



COVID-19 Response Checklist *Congregate Living Facilities*

This checklist has been developed to support congregate living facilities to respond to COVID-19 cases.

A congregate living setting includes facilities where people live on a short or long-term basis including for work purposes. It includes but is not limited to accommodation for:

- People who are homeless
- People with disability
- People residing in boarding and lodging facilities
- Victims of family and domestic violence
- People with alcohol and other drug dependencies
- People with mental health support needs
- University students
- Aboriginal people accommodated in hostels
- People living in high-density apartments
- People residing in ADF barracks

This guidance does not cover other high-risk settings such as residential aged care facilities, mining camps and offshore rigs, prisons, secure facilities or boarding schools which are addressed within other advice.

Facility operators must take all possible steps to prepare for and [manage COVID-19 in the workplace](#). Facilities should follow advice and actions below in response to being notified of a COVID-19 positive person in their workplace. Translated resources should be utilised where indicated and are available at [HealthyWA](#).

1. Inform and activate plans

- Report positive case to WA Health by emailing ncovcontact@health.wa.gov.au. Include name and location of facility, number of staff/residents, type of facility and number of persons affected.
- Ensure any positive Rapid Antigen Testing (RAT) results are reported to [WA Health online](#) (in addition to reporting to WA Health as above by email). An SMS survey will be sent after registration, which should be completed indicating the case works or resides in a hostel, dormitory or a boarding school.
- Activate facility outbreak management and business continuity plans, including workforce contingency and any communications plans.
- Inform the relevant regulatory and safety authorities and industry representatives.
 - e.g. for **disability** - NDIS registered service providers must notify the NDIS Commission using the [COVID-19 notification of event form](#)
 - e.g. for **mental health** – mental health hostels must notify the Mental Health Commission's COVID Coordination and Communication Centre at covidcoordinationcentre@mhc.wa.gov.au
- Remind employees and residents to monitor for COVID-19 [symptoms](#) and [facilitate testing if symptoms develop](#).

2. Isolate and support cases

- Cases must isolate – see guidance at [HealthyWA](#) and section 4 below.
- Provide case with the [What to do when you test positive for COVID-19](#) factsheet and advise them to follow the [I have tested positive for COVID-19 protocol](#), isolating for a minimum of seven full days.
- People with COVID-19 should have access to a General Practitioner (telehealth appointments can be arranged). People with risk factors can register for the [WA COVID Care at Home](#) program.

3. Identify and manage close contacts

- Determine the case's infectious period, which is taken from 48 hours before the onset of symptoms (or 48 hours before the positive test if the person has no symptoms) until the end of isolation.
- Identify any close contacts in the congregate living close facility. This may involve checking room allocations, visitor logs, staffing and the use of shared living and cooking areas. Shared housing, social

contact and shared transport with other residents and employees should be considered when identifying congregate living close contacts. See [HealthyWA](#) for the current close contact definition.

- Notify close contacts that they may must follow the appropriate isolation protocols ([I am a close contact and have no symptoms](#) or [I am a close contact with symptoms](#)). See [COVID-19 close contacts](#) for further information.
 - Close contacts who have no symptoms may leave their isolation premises in the 7 days after becoming a close contact if they return a negative RAT result each day. A mask must be worn while not in their isolation premises.
 - Close contacts with symptoms must isolate until at least their symptoms resolve.

□ 4. Safe isolation of cases and close contacts

- Facilitate resident access to suitable premises for isolation. [Guidance for safe isolation for cases and close contacts in congregate living facilities and large households](#) is available to guide management of this shared accommodation.
 - Consider cohorting (separating into groups) residents to reduce the risk of COVID-19 transmission.
 - Provide or arrange essential services such as food and medication delivery, laundry services and waste management (if this cannot be managed in house, assistance may be available by phoning 13 COVID – 13 268 43).
 - Organise testing for residents as required (when symptoms develop or as per testing protocols for close contacts). Assist with registering [RAT results](#) if they are positive.
 - Support residents to register for the [WA COVID Care at Home](#) program.
 - Provide medical review as required (through onsite healthcare provider or a medical deputising services/telehealth where this arrangement is not in place). Where appropriate, refer clinicians to guidelines for managing COVID-19 in a [residential disability facility](#) or a [mental health hostel](#).
 - If required, enact transport and evacuation plans to transfer residents to health or hospital facilities via ambulance. In an emergency, call 000 and advise the ambulance staff of the resident's COVID-19 status.
- If a resident is unable to [safely isolate](#), referral for emergency accommodation support may be made by an individual through the State Welfare Incident Coordination Centre (SWICC) by calling 13 COVID -13 268 43.
- Residents who have tested positive for COVID-19 can leave isolation when they have completed their [required isolation period](#) and symptoms have resolved. A negative test or clearance from WA Health is not required.

□ 5. Implement additional controls in the workplace

- **Physical distancing:** maintain at least 1.5m between people wherever possible, including in the facility, at entry and exit points, in bathrooms, in shared living areas and kitchen, smoking areas, and in meetings. This may include using partitions, splitting shifts, staggering use of shared living and cooking areas, and modifying workstations so employees do not face each other.
- **Infection prevention and control:** ensure thorough cleaning and disinfection of the workplace in keeping with [infection prevention and control guidance](#); ensure alcohol-based hand rub or hand-washing facilities with soap and water are available.
- **PPE use:** including face masks (subject to Occupational Health and Safety obligations).
- **Ventilation:** review [building ventilation](#) if not previously considered.
- Send [clear communications](#) to employees, which are [translated into languages other than English](#) where indicated. This should include advice for employees to get tested and stay home if symptomatic. See resources at [HealthyWA](#) (if translation of resources for a specific language group is required, contact ncovcontact@health.wa.gov.au).

□ 6. Workforce capacity and operations

- Ensure [adequate supplies](#) of PPE and RAT kits are available.
- Advise Public Health Operations if workforce is likely to be impacted such that operations will be reduced or the facility will be closed (for advice on when cases and close contacts can return to work), or if there are other urgent concerns (email ncovcontact@health.wa.gov.au or call 13 26843).
- Ensure Employee Assistance Program (EAP) information is readily available and employees are aware of their leave entitlements and other [financial supports](#)
- Continue usual resident care if possible (via phone, video link up, telehealth etc) for primary health, psychosocial and usual supports.
- Consider current visitor restrictions.
- Consider suspending communal activities, excursions, visiting programs to the facility.

□ 7. Ongoing management and escalation

- Identify a person responsible for being the primary contact between the facility and WA Health's Public Health Operations team (ncovcontact@health.wa.gov.au) if assistance with outbreak management is required.
- Establish and maintain record keeping practices to track decisions and outcomes.
- Undertake regular communications to keep employees, residents and family members informed of steps being taken to prevent the spread of COVID-19 in the facility.

□ 8. Return to work

- Employees who **tested positive for COVID-19** can return to work when they have completed their [required isolation period](#) and symptoms have resolved. A negative test or clearance from WA Health is not required.
- Employees who are **close contacts and have no symptoms** should work from home where possible but may leave their place of isolation and attend work if they take a negative RAT each day before leaving home, wear a mask and avoid high-risk settings.
- If your facility is a **high-risk setting** (including aged care facilities, disability care residential facilities, mental health residential facilities, health care settings and correctional facilities), employees **who are close contacts with no symptoms** may be able to attend work subject to additional requirements (see [What to do if you are a COVID-19 close contact](#) for requirements).
- Employees who are **close contacts and have symptoms** must not attend work (see [I am a close contact with symptoms](#)).
- Employers should support employees returning to work and ensure workplace discrimination does not occur (see [Social stigma and COVID-19](#) at HealthyWA for ways to address social stigma).

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

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