



COVID-19 guidelines for Western Australian community-based care

This guideline has been developed by the Department of Health (DoH) in Western Australia (WA) to support people working in the community care sector who may provide care to people with **suspected** or **confirmed COVID-19**.

This information needs to be considered in conjunction with current industry recommendations, noting advice is continually being updated. Where possible, links to relevant guidance documents are provided, but it is important that community care workers refer to their own organisation's workplace policies and procedures.

The objectives of this guideline are to:

1. Ensure understanding and application of public health requirements in relation to the community care sector
2. Support containment strategies for COVID-19 through accurate, timely and coordinated information
3. Mitigate and minimise impacts of the COVID-19 pandemic on the community care sector, health system and broader community.

Principles

1. People should be supported to remain in the community receiving appropriate community-based care wherever possible.
2. Decisions regarding hospital treatment and/or transfer will be made on a case-by-case basis.
3. If transfer is required, the receiving hospital/agency and transport staff need to be informed that the person is a suspected or confirmed case of COVID-19. This allows staff to don the correct PPE and implement necessary precautions.
4. Any public health advice given by the WA DoH will depend on the stage of the WA COVID-19 response.

Roles

WA health system	Advice regarding the prevention, detection and management of COVID-19 in WA and responsibilities linked to <i>Public Health Act 2016</i> under the State of Emergency declared in WA.
Department of Communities	Coordination of WA Government partnerships with the community sector and issues for vulnerable cohorts in the WA community.
Commonwealth Department of Health (DoH)	The lead agency for monitoring and responding to the COVID-19 pandemic across Australia.

National Disability Insurance Agency (NDIA)	The Commonwealth agency responsible for implementing the National Disability Insurance Scheme (NDIS). During the COVID-19 pandemic, the NDIA and its community partners have a key role in ensuring that NDIS participants continue to receive critical services and supports, and that they have timely access to relevant safety and wellbeing information.
Community care providers, including all disability service providers	Organisational responsibilities including complying with State and Commonwealth directives related to COVID-19 and complying with pre-existing responsibilities, including safety and quality and contractual obligations.

Infection control

Practising effective hand and sneeze/cough hygiene and staying home when unwell are the best defences against most viruses, including COVID-19.

Community care workers are encouraged to undertake infection control training, such as the Commonwealth DoH's online COVID-19 training at <https://covid-19training.gov.au/>

Hand Hygiene Australia produces many resources well suited to Infection Control in hospital and community settings, including: <https://www.hha.org.au/component/jdownloads/send/34-posters/74-poster9>.

Information on laundry, waste and cleaning for in home providers can be found at <https://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Infectious%20diseases/PDF/Coronavirus/COVID19-Information-for-Providers-of-In-Home-Care.pdf>

All efforts should be made to strengthen infection control practices to minimise the risk of transmission of COVID-19. Further links for Infection Control can be found at https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus and <https://www.health.gov.au/resources/publications/coronavirus-covid-19-guide-for-home-care-providers>

Use of Personal Protective Equipment (PPE)

PPE should be used in specific circumstances, such as when individuals are suspected or confirmed with COVID-19. Further information and a decision tree for PPE usage can be found at: <https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-Use-of-PPE-for-workers-in-community-settings.ashx>

Organisations should be continuing to obtain PPE from their usual or alternative suppliers. If an organisation has exhausted PPE capacity from suppliers, information on an alternative method is found at:

https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus/Advice-on-how-to-access-Personal-Protective-Equipment

NDIS providers and self-managing participants who can no longer access PPE supplies through usual means can contact the National Medical Stockpile by emailing NDISCOVIDPPE@health.gov.au

Testing for COVID-19

In WA, the current criteria for testing for COVID-19 are described here:

https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus/COVID19-information-for-health-professionals under Testing Criteria.

Testing locations are listed at https://healthywa.wa.gov.au/Articles/A_E/COVID-clinics

For support to arrange domiciliary testing contact your GP who can refer for testing (if indicated) via an approved pathology provider.

Individuals can be accompanied by family member, carer or care worker for testing. It is recommended that care workers maintain a safe physical distance and utilise hand hygiene whilst supporting the individual through the testing process.

Transport options for an individual suspected or confirmed of COVID-19

If the individual requires urgent medical attention, call an ambulance and inform the ambulance service that the individual is a suspected or confirmed case of COVID-19.

Contact 13 COVID (132 68 43) helpline to organise transport to alternative self-isolation accommodation. Press selection number 3.

If a private vehicle or a Department of Health organised transport option cannot be provided when patients are required to travel from hospital to their home/hotel or hotel to home, taxis and ride hail services are to be used as a last resort for transportation of known or suspected COVID-19 cases.

<https://ww2.health.wa.gov.au/-/media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-Information-for-public-private-transport.ashx>

COVID-19 and residential care facilities, including residential disability accommodation

The National Guideline for Prevention, Control and Public Health Management of COVID-19 Outbreaks in RCF defines an RCF as:

“any public or private aged care, **disability services** or other congruent accommodation setting in Australia where **residents are provided with personal care or health care by facility staff**”.

DoH in WA acknowledge that not all the national guidelines are feasible in a community-based care context and have refined the RCF guidance to address particular needs community-based care workers.

Community-based care checklists:

1) Response to a suspected or confirmed case of COVID-19 for individuals living in community settings

- If a person has symptoms, arrange clinical assessment (which may include GP) and testing, if indicated.
- While awaiting test results, the person must be isolated and interactions with other individuals and/or family members living in the residence must be minimised.
- Immediately implement Contact and Droplet Precautions for care staff interacting with the individual – refer to PPE information for guidance and ensure use of appropriate PPE for any person(s) entering the premises.
- Care workers should notify their employer of any confirmed or suspected COVID-19 cases.
- Organisations should minimise the number of care workers who come into direct contact with the individual, and consider which services are critical to keep the individual safe.
- If positive for COVID-19, the WA DoH Public Health Operations area will be notified by the pathologist involved and will contact the individual or his or her family/carer.

- ❑ If COVID-19 is confirmed, the individual may continue to receive care in the community under isolation (if safe to do so) or may be transferred to an appropriate alternative accommodation setting. This decision must be guided by Public Health Operations advice and will be dependent on the individual's circumstance.
- ❑ If the individual becomes clinically unwell they should be transferred via ambulance to hospital (with the ambulance service notified in advance that the individual has suspected or confirmed COVID-19).
- ❑ Bring along any useful written information to be provided to healthcare team (for example, medications, communication plan, behaviour support plan).
- ❑ If the individual is admitted to hospital, carers/community care workers may not be able to stay with the individual. It should be noted that this will be reviewed by the healthcare team on a case by case basis. Regular contact will be made with family throughout the stay.
- ❑ Inform family, carers and/or advocates and other support services as required.
- ❑ Ensure all care planning aligns with individual's preferences and values, including power of attorney and advance care plan.

2) Response to a suspected or confirmed case of COVID-19 for care workers

- ❑ Care workers who develop symptoms of respiratory illness need to be excluded from the community setting immediately and remain away while a diagnosis is obtained.
- ❑ Arrange clinical assessment (including GP, as appropriate, and/or COVID-19 clinic) and testing, if indicated. The member of staff should tell their doctor they are a care worker.
- ❑ If positive for COVID-19, and the care worker must notify their employer as soon as is practicable. Contact management will occur via the Public Health Operations unit who are automatically notified of a confirmed case.
- ❑ If COVID-19 is confirmed, then the care worker must remain in isolation and be excluded from all work that involves contact with others until they approved for release from isolation by the Public Health Operations unit (the individual will be given written confirmation of their approval to cease isolation).
- ❑ If COVID-19 is excluded, then the care worker's return to work should be guided by the infections period for their diagnosed condition.
- ❑ If care workers have been in close contact with a confirmed COVID-19 case or close contact of a confirmed case, and did not wear PPE, they must notify their employer. Care workers will need to self-isolate for 14 days and be alert for symptoms of the COVID-19.
- ❑ If care workers have been in close contact with a confirmed COVID-19 case or close contact of a confirmed case, while wearing PPE, the care worker can continue to deliver care to the individual however should remain vigilant regarding any symptoms and self-isolate and seek testing should they become symptomatic. However, if PPE was knowingly not used correctly, staff should self-isolate for 14 days. The WA DoH can provide advice regarding whether PPE was used correctly.

3) Hospital discharge of confirmed case of COVID-19 (individual)

- ❑ The healthcare team will decide when the individual is able to return home or to other appropriate accommodation. The individual may still be COVID-19 positive on discharge.
- ❑ The individual's health care team will discuss discharge and transport arrangements with the individual, family and support services. If the individual requires care and support following discharge, this will be arranged.
- ❑ Upon discharge, the individual will be referred to their GP or treating team who will be responsible for the individual's ongoing medical care.
- ❑ If required, PPE recommendations and supplies will be organised to ensure continued care of the individual at home/accommodation.
- ❑ Following discharge, individuals will be monitored via phone by the Public Health Operations unit until no longer infectious.

Supports

A range of supports are available to individuals and community care workers, including:

- Non-urgent medical assistance
 - contact their GP
 - If unable to contact GP, phone Healthdirect - 1800 022 222.
- Urgent medical assistance
 - phone 000 and let them know individual is in isolation due to COVID-19.
- Difficulties with accommodation, food and/or other essential items
 - phone the Department of Communities Disaster Response Hotline - 1800 032 965.
- Emergency dental assistance
 - phone 0429 441 162
- Mental health assistance
 - phone Beyond Blue on 1300 512 348
 - Mental Health Emergency Response Line
<https://www.mhc.wa.gov.au/getting-help/helplines/mental-health-response-line/>
- Transport assistance
 - Contact 13 COVID (132 68 43) helpline. Choose Option 3.
- For providers who are concerned about their ability to continue to provide contracted services as a result of COVID-19
 - Phone the Disability Services Provider Support on 6167 8777
- Information and referrals for people with disability who need help because of coronavirus (COVID-19), and their families, carers, care workers and services
 - Free call the Disability Information Helpline - 1800 643 787
- For more information, please refer to the HealthyWA website
 - https://healthywa.wa.gov.au/Articles/A_E/Coronavirus or
 - phone 13 COVID (132 68 43).

References

Advice for the health and aged care sector

<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-advice-for-the-health-and-aged-care-sector>

Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>

Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)

<https://www.health.gov.au/resources/publications/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19>

Australian Government Health Alert

<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>

Guide for home care providers

<https://www.health.gov.au/sites/default/files/documents/2020/04/coronavirus-covid-19-guide-for-home-care-providers.pdf>

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This document can be made available in alternative formats on request for a person with disability.

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