

COVID-19

**Preparedness and
Response Plan**

**For Specialist Housing
Facilities in Tasmania**

**Homes
Tasmania**

Building homes,
creating communities.

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Abbreviations

GP	General Practitioner
PHS	Public Health Services
PPE	Personal Protective Equipment

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We acknowledge and respect Tasmanian Aboriginal people as the traditional owners and ongoing custodians of the land on which we work and live and pay respect to Elders past and present. For around 40 000 years, Aboriginal people have lived on lutruwita/Tasmania, within strong and resilient communities. We acknowledge that as we work to strengthen resilience against COVID-19 across Tasmania.

Introduction

This document provides information and advice to operators and staff of Specialist Housing Facilities in Tasmania to ensure they are prepared for, and can manage the impacts of, Coronavirus (COVID-19) on their business, their clients and their workforce.

Guidance in this plan is designed to be used alongside other available resources, including those from the [Commonwealth Department of Health](#) and the [Australian Government COVID-19 website](#).

This plan aligns with the directions issued under the [Public Health Act 1997](#) and should be read in conjunction with information available on the [Tasmanian Government Coronavirus \(COVID-19\) website](#).

This document will be updated on a regular basis. It is best accessed online, as printed copies may become out of date.

Providers of Specialist Housing Facilities in Tasmania must always act upon the most up to date COVID-19 information provided by:

[The Tasmanian Government \(COVID-19\) website](#)

The Tasmanian Public Health Hotline on 1800 671 738

Target Audience

The target audience of this document is for providers of Specialist Housing Facilities in Tasmania.

Specialist Housing Facilities means, for the purpose of this document, supported accommodation available to eligible persons under the *Homes Tasmania Act 2022* and may include short term homeless accommodation (crisis and transitional), supported accommodation for youth, adults or older people, and specialist accommodation for disability and mental health recovery.

Different settings, including communal and standalone properties, with or without shared facilities are included in this definition.

Examples of programs considered to be Specialist Housing Facilities include:

- Safe Spaces
- Shelters (short term crisis and transitional accommodation)
- Youth at Risk Centres
- Housing for Beyond the Wire
- Supported Accommodation Facilities
- Youth 2 Independence (Y2I) Facilities and Y2I Homes
- Specialist Disability Accommodation (SDA)
- accommodation for disability (non-SDA) and for mental health recovery
- accommodation for humanitarian entrants

This document is not intended for

- residential aged care facilities – for which information is available on the Australian Government Department of Health and Aged Care [website](#)
- the general public – for which information is available on the Tasmanian Government Coronavirus (COVID-19) website.

Signs and Symptoms of COVID-19

The most common symptoms of COVID-19 are:

- fever (or signs of fever, for example chills, night sweats)
- acute respiratory infection (sore throat, shortness of breath, cough, runny nose with or without a fever)
- loss of smell or loss of taste
- tiredness or fatigue.



Any person who has a new respiratory symptom, however mild, should be tested for COVID-19.

Less common symptoms include headache, myalgia/arthralgia (muscle and joint aches and pains), stuffy nose, nausea, vomiting and diarrhoea.

Most people with COVID-19 experience a mild illness and recover. Some people develop potentially life-threatening complications, and some may die.

People at highest risk are those with other chronic illnesses and/or weakened immune systems.

Transmission

The virus that causes COVID-19 spreads through:

- close contact with an infectious person
- contact with droplets from an infected person's uncovered cough or sneeze (if you are within 1.5 metres or two large steps of an infected person)
- touching objects or surfaces (like doorknobs, sink taps and tables) that have cough or sneeze droplets from an infected person, and then touching your mouth, nose or eyes.

How are Cases and Outbreaks of COVID-19 Controlled?

COVID-19 outbreak control is difficult and resource intensive. It can cause severe resource shortages in some settings because of the need to isolate confirmed cases until symptoms have resolved.

The [COVID-19 Case and Outbreak Management Framework for Tasmanian Settings](#) describes the many components of outbreak management and how they fit together.

Those components include:

- isolation and appropriate care of the person/people who have the virus.
- rapid identification and quarantining of people who have had close contact with cases while they were infectious (able to spread the virus).
- rapid risk assessment.
- timely and effective communication with people associated with the setting.
- widespread testing within the community to identify further cases.
- enhanced physical distancing, hand and respiratory hygiene and cleaning and disinfection within the affected setting.
- tracking and analysis of the spread of illness and effectiveness of public health interventions.
- coordination through a multi-agency outbreak management coordination team.



Public Health Services is the lead agency in the response to a COVID-19 case in Tasmania. PHS will advise you what to do if there is a case associated with your setting and will work with you to identify what you need to do to protect other people and resume normal activities safely.

COVID-19 in Specialist Housing Facilities

Tasmanians who are homeless or at risk of homelessness are subject to the same restrictions as the general population in Tasmania. Providers should always consider the risk of exposure to COVID-19 against the risk to wellbeing that may result from the isolation of people who are homeless or at risk of homelessness. This cohort of people may have a higher incidence of co-morbidity, pre-existing health issues, including chronic conditions and weakened immune systems.

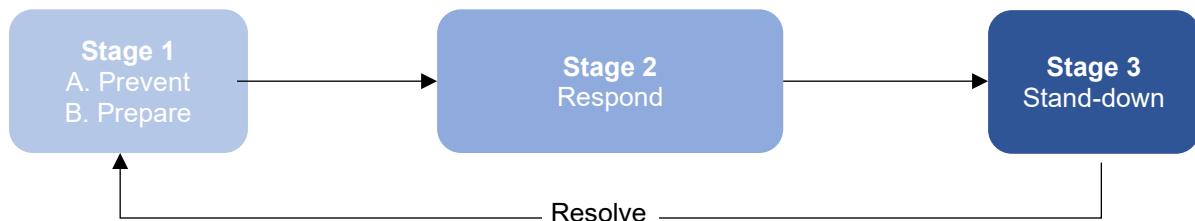
For this reason, the Australian Government has identified people who are homeless or at risk of homelessness in Specialist Housing Facilities as a vulnerable cohort during the COVID-19 pandemic. The Tasmanian Department of Health has provided a [Best Practice for COVID-19 Workplace Safety for Homeless and Specialty Housing Services](#).

Key factors to be considered regarding COVID-19 infection risk in Specialist Housing Facilities include:

- The high prevalence of chronic or other medical conditions can increase residents' and clients' risk of severe complications.
- The difficulty some homeless people may experience adhering to physical distancing and other COVID-19 prevention or management measures due to support needs, comprehension, housing and/or health status.
- Communal living and activity areas within a Specialist Housing Facilities setting may be conducive to the spread of respiratory illness.

Providers of Specialist Housing Facilities must prepare for and prevent COVID-19 in their settings, respond if there is a confirmed case or outbreak, and stand-down the response after the case/outbreak has resolved, then go back to preparedness and prevention activities in a cycle as shown in Figure 1.

Figure 1: Cycle of COVID-19 stages



Appendix 1 shows a summary of key activities during these three stages.

COVID-19 Safety Plans

Work-related risk is managed under the [Work Health and Safety Act](#) and the code of practice [How to Manage Work Health and Safety Risks](#). These require workplaces to assess and manage risk so far as is reasonably practicable.

As part of the COVID-19 Safe Workplaces Framework minimum standards were introduced on 15 June 2020 requiring all businesses to have a [COVID-19 Safety Plan](#).

While the Public Health Emergency Declaration for COVID-19 ended on 30 June 2022 and COVID-19 Safety Plans are no longer mandated, it does not mean the responsibilities of employers have ended. Rather it represents a transition of responsibility away from Public Health and back into the hands of businesses to determine appropriate controls to provide a safe working environment for their business.

Providers of Specialist Housing Facilities will need to do a risk assessment to decide which control measures are most suited to their operating environment. Providers will need to consider the risk levels associated with the spread of the virus at the time.

COVID-19 Safety Plans remain the preferred method for providers of Specialist Housing Facilities to document their control measures for managing the risk of [Coronavirus \(COVID-19\)](#) and should be reviewed to help ensure the safety of workers, consumers, contractors and members of the public.

Stage 1A- Prevention

It is vital that you maintain and implement your COVID-19 Safety Plan to help prevent introduction and transmission of COVID-19 within your Specialist Housing Facilities setting. There are simple measures that will help.

Hygiene Measures

- Support and encourage hand and respiratory hygiene by residents, staff and visitors:
 - provide hand washing stations and alcohol-gel stations throughout the premises especially in communal areas
 - provide tissues and rubbish bins throughout the precinct/community
 - provide [signage](#) and education to staff, residents and visitors.
- Reminders about hygiene requirements should be made often to staff, residents, clients and visitors. Guidelines for best practice of hygiene measures can be found on the [Best Practice COVID-19 Workplace Safety: Hygiene and Cleaning fact sheet | Tasmanian Department of Health](#).
- Support and encourage all residents and staff to stay at home if they are unwell and/or have any respiratory symptoms and get tested for COVID-19.

Physical Distancing and PPE

- Support and encourage physical distancing.
- Stay up to date with the current restrictions on household visitors, gatherings and density limits, at: [Best Practice COVID-19 Workplace Safety: Physical Distancing | Tasmanian Department of Health](#)
- Ensure communal spaces have clear signage on person density restrictions, for example 'No more than four people can safely gather in this space'.
- Ensure organised communal activities meet physical distancing guidelines.
- Workers who come into contact with residents do not need to wear masks or other personal protective equipment (PPE), unless the resident has symptoms, has been diagnosed with COVID-19 (ie is a confirmed case), or is identified as a close contact of a confirmed COVID-19 case.



Use of PPE is not recommended unless the resident has symptoms, has been diagnosed with COVID-19, or is identified as a close contact of a *confirmed* COVID-19 case.

Appendix 5 includes tables showing when PPE is required when caring for or having contact with residents.

Visitors

To reduce the risk of transmission, Specialist Housing Facilities providers are encouraged to implement the following measures for restricting visits and visitors where it is possible to do so.

- Consider requiring all visitors to sign in prior to visiting any individual in the setting and place signage at the entrance to advise of the process. Keep a record of visitors' full name, date, time, duration of visit, and contact details. This enables contact tracing should a case arrive within the precinct.
- Consider designating a single entrance point to the setting (where there are multiple entrances) to enable monitoring of visitors entering the setting.
- Limit the number of visitors in keeping with current physical distancing guidelines.
- Display [signage](#) and advise all visitors and staff to stay away from the setting while they are unwell and/or have any respiratory symptoms, even if mild. Visitors and staff must not enter the setting if they have symptoms of COVID-19.

Influenza Vaccination

Influenza vaccinations are strongly promoted for both staff and residents/clients to reduce the concurrent burden of influenza in Specialist Housing Facilities, and the confusion regarding diagnosis/causes of outbreaks.

Influenza vaccination is the most effective way to protect against influenza, which can be very serious and cause hospitalisation and death, especially in those with chronic diseases. Some people are eligible for free influenza vaccine, including people aged 65 years and over and Aboriginal people aged 50 and over. Further information can be found here: [Flu vaccinations | Tasmanian Department of Health](#). It is **not** mandatory for residents, staff, or visitors in Specialist Housing Facilities to have the influenza vaccine. However, influenza vaccine for staff is highly recommended to protect yourself and your clients.

Routine Temperature Testing

There is no requirement for providers of Specialist Housing Facilities to routinely take the temperature of their residents and / or clients, unless a person is showing symptoms of COVID-19 and / or a provider is advised to do so by health professionals.

Environmental Cleaning

Cleaning and disinfecting frequently touched surfaces will help to slow the spread of COVID-19. Where possible, clean and disinfect high-touch surfaces at least twice daily within communal areas. Also clean surfaces and fittings immediately when visibly soiled and after any spillage.

Additional cleaning requirements should be prepared, e.g. liaise with contractors or hire extra cleaners as required. Ensure there are enough environmental cleaning supplies.

Common contact surfaces include:

- Lift buttons.
- Door and cupboard handles.
- Handrails.
- Switches.
- Taps.
- Tables and chairs (including underneath).
- Kitchen and food contact surfaces.

How to clean and disinfect

You need to clean *and* disinfect surfaces; both steps are essential. The first step is cleaning, which means wiping dirt and germs off a surface. You can use common household detergent products for cleaning, they are stocked at supermarkets.

Cleaning alone does not kill germs. The next step is to disinfect the surface. Disinfection means using chemicals to kill germs on surfaces. Again, supermarkets stock common household disinfection products – it is important to use products that are labelled ‘disinfectant’ and to follow the instructions on the label.

Consider keeping cleaning logs and make them visible in all relevant shared workplaces and publicly accessible areas, recording dates and times of each clean, the name of the cleaner, and the cleaning protocol including the frequency of cleaning and contact person.

Where environmental cleaning is a part of staff duties, it should be undertaken regularly as per advice provided by the [Commonwealth Department of Health](#).

Staff Absenteeism

Staff members should stay home if they are unwell and/or have any respiratory symptoms, even if mild and get tested for COVID-19. Testing can be by PCR laboratory test or RAT. If the result is negative and the worker still has acute symptoms, they should stay at home and repeat the test in the next 24-48 hours. If the result is negative the second time, and they still have acute symptoms, they should stay at home until the symptoms resolve completely. If symptoms have resolved, they can return to work. If some mild symptoms remain, Public Health recommends they wear facemasks in the workplace. Depending on the type of work they do and provided they are well, quarantined staff may want to discuss alternative arrangements such as working from home. Further information can be found here: [Best-Practice-COVID-19-Safety-for-Employers.pdf \(health.tas.gov.au\)](#)



If staff remain well during quarantine and do not develop any symptoms of COVID-19 (even mild), they do not need clearance testing to return to work after completing quarantine, unless specifically requested by PHS.

Information and Signage

Information should be provided to residents and their families to raise their awareness of infection control policies (including isolation protocols), and to ensure they are aware of visitor restrictions and guidelines.

The provision of information for staff, residents and visitors must be easy to read and understand. This includes culturally appropriate messaging and accessible information around:

- COVID-19 and being able to recognise the symptoms.
- Good hand hygiene.
- Cough and sneeze etiquette.
- Physical distancing.
- Appropriate use of PPE.

Easy read resources, such as those produced by the [National Disability Insurance Agency \(NDIA\)](#) and [Council for Intellectual Disability](#) are available to residents and clients with a disability .

Stage 1- Preparedness

Providers of Specialist Housing Facilities should ensure they are well prepared for COVID-19 cases and outbreaks. Being prepared for cases will help your organisation respond well and quickly within a vigorous multi-agency response, potentially save lives and minimise disruption to normal services and activities.

What you can do to prepare

The following steps are key in ensuring preparedness.

1. Develop an **Outbreak Management Plan** for suspect or confirmed cases.
 - Providers of Specialist Housing Facilities should have an outbreak management plan that outlines the actions you will take if there is a suspected case or confirmed case of COVID-19 within your service.
 - A COVID-19 Outbreak Management Plan Template for Specialist housing facilities is included at Appendix 2 to assist organisations to complete their site-specific plans.
 - Check that your plan includes:
 - Who staff/residents should tell if they have symptoms of COVID-19 and are getting tested.
 - How to ensure residents and staff getting a COVID-19 test are appropriately isolated while they are awaiting results.

- Who will notify Public Health of staff/residents testing positive to COVID-19 e.g. using the online [Rapid Antigen Test \(RAT\) - Positive Result Declaration Form](#) or contacting Public Health on 1800 671 738.
 - The person who will lead your response and be the main contact person for PHS and details of your internal outbreak response team, if you need one.
 - How you will manage and support residents who are identified as confirmed cases or close contacts throughout their isolation/quarantine periods.
2. Develop an **Outbreak Communication Plan**.
- In the event of a confirmed case, you will need to communicate clearly with staff, residents, and visitors. PHS can support this and assist with key messages that need to be communicated.
 - You can prepare by developing a list of key stakeholders that you will need to communicate with, considering how you will communicate with each group, keeping an up-to-date contact list, and pre-preparing signage and letters/emails, that can be adapted with input from PHS.
 - The Outbreak Management Plan Template at Appendix 2 includes a section for you to complete your communication plan.
3. Ensure staff are trained and educated about COVID-19.
- Useful training resources are available that are applicable to Specialist Housing Facilities. These include:
 - Use of PPE:
 - The Commonwealth Department of Health has produced a [Guide to personal protective equipment \(PPE\) for disability care providers](#) and [COVID-19 wearing personal protective equipment for disability support workers video](#).
 - Droplet and Contact Precautions:
 - The Tasmanian Department of Health has produced [Transmission Based Precautions - A guide for healthcare workers](#).
4. Consider whether you need additional consumables such as cleaning supplies or PPE.
- The Tasmanian Government has a contract in place with St John Ambulance to maintain an emergency stockpile of PPE and associated items for use by essential service providers during times of emergency and where they are unable to access required supplies by other means. If such an emergency occurs, the specialist homelessness program should discuss the circumstances and specific needs with their Homes Tasmania Contract Manager. Where a case is made, Homes Tasmania will liaise with the Department of State Growth. The deployment of stock from the emergency stockpile requires authorisation from the State Emergency Controller (or delegate). Once authorised, St John Ambulance will arrange prompt delivery. The requesting agency will usually be requested to re-imburse State Growth for costs associated with the replacement of the deployed items.

- During non-emergency situations, should the service provider be unable to access PPE or other related items required through their normal processes, they can directly approach St John Ambulance to procure items similar to those held in the stockpile. This process would be a direct transaction between the requesting agency and St John Ambulance. Contact St John Ambulance on 1300 360 455 or ppe@stjohntas.org.au for this assistance.
5. Develop workforce contingency plans for if your staff are isolated or quarantined due to COVID-19 and consider how you will maintain business continuity.
 - The Tasmanian Department of Health has provided a [Best Practice for COVID-19 Workplace Safety for Homeless and Specialty Housing Services](#).
 6. Ensure you have information that PHS may need in an outbreak.
 - Prepare a map/plan of your facility.
 - Ensure your resident and staff details are current and collated in an Excel spreadsheet, including correct names (ie not nicknames), date of birth and contact details.
 - Collect and store information to support contact tracing if required. This includes information about who spends time in your premises (when and where) (for example visitor logs, staff rosters, attendance lists for communal events), and keeping frequent visitor contact information up to date.
 7. Stay up to date. Monitor changes to COVID-19 guidelines and restrictions in Tasmania. See www.coronavirus.tas.gov.au/

A Checklist for Case and Outbreak Preparedness is included at Appendix 3 to help you with activities consistent with your Outbreak Management Plans

Testing for COVID-19

Early identification of COVID-19 cases and a rapid response is key to minimising transmission of COVID-19 to others and the broader community.

When should staff or residents get tested for COVID-19?

It is important to encourage any staff member or resident to get tested for COVID-19 if they have or have had any of the following symptoms in the past 7 days, even mild:

- fever (or signs of fever, including chills or night sweats)
- runny nose
- cough

- sore/itchy throat
- shortness of breath
- loss of taste or smell.

Unwell staff or residents should be assessed and clinically managed by their GP.

If they become very unwell or have difficulty breathing, call Triple Zero ([000](#)) and ask for an ambulance.

How to organise a test

Maintain a supply of RATs for workers and residents. Use a RAT if a resident has cold or flu-like symptoms or are a close contact and need to be tested. Go to a testing clinic for a PCR test if the resident is at risk of severe disease, cannot access a RAT, is unable to use one or is directed to by a health practitioner.

From 1 February 2023, PCR testing will be available at GP clinics or by GP referral at pathology services.

The Tasmanian Public Health Hotline (1800 671 738) should be contacted for advice on persons with respiratory illness and accessing testing.

Residents or staff should tell their GP or the testing centre that they live/work in a Specialist Housing Facilities priority setting.

After getting tested for COVID-19

Residents

- Isolation advice should be followed as provided by the Public Health Hotline. This should be consistent with Figure 2: COVID-19 Isolation Decision Tree for Residents in Specialist Housing Facilities.
- All persons with respiratory illness should limit exposure to others while symptomatic, including other residents and staff.
 - As a priority, accommodate unwell residents with excessive cough and sputum production in single rooms, ensuring that supports can be delivered effectively and the residents have access to their own bathroom.
 - If residents must reside in the same room, cohort unwell residents together and ensure as many efforts are made as possible to physically separate well residents from unwell residents.
- Plan for continuation of services to the sick resident and other residents at the Specialist Housing Facilities setting. Situations will be determined on a case by case basis with direction from Public Health Services and clinical oversight.

- Where there are complex and intense support requirements, the continuation of supports in the resident's usual settings is in their best interest, where it is safe to do so and subject to a medical assessment.
- Persons entering an isolation area need to protect themselves, including using PPE when having close contact. Please refer to Appendix 5 which shows when PPE is required when caring for or having contact with residents.

Staff members

Staff members must stay at home and self-isolate while waiting for COVID-19 results. They should not return to work until they test negative for COVID-19 or their acute symptoms have resolved. If some mild symptoms remain, Public Health recommends they wear facemasks in the workplace. Remind staff of their leave entitlements if they are sick and need to self-isolate.

Advice for staff in self-isolation:

Do not leave your home or garden.

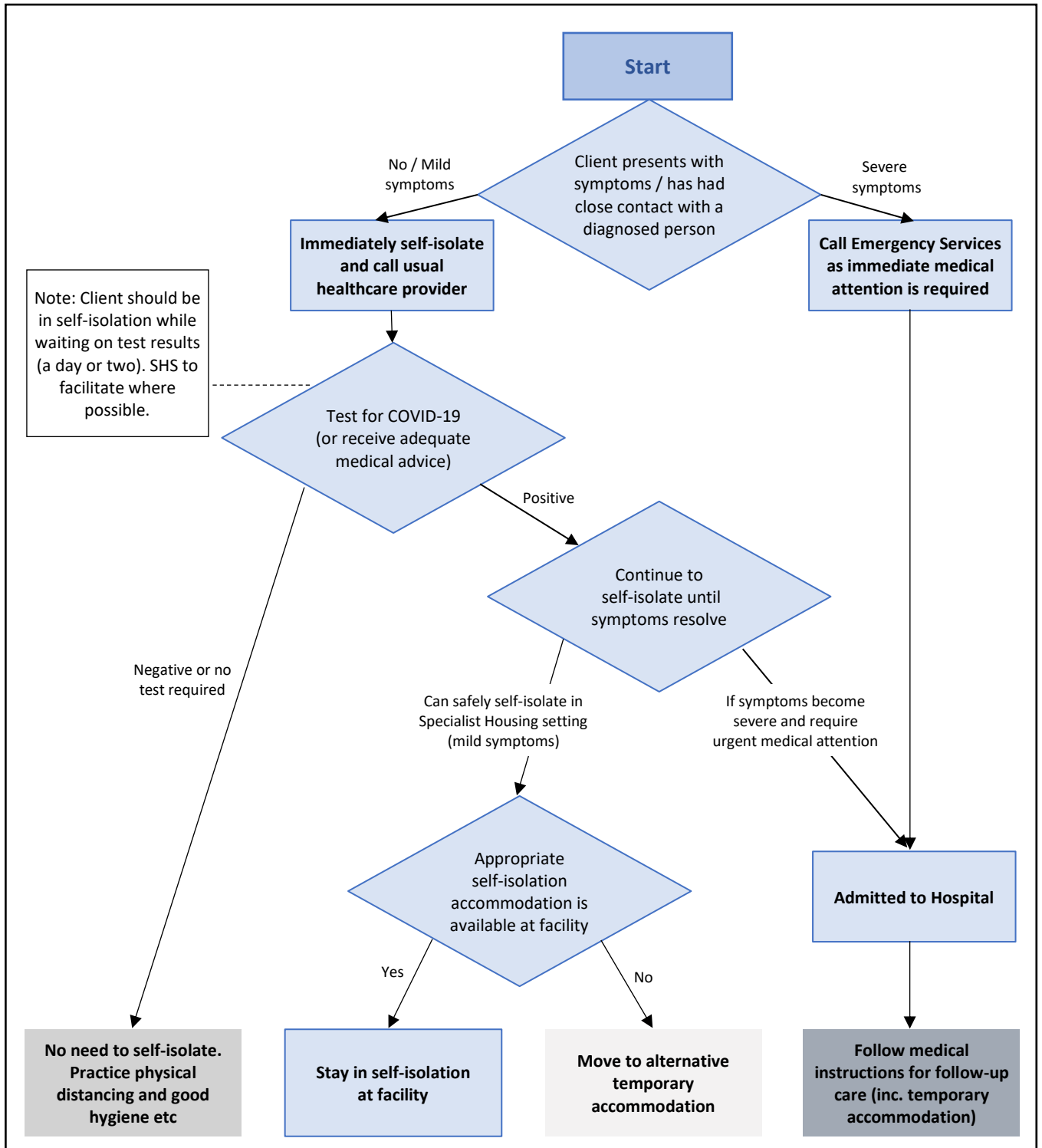
Ask a friend or family member to assist if you need help with supplies or essential tasks outside your home. Supplies can be left at the door. If you don't have someone to help, you can call the Public Health Hotline on [1800 671 738](tel:1800671738) for support.

Cover coughs and sneezes. If you don't have a tissue, use the inside of your elbow. Put used tissues in the rubbish straight away and wash your hands.

If you share your home, consider if you or other members of your household can stay elsewhere, especially if they are elderly or have underlying medical conditions, including diagnosed conditions affecting their immunity. If this isn't possible:

- stay at least 1.5 metres (two big steps) away from other household members. Wear a facemask if you need to be closer to household members.
- sleep in a separate bed and use a separate bathroom if you can.
- keep personal items (like towels, face washers and toothbrushes) separate.
- do not share food or drinks.
- stay away from shared spaces, like the kitchen (a shared garden is okay).

Figure 2: COVID-19 Isolation Decision Tree for Residents in Specialist Housing Facilities



- Do not have visitors while in self-isolation, even if they are also in self-isolation. Tell family, friends and neighbours not to visit. Consider putting a note on your door to let people know.
- Wash your hands often with soap and water (alcohol-based hand rub is OK if your hands do not look dirty). Viruses can survive for a short time on surfaces and spread through hand contact.
- It is recommended that Specialist Housing Facilities staff stay off work until they are symptom-free and have a post infection negative COVID-19 test result. If some mild symptoms remain, Public Health recommends they wear facemasks in the workplace. Staff should remain alert to symptoms.
- Know when and how to seek further help.
 - If you get very sick or have trouble breathing, call Triple Zero ([000](#)) for an ambulance. Tell them you may have COVID-19.
 - If you feel stressed or anxious while you wait for your results, talk with someone. Lifeline has set up a new service to help Tasmanians effected by COVID-19. Call [1800 984 434](#) from 8:00 am to 8:00 pm, seven days.

COVID-19 test results

For the latest information on COVID-19 testing information can be found here: [Coronavirus \(COVID-19\) | Tasmanian Department of Health](#)

Rapid Antigen Test (RAT) kits are available at local supermarkets and pharmacies. This type of test can be done by anyone, with the result known in around 10-20 minutes. If the result is positive register your result using the online form here: [Rapid Antigen Test \(RAT\) - Positive Result Declaration Form](#).

From 1 February 2023, Polymerase Chain Reaction (PCR) testing will only be available at GP clinics or by GP referral at pathology services. If the result is negative, the person tested will get a text message or be phoned by their doctor. If the symptoms have stopped (and the person isn't with a close contact with someone known to have COVID-19), they can then stop self-isolation. They still need to follow the rules in place for the whole community.

Stage 2- Response to a confirmed case

Specialist Housing Facilities response to a confirmed case

In the event of a confirmed case or outbreak, providers of Specialist Housing Facilities are expected to independently manage their response. PHS provide guidance [on best practice COVID-19 workplace safety for homeless and speciality services.](#)

What you should do

For clients/residents who test positive:

- maintain their privacy
- support them to report positive RAT results to Public Health and support them to complete the case survey they receive.
- Plan how resident cases will be managed safely (cohorting if necessary).
People with COVID-19 can reside together; and people with influenza can reside together, However, where possible, people who have not tested positive to COVID-19 should not reside with people who have tested positive to COVID-19. People who have not tested positive to influenza should not reside with people who have tested positive to influenza.
- Isolate cases away from other people, preferably in a single room with a door that can be closed.
- Inform relevant workers and designate specific workers to support the person with COVID-19 (or influenza).
- If the case is a resident, consider covid@homeplus support.
- Minimise the number of people who spend time in the same room as people with Covid-19 and ensure those who do, are safe.
- Identify close contacts in the setting. Support them to follow the latest requirements and instructions provided by Public Health (Tasmania) for close contacts, including to be alert for signs of COVID-19 and to get tested.

Wellbeing of residents in isolation

- You should continue to facilitate social connection as much as possible and ensure residents' and staff mental health is supported. You can do this by encouraging and helping with video calls and activities.
- You must ensure you do not restrict the rights of vulnerable people by 'locking down' rooms or facilities without proper reason.

Approach to persons that develop an acute respiratory infection

- If a resident requires ventilation, they must be hospitalised.
- If the resident is under Guardianship, notify guardian. With permission, also notify relatives or representatives of their condition if the person hasn't done so already.
- Provide clear communication to the hospital and retrieval services that the transport involves a case or suspected case of COVID-19. It should be noted that some cases will require accessible or specialised transport.
- On transfer to hospital, information about the person's contacts and preferences (e.g. individual plan) should be provided such as information about pre-existing health conditions and medications.

Isolation of residents in alternative temporary accommodation

- Isolation advice should be followed as provided by the Public Health Hotline. It is the responsibility of the service provider to ensure isolation requirements are being followed.
- If safe isolation of a sick resident is not feasible within your setting, or if a resident is not complying with isolation requirements, service providers should seek guidance from their Contract/Program Manager within Homes Tasmania.

Stage 3: Stand-down

Where appropriate, key activities for your organisation could include:

- Debriefing with your staff and residents.
- Evaluating what went well and what could have gone better.
- Updating your plans to reflect lessons learned.

Governance

Liaison Persons for governance of the COVID-19 Preparedness and Response Plan for Specialist Housing Facilities in Tasmania are:

- Jessemy Stone – Director Housing Policy and Programs, Homes Tasmania.
- CEO Public Health Services.

The Liaison Persons will work collaboratively with key sector stakeholders for distribution of information to the Specialist Housing Facilities providers in Tasmania.

Key Resources

Important sources of COVID-19 resources are:

- [Australian Government Department of Health Coronavirus \(COVID-19\) webpage](#)
- [NDIS Coronavirus \(COVID-19\) Information and Support webpage](#)
- [Tasmanian Government Coronavirus \(COVID-19\) website](#)
- [Tasmanian Department of Health's website](#)
- Tasmanian Public Health Hotline: 1800 671 738
- National Coronavirus Helpline: 1800 020 080
- Disability Information Helpline: 1800 643 787

References

- [Work Health and Safety Act 2012.](#)
- [How to Manage Work Health and Safety Risks](#)
- [Coronavirus \(COVID-19\) wearing personal protective equipment for disability support workers video](#)
- [Coronavirus Disease 2019 \(COVID-19\) CDNA National Guidelines for Public Health Units](#)
- [Home Visits Risk Assessment Tool and Risk Minimisation Guidelines](#)

Best Practice for COVID-19 Workplace Safety for Homeless and Specialty Housing Services.

Homes Tasmania

Building homes,
creating communities.

www.homestasmania.com.au