COVID-19 Testing framework implementation plan
Testing Strategies for Priority Populations – People with Disability
**Background**

The *Testing Framework for COVID-19 in Queensland* (testing framework) is intended to outline the full suite of testing options for SARS-CoV-2 (the virus that causes COVID-19) for clinicians and decision-makers in Queensland to optimise case ascertainment and surveillance and inform the public health response.

The framework outlines the priority settings in which testing is currently being conducted or proposed to be conducted for COVID-19 and emphasises that the highest priority group for testing is people with symptoms of the disease.

The testing framework is supported by implementation plans, including surveillance data plans, for the testing strategies for the following population groups or settings:

1. Quarantine travellers and close contacts of confirmed cases
2. Rural and remote populations
3. Hard to reach populations (homeless populations and Culturally and Linguistically Diverse communities)
4. Healthcare and residential aged care settings
5. Congregate living/working settings.

**Purpose**

This document provides guidance on the strategies that will be implemented by Queensland Health to ensure adequate COVID-19 testing is available to people with disability, their carers and service providers.

**Note:** Knowledge about COVID-19 is evolving and therefore Queensland Health will continue to review and update this testing strategy as new information becomes available.
Scope

It is acknowledged that people with disability are a broad and diverse group of individuals with unique needs. The concept of disability encompasses permanent conditions which have a significant impact on function and result in a need for support (care, equipment, therapies) for daily activities. This includes but is not limited to:

- People with accessibility challenges including significant mobility issues, intellectual disability, cognitive impairment, psychosocial disability or behaviour support needs etc.
- Carers of people with disability that due to care responsibilities do not have capacity to attend a fever or pathology clinic for testing.
- People living in disability accommodation services as defined in the Disability Accommodation Services Direction No.4. (See Glossary)
- People with disability in residential services as defined in the Residential Services Act 2002 e.g. supported accommodation and boarding houses.
- People with disability across the lifespan

The following settings and cohorts are outside the scope of this plan:

- Residential Aged Care Facilities (RACF) – separate testing strategy already developed
- Patients with disability in public and private hospitals including mental health facilities and community-based rehabilitation units

Context

An estimated 306,400 Queenslanders of all ages have a profound or severe disability. People with a profound or severe disability require assistance with everyday activities, including self-care, mobility, communication and self-management.

About 79,000 Queenslanders are National Disability Insurance Scheme (NDIS) participants. Of these participants, approximately one in ten have a psychosocial disability.

Some people with disability are particularly vulnerable to adverse outcomes associated with coronavirus (COVID-19) due to underlying chronic health conditions, weakened immune systems, low health literacy levels, requirements for personal care and difficulties with physical distancing, difficulties undertaking basic hygiene measures, and workforce challenges within the disability sector.

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Important Considerations

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and Australian Human Rights Commission have identified health system concerns about access to equitable testing, care and treatment for COVID-19.

Many disability advocates have highlighted the need for a targeted strategy to appropriately support access to COVID-19 testing for people with disability and their carers. Queensland Health is acutely aware of the unique needs of people with disability and the challenges that exist with testing, isolation, quarantine and provision of essential supports.

The Queensland Human Rights Commission submission to the Inquiry into the Queensland Government’s health response to COVID-19 encouraged the development of testing guidelines for people with disability and their carers.

Ethical Considerations

- All human life is equal, and all people should be able to access healthcare and live with dignity, regardless of their age, disability, expected longevity or where they live.
- Decisions made about prioritising testing, should the system reach capacity, must be based on a triage process that is free of conscious or unconscious bias.
- The rights of individuals must be balanced with consideration of the welfare and wellbeing of others, particularly at a time when there can be severe consequences to life if adequate infection control measures are unable to be fully realised.
- Testing of residents will be kept to the minimum required to ensure resident and community safety.
- All efforts will be made to obtain consent for testing, ensuring that information is provided in accessible formats to enable people or their decision maker to make an informed decision and all alternative testing options are explored.
- The impacts of testing on people with disability should be considered. Risk based decision making regarding testing should be undertaken. Where the impact on the person is considered disproportionate, non-essential testing (e.g. surveillance testing) should not be undertaken.

Testing Strategy Summary

Objectives

To ensure early detection of COVID-19 in people with disability, their carers and support workers which:

a) Ensures that testing is accessible

b) Triggers early implementation of appropriate infection control measures across disability support providers

c) Informs a rapid and effective public health response
d) Triggers activation of Queensland Government rapid response plans and
e) Has regard for the wellbeing, rights and dignity, including a priority focus on consent, advocacy and support for people being tested for COVID-19.

**Methods**

The testing strategy for people with disability is intended to be implemented in a manner that supports any broader strategies and/or aspired benchmarks for community testing for COVID-19 in Queensland.

**Benchmarks***

1. Testing 100% of people with disability, staff and visitors whose symptoms meet the clinical criteria of the COVID-19 case definition, noting that symptoms of some people with disability may be atypical e.g. confusion or behavioural change, worsening chronic conditions of lungs, loss of appetite, absence of fever.

2. Testing of 100% of residents and staff of residential and disability accommodation services once a single case of COVID-19 has been confirmed amongst staff, residents or frequent visitors.

3. 100% of positive cases in people with disability notified to relevant regulatory bodies within timeframes specified by the regulator;
   a. NDIS Quality and Safeguards Commission
   b. Department of Communities, Disability Services and Seniors
   c. Safe Work Queensland (confirmed cases – within 7 days)
   d. Public Guardian
   e. Commonwealth Department of Health

*Note it is not currently possible to identify testing rates for people with disability or people from a particular setting.

**Key Documents**

This implementation plan incorporates national and Queensland COVID-19 testing recommendations:

- [COVID-19 HHS Preparedness Checklist for Queensland’s First Nations People](#)
- [COVID-19 Public Health Alerts](#)
- [Communicable Diseases Network Australia (CDNA) Coronavirus (COVID-19) guidelines for outbreaks in residential care facilities](#)
- [CDNA - Guidelines for Public Health Units - Coronavirus Disease 2019 (COVID-19)](#)
- [Management and Operational Plan for People with Disability (June 2020)](#)
- Queensland Health COVID-19 Response for People with Disability: A Policy and Action Plan
- Pandemic Response Guidance Personal Protective Equipment in Residential Aged Care and Disability Accommodation Services
<table>
<thead>
<tr>
<th>Table 1: Testing Implementation Plan: People with Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Testing people with disability, their carers and support providers in community</strong></td>
</tr>
<tr>
<td><strong>Testing anyone with signs and symptoms in a disability accommodation service, including:</strong></td>
</tr>
<tr>
<td>- Residents</td>
</tr>
<tr>
<td>- Staff</td>
</tr>
<tr>
<td>- Visitors</td>
</tr>
<tr>
<td><strong>Testing asymptomatic residents and staff in a disability accommodation service after a confirmed case (resident, staff member or visitor). This is to be completed prior to the outbreak being declared over.</strong></td>
</tr>
<tr>
<td><strong>Testing in identified high-risk environments (disability accommodation services) at the discretion of the Public Health Unit and Chief Health Officer. Testing all or a sample of asymptomatic residents and staff at regular intervals.</strong></td>
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</table>

### Symptoms
- Fever (≥37.5°C) or history of fever (e.g. night sweats, chills) OR acute respiratory infection (e.g. cough, shortness of breath, sore throat) OR loss of smell or loss of taste.
- Other symptoms can include sputum production, fatigue, diarrhoea, nausea or vomiting. Less common symptoms include headache, myalgia/arthritis, chills, nasal congestion, haemoptysis, conjunctival congestion.
- People with disability may also have the following symptoms: confusion or behaviour change, worsening of chronic conditions of the lungs, or loss of appetite.
- Assess for COVID-19 symptoms if the person displays an indication of pain, physical discomfort or distress (including sudden changes in behaviour or atypical behaviours).

### Initial Test
- People with disability showing symptoms should be tested and isolated as soon as possible including on weekends, include full respiratory panel.
- In-home testing can often be arranged for people with accessibility challenges that have significant difficulty accessing a public testing site.
- QML Pathology, Sullivan & Nicolaides Pathology Mater and Medlab offer mobile home collections for patients with a disability (to be arranged by GP). The pathology service needs to be advised of the nature of the disability, so they know whether to send one or two people to collect the sample.
- Any symptomatic support providers and staff should leave work immediately (ensuring that the care responsibilities been appropriately delegated, distancing themselves while this is arranged) and seek testing for COVID-19, including on weekends. Support providers and staff should appropriately isolate (private room with individual bathroom) until the result is received. If isolation requirements cannot be met, contact 13 HEALTH for advice.
- Other visitors to the person with disability or the care setting that are symptomatic should be refused entry. If tests are refused that person should be treated as positive and isolated for 14 days.

### Benchmark
All people who meet clinical criteria to be tested as soon as possible and within 24 hours.

### Subsequent Test
Based on Public Health Unit advice.

<table>
<thead>
<tr>
<th><strong>Resident</strong></th>
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<tbody>
<tr>
<td>Residents that return a positive test result are not required to be re-tested unless otherwise determined by the Public Health Unit and in accordance with <a href="https://www.yourwebsite.com">Communicable Diseases Network Australia (CONA)</a></td>
</tr>
</tbody>
</table>

Based on Public Health Unit Advice and in accordance with [Communicable Diseases Network Australia (CONA)](https://www.yourwebsite.com) [Coronavirus (COVID-19)](https://www.yourwebsite.com)

Further testing initiated based on Public Health Unit/IMT advice regarding the level of community transmission and identified risk.
<table>
<thead>
<tr>
<th><strong>Isolation/Quarantine</strong></th>
<th><strong>Personal Protective Equipment</strong></th>
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<tbody>
<tr>
<td>Self-isolation for Diagnosed Cases of COVID-19 <a href="#">Direction</a> Essential care and support should continue during this time. Advise service provider of isolation/quarantine requirements of person with disability to ensure that staff delivering essential care and support are appropriately prepared. E.g. PPE. NDSS Service Providers can contact the NDIA for assistance with continuity of care if they identify any risks. For NDIS participants that are self-managed and essential services are at risk during isolation/quarantine, contact the NDIA. People that are not able to isolate or quarantine in their home, may require transfer to an alternative option (See Appendix 4).</td>
<td>Contact and Droplet Precautions during test collection. Contact and Droplet Precautions during isolation of person with disability to ensure continuity of essential support services by staff. See Appendix 2. Recommended PPE includes disposable gloves, single use surgical mask, protective eyewear (preferably disposable) and long-sleeved fluid-resistant gown. N95 mask should be worn when testing a person with aerosol generating behaviour.</td>
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<table>
<thead>
<tr>
<th><strong>Laboratory Prioritisation</strong></th>
<th><strong>Coronavirus (COVID-19) guidelines for outbreaks in residential care facilities</strong></th>
<th><strong>Guidelines for outbreaks in residential care facilities</strong></th>
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<tr>
<td>High</td>
<td>Consideration may need to be given to re-testing residents who are not able to articulate their symptoms e.g. residents with cognitive impairments to identify if they remain an infection risk.</td>
<td>Based on Public Health Unit advice, staff that are not close contacts may be able to continue working, monitoring for symptoms.</td>
</tr>
</tbody>
</table>

**Contact and Droplet Precautions during test collection.**
Follow advice provided in the [RACF and Disability Accommodation PPE Guidance](#) N95 mask should be worn when testing a person with aerosol generating behaviour.  
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Based on Public Health Unit advice and in accordance with [Communicable Diseases Network Australia (CONA) Coronavirus (COVID-19) guidelines for outbreaks in residential care facilities](#) If the minimum isolation requirements cannot be met, please contact 13 HEALTH (before an outbreak is declared) or your incident controller/site controller (after an outbreak has been declared). Symptomatic staff to remain isolated in their own home and be advised not to work at disability accommodation services and any other places of work considered high-risk, pending test result. Staff with a negative COVID-19 test result should stay at home until symptoms resolve. Public Health Unit may advise repeat testing is required. People that are not able to isolate or quarantine in their home, may require transfer to an alternative option (See Appendix 4). Based on Public Health Unit advice and in accordance with [Communicable Diseases Network Australia (CONA) Coronavirus (COVID-19) guidelines for outbreaks in residential care facilities](#) Not required – specific communications to be provided to test subjects indicating that testing is proactive and quarantine is not required pending test results.

**High**
- If pressure on testing capacity increases, it may be necessary to categorise groups for prioritisation of testing. See page 11. The Public Health Unit will work with pathology clinics to prioritise testing in the event of multiple outbreaks.
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**Medium**
- Medium – note that additional demands on laboratories will result in delays in delivery of essential tests.
Pathology and Accessible Testing

A range of Pathology Services provide laboratory testing services in Queensland.

All Queensland COVID-19 testing clinic locations can be found here including information on testing for children. Drive-through clinics are available in a number of locations throughout the state, and these can be found by searching the clinics list.

Current COVID-19 testing facilities run by HHS or supported by PHN are not mobile and are place based. Facilities supported by PHNs are not able to undertake asymptomatic testing. COVID-19 Point of Care Testing is available for Aboriginal and Torres Strait Islander people living in regional and remote communities across Australia. More information available here.

Specimens for diagnosis of COVID-19 and other respiratory viral infection should be collected by a trained health care professional or pathology collector.

HHS testing facilities should have been established with consideration to the accessibility needs of people with disability, as outlined in their individual Disability Service Plans. However, given the unique needs of people with disability and the accelerated time frames in which the testing facilities were operationalised, it is likely that not all individuals will be appropriately catered for.

Mobile Collection

Information on mobile collections provided by private pathology laboratories are outlined below:

- Mater Pathology provide home testing to people with a disability. Depending on demand, same day testing may be possible. Testing occurs between 10am – 4pm.
- Medlab process does not provide home collections in Queensland.
- QML Pathology provide home testing to people with disability. It is handled on case by case basis and the referrer (doctor/clinic) needs to organise it with QML. They need to know the nature of the disability so they know whether to send one or two people to collect the sample. There would be a different approach for an outbreak investigation.
- Sullivan & Nicolaides Pathology offers mobile home collections for patients with a disability and must be requested by their referring doctor through the SNP home visit team on 07 3377 8666 (Monday – Friday 6.30am to 5.00pm and Saturdays 7.00am – 12.00pm)
- 4Cyte Pathology do not have mobile specimen collection available.

For people with disability and/or their carers that are still unable to access testing through the above mobile collections, please contact 13 HEALTH and discuss requirements with the clinician.

Note: The capacity of pathology providers to offer home collections may vary depending on the level of the pandemic. For additional information on providers’ ability to provide home collection in rural and remote areas and testing for children, please contact the provider directly.
Technical Aspects of Testing

Individual testing or testing of small clusters of symptomatic residents may include testing for influenza or a full panel of respiratory viruses, which may identify an alternative cause of symptoms. In the event of widespread testing of residents/staff following a confirmed case of COVID-19 within a disability accommodation service setting, testing will be for SARS-CoV-2 only. Widespread testing may be undertaken by Sullivan Nicolaides and/or Pathology Queensland or other pathology provider depending on local needs/access to testing facilities and the direction of the jurisdictional public health unit.

Persons with disability and their carers, especially those living or working in a residential or disability accommodation service, should be prioritised for testing. GP/ordering clinicians must ensure that these individuals are flagged as a priority group.

In the context of an outbreak, testing will primarily be via PCR for RNA detection. At the discretion of the Public Health Unit, serology may also be used in outbreak investigation.

Personal Protective Equipment

Specimens for diagnosis of COVID-19 and other respiratory viral infection should be collected by a trained health care professional or pathology collector.

When specimen collection is the only procedure required, the following infection prevention and control precautions apply:

- Patient placement in a single room with the door closed. In a non-outbreak situation, if the resident is in a shared room, curtain should be drawn.
- Staff should ensure they adhere to hand hygiene requirements.
- Use of PPE by all staff in contact with the resident including a surgical mask, gloves and eye protection. A N95 mask should be worn when testing a person with aerosol generating behaviour.
- The need for a long-sleeved preferably fluid-resistant gown or apron is based on risk assessment:
  - A long-sleeved, preferably fluid-resistant gown is worn for specimen collection during close physical contact with a symptomatic patient or when the risk of splash/spray of body substances is high.
  - An apron is worn instead of the long-sleeved gown when there is minimal direct physical contact or risk of splash/spray of body substance is low.
  - A long-sleeved, preferably fluid-resistant gown or apron can be worn for specimen collections from consecutive patients in the same location but must be changed if they become visibly contaminated. Gloves, masks and goggles must be changed between patients and hand hygiene performed.
- Standard protocols should be used for sample packaging and transport. Specimens may be sent in pneumatic tube.

In the event that mass specimen collection is required from residents and disability accommodation service staff (and no clinical examinations are required):
• PPE should include disposable gloves, surgical mask and disposable protective eyewear such as safety glasses, eye shield, face shield or goggles

• **Gloves** must be removed, and hand hygiene performed after each person and new gloves put on before the next one

• **Safety glasses and face shields** can be worn during consecutive specimen collections in the same location

• If **surgical masks** are in short supply, they can be used for periods up to 4 hours during consecutive patients’ specimen collections in the same locations

• **A long-sleeved fluid-resistant gown or plastic apron** should also be worn if close physical contact with a symptomatic resident/disability accommodation service staff or splash/spray of body substances is anticipated.


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### Sample Collection - High Volume of Testing in a Disability Accommodation Service

In the event of simultaneous mass testing in a residential or disability accommodation service, it may be necessary to cohort residents into groups (or cohort zones). This could include categorisation as follows:

1. **Green**: asymptomatic or recovered COVID-19 residents who meet medical clearance criteria
2. **Amber**: residents who are suspected or have risk factors for COVID-19
3. **Red**: confirmed COVID positive and do not meet medical clearance criteria

In addition to eye protection, gloves and gown, a respirator mask should be used for specimen collection for the amber and red resident cohorts.

In the event of an outbreak it will be important for facility staff to guide collection staff through cohorted zones. The sequence of testing residents should be as follows:

• With the guidance of facility staff, the resident groups must be tested in the following order: green, amber and red.

• All PPE must be changed when moving between resident groups; that is from the green to the amber and the amber to the red groups.

• Within each group, gloves must be changed, and hand hygiene performed between/after each resident.

• Eye protection, gown and mask/respirators may be continuously worn between residents within each group unless contaminated, wet or damaged
- Staff must move directly from one resident to the next nearest resident within the group, without performing any other tasks or activities apart from activities related to testing and changing of gloves and hand hygiene.

- All staff should be trained on the appropriate use of PPE, including how to correctly don and doff: A buddy system to check each staff member is correctly donning and doffing is recommended.
### Barriers and Enablers to Testing

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<thead>
<tr>
<th>Category</th>
<th>Barriers</th>
<th>Solutions/Actions</th>
<th>Systemic Enablers</th>
</tr>
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</table>
| Data                   | No data is collected at point of testing regarding disability—presents difficulties in monitoring testing rates and epidemiology                                                                                                                                     | Amend Queensland Health Statewide COVID-19 Clinical Screening Assessment tool used at Queensland Health fever clinics and pop-up clinics to ensure the following patient information is collected:  
• NDIS Participant  
• Disability Accommodation Service                                                                                                           | The COVID-19 Case Report Form captures Disability housing or group home as an accommodation type                                                                                                                 |
| Relational             | Fear of asking for help and confusion across complex service system                                                                                                                                       | Improve messaging and communication to people with disability in accessible formats. The below resources are currently available:  
• Queensland Government [website](#) for COVID-19 and People with Disability  
• Department of Communities, Disability Services and Seniors [website](#)  
• Queenslanders with Disability [website](#) and information sessions: COVID Conversations Series  
• National Disability Insurance Scheme [website](#)  
• What You Need to Know about COVID-19 – Plain English (Appendix 1)  
• Queensland Health Resources – First Nations [Library](#)  
Provide resources to clinicians regarding how to effectively engage with people with disability accessing testing facilities:  
• Care for People with Disability [Checklist](#) – distribute to HHS fever clinics                                                                                                                   |                                                                                   |
|                        | Limited existing linkages between disability sector agencies, workforce and governance systems                                                                                                           | Actively engage with disability service providers, advisory groups, peak bodies, providers of residential services and other government agencies to assist in building linkages and improve communication channels:  
• Disability Sector industry Briefing held in partnership with National Disability Services  
• Establishment of the COVID-19 Working Group – Disability in the Queensland Community  
• Queenslanders with consumer and carer information sessions: COVID Conversations Series  
• Establishment of the COVID-19 Sub Working Group – Surge Workforce  
• Communication channels through NDIA, NDIS QSC, NDS, QDN and DCDSS                                                                                                                                     |                                                                                   |
| Cognitive/Sensory       | Low levels of health literacy and confusion regarding information provided                                                                                                                              | Improve messaging and communication to people with disability in accessible formats. The below resources are currently available:  
• Queensland Government [website](#) for COVID-19 and People with Disability  
• Department of Communities, Disability Services and Seniors [website](#)                                                                                                                                   | The National Health Professional Disability Telephone Service can assist health professionals involved in the care of people with disability                                                                                     |
| Inability to comprehend/understand explanation of risks, processes and rationale for testing and refuse testing | In the event that a person with disability is symptomatic, all options to facilitate testing should be explored. If there is also an epidemiological link and no test can be taken due to lack of consent, resistance or distress then the person should be treated as though they have tested positive, with appropriate care provided until such a time as a test can be completed or for 14 days.

For people with impaired decision-making capacity under the guardianship of the Office of the Public Guardian where the appointment includes health care matters, consent is not required for testing when deemed by the health professional as minor and uncontroversial. The health practitioner is required to adhere to the Guardianship and Administration Act 2000, Section 64 should the person object to the test. | The National Health Professional Disability Telephone Service can assist health professionals involved in the care of people with disability diagnosed with COVID-19 or experiencing symptoms [website](#). |
|---|---|---|
| Behavioural | Existing behaviours of concern or escalation in behaviours due to change in routine | In the event that a person with disability is symptomatic, all options to facilitate testing should be explored. If there is also an epidemiological link and no test can be taken due to lack of consent, resistance or distress then the person should be treated as though they have tested positive, with appropriate care provided until such a time as a test can be completed or for 14 days.

NDIS Quality and Safeguards Commission have release [information](#) on COVID-19: Behaviour support and restrictive practices.

Department of Communities, Disability Services and Seniors have developed a [Factsheet](#) Locking of gates, doors and windows—COVID-19 emergency.

Encourage consumers to contact a pathology provider who they have successfully used for other pathology testing and see whether they can provide COVID-19 testing.

Decisions regarding testing with no epidemiological link should consider the potential discomfort and distress that invasive testing may cause a person with disability and weigh them against the benefits of conducting the test, in the context of the likelihood of the person being infected. | The National Health Professional Disability Telephone Service can assist health professionals involved in the care of people with disability diagnosed with COVID-19 or experiencing symptoms [website](#). |
| Access | Transport, parking and physical access issues at testing clinics | Work with HHSs to improve the accessibility of Queensland Health testing sites for people with disability.

Actively promote the National Health Professional Disability Telephone Advisory Service.

Enable home-based testing for people who are unable to leave home. | |
<table>
<thead>
<tr>
<th>Scope of support workers to assist when person with disability is symptomatic</th>
<th>Adopt alternate testing methods as they become available or validated, particularly for individuals unable to have a nasopharyngeal swab. Should there be concerns regarding the care provided by an NDIS service provider, a report should be made to the NDIS Quality and Safeguards Commission immediately. The person with disability should also be encouraged to contact their support coordinator or Local Area Coordinator.</th>
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<tr>
<td>Service models not appropriate for needs</td>
<td>The service models used by many Qld Health COVID-19 testing services cannot accommodate the needs of many people with mobility, cognitive or psychosocial disability or communication issues (interpreters) Promote testing options (such as PHN and private pathology options) for people with disability and their carers who cannot wait for extended times in a ‘first come/first served’ model and require an appointment-based service model. Encourage people with disability and their carers and testing services to identify the need for interpreters before arrival or as soon as possible to enable interpreter access.</td>
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<tr>
<td>Support Workforce</td>
<td>Isolation requirements while waiting for test results may result in lost income and create a barrier for disability workers to get tested Ensure that the Disability Workforce is considered within all essential care workforce strategies such as training/capacity-building; income support; testing access and public health direction. Ensure providers are aware of their workforce contingency planning requirements. Regular, clear messaging around the need for timely testing and strict adherence to isolation/quarantine Establishment of the COVID-19 Sub Working Group – Surge Workforce</td>
</tr>
<tr>
<td>Staff may be reluctant to undergo testing, due to the financial and economic impacts of isolation and quarantine requirements</td>
<td>Refer to Appendix 3</td>
</tr>
<tr>
<td>Fear that supports will be withdrawn if a positive test is confirmed</td>
<td>Should there be concerns regarding the care provided by an NDIS service provider, a report should be made to the NDIS Quality and Safeguards Commission immediately. For providers delivering supports outside of the NDIS, follow the internal complaints process or contact the regulatory body.</td>
</tr>
<tr>
<td>Objection</td>
<td>Claimed right expressed by person with disability or staff member to refuse test This needs to be considered in the context of risk and level of the virus in the community at the time. In the event of an epidemiological link, all options to facilitate testing should be explored. If no test can be taken due to lack of consent, resistance or distress then the person should be treated</td>
</tr>
</tbody>
</table>
| Isolation | Support Workers and carers have identified issues regarding access to PPE, infection control training, and the use of personal cars for transporting clients. | Emergency care arrangements for people with disability in the event of breakdowns in care arrangements. (i.e. family carer tests positive and requires isolation) | Preparedness Checklist for Accommodation Services
Rapid Response Plan |
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<tr>
<td>Ability to self-isolate when requiring supports for activities of daily living (ADLs).</td>
<td>Establish isolation and quarantine assistance for people who live in disability accommodation services or cannot safely isolate at home (hospital, High Support Hotel, promoting Community Recovery Hotline).</td>
<td></td>
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<tr>
<td>Inability to self-isolate due to living arrangements (i.e. with shared facilities)</td>
<td>In the event of an outbreak of COVID-19 in a disability accommodation service, decisions about care, including whether the resident should be managed in that accommodation or transferred to hospital, will be made on a case-by-case basis. The needs of the resident will be taken into account in consultation with the resident, their family, guardian/decision maker, the disability accommodation service, the Public Health Unit and other relevant stakeholders.</td>
<td></td>
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<tr>
<td>Quarantine</td>
<td>Capacity of staff to enforce quarantine requirement</td>
<td>The <a href="https://www.ndis.gov.au/about-ndis/quality-safeguards">NDIS Quality and Safeguards Commission fact sheet (PDF)</a> explains how actions in response to the advice of the Commonwealth Chief Medical Officer are not considered to be a regulated restrictive practice in accordance with the NDIS Rules. In exceptional circumstances where the risk to staff and/or residents’ emotional and physical wellbeing is considered high by enforcing isolation or quarantine requirements, the Chief Health Officer may issue an exemption. This would be achieved through communication with the PHU.</td>
</tr>
<tr>
<td>Workforce impacts due to quarantine</td>
<td>In the event of an outbreak in a disability accommodation service, the Public Health Unit will provide advice regarding the quarantine for staff who are not considered to be a close contact. Based on Public Health Unit advice, staff who are asymptomatic and not close contacts may be able to return to work before test results are returned. However, it is very likely that a high proportion of staff will be unavailable either due to close contact with an active case or active infection. Clearance to work is outlined in the <a href="https://www.cdna.org.au/wp-content/uploads/2021/08/CDNA-COVID-19-National-Guidelines-for-Public-Health-Units-v2.pdf">CDNA COVID-19 National Guidelines for Public Health Units</a>. Providers must undertake workforce contingency planning to anticipate this issue.</td>
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<tr>
<td>Transportation</td>
<td>Appropriateness of transferring people with disability between accommodation services</td>
<td>Entry and transfer of residents between facilities</td>
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</tr>
<tr>
<td></td>
<td>The Disability Accommodation Services Direction (No.4) permits new residentsto be accepted provided that adequate pre-admission screening has occurred and no current COVID-19 outbreak exists.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>To minimise the risk of transmission, all disability accommodation services are recommended to implement screening procedures of residents prior to an admission. This should be completed as a part of the admission process irrespective of service size or location.</td>
<td></td>
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<tr>
<td></td>
<td>Screening criteria should include:</td>
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<tr>
<td></td>
<td>- during the 14 days immediately preceding the entry, has the resident arrived in Australia from a place outside Australia</td>
<td></td>
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<tr>
<td></td>
<td>- during the 14 days immediately preceding the entry, has the resident been in a COVID-19 hotspot</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- during the 14 days immediately preceding the entry, has the resident had known contact with a person who has a confirmed case of COVID-19</td>
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<tr>
<td></td>
<td>- does the resident have a temperature equal to or higher than 37.5 degrees or symptoms consistent with COVID-19</td>
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<tr>
<td></td>
<td>Admission of new residents during an outbreak should be restricted. This is dependent upon the extent of the outbreak and the physical layout of the building.</td>
<td></td>
</tr>
</tbody>
</table>
## Communications

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Information Required</th>
<th>Responsible Party and Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person with Disability in Community</td>
<td>Accessible, easy-read resources: Requirement for testing (if meet case criteria) Reason for testing Process/procedure for testing – where and how to get tested if experience challenges with access Requirements re what occurs pending test results (isolation) Test Results Consider culturally and linguistically diverse communities appropriate materials</td>
<td>Queensland Health developed – Factsheets, videos, transcripts, easy-read translations Disability sector information sharing with people with disability Test results from pathology to person and/or carer</td>
</tr>
<tr>
<td>First Nations People with a Disability</td>
<td>Culturally appropriate, in language if necessary, resources: Requirement for testing (if meet case criteria) Reason for testing Process/procedure for testing – where and how to get tested if experience challenges with access Requirements re what occurs pending test results (isolation) Test Results</td>
<td>Queensland Health developed – Factsheets, videos, transcripts, easy-read translations Disability sector information sharing with people with disability Test results from pathology to person and/or carer</td>
</tr>
<tr>
<td>Resident in Disability Accommodation Service</td>
<td>Accessible, easy-read resources: Requirement for testing (if meet case criteria or if confirmed or suspected case in the facility) Reason for testing Process/procedure for testing – where and how to get tested if experience challenges with access Requirements re what occurs pending test results (isolation) Test Results</td>
<td>Queensland Health developed – Factsheets, videos, transcripts, easy-read translations Operator or support provider – direct to resident Test results from pathology to person and/or carer</td>
</tr>
<tr>
<td>Staff/Volunteers</td>
<td>Requirement for testing (if meet case criteria or if confirmed or suspected case in the facility) Reason for testing Process/procedure for testing Promote understanding of their role in testing Requirements re what occurs pending test results (isolation) Test Results</td>
<td>Operator or Support Provider – direct to staff QH – factsheets Test results from pathology to staff/volunteer</td>
</tr>
<tr>
<td>Visitors incl GPs/Contractors/Disability Support Providers</td>
<td>Requirement for testing (if meet case criteria or if confirmed/suspected case in the facility or close contact) Reason for testing Process/procedure for testing When to order tests for residents (GPs only) Requirements re what occurs pending test results (isolation) Test Results</td>
<td>Provider – direct to visitor/contractor/disability support provider QH – factsheets Test results from pathology to visitor/contractor/disability support provider</td>
</tr>
<tr>
<td>Public Health Unit</td>
<td>Mandatory requirement to notify COVID-19 (via telephone) upon provisional diagnosis, pathological diagnosis and pathology request.</td>
<td>Pathology to inform (pathology request and pathological diagnosis) Treating clinician/GP (provisional diagnosis)</td>
</tr>
<tr>
<td>Disability Accommodation Service Operators</td>
<td>Information re the approach to testing so providers are prepared and know how to respond Promote understanding of their role in testing and workforce management Information about testing processes and isolation</td>
<td>Department of Health – proactive information to increase awareness Public Health Unit for communication in the event of a confirmed case</td>
</tr>
<tr>
<td>Families of Residents</td>
<td>Requirement for testing (if meet case criteria or if confirmed or suspected case in the facility) Reason for testing Process/procedure for testing Requirements re what occurs pending test results (isolation) Test Results</td>
<td>Provider – direct to family members QH – factsheets Test results from Disability Accommodation Service to family – maintaining resident confidentiality</td>
</tr>
<tr>
<td>Public/Media</td>
<td>Number of tests Public Health Direction updates Centres where there are active cases</td>
<td>Department of Health via media units</td>
</tr>
<tr>
<td>NDIS Quality and Safeguards Commission</td>
<td>Liaison re outbreaks and suspected outbreaks</td>
<td>Local Public Health Unit / Department of Health</td>
</tr>
<tr>
<td>Department of Communities, Disability Services &amp; Seniors</td>
<td>Liaison re outbreaks and suspected outbreaks</td>
<td>Local Public Health Unit / Department of Health</td>
</tr>
<tr>
<td>Department of Child Safety Youth and Women</td>
<td>Liaison re outbreaks and suspected outbreaks</td>
<td>Local Public Health Unit / Department of Health</td>
</tr>
<tr>
<td>Department of Housing and Public Works</td>
<td>Liaison and distribution re outbreaks and suspected outbreaks</td>
<td>Local Public Health Unit / Department of Health</td>
</tr>
<tr>
<td><strong>Primary Health Networks</strong></td>
<td>Information for distribution to GPs and other allied health professionals in community</td>
<td>Queensland Health and/or Local Public Health Units</td>
</tr>
</tbody>
</table>
| **Peak Organisations/Advocacy Groups**      | Number of tests  
Centres where there are active cases  
Information for distribution to sector | Department of Health |
| **Hospital and Health Services**            | Requirement for testing (if meet case criteria or if confirmed or suspected case in the facility)  
Reason for testing  
Promote understanding of their role in testing  
Process/procedure for testing  
Requirements re what occurs pending test results (isolation)  
Test Results | Local Public Health Unit/Department of Health |
GLOSSARY

Confirmed case – A person who has tested positive to COVID-19

Disability Accommodation Service means a service, including the forensic disability service under the Forensic Disability Act 2011, where:

a) four or more people with disability reside with people who are not members of their family; and
b) the residents share enclosed common living areas within the facility whether inside or outside, and
c) the residents are provided with disability supports within the facility.

Essential care and support – the term essential care and support means care and support that cannot be provided by electronic or other non-contact means that is:

- Necessary for a person with disability's immediate physical wellbeing that optimises the care and support delivered by workers; or
- For the purposes of providing emotional and social support to a person with disability

Isolation – means to separate from the rest of the population people who are unwell with confirmed or suspected COVID-19 and restrict their movements until they are no longer considered infectious to others

Outbreak – is a term used to define a single confirmed case of COVID-19 in a person with disability within a congregate living arrangement e.g. disability accommodation service

Quarantine – means to separate from the rest of the population people who are well but have been exposed (or potentially exposed) to COVID-19 and restrict their movements during the disease’s incubation period (i.e. 14 days)

Suspected case – A person who meets the following clinical AND epidemiological criteria:

Clinical criteria:
- Fever (≥37.5°C) or history of fever (e.g. night sweats, chills) OR acute respiratory infection (e.g. cough, shortness of breath, sore throat) OR loss of smell or loss of taste.

Epidemiological criteria:
- In the 14 days prior to illness onset:
  - Close contact (refer to Contact definition below) with a confirmed or probable case
  - International travel
  - Passengers or crew who have travelled on a cruise ship
  - Healthcare, aged or residential care workers and staff with direct patient contact
  - People who have lived in or travelled through a geographically localised area with elevated risk of community transmission, as defined by public health authorities
Appendix 1

Getting Tested for COVID-19

Also see [here](#) for additional resources easy read COVID-19 Q&As developed by the Commonwealth Department of Social Services.

This document has been amended to plain-English. The original is accessible [here](#).

What are the symptoms of COVID-19?

A symptom is a sign that you are sick. You might see symptoms or feel symptoms. The symptoms of COVID-19 are like other colds and the flu.

The symptoms of COVID-19 are:

- Fever
- Sore throat
- Cough
- Tiredness
- Shortness of breath

Can I get tested for COVID-19?

In Queensland, anyone who has any COVID-19 symptoms should call their doctor or call 13 HEALTH (13 43 25 84) to find out where to get a test.

If you call your doctor, make sure you let them know about your symptoms so they can get ready for your visit.

I don’t have any COVID-19 symptoms, can I be tested?

No. You only need to be tested if you have symptoms of COVID-19. If you are feeling unwell with different symptoms, you should contact your doctor or call 13 HEALTH (13 43 25 84).

Only people with symptoms are being tested to make sure that test results are returned as quickly as possible.

It is normal to feel stressed or confused during an unusual situation. Talking to people you trust can help including family, friends and support workers.
There are not many cases of COVID-19 in Queensland, should we stop testing?

We need to test more people in Queensland as life returns to normal. We need to find any people that have COVID-19 as quickly as possible. So, if you’re sick with any COVID-19 symptoms, you should contact your doctor to get tested straight away.

What does it mean to get a COVID-19 test?

Testing for COVID-19 includes taking a swab from your nose and throat. This means the doctor or nurse doing your test will place a thin stick in the back of your throat and 2-3cm up into your nose. The swabs are then put in a tube and sent to a place with a machine that can test for COVID-19.

Does the COVID-19 test hurt?

The COVID-19 test shouldn’t hurt, but it can feel funny or be uncomfortable. It only takes a couple of seconds to do the test. If the test is really hurting tell the doctor or nurse. It can also help to tell them if you’re feeling a bit nervous, so they can help you feel more at ease.

How do I prepare for the COVID-19 test?

- Think of a list of any questions you want to ask the doctor or nurse before the test. You might want to write them down, so you don’t forget.
- The staff will be wearing gowns, gloves and masks to keep everyone healthy.
- You may be asked to wear a mask while waiting for your test. If you need help putting on the mask, ask someone to help you. If it is not safe for you to wear a mask, tell a staff member.
- Bring a support person who can help you relax
- If you don’t like being touched or are feeling stressed, let the doctor or nurse know
- Take deep breaths before the test
- Reward yourself after the test with a treat

How long will my test results take?

You should receive your test results from your doctor within 1 – 3 days.

What do I do while I am waiting for my test results?

You will have to isolate at home after being tested. If you are really sick, the doctor may decide that you need to go to hospital.
What does it mean to isolate?

- You should stay home – you can go into your garden, courtyard or balcony
- You can continue to receive your essential supports – this includes any support services that keep you physically and mentally healthy
- You should think about wearing a mask while your support worker is in your home to help keep them healthy – your support worker should wear a mask
- You should not have visitors
- You should ask someone to bring you food, medicine and other necessary items to your front door
- If you need help with this, call your service provider or the Community Recovery Hotline on 1800 173 349
- You can leave your home for urgent medical care – if safe for you, wear a mask

What happens if my test result is positive?

If your test result is positive, it means that you do have COVID-19. You will be contacted by the Public Health Unit and they will tell you what to do next.

You will have to isolate at home until you have no symptoms. If you are very sick, you may be admitted to hospital.

If you receive supports through the NDIS, please call your service provider.

If you have COVID-19, the people you live with will also have to be tested and stay home for 14 days.

How long will I be sick for?

Symptoms can last between a few days and many weeks. Sometimes people get sicker over time. If you think that you are getting sicker, contact your doctor or call 13HEALTH (13 43 25 84) to speak to a nurse at any time of the day or night.

What happens if my test result is negative?

If your test result is negative, you do not have COVID-19. You should rest at home until you feel better.

What if my test result is negative but I have been given a quarantine notice?
You may be asked to quarantine if you have been in close contact with someone with COVID-19. You may be asked to do this even if you do not have any symptoms. You will be told how long to quarantine for, usually 14 days.

**Can I be tested to see if I have had COVID-19 already?**

No. Testing needs to be focused on people with symptoms. This type of test does exist but is not being used in Queensland.

**Can I be tested for COVID-19 using a saliva test?**

No, saliva testing is not used in Queensland.

**My test was negative but I’m still feeling sick – should I get tested again?**

If you’re still feeling unwell and it seems unusual, you should talk to your doctor or call 13 HEALTH (13 43 25 84).

**Where can I get a COVID-19 test in Queensland?**

If you have COVID-19 symptoms, you can get tested by your doctor or at a fever clinic.

**Will it cost me money to be tested?**

No. If you have a Medicare card, you can be tested for free at a doctor or fever clinic. If you do not have a Medicare card, you will need to go to a fever clinic to be tested for free.

**I’m getting a COVID-19 test – do I need to tell my workplace or service provider?**

After having a COVID-19 test, you will need to isolate until you get your results. This might mean you will miss work. It is ok to tell your boss that you have to isolate because you are waiting on a COVID-19 test result.

It is important that you also tell your service provider, so they work out how to best support you.

**How many COVID-19 tests have we done in Queensland?**
In Queensland, we have done over a million tests.

**Should I be wearing a mask when I go out?**

This is up to you. In Queensland, you are not made to wear a mask. You don’t need to wear a mask if you are healthy. You might want to wear a mask if you are sick – this can help stop you getting other people sick.

Some businesses may ask you to wear a mask. They are allowed to do this. If wearing a mask is not safe for you, call the business to talk about this.

**Need an interpreter?**

Let the doctor of fever clinic know that you need an interpreter.

Call the Translating and Interpreting Services (TIS) on 13 14 50. This is a free call to anyone in Australia. It is available anytime of the day and night.
Appendix 2

Personal and Protective Equipment and Infection Control

Service Providers

It is important that appropriate PPE is worn during the ongoing care of isolated/quartered residents, even where residents or staff are asymptomatic.

Service providers should ensure that staff are appropriately trained in the use of PPE. Resources have been developed to support PPE use for disability support providers:

- Commonwealth Department of Health: [COVID-19 Wearing PPE for Disability Support Workers](#)
- Commonwealth Department of Health: [Guide to PPE for Disability Care Providers](#)
- Queensland Health: Pandemic [Response Guidance PPE in RACF and Disability Accommodation Services](#)
- National Disability Insurance Agency advice can be accessed [here](#)
- Department of Communities, Disability Services and Seniors advice can be accessed [here](#)

Contact and Droplet Precautions

For Contact and Droplet Precautions, staff should wear PPE at all times while providing care to residents. This includes:

- A surgical mask; Long-sleeved, preferably fluid resistant, gown or apron; Gloves; and Eye protection (face shield or goggles)

Accessing PPE

Disability support providers should continue to access PPE through their usual channels where possible. Providers in restricted areas must take steps to ensure they have a sufficient supply of PPE to meet the requirements under the Queensland Government’s Disability Accommodation Services [Direction](#) (No. 4), which came into effect at 4.15pm on 4 October 2020.

The Queensland Government has established a [COVID-19 Supplier portal](#) for matching buyers and suppliers in response to the demand for PPE due to COVID-19.

NDIS Providers

Individuals are responsible for providing their own masks when they enter a shared disability accommodation service under the Disability Accommodation Services Direction (No.4). When restrictions are in place, NDIS providers can directly claim the costs of PPE for workers from the National Disability Insurance Agency (NDIA). This is a temporary measure in response to the level of the pandemic. Read the details [here](#).

NDIS service providers that cannot access PPE through their usual processes, should contact
the National Medical Stockpile by emailing NDISCOVIDPPE@health.qld.gov.au - additional information is available here.

**Other Providers** that are unable to access PPE should contact 13HEALTH or the local Public Health Unit.
Appendix 3

Workforce Implications

During an outbreak, the Public Health Unit will provide advice regarding the requirement for staff to quarantine who are not considered to be a close contact.

Based on Public Health Unit advice, staff who are asymptomatic and not close contacts may be able to return to work before test results are returned.

However, it is likely a very high proportion of staff will be unavailable for work either due to close contact with an active case or active infection. Clearance to return to work is outlined in the CDNA COVID-19 National Guidelines for Public Health Units. Workforce contingency planning must be undertaken to anticipate this issue.

Staff may be reluctant to undergo testing, due to the financial and economic impacts of isolation and quarantine requirements. As low-income workers in a casualised workforce, lost shifts has the capacity to significantly influence test compliance.

All staff will need clear instructions regarding whether they can resume their normal shifts/duties – the Public Health Unit will work with the employer and staff members to ensure that a return to work is appropriate. Staff who have been tested will need to be aware that they may also need to be re-tested in certain circumstances. Establishment of a communication channel should be considered, noting the confidential nature of the information.

Disability support providers have been advised to undertake workforce contingency planning to address staff absenteeism. A confirmed COVID-19 outbreak in a disability accommodation service is likely to see 80-100% absenteeism, at least in the early stages. Timeliness of collecting specimens and notifying results to the disability accommodation service will be essential for the duration of the outbreak to ensure quarantined staff can return to work as soon as possible.
Appendix 4

Relocation of Person with Disability in the event of a COVID-19 outbreak in a Disability Accommodation Service

Background

COVID-19 presents a higher risk to some people with disability due to their complex health and unique needs. During the pandemic, the approach to managing COVID-19 risks and outbreaks in residential and disability accommodation services has evolved rapidly. A key issue identified in COVID-19 management, is the approach to relocation to hospital in outbreak scenarios.

This guidance builds on the learnings from COVID-19 outbreaks in other shared accommodation settings both in Queensland and in other jurisdictions. It is informed by national and state policy directions and the views of Queensland clinicians and consumers.

The factors that will be considered when determining the suitability of relocation are set out below in order of priority. A flexible case-by-case approach will be applied to decision about relocating any residents to a hospital setting. Decisions on whether hospital transfer is appropriate is not based on disability, age or location but is based on defined and validated clinical tools that determine the individual's capacity to benefit from the hospital transfer.

1. **Infection control practices**
   - the safety of other residents and staff being paramount
   - the level of transmission risk to staff in residential and disability accommodation services including visiting service providers providing essential care
   - the availability of infrastructure, PPE and personal care attendant knowledge and skills to support isolation/quarantine requirements and infection control measures

2. **Wishes of the resident, their family and/or decision maker**

   **NOTE:** Research suggests that some people with disability can be negatively impacted by a hospital admission due to particular challenges presented by the health system\(^2\) e.g. continuity of unique care needs and interruption to routine.

   - resident and family wishes expressed at the time and/or documents outlining preferences for care should be respected.
   - decisions should be informed by principles of equity and autonomy and with cultural considerations for First Nations residents and culturally and linguistically diverse


COVID-19 Testing framework implementation plan - Testing Strategies for Priority Populations – People with Disability
3. **Clinical need**
   - clearly defined goals of care and clinical appropriateness which guides the decision for an acute facility admission
   - residents’ comorbidities, disability, frailty, and/or mental health, and risk of rapid deterioration in transit or in an unfamiliar environment noting that remaining local is the ideal

4. **Capacity of the service**
   - the capacity of residential and disability accommodation services to safely manage the resident’s acute care needs including infrastructure to meet infection control standards; note that availability of staffing, should be considered only where escalation to regulatory bodies has occurred **NOTE:** the appropriateness of hotel quarantine and medi-hotels could also be considered for this cohort.