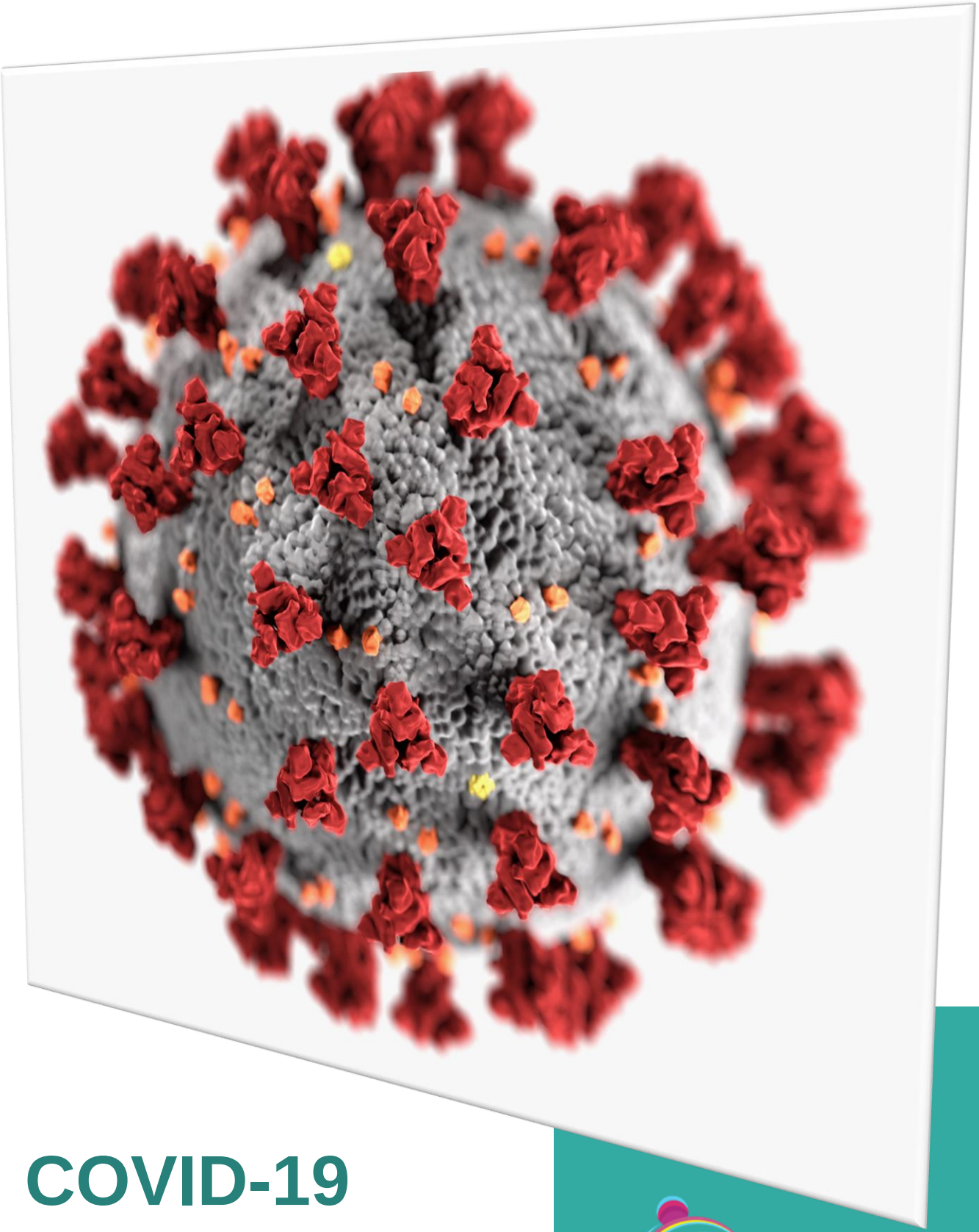

COVID-19 Outbreak Management Plan

LEAP
OCCUPATIONAL THERAPY PTY LTD

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Context

Document Authorisation

This document and subsequent versions are draft until endorsed by the Operation Team

Aim of COVID-19 Case and Outbreak Management

The aim of COVID-19 case and outbreak management is to:

- prevent the spread of COVID-19 within a facility or setting and into the Tasmanian community
- minimise the impact of COVID-19 on staff, others within the setting, key stakeholders, and the business/organisation.

Objectives of Outbreak Management Plans

The objective of outbreak management planning is to document the activities that an organisation will undertake in preparing for and responding to a single or multiple cases of COVID-19 within that organisation's setting.

Public Health Services will scale the response measures according to the level of risk, effectiveness of response measures and availability of resources, in close collaboration with stakeholders including the business/organisation responsible for the setting.

Related Resources

COVID-19 Workplace Safety Plan

COVID-19 Case and outbreak management framework for Tasmanian settings

Worksafe Tasmania COVID-19 Safe Workplace Guidelines

Scope

In scope of this Plan
Management of COVID-19 outbreaks at any of the following facilities and activities: • All Supported Independent Living Homes • The Leap head office • Leap Days Service • 1:1 Support • Coordination of Supports • Therapeutic Supports
Manage the impact on rosters to decrease the impact on continuity of support for clients and ensures clients at risk if unsupported are continued to be supported.
Disability Support in the community and in the home outside of Supported Independent Living

Our Commitment

During this unprecedented time, we would like to reassure all Leap's clients and their families that we are working hard to continue providing support in the safest possible way. We are committed to the health and safety of everyone.

Keeping everyone safe

It is everyone's responsibility to help keep us safe from COVID-19.

Leap have developed a COVID-19 Workplace Safety Plan and COVID-19 Client Brochure to help us do this. Please go to our Webpage https://leapocc.com.au to view these.

Outbreak Management Team

The Outbreak Management Team will meet to plan the implementation of the

Outbreak Management Team	
Position	**Role**
Operation Team	Ultimate decision maker of the organisation.
Director	Outbreak coordinator - Over sees the role out of the management plan as directed by the Operation Team. Allocate and delegate the distribution of PPE where required. Communicate with IT
Occupational Therapist	Is the main contact with Public Health Services. Assist Director in their role where required. Will source if required for quarantine purposes.
Roster Coordinator	Roster review and assessment of hierarchy of support needs due to risk to client without support. Adjust rosters due to possible quarantined staff, cancelled shifts and avoid cross over of staff from quarantined sites.
Residential Support Manager	Communicate with clients, families and staff updates of the situation and any changes that are being implemented that may affect them.
Compliance Officer	Inform the NDIS Quality and Safeguards Commission of an outbreak and any impact on Leap's ability to provide service delivery. Assist Roster Coordinator in their role where required.
Service Delivery Manager	Ensures that the company's operational systems are maintained as required. Implement Incident Management Systems to ensure the outbreak management has been implemented as required and effective in its operation.

Key Stakeholders

Key Stakeholder	Role for Outbreak Management
Staff (includes employees, consultants, students, and volunteers)	• To follow the direction of the Outbreak Management Team • Report to management if they have symptoms of COVID-19 or have come into contact with a positive case. • Inform clients, their family and friends of what everyone's responsibility is in managing COVID-19 • Report to management if a client, visitor, contractor or any other person that has attended site displays symptoms of or has reported to them they have symptoms of COVID-19 or have come into contact with a positive case. • To support all visitors to SIL sites and Main Office to have their temperature checked before fully entering a SIL home. • Have their temperature checked before commencing their shift. • Follow hand hygiene, respiratory etiquette, and physical distancing measures.
Residents	• Inform staff if they have symptoms of COVID-19 or have come into contact with a positive case.
Families and friends	• Inform staff if they have symptoms of COVID-19 or have come into contact with a positive case.
Clients being supported in their home (not SIL) This includes coresidents and visitors to the home while support is there	• Follow hand hygiene, respiratory etiquette, and physical distancing measures • Inform staff if they have symptoms of COVID-19 or have come into contact with a positive case. • Have their temperature checked when entering the Main Office.
Visitors	• Follow hand hygiene, respiratory etiquette, and physical distancing measures • Inform staff if they have symptoms of COVID-19 or have come into contact with a positive case. • Have their temperature checked when entering SIL houses and Main Office.
Contractors	• Inform staff if they have symptoms of COVID-19 or have come into contact with a positive case. • Follow hand hygiene, respiratory etiquette, and physical distancing measures • Complete visitors register on entering a facility • Have their temperature checked when entering SIL houses and Main Office.

Key Stakeholders *(continued)*

Key Stakeholder	Role for Outbreak Management
Public Health Services	• Notifies our organisation when a confirmed case is associated with the facility. • Leads the COVID-19 outbreak management response. • Advises our organisation on actions we need to take to protect others and stop the spread of illness, including infection prevention and control measures. • Leads contact tracing (identifying persons in close contact with the confirmed case during their infectious period). • Activates and leads the outbreak management coordination team. • Determines when the outbreak is over.
Worksafe Tasmania	Advises safe work practices, including the potential need to close the facility from a workplace safety perspective.
GP's/allied health practitioners providing services to people within the setting	Provide relevant information to best treat the person with a confirmed case Provide advice for supporting clients that have been in close contact with a confirmed case Identify clients that are at risk of severe illness and strategies to protect them

Communication

Key stakeholder	What they need to know	How we will communicate	Contact information
Staff (includes employees, consultants, students, and volunteers)	• Level of risk, number and location of cases linked to an outbreak • The importance of hand hygiene, respiratory etiquette, and physical distancing measures • They are unable to work if they have symptoms of COVID-19 or have come into contact with a positive case without first being tested and have received negative result. • Changes to policies and procedures; outbreak control measures being implemented, including changed arrangements for accessing the setting • Membership of the internal outbreak response team • Arrangements for accessing leave for quarantine and isolation • Expectations about not attending work if sick • Changes to staffing/rostering arrangements • Arrangements to support staff health and wellbeing	• Meetings • Signage • Deputy newsfeed • Emails • Brochure • Webpage • Workplace COVIS-19 Safety Plan	Contact information is located on the electronic employee data base and employee hard copy files

Communication *(continued)*

Key stakeholder	What they need to know	How we will communicate	Contact information
Residents	• The importance of hand hygiene, respiratory etiquette, and physical distancing measures • Inform staff if they have symptoms of COVID-19 or have come into contact with a positive case.	• Signage • Verbal communication by staff • Brochure • Webpage	Client contact information is located on the electronic client data base and client hardcopy files
Clients being supported in their home (not SIL) This includes coresidents and visitors to the home while support is there	• Inform them if they have been in contact with a staff member who has been in contact with a confirmed case • Their obligations to report to staff if they have symptoms of COVID-19 or have come into contact with a positive case.	• Phone call • Easy Read Brochure	Client contact information is located on the electronic client data base and client hardcopy files
Families and friends	• The importance of hand hygiene, respiratory etiquette, and physical distancing measures • They are unable to be onsite if they have symptoms of COVID-19 or have come into contact with a positive case. • How to access the outbreak management plan	• Signage • Sign in register • Verbal communication by staff • Brochure • Webpage	Contact information is located on the electronic client data base and client hardcopy files

Communication *(continued)*

Key stakeholder	What they need to know	How we will communicate	Contact information
Contractors and delivery personnel *(e.g. cleaners, electricians)*	• The required works required to assess whether a risk exists if the work is not completed. • If there is a level of risk of being exposed • The importance of hand hygiene, respiratory etiquette, and physical distancing measures • They are unable to be onsite if they have symptoms of COVID-19 or have come into contact with a positive case.	Signage Sign in register Verbal communication by staff Webpage	Contact information is located on the Contractor Contact List
Public Health Services	• Outbreak management risks specific to the setting. • Names and contact details of potential contacts of the confirmed case.	• Email • Telephone • Meetings	1800 671 738
Worksafe Tasmania	• Cases in staff where incident notification is required under *Work Health and Safety Regulations 2012 – Reg 699*	• Phone	• Incident notification to 1300 366 322
GPs/allied health practitioners providing services to people within the setting	• The client's presentation and symptoms • The type of contact the client has had with the confirmed case	• Email • Phone • Video conference	As per the individual practitioners contact information (See client file)
Visitors	• The importance of hand hygiene, respiratory etiquette and physical distancing measures • If they have been in contact with a confirmed case • How to access the outbreak management plan	• Signage • Sign in register • Verbal communication by staff • Webpage	N/A

Prevent and Prepare

What do you need to do?	How will you do this?	Who will do it?	When will it happen?	What supplies or resources are needed?
Record and collate data for contact tracing purposes	Record: Resident's attendance at communal activities Visitor attendance and a contact phone number in visitor logbook Staff location (from roster and meeting invites) Staff movement (from shift reports) Keep all records for at least 30 days. Collate all records and ensure all members of the Outbreak Response Team can access the information.	Residential Support Manger	Residents' attendance at community events is already documented in Individual Client Recording Form. Visitor attendance is recorded in the Shift Report for SIL properties, as of the 04/12/2020 this will be recorded in a visitor register. Visitors to the Leap Office are recorded in a register. Records to be collated and checked for accuracy on a fortnightly basis. Staff roster already identifies staff location.	Administrative support to collate information.
iPad for skype so clients keep in touch with family, friends, and others if they need to isolate.	An iPad will be allocated for this purpose	Director	In place	Ipad

Prevent and Prepare *(continued)*

What do you need to do?	How will you do this?	Who will do it?	When will it happen?	What supplies or resources are needed?
Education of staff	All staff are to have completed NDIS Quality and Safeguards COVID-19 online training and Donning and Doffing PPE training.	Roster Coordinator and Executive Assistant.	At induction of new staff. All other Leap staff have completed NDIS Quality and Safeguards COVID-19. This is registered on training register and as part of induction of new staff. All staff have been directed to recomplete this training alongside Donning and Doffing of PPE.	Training register
Inform staff of COVID-19 Workplace Management Plan and COVID-19 Outbreak Management Plan	Email Deputy news feed Webpage	Roster Coordinator	By close of business 22nd December 2021.	
Inform clients: • What they can do to help prevent the spread of COVID-19 • The location of Leap's COVID-19 Workplace Safety Plan and COVID-19 Outbreak Management Plan	Information brochure handed to them and explained by Disability Support Staff Webpage that contains the information	Disability Support Workers at the direction of Residential Manager	By close of business 08/12/2020	Brochures IT provider to update Webpage
Complete Stocktake of	A register of PPE that has not been	Director	By close of business 08/12/2020	Excel spreadsheet and

PPE to ensure readiness	allocated to sites and is ready to distribute in an emergency			identified PPE

Prevent and Prepare *(continued)*

What do you need to do?	How will you do this?	Who will do it?	When will it happen?	What supplies or resources are needed?
Develop a Hierarchy of needs for support in case supports are to be cancelled.	A risk assessment criteria of support needs has been created identifying 6 levels of support needs to assess the risk to the client if supports are not delivered as normal (see Hierarchy of support shift needs).	RSM and Roster Coordinator to use the assessment tool.	This is completed but is to be reviewed at any time community transmission occurs in Tasmania.	Coordinators of Support and other representatives may help with this assessment especially if a Support Plan is yet to be completed.
Outbreak Management Team preparedness meetings	Meetings	Arranged and Chaired by Director. Minutes taken by Executive Assistant	By close of business 07/12/2020 and will be ongoing as identified in meetings and as the pandemic evolves	COVID-19 Workplace Management Plan/Outbreak Plan/Brochure for Clients and Families
Ascertain staff that work for multiple organisations	Deputy news feed	Roster Coordinator	If community transmission occurs in Tasmania	None
All clients receiving 'assistance with daily life tasks in a group or shared living	Contact with clients and/or representative to confirm their intention of vaccination.	RSM	This began in ?????????? and was omitted from version 2 of this plan as an oversight	Vaccination registers and easy read education material.

arrangement or living in SIL to be supported to access COVID-19 Vaccinations	Offer education on why people with a disability are more vulnerable to COVID-19. Offer support to make and attend vaccination appointments.			
All DSW's are to be double vaccinated for COVID-19 and boosters as required.	Education of DSW of the legislation and registration of employee vaccine status.	Admin Assistant and Director.	Completed and ongoing for booster vaccination.	Vaccine register.

Respond

What do you need to do?	How will you do this?	Who will do it?	When will it happen?	What supplies or resources are needed?
Activate the outbreak response team	By email and phone	Director	Immediately on becoming aware of a confirmed case	None
PPE distribution	Transportation by vehicle	Director or delegated person	Prepared immediately and provided on request from Public Health Department	• Face masks • Disposable gloves • Face shields • Disposable coveralls Shoe covers
Ensure Hierarchy of Supports Needs is current	Re Assessment of Hierarchy of Support Needs	Roster Coordinator Program Manager		Deputy Roster System
Isolate the team that have been in close contact from	Deputy Roster system	Program Manager and Roster Coordinator	Immediately	None

other sites and clients				
Create a dedicated support team for client or site	Deputy Roster system	Residential Support Manager and Roster Coordinator	Immediately	None
Client and staff mental health management	Mental health welfare checks for effected clients and staff by mental health clinician	Occupational Therapist	Immediately and ongoing	None
Communication with all other clients and families	Phone and face to face	Residential Support Worker or delegated to a Disability Support Worker	Within 12 hours of confirmed case	None
Communication with clients effected by the situation and regular updates on what is happening	Phone and face to face	Residential Support Manager (phone) and Disability Support Worker	Immediately	None
Communication with effected families by the situation and regular updates on what is happening	Phone	Residential Support Manager	Immediately and as updates are required with a minimum of two contacts with family per calendar day	Client data base
Site shut down	The shut down of Day Service will occur. All other sites will remain open unless directed otherwise by Public Health Services	Director	Immediately	None

Communication with clients whose support may cease or change	Phone and face to face	Residential Support Manager or delegated to a Disability Support Worker	As required	Hierarchy of Support Needs and client database

Respond *(continued)*

What do you need to do?	How will you do this?	Who will do it?	When will it happen?	What supplies or resources are needed?
A dedicated bin with signage will be used for used PPE, clients rubbish, used cloths and any other item requiring disposal that have been in contact with the infected client.	Transportation by vehicle	Director or delegated person	Immediately	A signed wheely bin with fitted plastic liners
Supply check of disinfectant and cleaning materials. Restocking as required	Stocktake Transportation by vehicle	Director or delegated person	Immediately	ıing cloths
Cleaning of surfaces and equipment after being used by a confirmed case	Instructions to Disability Support Workers on site	Disability Support Workers	Routinely after use	ıing cloths
Implement skype communication for the client to maintain contact with	iPad to be located at site	Residential Manager	As soon as practical	

family, friends and other in their life

Stand Down

What do you need to do?	How will you do this?	Who will do it?	When will it happen?	What supplies or resources are needed?	Other considerations
Evaluate the response	By a formal debrief, with reference to key progress reports developed during the response	Outbreak response team	Within one month of the end of the outbreak	Funding for a facilitator, if deemed necessary	None
Debrief of clients impacted	Engage treating GP for referrals to mental health professionals	Residential Support Manager to delegate	Immediately when notified by Public Health Services to stand down	None	None
Debrief of staff	Refer all staff to Employment Assistance Program	Occupational Therapist	Immediately when notified by Public Health Services to stand down	None	None

Appendix 1: Internal Outbreak Response Team

Role/function	Person	Responsibilities
Case/Outbreak response coordination	• Director • Residential Support Manager	• Lead the Internal Outbreak Response Team. • Coordinate activities required within the setting to contain the outbreak. • Join the multi-agency Outbreak Management Coordination Team. • Liaise with key stakeholders. • Identify risks specific to the outbreak.
Infection prevention and control coordination	• Director • Residential Support Manager	• Liaise with the Outbreak Management Coordination Team about infection prevention and control measures. • Ensure adequate supplies of PPE and cleaning products. • Ensure staff are trained in infection prevention and control precautions. • Ensure cleaning staff are kept informed about enhanced cleaning and infection prevention and control measures. • Oversee cleaning activities; hire additional cleaners as required. • Identify places to isolate or quarantine cases/contacts while they are onsite.
Information management	• Operation Manager •	• Collect and collate data to help control the outbreak (eg number of people in the setting, number of symptomatic people, test results). • Provide daily reports for the Outbreak Management Coordination Team and other key stakeholders as requested.

Communications	• Occupational Therapist
	• Compliance Officer
		• Liaise closely with Public Health Services/the Outbreak Management Coordination Team about:
		  • internal communications
		  • stakeholder communications
		  • media and public communications.
		• Liaise with The NDIS Quality and Safeguards Commission

IT support	Director	• Set up and organise equipment (eg computers, mobile devices, network access). • Resolve information technology issues.
Administration support	• Residential Support Manager • Executive Assistant	• Organise Internal Outbreak Response Team meetings. • Record and distribute minutes of meetings. • Monitor and maintain resources, eg hand sanitiser, disposable tissues and stationery. • Display outbreak signage.

Appendix 2: Key Contacts

Organisation	Name and Position	Contact phone	Contact email
Public Health Services		**1800 671 738**	
WorkSafe Tasmania		**1300 366 322**	
HACSU	**Odette Seabourne Industrial Organiser**	**(03) 6228 0258**	**odette.seabourne@hacsu.org.au**
NDIS Quality and Safeguards Commission		**1800 035 544**	
IT Solutions Tasmania	**Matthew Peck Business Owner**	**0408 128 016**	**matthew@itsolutionstas.com.au**
Magic Wand House Cleaning		**0418 142 917**	
Positive Solutions		**1800 064 039**	

Reviewed/Created by	**Paul Collins**
	Director
	21st September 2021
Authorised by	**Paul Collins, Jean Soyer and Anthea Collins**
	Operation Team
	21st September 2021

Appendix 4: Checklist for Case and Outbreak Preparedness

Planning	
☐	**Develop an Outbreak Management Plan (the Plan).**
☐	**Ensure all staff are aware of the Plan, including their roles and responsibilities.**
☐	**Name in the Plan an outbreak coordinator and/or outline the composition of the internal outbreak response team.**
☐	**Develop a system to ensure this Plan remains up to date, including version control and removing old versions from circulation.**
Education and training	
☐	**Train staff in infection prevention and control, according to their likely roles and responsibilities during an outbreak affecting your setting.**
☐	**Train staff in tasks to help maintain essential services during an outbreak.**
☐	**(For residential facilities) Provide residents and their families with information about COVID-19 prevention and what to expect if an outbreak occurs.**
Surveillance	
☐	**Review systems to ensure you can rapidly identify possible COVID-19 infections in staff, residents, and visitors (eg entry screening).**
☐	**Ensure staff know who to inform of possible COVID-19 infections within the facility.**
Information and records	
☐	**Identify records that can be used to support rapid contact tracing (eg rosters, electronic access systems, visitor log) or establish new records as needed.**
☐	**Have a site plan and other facility information (eg size, layout, staff and resident numbers) ready to provide to Public Health Services to support their risk assessment early in the response.**
Case and contact management	
☐	**Develop a plan to isolate confirmed cases if they are onsite (eg residents). Include how you will support the person during their isolation (eg facilitate access to healthcare and testing, provide food, cleaning and laundry services, maintain connectivity with family and friends).**
☐	**Develop a plan to quarantine close contacts of a confirmed case if they are onsite (eg residents). Include how you will support the person during their quarantine (eg facilitate access to healthcare and testing, provide food, cleaning and laundry services, maintain connectivity with family and friends).**

Appendix 4: Checklist for Case and Outbreak Preparedness *(continued)*

Infection prevention and control	
☐	**Implement your COVID-19 Workplace Safety Plan.**
☐	**Plan how you will clean areas that the confirmed case used (eg desk, common areas) and how you will restrict access to those areas until cleaning is complete.**
☐	**Plan how you will increase monitoring for respiratory illness and facilitate access to testing in the event of a COVID-19 outbreak.**
☐	**Plan how you will limit the number of people onsite during an outbreak to reduce the risk of transmission within the facility and externally.**
☐	**Plan how you will limit movement of people within the facility during an outbreak (eg restrict movement across different areas, limit communal activities).**
☐	**Check you have adequate stock of PPE, hand hygiene and cleaning supplies, and outbreak signage, or a plan for rapidly accessing those supplies.**
Staffing	
☐	**Develop a staffing contingency plan in case staff become sick or are identified as close contacts with a confirmed case and need to quarantine for 14 days. Use your own estimate of absenteeism or use 20-30%.**
Communication	
☐	**Maintain a contact list for key stakeholders.**
☐	**Regularly update contact information for staff, residents, visitors, families and other key stakeholders.**
☐	**Develop a plan detailing the communication activities to undertake in the event of an outbreak. Remember it is important to coordinate communications activities with Public Health Services and the outbreak management coordination team.**
☐	**Plan how you will manage a high volume of enquiries from stakeholders and the media in the event of an outbreak.**
☐	**Develop templates for key communications (eg letters to families of residents, telephone scripts).**
Business continuity	
☐	**Ensure business continuity planning to support continuation of essential services/priority activities during an outbreak.**

Appendix 5: Cleaning and Disinfection Following a Confirmed Case

Background

COVID-19 is spread through respiratory droplets produced when an infected person coughs or sneezes. A person can acquire COVID-19 inhaling these droplets or, less commonly, by touching a surface or object that has the virus on it and then touching their own mouth, nose or eyes. Following a confirmed case of COVID-19, thorough cleaning and disinfection of contaminated areas is needed as per our COVID-19 Safety Plan to remove the virus from environmental surfaces

There is no automatic need to close the entire facility/setting while cleaning and disinfection is underway, particularly if the confirmed case only visited parts of the facility/setting. Suspension of normal operations will depend on factors such as the size of the facility, nature of the work, number of people and potential areas of contamination.

Public Health Services and WorkSafe Tasmania will provide advice about cleaning and disinfection following a confirmed case of COVID-19.

Cleaning and disinfection for health and residential care settings

For instructions for terminal cleaning in health and residential care settings, refer to Environmental cleaning and disinfection principles for COVID-19 (Australian Government Department of Health).

Cleaning and disinfection for other settings

For instructions for cleaning and disinfection generally, refer to COVID-19 Information for workplaces – cleaning (Safe Work Australia) and Information about routine environmental cleaning and disinfection in the community (Australian Government Department of Health).

Cleaning and disinfection for non-health care settings follows the same principles as routine cleaning and disinfection, except:

- **cleaning staff should wear disposable gloves, a long-sleeved gown and a surgical mask plus eye protection or a face shield while cleaning and disinfecting**
- **cleaners should be trained in putting on and removing personal protective equipment (PPE)**
- **areas may need to be prepared to ensure proper cleaning and disinfection (eg removing personal effects)**
- **soft or porous surfaces may need attention (eg steam-cleaning or laundering of fabrics).**

Appendix 6: Checklist for Response to a Confirmed Case

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

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

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