POLICY 4.2 - COVID-19 Pandemic Plan and Processes

The following COVID 19 – Pandemic Plan and Processes have been put in place to provide information and step-by-step strategies to manage infection control to keep participants and staff as safe as possible for COVID 19 infections. Please note these safety precautions also assist with other transmissible infections that may from time to time arise in Wonderland Services.
Please note a Simple version of this policy is noted at the end in the form of a communication letter to Participant/Families/Guardians and Staff from both divisions of Wonderland Community Services pg. 17

BACKGROUND INFORMATION

Recognising COVID-19

COVID-19 is a contagious viral infection that generally causes respiratory illness in humans. Presentation can range from no symptoms (asymptomatic) to severe illness with potentially life-threatening complications, including pneumonia. COVID-19 is spread by contact with respiratorysecretions and fomites (e.g., left on surfaces).

The most common signs and symptoms include:

- fever (though this may be absent in the elderly)
- dry cough
- Other symptoms can include:
- shortness of breath
- sputum production
- fatigue
- Less common symptoms include:
- sore throat
- headache
- myalgia/arthralgia
- chills
- nausea or vomiting
- nasal congestion
- diarrhea
- hemoptysis
- conjunctival congestion
- Older people may also have the following symptoms:
- increased confusion
- worsening chronic conditions of the lungs
- loss of appetite
- Participants with disabilities can often have non-classic respiratory symptoms and should considertesting any with any new respiratory symptom.

Incubation Period

People with COVID-19 generally develop signs and symptoms, including mild respiratory symptomsand fever, on an average of 5-6 days after infection (mean incubation period 5-6 days, range 1-14 days). However different versions of the disease may vary.

Routes of Transmission

COVID-19 is transmitted via droplets and fomites during close unprotected contact with an infected person. Airborne spread has been reported for COVID-19. Faecal shedding of the virus has been demonstrated from some patients, and viable virus has been identified in some cases. Although the faecal-oral route does not appear to be a driver of COVID-19 outbreaks, it may become important in care settings, as such cases with ongoing diarrhea or faecal incontinence who may have limited capacity to maintain standards of personal hygiene should continue to be isolated until 48 hours after the resolution of these symptoms.

People at risk of complications from COVID-19

People at risk of complications from COVID-19 include:

- people 65 years of age and over
- Aboriginal and Torres Strait Islander people
- people with chronic or other medical conditions
- people with a weakened immune system (due to a disease or medication)

Complications of COVID-19

Most people with COVID-19 have mild disease and will recover. Some people can developcomplications which may be life-threatening and can result in death.
Complications include:

- pneumonia (secondary bacterial infection)
- respiratory failure
- septic shock
- multi-organ dysfunction/failure

Participants with disabilities may experience a worsening of chronic health problems (e.g. congestive heart failure, asthma and diabetes).

STATE GOVERNMENT HEALTH ORDERS & REQUIREMENTS & WCS POLICY RESPONSE

Wonderland Community Services POLICY for working under STATE GOVERNMENTDIRECTIVES

WCS will abide by all State Government Health Orders and Requirements in response to community transmission and restrictions for working with people with disabilities.

Wonderland Community Services operates in two states:
1. TASMANIA
2. QUEENSLAND

(There are currently no State Government health orders in place in TAS & QLD 30.01.2024)

In Tasmania (from 1 July 2022) no vaccination is required to work with people with a disability.

In Tasmania effective from 1 July 2022, there are no longer requirements under the Public Health Act 1997 for any workers to be vaccinated. Public Health continues to strongly recommend that all eligible Tasmanians stay up to date with their COVID-19 vaccinations.

WCS recommend all our employees to be fully vaccinated as a reasonable measure and bestpractice standards for workplace's COVID-19 risk assessment. Any unvaccinated staff should take necessary precautions to protect their own health. (WCS will provide all necessary equipment as well as RAT tests for checking for personal safety).
Coronavirus (COVID-19) | Tasmanian Department of Health

For Queensland (from 31 October 2022) no vaccination is required to work with people with a disability.

COVID-19 vaccination for workers
From 6 p.m. Monday 31 October 2022, there are no Public Health Directions in effect requiring you to be vaccinated in high-risk settings, including:

- early childhood, primary and secondary education
- prisons, youth detention centres and watch houses
- airports
- residential aged care facilities
- shared disability accommodation services
- primary care, private hospitals, and private allied health services

Decisions on mandatory vaccinations will instead be made by the owner or operator of these settings. WCS recommend all our employees to be fully vaccinated as a reasonable measure and bestpractice standards for workplace's COVID-19 risk assessment. Any unvaccinated staff should take necessary precautions to protect their own health. (WCS will provide all necessary equipment as well as RAT tests for checking for personal safety).
COVID-19 vaccination for workers | Health and wellbeing | Queensland Government (www.qld.gov.au)

Record Keeping:

1. Workers – evidence of full vaccination status (immunization history statement or COVID 19 digital certificate).
2. Copies of medical exemptions.
3. All records are to be kept in a secure file on the HR Employees File.

POLICY FOR WCS FOR TASMANIA 1.7.22

Staff and Contractors to WCS who are not fully vaccinated can be employed and continue to work in disability care as of the 1.7.22.
There is a step-by-step guide to get proof of your COVID-19 vaccinations online.
Please read below for specific Information around requirements for TASMANIAN SITES

POLICY FOR WCS FOR QUEENSLAND 31.10.2022

Staff and Contractors to WCS who are not fully vaccinated can be employed and continue to work in disability care as of the 31.10.22.
There is a step-by-step guide to get proof of your COVID-19 vaccinations online.
Please read below for specific Information around requirements for QUEENSLAND SITES

PREPAREDNESS AND PREVENTION

Preparation

All WCS properties must ensure that they are prepared for outbreaks of COVID-19 including for the occurrence for their first case of COVID-19. A well-functioning infection prevention control (IPC) program working together with a well-functioning occupational health (OH) program, is the basis for an effective IPC response during a COVID-19 pandemic. Australian residential providers will likely be impacted by a COVID-19 pandemic. It is therefore essential for us, in coordination with local and state/territory governments, to ensure that we can manage participants with COVID-19 while maintaining the level of care required for all other participants. This might include caring for participants who would usually be managed in the hospital setting. The information provided here has been developed to provide our care facilities and staff with the information they need to plan forand execute IPC and OH processes intended to prevent exposure to and transmission of COVID-19.

Prepare an Outbreak Management Plan

Preparing this outbreak management plan will help staff identify, respond to, and manage a potential COVID-19 outbreak; protect the health of staff and participants, and reduce the severity and duration of outbreaks if they occur. Staff members identified to work on this plan include Manager, Compliance Officer, HR Officer, Staffing Officers, Intake and Bookings Officers, Facility and Housekeeping Officers, Client Care Officers, Key Workers as well as Site Managers.The prevention strategies outlined here should be included in the outbreak management plan.

Planning Assumptions

It is important to note that assumptions about the epidemiology and impact of COVID-19 may change as knowledge emerges. The following public health assumptions are relevant to infectionprevention control and outbreak management planning:

- A COVID-19 pandemic will affect the entire health care system and the community. Hospitals, localpublic health units and other services may have limited capacity. We may not be able to rely on the same level of support they receive now from other parts of the health care system or from other community services during an outbreak.
- Pandemic COVID-19 plans developed by individual RCFs are coordinated with the plans of other organizations in their communities and local/regional pandemic plans and consistent with the Australian Government Department of Health Australian Health Sector Emergency Response Plan for Novel Coronavirus (2020).
- The number of health care workers available to provide care may be reduced by up to one-third because of personal illness, concerns about transmission in the workplace, and family/caregiving responsibilities.
- Usual sources of supplies are disrupted or unavailable.
- Vaccines are available and Rapid Antigen Saliva Testing Kits are available as well as COVID testing clinics around Australia.
- The efficacy of antivirals against COVID-19 have been established as being able to shorten the length of time people are ill, relieve symptoms and reduce hospitalizations. However, vaccines do not stop community transfer despite lack of symptoms. People may have COVID -19 and not realisethey have it. Traditional infection prevention and control practices (e.g., hand hygiene, personal distancing, appropriate personal protective equipment, and isolating sick individuals and those whohave been in close contact) as the main line of defense.
- During the course of the pandemic, priority groups may change based on the epidemiology of COVID-19 (i.e., the nature of the virus, the people most affected).
- To meet community needs during a pandemic, resources (including staff, supplies and equipment)may have to be reassigned or shifted.
- Care protocols may change and new practice may have to be adapted.
- We will need effective ways to communicate with participants' family and friends, in order to meet
- their needs for information but reduce the demands on staff.

Education

Education for staff, participants and their families are vital to informing them about their behaviour and help manage the potential occurrence for ongoing transmission in an outbreak setting. Prompt and clear information will be provided to participants and families regarding the outbreak including respiratory hygiene and cough etiquette, hand hygiene and restrictions on visitation if they have any symptoms of COVID-19. Staff should be informed, and supported, to exclude themselves from work

when they have any kind of respiratory illness and to notify the facility if they were confirmed to have COVID-19. The principle underlying staff and visitors staying away from the facility if they areunwell will be reinforced by placing signage at all entry points to the facility.

Workforce Management

WCS has developed a staff contingency plan in the event of an outbreak where unwell staff members need to be excluded from work for a prolonged period until cleared to return to work. Support Workers may also require exclusion from the workplace if they have returned from travel to a country considered high risk for COVID-19, and such requirements will impact the workforce nationally. We will regularly review the CDNA COVID-19 Interim National Guideline for requirements relating to the exclusion of healthcare workers from clinical settings. The workforce management plan will aim to cover a 20-30% staff absentee rate. Developing and maintaining a contact list for casual staff members availability is essential to timely activation of a surge workforce should an outbreak occur. Leave planning will also consider the nature of the pandemic and current outbreaks.

Staff Education and Training

We are responsible for ensuring our staff are adequately trained and competent in all aspects of outbreak management prior to an outbreak. Staff should know the signs and symptoms of COVID-19in order to identify and respond quickly to a potential outbreak. Additionally, all staff need to understand the infection control guidelines and be competent in implementing these measures during an outbreak.

Topics for staff education and training will include:

- Symptoms and signs of COVID-19
- Exposure risk levels for CODIV-19, including international travel
- Personal hygiene, particularly hand hygiene, sneeze and cough etiquette
- Appropriate use of PPE such as gloves, gowns, eye protection and masks, including how to use PPE correctly
- Actions on experiencing symptoms of COVID-19 (stay away from a residential care facility)
- Handling and disposal of clinical waste
- Processing reusable equipment
- Environmental cleaning
- Laundering of linen
- Food handling and cleaning of used food utensils

Consumable Stocks

We will ensure that we hold adequate stock levels of all consumable materials required during an outbreak, including:

- Personal Protective Equipment (gloves, gowns, masks, eyewear)
- Hand hygiene products (alcohol-based hand rub, liquid soap, hand towel)
- Cleaning supplies (detergent and disinfectant products)
- We have an effective policy in place to obtain additional stock from suppliers as needed. In order to effectively monitor stock levels,

we will:

- Undertake regular stock take.
- Set up additional supply sources

Prevention

Avoidance of exposure is the single most important measure for preventing COVID-19. Vaccines provide the next best line of defense. We must have, and be vigilant in implementing, effective infection control procedures and are expected to use risk assessments to ensure the risks of a COVID-19 outbreak are as low as possible. This can involve examining our service environment, equipment, workforce training, systems, processes, or practices that affect any aspect of how we deliver care. The general strategies recommended to prevent the spread of COVID-19 are the same infection prevention control strategies used every day to detect and prevent the spread of other respiratory viruses like influenza. During a COVID-19 pandemic, or when local community transmission of the disease is identified, we will focus on preventing introduction of the disease intothe facility or spread within or between facilities where infection has been identified.

Exposure

Prevention Exposure prevention actions include:

- Self-screening for staff and visitors – we will instruct all staff to self-screen for symptoms, and to observe any exclusion requirements related to returning from travel to a high-risk country. Staff will be made aware of early signs and symptoms of COVID-19. Staff must not come to work if symptomatic and must report their symptoms to the company. We will enable employees to stay home if they have symptoms of respiratory infection. We will use signage at entrances and receptionto inform visitors to self-identify if they have relevant symptoms, travel history or exposure. Visitors must be instructed not to enter until any symptoms have completely resolved.
- Monitoring participants and employees for fever or acute respiratory symptoms - and restricting entry to group facilities where this is evident will be in place. Those who live on our properties with fever or acute respiratory symptoms will need to be restricted to their home environment to prevent transmission. If they must leave the property for essential reasons, they will need to wear a facemask (if tolerated). In general, for care of participants with undiagnosed respiratory infection use Standard, Contact, and Droplet Precautions.
- With active screening for participant admissions (or re-admissions/returning participants) we will assess participants for symptoms of COVID-19 upon admission to the facility and implement appropriate infection prevention practices for incoming symptomatic participants.
- Implementation of non-pharmaceutical measures, which include hand hygiene, cough and sneezeetiquette, use of appropriate personal protective equipment, environmental cleaning measures, isolation, cohorting and social distancing.

Prevention of Introduction of COVID into the Facility

Family members of participants and other visitors (including workers) can potentially transmitCOVID-19 to participants.

The following actions should be taken:

- We will advise all visitors to be vigilant with hygiene measures including social distancing, and to monitor symptoms of COVID-19, specifically fever and acute respiratory illness. They should be instructed to stay away when unwell, for their own and participants' protection, and to observe any self-quarantine requirements.
- Signage and other forms of communication (i.e. information and factsheets) must be used to convey key messages including what actions the facility is taking to protect them and explaining what they can do to protect themselves and participants.
- We will ensure that adequate hand washing facilities (and alcohol-based hand rub where available), as well as tissues and lined disposal receptacles are available for visitors to use at theentrance of the facility.

Prevention of Spread Within and Between Facilities

To prevent the spread of COVID-19 the following actions should be taken:

- Keep participants and staff informed through regular communication. Support personal protection measures including respiratory hygiene, cough and sneeze etiquette, and hand washing.
- Monitor participants and staff for fever or acute respiratory symptoms. Restrict participants with fever or acute respiratory symptoms to their room. If they must leave the room for necessary reasons, have them wear a face mask (if tolerated). In general, for care of participants with undiagnosed respiratory infection use Standard, Contact, and Droplet Precautions with eye protection unless Airborne Precautions are required.
- Senior staff should monitor the Commonwealth Department of Health and state public health information sources to understand COVID-19 activity in their community to help inform their evaluation of individuals with unknown respiratory illness. If there is transmission of COVID-19 in the community, in addition to implementing the precautions described above for participants with acute respiratory infection, facilities should also consult with public health authorities for additional guidance.
- Identify dedicated employees to care for participants with COVID-19 and provide infection control training.
- Provide the correct supplies to ensure easy and correct use of PPE. Make PPE, including facemasks, eye protection, gowns, and gloves, available immediately outside of the participant room. Position a disposal receptacle near the exit inside any participant room to make it easy for employees to discard PPE. Post signs on the door or wall outside of the participant room clearly describing the type of precautions needed and required PPE.
- Notify facilities and transport service providers prior to transferring a participant with an acute respiratory illness, including suspected or confirmed COVID-19, or transferring to a higher level of care.
- Notify any possible COVID-19 illness in participants and employees of the relevant jurisdictional public health authority.

Identifying COVID-19

Identification Prevention and management of influenza outbreaks in care facilities have been built around surveillance of influenza-like illness (ILI). Building on that model, care facilities should establish systems to monitor staff and participants for COVID-19 with a high level of vigilance and have a low threshold for investigation. Surveillance for fever or acute respiratory illness (ARI), rather than ILI, is very sensitive for detecting possible cases of COVID-19 in the context of confirmed local transmission of COVID-19. Effective surveillance will facilitate early recognition and management of cases. The aim of surveillance in care facilities is to ensure early identification of symptoms in participants and staff that may precede, or indicate early stages of, an outbreak. Identification of a participant or staff member with ARI should be followed by prompt testing for a causative agent.

While confirmation of COVID-19 infection is pending, immediate and appropriate infection control management of the person with ARI may prevent further spread of the disease. Facilities should have the capacity to count those with ARI and other severe respiratory illnesses each day and identify a potential COVID-19 outbreak. Prompt detection of outbreaks allows early implementation of control measures. Healthcare personnel should monitor Commonwealth Department of Health and state/territory public health sources to understand COVID-19 activity in their community to help inform their evaluation of individuals with undifferentiated respiratory illness. If there is confirmed local transmission of COVID-19 in the community, in addition to implementing the precautions described in this, facilities should consult with public health authorities for IPC guidance. Acute Respiratory Illness (ARI) is defined in the CDNA COVID-19 Interim National Guideline as shortness of breath or cough.

Case Definition

The CDNA COVID-19 Interim National Guideline provides a case definition for COVID-19 suspect and confirmed cases. Case definitions provide the criteria that allows unambiguous classification of an ill person as a confirmed case, or a suspect case. COVID-19 should be suspected in any participant with fever or acute respiratory infection (with or without fever) in a setting where there is confirmed local transmission of COVID-19.

Testing for COVID-19

The recommended test and methods of sampling for COVID-19 is outlined in the CDNA COVID-19 Interim National Guideline. Once requested by a medical officer, collection by an appropriately trained GP or pathology provider or COVID clinic is the preferred option for obtaining appropriate respiratory samples. Participants do not need to be transferred to hospital for the purpose of testingfor COVID-19. Guided by the clinical picture, the responsible medical officer may request testing for additional respiratory pathogens. The requesting medical officer and/or the testing laboratory is obligated to notify the infection to the jurisdictional communicable disease authority, depending on local legislative requirements; this notification is confidential. If an outbreak is suspected, the local state/territory Department of Health must be notified immediately. A Public Health Unit (PHU) will assist with advice and guidance on appropriate follow-on actions.

We must be prepared to provide the following information to the PHU:

- Information on the setup of the facility
- total number of participants and/or staff with fever and/or ARI
- date of onset of illness of each person
- symptoms of each person
- number of people admitted to hospital with fever and/or ARI (if applicable)
- number of people with influenza-like symptoms who have died
- total number of staff that work in the facility and in the affected area
- total number of participants in the facility and in the affected area
- whether appropriate respiratory specimens have been collected
- results of any respiratory specimens already tested

The PHU will advise and assist with the following:

- confirming the presence of an outbreak
- identifying the control measures that need to be in place
- testing of the initial respiratory specimens.

The PHU will provide us with a preferred case list (also called a 'line list') template to use when an outbreak is notified. If any deaths occur during an outbreak, the department must be notified within24 hours. Hospitalisation of participants should be noted on the case list and sent to the department daily.

Notification of Participant and Facility General Practitioners

Unwell participants must be reviewed by their GP regardless of whether an outbreak is present or not. If a COVID-19 outbreak is present, all visiting GPs should be informed at the start of the outbreak. This will facilitate appropriate testing samples being obtained, early implementation of infection control procedures, and treatment for symptomatic. It is important to speak with the PHUto confirm the presence of an outbreak before issuing the outbreak letter to visiting GPs.

COVID-19 CASE AND OUTBREAK MANAGEMENT

Response to a Suspected Case of COVID-19 in a Participant

Participants with suspected or confirmed COVID-19 require appropriate healthcare support, including access to their primary care provider for medical management.

Special considerations in the management of participants with suspected or confirmed COVID19 include:

- Immediately isolate ill participants (or cohort) and minimise interaction with other participants.
- If COVID-19 is suspected, we will have a low threshold for requesting medical review and testing.
- Transfer participants to hospital only if their condition warrants. If transfer is required, advise the hospital in advance that the participant is being transferred from a facility where there is potential or confirmed COVID-19.
- Notify the appropriate authorities.

In the instance of confirmed COVID-19 management will consider this an opportunity to:

- Identify and implement enhanced infection control measures
- Implement surveillance for further cases
- Review outbreak plans and requirements for implementation.

COVID-19 in a Staff Member

Health care workers and other members of staff who develop symptoms of respiratory illness should immediately be excluded from the facility and remain away whilst a diagnosis is sought. If COVID-19 is excluded, the staff member may be able to return to work once well and as guided by the infections period for their condition. If a diagnosis of COVID-19 is confirmed, the staff member must be excluded until they meet the criteria for release from isolation outlined in the CDNA COVID-19 Interim National Guideline.

As above, management should consider this an opportunity to:

- Identify and implement enhanced infection control measures
- Implement surveillance for further cases
- Review outbreak plans and requirements for implementation.

Declaring an Outbreak

A potential COVID-19 outbreak is defined as two or more cases of ARI in participants or staff within 3 days (72 hrs). A confirmed COVID-19 outbreak is defined as two or more cases of ARI in participants or staff of a Disability Organisation within 3 days (72 hrs) and at least one case of COVID-19 confirmed by laboratory testing.

While the definitions provided above guidance, the state/territory PHU will assist the Organisation in deciding whether to declare an outbreak.

Establishing an Outbreak Management Team

We will be responsible for managing any outbreak in our facilities. An internal outbreak management team will be established to direct, monitor and oversee the outbreak, confirm roles and responsibilities and liaise with the state/territory Department of Health. It will consider the progress of the response, undertakes ongoing monitoring, deals with unexpected issues, and initiates changes, as required. When an outbreak management team is formed, it is important to meet regularly, usually daily, at the height of the outbreak to monitor the outbreak, initiate changesto response measures and to discuss outbreak management roles and responsibilities. In reality a small number of staff will perform multiple roles in our outbreak management team

Isolation and Cohorting

A participant with an ARI should be placed in a single room with their own ensuite facilities (where available) while a diagnosis is sought. Where possible, participants requiring droplet precautions should be restricted to their room. Participants may attend urgent medical or procedural appointments but should wear a mask if tolerated. If the participant requires transfer to another facility, including hospital, we will advise the hospital and transport provider in advance that the participant is being transferred from a facility where there is potential or confirmed COVID-19.

If a single room is not available, the following principles will be used to guide participant placement:

- Give highest priority to single room placement to participants with excessive cough and sputum production.
- Place participants together in the same room (cohort) with similar signs and symptoms or infected with the same pathogen (if known) and assessed as being suitable roommates.
- When a single room is not available, and cohorting of ill participants is not possible, a participant with a respiratory illness may be cared for in a room with a roommate(s) who does not have a respiratory illness. This is the least favourable option. In this case participants' beds should be separated by at least 1.5 metres the roommate should be vaccinated against influenza with the current season's vaccine at least two weeks prior to being in the same room as the ill participant.
- In shared rooms (both cohorted with like illness, and participants with and without illness), staff must ensure they change their PPE and perform hand hygiene when moving between participants. Once participant isolation or cohorting measures are in place, to further reduce the risk of transmission, it is preferable to allocate specific staff to the care of participants in isolation. A register of staff members caring for patients with COVID-19 should be maintained.

We will also ensure that staff members:

- Do not move between their allocated room/ section and other areas of the facility, or care for other participants.
- Self-monitor for signs and symptoms of acute respiratory illness and self-exclude from work if unwell.

Standard Precautions

Standard precautions are a group of infection prevention practices always used in healthcare settings and must be used with a suspected or confirmed COVID-19 outbreak. Standard precautionsinclude performing hand hygiene before and after every episode of participant contact, the use of PPE (including gloves, gown, appropriate mask and eye protection) depending on the anticipated exposure, good respiratory hygiene/cough etiquette and regular cleaning of the environment and equipment.

Hand Hygiene

COVID-19 can be spread by contaminated hands, hence frequent hand hygiene is important. Hand hygiene refers to any action of hand cleansing, such as hand washing with soap and water or hand rubbing with an alcohol-based hand rub. Alcohol based hand rubs are the gold standard for hand hygiene practice in healthcare settings when hands are not visibly soiled. However, if hands are visibly soiled or have had direct contact with body fluids they should be washed with liquid soap and running water then dried thoroughly with disposable paper towel. Online hand hygiene courses areavailable, and staff should be encouraged to do refresher training. There must be adequate access for staff, participants and visitors to hand hygiene stations (alcohol-based hand rub or hand basins with liquid soap, water and paper towel) that should be adequately stocked and maintained Staff should be made aware of the proper hand hygiene technique and rationale.

Encouraging hand hygiene among participants and visitors is another important measure to prevent the transmission of infectious organisms. Participants should wash their hands after toileting, after blowing their nose, before and after eating and when leaving their room. If the participant's cognitive state is impaired, staff caring for them must be responsible for helping participants with this activity.

Visitors should be reminded to perform hand hygiene on entering and leaving the facility, and before and after visiting any participant. The use of gloves should never be considered an alternative to hand hygiene. Hand hygiene is required before putting on gloves and immediately after they have been removed.

Personal Protective Equipment (PPE)

Staff must wear appropriate PPE when caring for infected participants requiring contact and dropletor airborne precautions. A gown, eye protection, mask and gloves may be required depending on the level of precaution required. Staff must be trained and deemed competent in the proper use of PPE, including donning and doffing procedures. Refresher training is recommended for all existing staff, and as required for new staff.

PPE should be removed in a manner that prevents contamination of the HCW's clothing, hands and the environment. PPE should be immediately discarded into appropriate waste bins. Hand hygiene should always be performed before putting onPPE and immediately after removal of PPE, as well whilst wearing PPE. Staff must change their PPE and perform hand hygiene after every contact with an ill participant, when moving from one room to another, or from one participant care area to another.

Cough and Sneeze Etiquette

Cough and sneeze etiquette relates to precautions taken to reduce the spread of virus via droplets produced during coughing and sneezing. Participants, staff and visitors should be encouraged to practice good cough and sneeze etiquette, which includes coughing or sneezing into the elbow or a tissue and disposing of the tissue then cleansing the hands.

Transmission-based Precautions

Transmission based precautions are infection control precautions used in addition to standard precautions to prevent the spread of COVID-19. COVID-19 is most commonly spread by contact and droplets. Less commonly airborne spread may occur e.g. during aerosol generating procedures or care of severely ill patients. Contact and Droplet precautions are the additional infection control precautions required when caring for participants with suspected or confirmed COVID-19. Contact and Airborne precautions are required when conducting aerosol generating procedures4 or caring for severely ill patients who are coughing excessively.

Environmental Cleaning and Disinfection

Regular, scheduled cleaning of all participant care areas is essential during an outbreak. Frequently touched surfaces are those closest to the participant and should be cleaned more often. During a suspected or confirmed COVID-19 outbreak, an increase in the frequency of cleaning with a neutral detergent is recommended. Cleaning AND disinfection is recommended during COVID-19 outbreaks. Either a 2-step clean (using detergent first, then disinfectant) or 2-in-1 step clean (using a combined detergent/disinfectant) is required.

The following principles should be adhered to:

- Patient room/zone should be cleaned daily
- Frequently touched surfaces should be cleaned more frequently. These include bedrails, bedside tables, light switches, remote controllers, commodes, doorknobs, sinks, surfaces and equipment close to the participant.
- Cleaners should observe contact and droplet precautions adhere to the cleaning product

manufacturer's recommended dilution instructions and contact time use a Therapeutic Goods Administration (TGA) listed disinfectant with claims of efficacy against enveloped viruses (as the easiest class of microorganisms to kill). If unsure, a chlorine-based product such as sodium hypochlorite is suitable for disinfection.

- The room should be terminally cleaned when the ill participant is moved or discharged equipment and items in patient areas should be kept to a minimum. Ideally, reusable participant care equipment should be dedicated for the use of an individual participant. If it must be shared, it must be cleaned and disinfected between each participant use. Linen should be washed and sanitised using hot water (>65 degrees for 10 minutes) and standard laundry detergent. Linen should be dried in a dryer on a hot setting. There is no need to separate the linen for use by ill participants from that of other participants. Appropriate PPE should be used when handling soiled linen. Crockery and cutlery should be washed in a hot dishwasher or if not available, by hand using hot water and detergent, rinsed in hot water and dried. There is no need to separate the crockery and cutlery for use by ill participants from that of other participants.

Staff

For suspected or confirmed cases of COVID-19 it is preferable that only staff who have been designated to care for patients with COVID-19 provide care for these participants. During an outbreak of COVID-19, wherever possible, healthcare workers should not move between different sites to provide care for other participants. This is particularly important if not all sites are affected by the outbreak. It is preferable to cohort staff to areas (in isolation or not in isolation) for the duration of the outbreak. During a confirmed COVID-19 outbreak staff should attend work only if they are asymptomatic. All staff members should self-monitor for signs and symptoms of COVID-19and self-exclude if unwell.

ADMISSIONS AND TRANSFERS

New admissions

An ongoing outbreak does not mean the facility has to go into complete "lock down". It is preferable that admission of new participants to an affected unit during an outbreak does not take place. Where new admissions are unavoidable, new participants and their families must be informed about the current outbreak and adequate outbreak control measures must be in place for these new participants. Families may wish to make alternative arrangements until the outbreak is over.

Re-admissions of confirmed cases

The re-admission of participants who met the case definition and have been hospitalised for their illness is permitted, provided appropriate accommodation and infection prevention and control requirements can be met.

Re-admission of non-cases

The re-admission of participants that have not been on the COVID-19 outbreak case lists (i.e. they are not a known case) should be avoided during the outbreak period if possible. If non-cases are re-admitted, the participant and their family must be informed about the current outbreak and adequate outbreak control measures must be in place. Where necessary we may also have to make alternative arrangements (e.g. family care) until the outbreak is over.

Transfers

If transfer to hospital is required, the ambulance service and receiving hospital must be notified of the outbreak/suspected outbreak verbally and through using a participant transfer advice form.

Unaffected participants

In some circumstances, it may be feasible to transfer participants who are not symptomatic, to other settings (e.g. family care) for the duration of the outbreak. The family or receiving facility should be made aware that the participant may have been exposed and is at risk of developing disease. They should be provided with information regarding the symptoms of COVID-19 and the use of appropriate personal protective measures.

OUTBREAK MONITORING AND REVIEW

Monitoring Outbreak Progress

Increased and active observation of all participants for the signs and symptoms of COVID-19 is essential in outbreak management to identify ongoing transmission and potential gaps in infection control measures. We will monitor participants and staff displaying signs and symptoms of COVID-19daily to ensure swift infection control measures are implemented or strengthened to reduce transmission and the duration of the outbreak. Updates to information in the line list should occur through daily meetings of the OMT, or more frequently if major changes occur. The line list should be provided to the PHU each day (or as arranged) until the outbreak is declared over. Updated information will be reviewed by the PHU for evidence of ongoing transmission and effectiveness of control measures and prophylaxis. The PHU will discuss this and advise of any required changes to current outbreak control measures.

The Outbreak Management Team should review all control measures and consider seeking further advice from Public Health Unit if:

- The outbreak comprises more cases than can be managed.
- The rate of new cases is not decreasing.
- Three or more participants are hospitalised related to COVOID-19, OR
- A COVID-19-related death has occurred.

Telephone to notify the PHU of this. Specialised advice is available from the following sources:

- A local state, territory or regional Public Health Unit.
- Infection control practitioners may be available for advice in local hospitals, state and territory health departments, or as private consultants.
- Geriatricians or Infectious Disease physicians may be approached for specialist management of complex infections.

Declaring the Outbreak

Over the time from the onset of symptoms of the last case until the outbreak is declared over can vary. Generally, a COVID-19 outbreak can be declared over if no new cases occur within 14 days (maximum incubation period) following the date of isolation of the case. A decision to declare the outbreak over should be made by the Outbreak Management Team, in consultation with the PublicHealth Unit.

The Outbreak Management Team may make decisions about ongoing surveillance after declaring the outbreak over, considering the following needs:

- To maintain general infection control measures.
- To monitor the status of ill participants, communicating with the public health authority if their status changes.
- To notify any late, COVID-19-related deaths to the Public Health Unit.
- To alert the Public Health Unit to any new cases, signalling either re-introduction of infection or

previously undetected ongoing transmission.
- To advise relevant state/territory/national agencies of the outbreak if applicable.

Reviewing Outbreak Management

Following a declaration that an outbreak is over, it is important for all parties to reflect on what worked well during the outbreak and which policies, practices or procedures need to be modified to improve responses for future outbreaks.

Although a debrief may seem unnecessary for outbreaks of short duration involving a small numberof cases, the Outbreak Management Team in collaboration with the local Public Health Unit should consider a debrief for any outbreak, a prolonged outbreak, or one with unusual features in relation to outbreak management. A debrief provides the opportunity to identify strengths and weaknessesin outbreak response and investigation processes and provide information to help improve the management of similar outbreaks in the future. It should involve all members of the Outbreak Management Team and any others who participated in the response to the outbreak.

Audits are commonly used in clinical medical and nursing practice as part of continuous quality improvement and may be an appropriate method by which to review the management of the outbreak. Australian public health practitioners and researchers have developed an outbreak audit process, with a framework for deciding which outbreak investigations to audit, an approach for conducting a successful audit, and a template for trigger questions. This tool enables agencies to assess their outbreak response against best practice and is available at:
https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-9-472

STATE/TERRITORY PUBLIC HEALTH UNIT CONTACT DETAILS

State Contact Details:
Queensland - 13 432 584 (13 HEALTH)
Tasmania - 1800 671 738
Up to date local state and territory health department contact details are available on the Commonwealth Department of Health website.

SIMPLE POLICY WORDING

(A letter sent out to participant and families 1.9.2022)

Letter to Participants/Families/Guardians about COVID Plan for Wonderland Community Services.

- Wonderland Retreat Tasmania

Dear Participants, (and families/supports)
From 1 July 2022 there is no longer any requirement for staff to be fully vaccinated (3 shots) to work with participants of the NDIS. However, Wonderland care staff are all vaccinated as of this date.
If a participant or staff member becomes ill or shows signs of fever or COVID infection, they will be asked to go home and take rest and a test to determine if they have been infected before returningto the Wonderland sites. If they do not have COVID they are able to come into the workplace/Wonderland site.

If they do have COVID, individuals should remain in isolation for 7 days.
To ensure our facilities are safe and clean we have instituted a 'deep clean' protocol and have sanitisers and protective masks, gloves and aprons in place.

For our staff

1. All our care staff in Tasmania have been vaccinated.
2. All staff are aware that they may not come to work if they have any symptoms including a headache, sore throat or temperature.
3. Staff are encouraged to take their temperature and a Rapid Antigen Saliva (RAS)Test if they have concerns and follow up with COVID test if this proves positive or they have any doubtsat a State Government Testing Clinic.
4. Staff will not be able to return to work until they have an 'all clear' negative result.
5. If they have contracted COVID they will need to isolate as per State Government healthrules.

For our participants

General

While there has been encouragement for vaccination through the community, we understand thatnot all participants and their families have been vaccinated at this point, and some are unable to take vaccines due to health issues.

If a participant is ill with a cough, fever, sore throat please let our Intake Staff know so that thebooking can be cancelled. When well again, let us know so that services can be resumed.
If a participant becomes unwell at Wonderland, we will provide a PCR test to see if they have COVID,if they do, we will return them home and ask that they take rest and stay isolated for 7 days.
If they do not have COVID we will ascertain their wellness and contact parents/guardians to identifythe right course of action.

QUESTIONS

1. What happens when a participant/guardian notifies Wonderland that a participant is unwell and cancels the service booking? Who pays for this?

- If a participant/parent/guardian notifies our office that a participant is unwell – prior to a service taking place the following payment situation will apply:
    - For in-home care and professional services, a cancellation fee will apply for less than

24-hours-notice. (Previously Wonderland required 48-hours-notice).

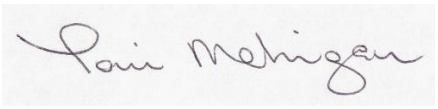
- For short term accommodation and respite – a cancellation fee will apply for lessthan 48 hrs notice. (Previously Wonderland required 5-days-notice). *The cancellation charge will be for one full day of service.*

2. What happens if the participant has a high temperature and Wonderland has not beennotified of any illness and the service has to be cancelled by Wonderland?
    a. Normal cancellation fees will apply.

Wonderland Community Services wishes you safety and security through this difficult time and will endeavour to keep you updated with any changes as we know of these. Our goal is to continue to provide safe services and to keep life as 'normal as possible' for our participants. We do not seek toadd to anxiety for our participants or to contribute to a 'them and us' mentality where vaccinationsare not able to be taken by some of our participants. Our testing regime is in place at our cost as a service to contribute to the health and wellbeing of our participants.

Our full updated COVID-19 Pandemic Plan and Processes has been uploaded onto our Website, so that you can read about all the precautions and actions that we will undertake to ensure our participants, families and staff are safe.

www.wonderlandretreat.com.au (ABOUT – POLICIES)



Toni Mehigan Director/CEO/Service Manager
Wonderland Community Services Pty Ltd
22.8.2022

Letter to Participants/Families/Guardians about COVID Plan for Wonderland Community Services

- Pirates Rest Townsville

Dear Participants, (and families/supports)
From 31 October 2022 various restrictions in QLD are no longer required for COVID.
However, care staff for those with disabilities are encouraged to have vaccinations (2 shots plus booster).

To ensure facilities are safe and clean we have instituted a 'deep clean' protocol and have sanitisers and protective masks, gloves and aprons in place.
We have however gone further and will follow the following procedures from 15th December 2021to reduce the risk to all our participants and our staff.

For our staff

1. Staff are required to identity if they have been fully vaccinated.
2. Staff members who are *not* fully vaccinated are able to work in care settings however if they are unwell they must use full PPE.
3. These staff should be provided with a RAT test to determine the presence of COVID, if they have COVID they should take rest and not return to work until they are not showing symptoms of COVID.

For our participants

General

While there has been encouragement for vaccination through the community, we understand thatnot all participants and their families have been vaccinated at this point, and some are unable to take vaccines due to health issues.

If a participant is ill with a cough, fever, sore throat please let our Intake Staff know so that thebooking can be cancelled. When well let us know so that services can be resumed.
If a participant becomes unwell at Wonderland, we will provide a PCR test to see if they have COVID,if they do we will return them home and ask that they take rest and stay isolated for 7 days.
If they do not have COVID we will ascertain their wellness and contact parents/guardians to identifythe right course of action.

QUESTIONS

3. What happens when a participant/guardian notifies Wonderland that a participant is unwell and cancels the service booking? Who pays for this?

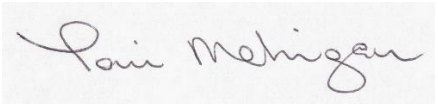
- If a participant/parent/guardian notifies our office that a participant is unwell – prior to a service taking place the following payment situation will apply:
    - For in-home care and professional services, a cancellation fee will apply for lessthan 24-hours-notice. (Previously Wonderland required 48-hours-notice).
    - For short term accommodation and respite – a cancellation fee will apply for lessthan 48 hrs notice. (Previously Wonderland required 5-days-notice). *The cancellation charge will be for one full day of service.*

4. What happens if the participant has a high temperature and Wonderland has not beennotified of any illness and the service has to be cancelled by Wonderland?
    a. Normal cancellation fees will apply.

Wonderland Community Services wishes you safety and security through this difficult time and will endeavour to keep you updated with any changes as we know of these. Our goal is to continue to provide safe services and to keep life as 'normal as possible' for our participants. We do not seek toadd to anxiety for our participants or to contribute to a 'them and us' mentality where vaccinationsare not able to be taken by some of our participants. Our testing regime is in place at our cost as a service to contribute to the health and wellbeing of our participants.

Our full updated COVID-19 Pandemic Plan and Processes has been uploaded onto our Website, sothat you can read about all the precautions and actions that we will undertake to ensure our participants, families and staff are safe.

www.piratesrest.com.au (ABOUT – POLICIES)



Toni Mehigan Director/CEO/Service Manager
Wonderland Community Services Pty Ltd
15.12.22

DATE	PERSON/S	DETAILS
01.12.2021	Toni Mehigan	Plan created
15.08.2022	Toni Mehigan	Review and update
31.10.2022	Toni Mehigan	Review and update
06.03.2024	Toni Mehigan	Review and update
16.07.2025	Toni Mehigan	Review and update
25.07.2025	Becci Fazldeen	Review and update