean and disinfect frequently used surfaces such as benchtops and doorknobs
- Clean and disinfect frequently used objects such as mobile phones, keys, wallets and work passes
- Increase the amount of fresh air by opening windows or changing air conditioning

- Remaining home if unwell.

Physical distancing

One way to slow the spread of COVID-19 is [physical distancing](#), by having more space between people it is harder for the virus to spread. The Australian Government Department of Health advise that although restrictions are easing, it is important everyone continue physical distancing measures. This includes:

- Remaining 1.5 metres away from others wherever possible
- Avoiding physical greetings such as handshaking, high fives, fist bumps, hugs and kisses
- Avoid crowds and large public gatherings
- Practice extra care if using public transport

Further resources for physical distancing can be located through:

- [WA Government](#)

Infection control and Personal Protective Equipment (PPE) resources

A responsibility of disability service providers is to ensure staff are trained in infection prevention and control.

When training staff in the use of PPE, the use of reusable, washable cloth gowns will minimise the waste of PPE resources. If cloth gowns are difficult to source, a dedicated PPE kit can be provided to each staff member for practice and training purposes. Training resources have been developed by various sources as detailed below:

Australian Government Department of Health	
COVID-19 infection control training	E-learning course with nine modules, including an Indigenous health module
Guide to PPE for disability care providers	Brief outline of scenarios and what PPE to use
PPE for the health workforce	Collection of factsheets, videos and guidelines on PPE
Department of Health (WA)	
Visit COVID-19 information for aged care and community care providers , to access all PPE training resources	
Advice for use of personal protective equipment for workers in community settings	Advise on the usage of PPE
PPE Donning and doffing poster	One page step-by-step with pictures
PPE Donning and doffing written sequence	Step-by-step written sequence

PPE Donning and doffing video	Six minute video demonstrating donning and doffing PPE
Donning and doffing assessment tool	Word document assessment tool with criteria for comment
How to wash your hands poster	One page step-by-step with pictures
Hand Hygiene Australia	
COVID-19 Work Safe-And-Clean Training Program	Free learning module about safe hand hygiene
Australian Commission on Safety and Quality in Health Care	
Processes and product selection for routine environmental cleaning	One page flow chart
Wearing face masks in the community	One page fact sheet Translated in easy English and 10 other languages
Mental Health Commission	
PPE in the community services sector	A series of videos that consider PPE in the community setting, client transfers and home visits

Cleaning

Routine cleaning of frequently touched surfaces using appropriate products is effective at minimising the risk of COVID-19 transmission. The Department of Health (WA) recommends the frequency of cleaning in all areas is increased, particularly in areas accessible to the public and high traffic areas.

Further information on cleaning for COVID-19 can be found below:

- Department of Health (WA), 2020, [Infection control advice for COVID-19 environmental cleaning in non-healthcare settings \(home and workplace\)](#)
- Australian Government Department of Health, 2020, [COVID-19 information about routine environmental cleaning and disinfection in the community](#)
- Australian Government Department of Health, 2020, [COVID-19 environmental cleaning and disinfection principles for health and residential care facilities](#)
- Safe Work Australia, 2020, [Cleaning](#)

Work vehicles

Cleaning and disinfection principles, outlined below, should also be implemented in pool and passenger vehicles with multiple occupants. Infection control kits kept within work vehicles inclusive of disinfectant wipes and hand sanitiser are ideal.

- Disinfectant wipes (ideally using a combined detergent and disinfectant wipe): Regularly wipe down all commonly touched surfaces such as the steering wheel, door handles, gear stick, window opening mechanisms and indicators.
- Disinfectant solution: Commercial sprays, approved fresh bleach solutions and concentrates can be applied and left to dry on surfaces such as interior door panels, trays etc. Be sure to follow all dilution instructions to avoid interior damage (refer to Australian Government Department of Health, 2020, [Environmental cleaning and disinfection principles for COVID-19](#) – page 3). Note that cleaning with detergent must always be done before using disinfectant.
- Disinfectant surface spray: Use a surface spray such as Glen 20 to spray on fabric seats to disinfect and remove unwanted smells.
- Hand sanitiser: This does not replace handwashing but is effective in reducing risk, where hand washing is not possible. All occupants of the vehicle should apply hand sanitiser prior to entering and regularly during vehicle travel.
- Handwashing: All occupants of the vehicle should observe the recommended handwashing protocols

For detailed information on transporting someone with a known or suspected case of COVID-19 read the Department of Health (WA) [infection prevention and control information for public and private transport](#) information sheet.

Modifications to disability service delivery

Various modifications may be considered to reduce transmission risk within disability service delivery. See below some recommendations:

<p>Accommodation in group home and short-term/respite accommodation</p>	<ul style="list-style-type: none"> • All people and staff to wash hands upon entering the building. • Provide adequate supplies for good hygiene, including easy access to clean and functional handwashing facilities including soap, paper towels, and alcohol-based hand sanitiser. • Increase the frequency of health monitoring. • Limit visitors to the house, technology may be used to maintain family contact. • Ensure people follow the requirements of relevant directions for their area, when leaving home. • Reduce any activities where physical distance cannot be implemented, that is 1.5 metres between people. • Implement physical distancing within the home. • Implement a more frequent cleaning schedule and routinely clean and disinfect all frequently touched surfaces and objects, such as doorknobs, bannisters, countertops, taps, keyboards and phones. • Thorough cleaning and disinfection of bedrooms once a person ceases their stay in short term accommodation.
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	<ul style="list-style-type: none"> • Implement plans for the care of people with disability who are vulnerable due to age or health status, prepared in conjunction with their family, carers and medical practitioner. • A plan is in place and all staff are familiar with requirements to immediately isolate a person who shows symptoms of COVID-19. • Screening of people with disability who intend to stay at short-term accommodation to ensure they do not have symptoms of COVID-19 and are not a close contact of someone with COVID-19. • People with disability who live in long term supported disability accommodation and have left that accommodation and plan to return, and people seeking to access short-term accommodation, should be tested if they have clinical symptoms. • People who do not have clinical symptoms do not need to obtain a test but may be tested as part of asymptomatic testing.
<p>Social and community participation activities including group-based activities</p>	<ul style="list-style-type: none"> • Adhere to signage, cleaning and density requirements. • Physical distancing requirements permit a maximum number of people on the premises with respect to the size of the facility. • Outdoor activities (within gathering limits) should be encouraged as COVID-19 does not transmit as easily outdoors.

<p>Home-based services</p>	<ul style="list-style-type: none"> • Essential services for a person’s support can continue to be provided. • For any necessary home visits, a person with disability and carer/s should be contacted prior to visiting to complete a health screen to determine whether they or anyone in their household has confirmed COVID-19 or has the clinical symptoms and travel status (whether they or anyone in their household has travelled outside Australia in the last 14 days). • For people known to have COVID-19, in self-isolation as directed by public health or symptomatic, it is recommended wear a surgical mask to wear during interaction with support workers. Masks are effective for use on sick or unwell people e.g. when caring for a sick person with a respiratory disease and in general are not recommended for community interactions. Consideration must also be given to people who cannot wear or tolerate a face mask. • Provide information on COVID-19 and prevention – including hygiene and frequent hand washing. • Adhere to PPE and infection control principles.
<p>Supported employment, Australian Disability Enterprises</p>	<ul style="list-style-type: none"> • All people to wash hands upon entering the building. • Adhere to signage, cleaning and density requirements. • Provide adequate supplies for good hygiene, including easy access to clean and functional handwashing facilities, soap, paper towels, and alcohol-based hand sanitizer. • Implement physical distancing and reduce any activities where physical distance cannot be implemented, that is where 1.5 metres between people. • Implement a more frequent cleaning schedule and routinely clean and disinfect all frequently touched surfaces and objects, such as doorknobs, bannisters, countertops, taps, keyboards and phones. • Increased cleaning for work vehicles where appropriate.
<p>Office based service delivery</p>	<ul style="list-style-type: none"> • Screen people in relation to current health (whether they or anyone in their household has confirmed COVID-19 or has the clinical symptoms of COVID-19) and travel status (whether they have travelled outside Australia in the last 14 days) by telephone before they attend the service if possible. • Require all attendees at the service to wash their hands upon entering the service. • Make available hand sanitiser and tissues. • Where possible use alternative modes of contact (i.e. phone or email) to reduce person-to-person contact. • Reduce periods of face-to-face contact where possible.

- Implement at least 1.5 metres space between people where possible.

Victorian Department of Health and Human Services, 2020, [Plan for Disability Services Sector](#)

Behaviour support and restrictive practices

The NDIS Commission released the [COVID-19: Behaviour support and restrictive practices](#) document providing information to assist NDIS providers to better understand behaviour support and restrictive practices due to COVID-19.

It is not considered an NDIS Commission regulated restricted practice if a disability service provider assists an NDIS participant to isolate based on medical advice that is consistent with the Australian Government Chief Medical Officer (CMO).

However, any practice that is inconsistent with the Australian Government CMO advice or directions from the State government may be considered an environmental restraint or seclusion.

Case and outbreak support

Key contacts for immediate assistance and direction

Contact	Information
<p>Coronavirus information helpline</p> <p>13 COVID (13 268 43)</p> <p>8am – 6pm, 7 days</p>	<ul style="list-style-type: none"> • A contact for anyone impacted by COVID-19 (including disability service providers) who require practical support and information • Operated by skilled staff based in WA • Outside of hours the call will redirect to Crisis Care who can also provide the above support
<p>Support for people with disabilities and carers</p> <p>1800 031 093</p> <p>9am – 5pm Mon – Fri</p>	<ul style="list-style-type: none"> • Provision of practical support and connection related to the impact of COVID-19. Wherever possible there will be active problem solving and planning to assist people • Staffed by experienced advocates and planners from the WA disability sector
<p>Department of Communities</p> <p>08 6167 8777</p> <p>9am – 5pm Mon – Fri</p>	<ul style="list-style-type: none"> • A contact for disability service providers that are registered on the Disability Service Provider Panel regarding business continuity and their ability to continue to provide contracted services as a result of COVID-19

Contact	Information
<p>Public Health Emergency Operations Centre (PHEOC) 08 9222 0221 8am – 5pm, 7 days</p>	<ul style="list-style-type: none"> • An expert public health team from Department of Health (WA) who are responsible for the management of COVID-19 cases, contacts and outbreaks • Can provide immediate assistance and advice in the event of a case, contact or symptomatic person
<p>National Coronavirus Helpline 1800 020 080 24/7</p>	<ul style="list-style-type: none"> • For people seeking information on COVID-19 or help with the COVIDSafe app
<p>Disability Information Helpline 1800 643 787 8am – 8pm (AEST), Mon – Fri</p>	<ul style="list-style-type: none"> • Information and referrals for people with disability and carers who required assistance because of COVID-19 • Operated by the Department of Social Services • Easy read, Who can you call?
<p>Health Direct Hotline 1800 020 080 24/7</p>	<ul style="list-style-type: none"> • For health advice when a person is unsure what to do - whether to see a local GP, manage the condition at home, or go to an emergency department in hospital

Refer to the Department of Health (WA) [COVID-19 outbreak management principles for industry](#) which provides information on the principles of outbreak management in general industry settings.

Access to Personal Protective Equipment (PPE)

Due to the COVID-19 pandemic, Personal Protective Equipment (PPE) has become difficult to procure, however, disability service providers should continue to obtain PPE from their usual or alternative suppliers. Ideally, disability service providers should plan for contingency access to immediate PPE supplies if an outbreak occurs.

Advice about when to use PPE when providing supports and services for people with disability is guided by both the Department of Health (WA) and the Australian Government Department of Health. For further information visit the [Guide to PPE for disability care providers](#).

If a disability service provider has exhausted PPE from their usual or alternative suppliers, the below resources can be accessed.

Disability service provider funding source	PPE supplier
NDIS	<p><u>National Medical Stockpile (NMS)</u></p> <p>Email NDISCOVIDPPE@health.gov.au demonstrating evidence of need.</p> <p>NDIS Commission, 2020, COVID-19 information for providers on the use of PPE factsheet</p>
Other	<p>WA Department of Finance</p> <p>Email PDWSalesReports@finance.wa.gov.au with the below information:</p> <ul style="list-style-type: none"> • who the PPE is required for and under what circumstance • likelihood and consequence of exposure to an infection source or a non-infectious agent (e.g. pathogens, irritants, toxins) • consequence of the service not being provided • what and how much PPE is requested and how it will reduce exposure • what stocks the disability service provider currently holds • what the usage rates are (per item per week)

Department of Health (WA), 2020, [Advice on how to access PPE](#)

Additional funded supports for people with disability

People with disability may require additional funded supports due to COVID-19. This can be requested through the funding body.

- People with disability who are NDIS participants can request additional supports by contacting the NDIS on 1800 800 110 and selecting option 5
- People with disability currently funded by the State:
 - Continuity of Support Arrangement (COS-A) for people under 65 years old – contact the Local Coordination team on (08) 6167 8131 or email COASA@dsc.wa.gov.au
 - Continuity of Support Program (COS-P) for people over 65 years old – email CoSCoVIDNotification@health.gov.au

Hospital protocols

See below fact sheets developed by the Australian Government Department of Health:

- [Information for health workers in emergency departments supporting people with disability](#)
- [Information for health workers in hospitals supporting people with disability](#)

Disability workforce support

Pandemic Leave Disaster Payment (PLDP)

The PLDP is a lump sum payment to support people who live in WA and cannot earn an income as they have been directed by the Department of Health (WA) to self-isolate, quarantine or care for someone with COVID-19.

More information is available at [Pandemic Leave Disaster Payment - WA](#)

Jobs in WA Disability Services website

The [Jobs in WA Disability Services](#) website was established to connect skilled job seekers, whose employment has been impacted by the COVID-19 pandemic, with employers looking for skilled workers. This resource is for both disability service providers and people self-managing their supports.

Employers looking to hire more staff can create a free employer profile to search for potential candidates and job seekers.

i-induct

A free online support worker induction program - [i-induct](#) - is currently available to enable people seeking work in the disability sector to undertake initial training to be job ready. I-induct was initially promoted for new employees of disability service providers with fewer than 350 employees. It has recently been extended to larger organisations.

To request a licence please contact admin@iinduct.com.au

Support and resources

Easy read resources

- Communities, [Information sheets and easy read](#)
- Australian Government Department of Health, [COVID-19 easy read resources](#)
- Australian Government Department of Health, [Your emergency plan for COVID-19](#)
- NDIS Commission, [Easy read resources](#)

WAConnect

[WAConnect](#) is a whole-of-sector community services directory for the state. The COVID-19 pandemic has demonstrated how important it is to know what services are available during an emergency, and to provide this advice to people in immediate need. WAConnect collects data about services – opening hours, locations, and different types of emergency support that services can provide to people as required.

Community organisations are encouraged to [register](#) with WAConnect and fill in the Data Exchange survey.

WA Language Services Policy (LSP)

Disability service providers who support people from Aboriginal and Torres Strait Islander backgrounds and CaLD backgrounds presenting with lower English proficiency should ensure that translation and interpreter service options are available to convey information when providing services. The LSP provides practical information sheets of when and how to engage an interpreter, including AUSLAN interpreters. Further information and resources are available in the Office of Multicultural Interests website [WA Language Services Policy](#)

Additional information

Australian Government Department of Health

[Translated COVID-19 resources](#)

[COVID-19 information for employers](#)

[Guide for home care providers](#)

[COVID-19 information for in-home care workers](#)

[COVID-19 guidelines for infection prevention and control in residential care facilities](#)

Department of Health (WA)

[COVID-19 guidelines for WA community-based care](#)

Safe Work Australia

[COVID-19 information for small business](#)

Appendix 1

NDIS supports provided to assist participants during COVID-19

The NDIA will work with the WA Government to continue to provide supports to NDIS participants during an outbreak.

Please see links to the NDIA website to keep current on the supports the Agency provides.

- [COVID-19 information and support](#)
- [Latest advice from NDIS](#)

Some temporary COVID-19 measures to support NDIS participants during the pandemic are listed below with links to further information. Read [For participants – COVID-19](#) for more detail.

- Extending plans and plan reviews to ensure continuity of support
- Face-to-face planning shifted to telephone meetings where possible
- Increased flexibility within budgets to purchase disability supports
- An NDIS participant may access funding for a one-time deep clean when a support worker who has visited their home has received a positive COVID-19 diagnosis
- People living in areas with active COVID-19 cases may temporarily use NDIS funds to purchase [PPE](#)
- The NDIA has temporarily broadened the flexible approach to purchasing low cost assistive technology (AT) items until 28 February 2021. Read [Low cost AT for support continuity during COVID-19](#)
- [Supported independent living \(SIL\)](#)
 - Additional supports SIL providers may access if required include additional cleaning services and higher intensity support.
 - This is a time limited policy currently in place until 28 February 2021

Other useful information is listed below:

- [Your plan](#)
- [Using your budget](#)