

Infection location/Customer details

Location/Address	
Location type	SIL <input type="checkbox"/> Private residence <input type="checkbox"/> Office <input type="checkbox"/> Other (specify)
Customer Name in full	
Customer nominee	Phone no.
Full name of staff member completing this form	Date form completed

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Preparedness checklist

Planning actions	Comments (e.g. status, responsibility, etc.)	Completed ✓
Have you involved GPs and infection control consultants in the process of developing this plan?		<input type="checkbox"/>
Are all service staff aware of this plan and the roles and responsibilities that they play?		<input type="checkbox"/>
Have you considered deferring routine appointments/investigations or non-essential movement of customers and considered alternatives such as telehealth consultations?		<input type="checkbox"/>

Identifying customers	Comments (e.g. status, responsibility, etc.)	Completed ✓
Have you identified customers at greater risk? (This includes customers with complex support needs, or who may have difficulty meeting the requirements for social distancing and hygiene).		<input type="checkbox"/>
Are your health records and customer representative contact details up to date?		<input type="checkbox"/>
Do you have records of vaccinations for each customer?		<input type="checkbox"/>
Have you developed an emergency plan for each customer which contains details of: <ul style="list-style-type: none"> • emergency contacts; 		<input type="checkbox"/>

<ul style="list-style-type: none"> • medical conditions as well as ongoing treatments and medications; • current GP; • advanced care plan? <p>(higher risk customers may need to prepare a hospital bag)</p>		
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Mentoring services	Comments (e.g. status, responsibility, etc.)	Completed ✓
Have you undergone a risk assessment of the supports and services that your organisation provides?		<input type="checkbox"/>
Are you providing supports virtually where possible?		<input type="checkbox"/>
Where supports involve groups of people congregating and social distance requirements cannot be met, are they changed to comply with state and territory orders?		<input type="checkbox"/>
Where critical supports are provided that are key to the health, wellbeing and safety of a person with disability, have you taken all actions and contingency management strategies necessary to ensure the continued provision of these supports?		<input type="checkbox"/>
Are you regularly checking your local guidance on providing PPE?		<input type="checkbox"/>
Do participants and their families have details of someone they can call if there is a change to their health condition or circumstances?		<input type="checkbox"/>
Are you aware of your responsibility to report to the NDIS Commission when you become aware of significant impacts on your ability to continue to provide services and supports?		<input type="checkbox"/>

In-home supports (incl. SIL)	Comments (e.g. status, responsibility, etc.)	Completed ✓
Do you have clear clinical governance and processes for communicating with primary care personnel and general practitioners about the clinical situation and changing care needs of consumers?		<input type="checkbox"/>
Does your business continuity plan include: <ul style="list-style-type: none"> • Personal and clinical care; • Ensuring customers have access to meals and groceries; • Undertaking welfare checks; and • Undertaking phone/video call interacts with customers? 		<input type="checkbox"/>
		<input type="checkbox"/>

Customer and family education	Comments (e.g. status, responsibility, etc.)	Completed ✓
Are customers and families aware of what to do and whom to notify if they identify a potentially infectious case?		<input type="checkbox"/>
Are customers' families provided with information regarding prevention of transmission?		<input type="checkbox"/>
Have customers been given information on how to stay safe?		<input type="checkbox"/>

Staffing actions	Comments (e.g. status, responsibility, etc.)	Completed ✓
Have staff undergone sufficient education and training in all aspects of outbreak identification and management, particularly competency in infection control and appropriate PPE use?		<input type="checkbox"/>
Are staff aware of what to do and whom to notify if they identify a potentially infectious case?		<input type="checkbox"/>
Have you implemented strategies to minimise movement of staff between workplaces?		<input type="checkbox"/>
Do you have a staff contingency plan if 20-30% of staff are unable to work?		<input type="checkbox"/>
Does your contingency plan identify which staff losses pose the greatest risks to the delivery of your services, including any specialist skillsets they may have?		<input type="checkbox"/>
Are you aware of how to progress your need for staff through the Commonwealth agency?		<input type="checkbox"/>
Do you have staff who are available to assist customers with communications / use of technology e.g. Facetime, WhatsApp etc.		<input type="checkbox"/>

Stock levels	Comments (e.g. status, responsibility, etc.)	Completed ✓
In anticipation of increased need, do you have a current stock of PPE, hand hygiene products, nose and throat swabs and cleaning supplies?		<input type="checkbox"/>
Do you have a plan for where a large volume of PPE can be safely and securely stored?		<input type="checkbox"/>
Do you know how to obtain additional PPE at short notice?		<input type="checkbox"/>

Identifying an outbreak	Comments (e.g. status, responsibility, etc.)	Completed ✓
Do you routinely assess customers for respiratory illness, particularly for fever or cough? Do you document changes in customers' behaviour or health?		<input type="checkbox"/>
Do you support and encourage staff to report infectious symptoms?		<input type="checkbox"/>
Have you implemented an infectious incident reporting process that staff are aware of?		<input type="checkbox"/>
Do you have a process to notify the relevant health/government department as soon as practicable when an infectious case is suspected or identified?		<input type="checkbox"/>

Communication actions	Comments (e.g. status, responsibility, etc.)	Completed ✓
Do you have a plan for initial communications with staff, customers, volunteers, family members and other service providers following an outbreak including: <ul style="list-style-type: none"> • Some pre-prepared email templates; • templates for conversations to inform a customer and their family of any diagnosis; • timely communication of a significant change in visiting arrangements? 		<input type="checkbox"/>
Do you have staff dedicated to managing communications during an infectious outbreak?		<input type="checkbox"/>
Do you have a protocol for managing enquiries from the media?		<input type="checkbox"/>
Do you have a contact list for: <ul style="list-style-type: none"> • the state/territory health department and other relevant stakeholders (e.g. GPs and infection control consultants); • local GP's and infection control experts; • the nominated representative for each customer? 		<input type="checkbox"/>
Have you updated your website with a statement around covid-19 including how communications will be managed?		<input type="checkbox"/>
Do your workforce and customers understand what the service will do and how they will be supported in the event of a crisis?		<input type="checkbox"/>

Cleaning	Comments (e.g. status, responsibility, etc.)	Completed ✓
Have you identified who will be responsible for overseeing increased frequency of cleaning, liaison with contractors or hiring extra cleaners as necessary?		<input type="checkbox"/>

Responding to an outbreak

Identifying an outbreak	Comments (e.g. status, responsibility, etc.)	Completed ✓
If the infectious person is a staff member, does that staff member: <ul style="list-style-type: none"> • immediately leave the premises and isolate at home; and • stay in isolation for the prescribed period or until they are otherwise cleared? 		<input type="checkbox"/>
If a customer is showing symptoms of infection do workers: <ul style="list-style-type: none"> • assist them to call their doctor or the National Coronavirus Helpline; • maintain 1.5m distance from the customer at all times; • review functions they are required to perform, and refrain from providing care that requires close contact unless it is essential? 		<input type="checkbox"/>

Implement infection control measures	Comments (e.g. status, responsibility, etc.)	Completed ✓
Are staff using PPE for all interactions with infectious cases?		<input type="checkbox"/>
Are standard infection control precautions in place, and have you implemented transmission-based precautions?		<input type="checkbox"/>

Notify	Comments (e.g. status, responsibility, etc.)	Completed ✓
Do you immediately notify the Public Health Unit (PHU) following identification of an infectious case?		<input type="checkbox"/>
If you are a disability provider, do you notify the NDIS Commission regarding the outbreak?		<input type="checkbox"/>
Do you sensitively inform the customer and their family of any diagnosis?		<input type="checkbox"/>

Restrict movement	Comments (e.g. status, responsibility, etc.)	Completed ✓
Have you suspended all non-essential services and supports?		<input type="checkbox"/>
Have you identified which supports are essential for the customer's health, wellbeing and safety, and whether any of these supports can be provided in a different way (for example, telephone welfare checks, or purchasing medication and food and leaving it in a safe place)?		<input type="checkbox"/>

Communication	Comments (e.g. status, responsibility, etc.)	Completed ✓
Do you ensure customers receive communications initially from a familiar, trustworthy person regarding their diagnosis?		<input type="checkbox"/>
Do you contact all staff and inform them of the positive case?		<input type="checkbox"/>
Do you communicate with staff regarding their safety, the safety of their families and the safety of people they care for?		<input type="checkbox"/>
Are customers supported to access relevant and up to date information in a format they can understand?		<input type="checkbox"/>
Have you established a clear and consistent pattern of daily follow-up outbound communications, to ensure families and stakeholders are informed of developments as they unfold?		<input type="checkbox"/>
		<input type="checkbox"/>

Convene outbreak management team and activate plan	Comments (e.g. status, responsibility, etc.)	Completed ✓
Do you bring together the outbreak management team to direct, monitor and oversee the outbreak?		<input type="checkbox"/>
Does the outbreak management team continue to meet daily to direct and oversee the management of the outbreak?		<input type="checkbox"/>
Do you activate your outbreak management plan?		<input type="checkbox"/>

Contact tracing (residential)	Comments (e.g. status, responsibility, etc.)	Completed ✓
Do you ensure that all close contacts are immediately identified and tested for infection to understand the status of the outbreak?		<input type="checkbox"/>
In conjunction with the public health unit (PHU), do you establish a staff and resident testing regime?		<input type="checkbox"/>
Are you aware that the Commonwealth can support testing through Sonic Healthcare if required, following consultation with the PHU?		<input type="checkbox"/>
Do you increase monitoring of all customers for any symptoms, however mild, of infection?		<input type="checkbox"/>

PPE stocktake	Comments (e.g. status, responsibility, etc.)	Completed ✓
Have you undertaken a stocktake of current PPE and hand sanitiser stock levels?		<input type="checkbox"/>
Have you estimated what will be required over the coming fortnight?		<input type="checkbox"/>
Have you ordered additional PPE if required?		<input type="checkbox"/>

Bolster your staff and plan your roster	Comments (e.g. status, responsibility, etc.)	Completed ✓
Have you assessed staffing requirements since the infection diagnosis, to consider whether any new or additional staff are required because of self-isolation requirements?		<input type="checkbox"/>

Infection outbreak management plan

Have you filled your roster through usual workforce arrangements and agency contacts as far as possible?		<input type="checkbox"/>
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Management of infectious cases	Comments (e.g. status, responsibility, etc.)	Completed ✓
Do you identify essential services and ensure that you can meet the customer's needs?		<input type="checkbox"/>
Do you ensure that unwell customers are reviewed by their GP, regardless of whether an outbreak is present or not?		<input type="checkbox"/>
Are you engaging with the PHU and other relevant clinicians in these matters?		<input type="checkbox"/>

Briefing and handovers	Comments (e.g. status, responsibility, etc.)	Completed ✓
Do you ensure that there is a thorough briefing and orientation of new staff each shift, including education on PPE usage?		<input type="checkbox"/>
Do you ensure that there are handovers for all staff at the start of a new shift, including clinical and care needs?		<input type="checkbox"/>

Infection control	Comments (e.g. status, responsibility, etc.)	Completed ✓
Do you review the systems and processes of the service to minimise risk of material, surfaces or equipment moving between areas?		<input type="checkbox"/>
Do you clean frequently touched surfaces (including bedrails,		<input type="checkbox"/>

bedside tables, light switches, handrails)?		
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Review advance care directives	Comments (e.g. status, responsibility, etc.)	Completed
		✓
Do you note any advance care directives for customers who may have them in place?		<input type="checkbox"/>
Do you update advance care directives where necessary and use the list to inform any clinical decisions about residents who develop infection?		<input type="checkbox"/>
		<input type="checkbox"/>

Continuing primary health care	Comments (e.g. status, responsibility, etc.)	Completed
		✓
Do you ensure there is strong ongoing governance of “routine” care?		<input type="checkbox"/>
Do you notify customers’ GPs who may contribute to monitoring, care planning and discussions?		<input type="checkbox"/>
Are you attuned to the potential need for additional psychological care due to increased anxiety from customers?		<input type="checkbox"/>

Support your staff	Comments (e.g. status, responsibility, etc.)	Completed
		✓
Have you established fatigue management plans?		<input type="checkbox"/>
Do you ensure Employee Assistance Program information is readily		<input type="checkbox"/>

available?		
Do you establish pathways to maintain contact with staff who are isolating or quarantining?		<input type="checkbox"/>
Do you support staff who are quarantining to continue performing key roles remotely to relieve some of the burden for on-site staff?		<input type="checkbox"/>
Do you support staff to return to the workplace after being cleared of infection?		<input type="checkbox"/>

Continue to monitor state / territory guidelines	Comments (e.g. status, responsibility, etc.)	Completed ✓
Do you continue to monitor state / territory guidelines?		<input type="checkbox"/>
Do you update the case list daily at the facility and notify the department?		<input type="checkbox"/>

Related policies and procedures

Infection prevention and control policy

Pandemic management plan

Infection control of MRO procedure

COVID19 suspected or confirmed flow chart

Safe fitting and removal of personal protective equipment for staff