

## **Supplementary Material**

### **A collaborative approach to support people with a disability living in Australian group homes during the COVID-19 pandemic: a case study**

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# Covid19 Outbreaks In Group Homes \_SLHD Survey

We would like you to take some time to think about your experiences during the SLHD COVID 19 response and then answer the questions below. The survey is anonymous and takes around 5-8 minutes to complete. You may also download a copy of your answers at the end of the survey. Thank you!

## COVID Preparedness

Prior to the Delta wave (i.e. before June 2021), how prepared overall did you feel to respond to a COVID-19 outbreak?

- Not prepared
- Prepared
- Very prepared

How prepared do you feel now to respond to a COVID-19 outbreak?

- Not prepared
- Prepared
- Very prepared

## Support Provided by SLHD

How supportive was SLHD throughout the COVID-19 response?

- Not supportive
- Supportive
- Very supportive
- Did not seek this support

Which SLHD supports listed did you find beneficial during the COVID pandemic (select as many options as appropriate)

- Outbreak Management Plan (OMP) development/review
- Public Health Unit (PHU) support
- Outbreak Management Teleconference (OMT)
- Infection Prevention and Control (IPC) nurse support
- Personal Protective Equipment (PPE) support
- Flying Squad COVID testing
- Rapid Antigen Test (RAT) provision
- Clinical Support (disability or COVID)
- COVID Vaccination support
- COVID information provision
- COVID Disability Community of Practice
- Other, please specify if not listed
- None of the above

Please describe what other support SLHD provided

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Did the support provided by SLHD COVID-19 response differ from other Local Health Districts (LHDs)?

- Yes
- No
- Did not seek this support
- Unknown

Please describe the difference in support provided by the SLHD COVID-19 response compared to other Local Health Districts (LHDs)?

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What support would you like SLHD to provide to support the ongoing nature of the COVID-19 pandemic?

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Some examples:

### Support Provided by the NDIA

How supportive was the NDIA throughout the COVID-19 response ?

- Not supportive  
 Supportive  
 Very supportive  
 Did not seek this support

Which NDIA supports listed did you find beneficial during the COVID pandemic (select as many options as appropriate)

- Additional NDIS funding  
 Workforce support  
 COVID information provision  
 Other, please specify if not listed  
 None of the above

Please describe what other support NDIA provided

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What support would you like NDIA to provide to support the ongoing nature of the COVID-19 pandemic?

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### Supports provided by the NDIS Quality & Safeguards Commission

How supportive was the NDIS Quality & Safeguards Commission throughout the COVID-19 response?

- Not supportive  
 Supportive  
 Very supportive  
 Did not seek this support

Which NDIS Quality & Safeguards Commission supports listed did you find beneficial during the COVID pandemic (select as many options as appropriate)

- Notifications of Outbreaks  
 Linkage to NDIA for support  
 COVID Information provision  
 Other, please specify if not listed  
 None of the above

Please describe what other support NDIS Quality & Safeguards Commission provided

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What support would you like the NDIS Quality & Safeguards Commission to provide to support the ongoing nature of the COVID-19 pandemic?

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### Support provided by NSW Ministry of Health

How supportive was NSW Ministry of Health throughout the COVID-19 response?

- Not supportive  
 Supportive  
 Very supportive  
 Did not seek this support

Which NSW Ministry of Health supports listed did you find beneficial during the COVID pandemic (select as many options as appropriate)

- Communicating COVID-19 Updates  
 COVID-19 Guidance (Risk matrix assessment)  
 Other, please specify if not listed  
 None of the above

Please describe what other support NSW Ministry of Health provided

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What support would you like NSW Ministry of Health to provide to support the ongoing nature of the COVID-19 pandemic?

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**Other feedback**

Please comment on anything further that you would like to raise about the COVID-19 pandemic response

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## SLHD COVID-19 Outbreak Management Checklist for Disability Providers

The SLHD COVID-19 Outbreak Management checklist is designed to complement the disability providers' COVID Outbreak management plan (OMP). It does not replace the OMP but a guide to support providers ensure they have appropriate mechanisms in place at the onset of a COVID lockdown or outbreak.

Important resources to guide Emergency Response to COVID-19 in Disability Group Homes

- [Emergency Response Operational Plan](#)
- [NSW Health Incident Action Plan for COVID-19 outbreak management in disability residential group homes](#)

### KEY EMERGENCY COVID CONTACTS

#### SLHD Public Health Unit (PHU)

**For Public Health enquiries during business hours:** phone (02) 9515 9420

**For urgent out of hours public health enquiries:** phone the Royal Prince Alfred Hospital on (02) 9515 6111 and ask for the Public Health Officer on call.

#### SLHD Disability Group Home COVID Coordinator

For People with Disability living in supported living accommodation who require assistance with outbreak management planning/response, vaccinations or COVID testing, contact:

**James Everingham**

- 0425 325 010 or [james.everingham@health.nsw.gov.au](mailto:james.everingham@health.nsw.gov.au)
- For after-hours contact 9515 6111 and ask for the SLHD Disability Group Home COVID Coordinator on- call.

### Description of Disability Shared-Living Home

<b>Provider name:</b>			
<b>Address:</b>			
<b>Provider Manager:</b>		<b>Team Leader on-site lead:</b>	
<b>Tel:</b>		<b>Tel:</b>	
<b>Email:</b>		<b>Email:</b>	
<b>No. of residents:</b>		<b>No. of bedrooms:</b>	
<b>No. of staff:</b>			
<b>No. bedrooms with ensuite:</b>		<b>No. of communal areas:</b>	
<b>Other (specify):</b>			

## The following steps are part of the immediate outbreak response (in the first 24-hours)

<b>Identify &amp; Notify (immediate response)</b>	<b>Date Completed</b>
Identify if your facility has a COVID outbreak, suspected case (close or casual contact) or resident with COVID symptoms: <ul style="list-style-type: none"> <li>- Confirmed or suspected COVID-19 case (<a href="#">signs and symptoms of COVID-19</a>).</li> <li>- Confirmed COVID-19 exposure (e.g. <a href="#">close/casual/secondary</a> contact notification or COVID positive resident/staff)</li> </ul>	
<ul style="list-style-type: none"> <li>- Immediately inform line manager/ Provider manager.</li> <li>- Identify COVID lead to enact Outbreak Management Plan (OMP) for COVID-19.</li> <li>- Provider Manager/Team Leader to communicate COVID exposure to:               <ul style="list-style-type: none"> <li>- Residents and staff.</li> <li>- PHU/SLHD Disability Group Home COVID Coordinator (and determine appropriateness of outbreak management teleconference).</li> <li>- Residents' families.</li> <li>- <a href="#">NDIS Quality &amp; Safeguard Commission</a> (mandatory reporting).</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>- Commence "line listing" of all residents and staff that have been in contact with positive/close contact and provide to Public Health Unit (PHU).</li> </ul>	
<ul style="list-style-type: none"> <li>- Identify and provide SLHD Disability Group Home COVID Coordinator with Staff COVID vaccination status.</li> </ul>	
<b>Implement infection control measures (immediate response)</b>	<b>Date Completed</b>
Open Outbreak Kit; immediately report and ensure staff are wearing Personal Protective Equipment (PPE), including: <ul style="list-style-type: none"> <li>• Long-sleeved, impervious (non-fabric), disposable gowns.</li> <li>• N95 masks.</li> <li>• Protective eye wear - disposable face shield or re-usable safety glasses/ goggles (noting staff need to be trained in how to clean/disinfect re-usable PPE)</li> <li>• Nitrile gloves (single-use disposable, medical grade).</li> <li>• <a href="#">TGA approved hand sanitizer</a>.</li> <li>• <a href="#">TGA approved 2:1 wipes</a>.</li> <li>• COVID Signage.</li> </ul> Report any shortages immediately to COVID lead.	
Isolate/cohort exposed or symptomatic residents – commence zoning as per COVID Outbreak Management Plan. Close contacts and positive cases should have their own single room and bathroom with dedicated signage: <ul style="list-style-type: none"> <li>• Outside each room (contact, droplet and airborne precaution).</li> <li>• Donning (putting on PPE) and doffing (taking off PPE) stations.</li> <li>• Outbreak signage at the entry points (to avoid third parties accidentally coming in).</li> <li>• If there are no single rooms with bathroom in the facility then residents will need to be cohorted according to their COVID-19 status and level of exposure, with a designated bathroom for each cohort group.</li> </ul>	
Identify and exclude COVID exposed staff immediately (PHU will confirm next steps for these staff regarding testing and isolation).	

<p>Set up Personal Protective Equipment (PPE) stations:</p> <ul style="list-style-type: none"> <li>• Donning and doffing stations - outside each residents rooms or 1 PPE station between 2 residents' rooms.</li> <li>• Entry of home ("clean" entry).</li> <li>• Exit of home ("dirty" exit).</li> <li>• Additional identified area within the home if required as per OMP.</li> </ul>	
<p>Continue to Implement contact, droplet and airborne precautions. Change PPE (gloves and gown) after each instance of contact with a resident. (Extended use of N95 masks may be appropriate but this should be discussed with PHU to determine risks. If PHU agree, change mask every 4 hours when leaving resident care area or if contaminated).</p>	
<p>Commence urgent refresher of <a href="#">PPE training</a> with all staff. Contact SLHD Disability Group Home COVID Coordinator to arrange visit from IPAC Nurses for infection control support. Reinforce the following with staff:</p> <ul style="list-style-type: none"> <li>• COVID-19 Signs and Symptoms.</li> <li>• Screening process (staff, residents).</li> <li>• Hand Hygiene practices.</li> <li>• Cough Etiquette and Respiratory Hygiene.</li> <li>• Resident Placement and Transmission Based Precautions.</li> <li>• Appropriate Utilization of PPE.</li> <li>• PPE Sequencing specific for COVID-19.</li> <li>• Isolation.</li> <li>• Staff roles and responsibilities.</li> </ul> <p>Contact NDIA to seek assistance from the <a href="#">NDIS Clinical First Response Service</a>. (Email: <a href="mailto:provider.support@ndis.gov.au">provider.support@ndis.gov.au</a>) for:</p> <ul style="list-style-type: none"> <li>• situational triage, infection control and nursing support for any identified outbreak.</li> <li>• risk and provider capability assessments.</li> <li>• additional staff and a mobile nurse team to reinforce infection control training and to support workers.</li> </ul>	
<p>Provide hand sanitizer and 2 in 1 TGA approved detergent/disinfectant wipes in all common areas (kitchen, dining area, lounge room, toilets/bathroom for cleaning of shared equipment and high touch areas e.g. doorknobs).</p>	
<p><b>Restrict (immediate response)</b></p>	<p><b>Date Completed</b></p>
<p>Restrict movement of staff:</p> <ul style="list-style-type: none"> <li>- between areas of the residence (e.g. to ensure staff caring for residents who are isolated and residents who are quarantined are kept separate).</li> <li>- between different facilities.</li> </ul>	
<p>Cancel all non-essential service providers and group activities during outbreak period.</p>	
<p><b>Testing - staff and residents (immediate response)</b></p>	<p><b>Date Completed</b></p>
<p><b>Residents</b></p> <ul style="list-style-type: none"> <li>• Testing protocol to be advised by PHU. A referral can be made to Flying Squad for in-reach home testing.</li> <li>• Check that residents have prior consent for testing (should be documented in the COVID Outbreak Management Plan under resident profile). Obtain consent from Guardian/Emergency contact if this has not already documented.</li> </ul>	

<ul style="list-style-type: none"> <li>Identify residents that will not tolerate COVID testing and feedback to SLHD Disability Group Home COVID Coordinator of this.</li> <li>Commence symptom diary in the interim for any resident that is unable to be COVID tested.</li> </ul> <p><b>Staff</b></p> <ul style="list-style-type: none"> <li>Staff on shift can be tested by SLHD Flying Squad.</li> <li>Follow PHU advice for COVID exposed staff and staff not on shift.</li> </ul>	
<b>Workforce (immediate response)</b>	<b>Date Completed</b>
Provider Manager/Team Leader to surge additional staff as required based on the COVID staff roster (outlined in the Outbreak Management Plan) (close contact/residents unable to isolate effectively may require 1:1 staff: resident ratio, additional staffing overnight – 1 per “zone”). Source additional supports available via <a href="#">NDIS</a> .	
Staff informed of COVID lead for every shift. All enquiries and escalation should be reported immediately to COVID lead.	
Where possible, roster staff that have had 2 x doses of COVID vaccinations.	
<b>Environmental Cleaning (immediate response)</b>	<b>Date Completed</b>
Allocate dedicated environmental cleaning role and commence cleaning roster using <a href="#">TGA approved disinfectants</a> . Staff are required to wear full PPE when cleaning. High touch areas to be cleaned 2 hourly include door handles, handrails, tabletops, light switches, computers and other shared equipment, shared tools, telephones, kitchen equipment, sinks, basins, bathrooms, toilets, dining table, chairs, lounges and remote controls.	
<a href="#">Increase the frequency of environmental cleaning</a> – 2 <sup>nd</sup> hourly; where residents are not compliant with isolation practices increase to hourly.	
Arrange deep cleaning/terminal clean in the event of positive case in residence.	

### The following steps are part of the ongoing outbreak response

<b>Waste Management &amp; Linen (ongoing response)</b>	<b>Date Completed</b>
Waste bin emptying will need to be increased significantly to minimum three times per day. Use non-touch peddle bins to eliminate touching of bins when opening. Empty bins when $\frac{3}{4}$ full.	
Provider Manager/Team Leader to contact waste management services/notify council of expected need for additional bins and waste pick-ups – as outlined in the Outbreak Management Plan	
Adhere to process for regular laundering, including: <ul style="list-style-type: none"> <li>guidance regarding laundering clothes and linen of a resident who is COVID-19 positive.</li> <li>each residents laundry to be laundered individually.</li> <li>correct use of PPE and hand hygiene while laundering.</li> <li>correct use of detergent, washing temperature and cycle (&gt;65 degrees for at least 10 minutes), drying clothes.</li> </ul>	
<b>Monitor &amp; Communicate (ongoing response)</b>	<b>Date Completed</b>
Monitor residents’ health and wellbeing. Ensure temperature and <a href="#">COVID-19 signs and symptoms</a> are monitored regularly – ideally 3 times daily and	



documented immediately. Note in particular fever and/or acute respiratory illness; document any deviation from usual behavior e.g. not themselves, change of bowel habits. Consider using a symptom diary.	
Monitor PPE stock daily and immediately report any shortages to COVID lead to order stock taking into account possible delays in delivery timeframes – maintain the minimum stockpile (stock-take after the first 24 hours).	
Provider will participate in outbreak management team to meet daily (or as agreed post initial outbreak meeting).	
Regular updates (at least daily) should be communicated to staff and residents' families (Provider Manager/Team Leader).	
Document residents' serial COVID test results (e.g. initial test, day 5, day 12) in their health record.	
Contact SLHD Disability Group Home COVID Coordinator for any additional resident healthcare needs e.g. arranging weekly depot administration.	
<b>Clinical Management &amp; Medical Escalation (ongoing response)</b>	<b>Date Completed</b>
Contact the General Practitioners of residents for review via telehealth where appropriate. Any COVID-19 symptoms should be reported immediately to COVID lead and SLHD Disability Group Home COVID Coordinator.	
Ensure staff are aware of written guidance to follow in the event an ambulance needs to be called that identifies to the 000 call operator and NSW Ambulance that the home is in COVID lockdown.	
Identify resident's Advance Care Directives.	
Provide SLHD Disability Group Home COVID Coordinator with copy of resident's Behavioural Support Plan (where applicable).	
<b>Declare and Review</b>	<b>Date Completed</b>
SLHD and PHU will advise when the residence can come out of lockdown.	
Debrief, review and evaluate outbreak management. Amend outbreak management plan if needed.	