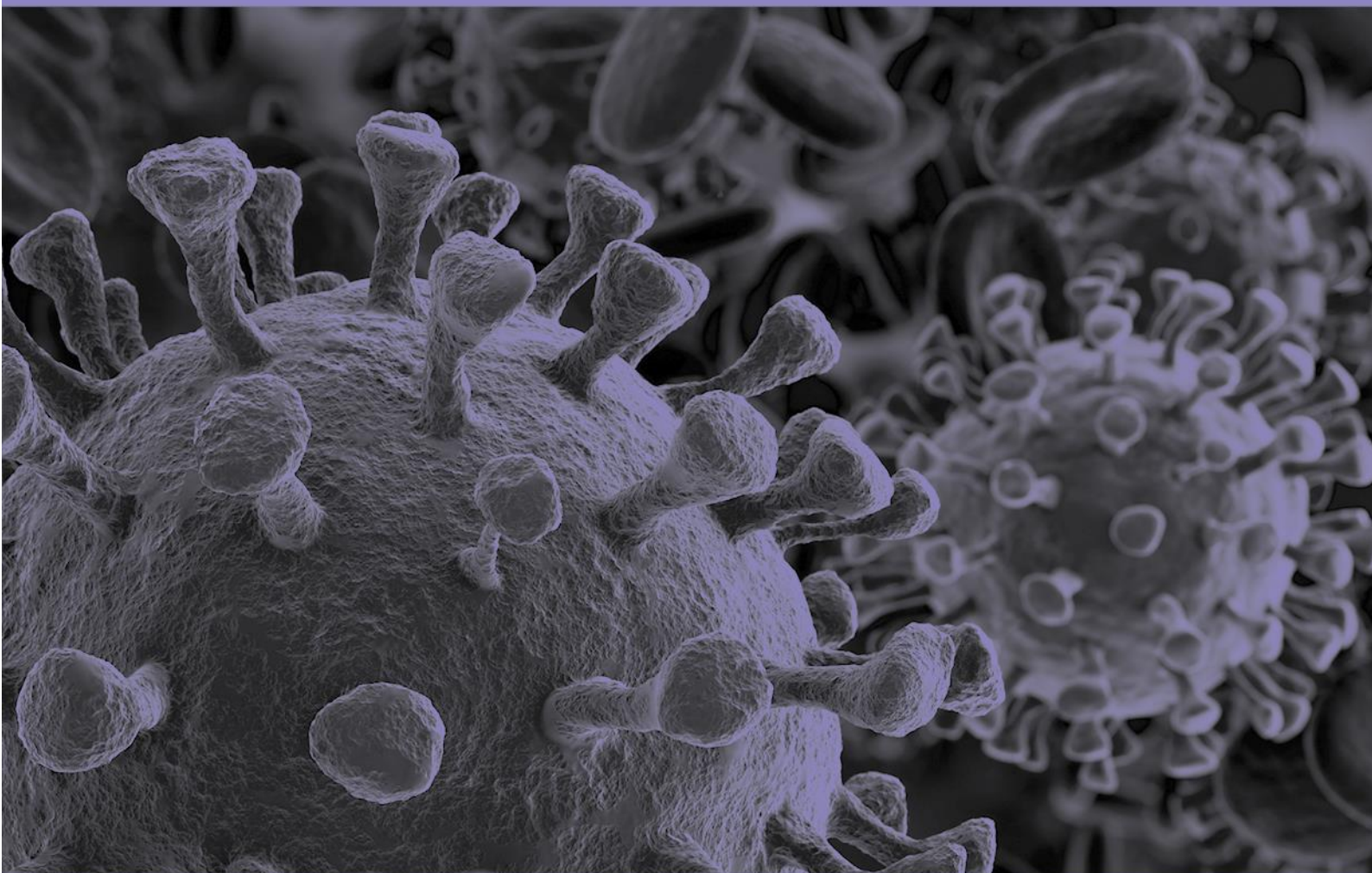




Australian Government

Department of Health



MANAGEMENT AND OPERATIONAL PLAN FOR PEOPLE WITH DISABILITY

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

April 2020

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

Publications Number: 12752

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Introduction

On 11 March 2020, the World Health Organization (WHO) announced that novel coronavirus (COVID-19) was a worldwide pandemic. The COVID-19 outbreak represents a significant risk to Australia. It has the potential to cause high levels of morbidity and mortality including mental health impacts, and to disrupt our community socially and economically. However, Australia is well prepared and has excellent health systems to deal with the virus. All areas of the health sector are well informed and actively engaged in the national response.

The Australian Government is committed to ensuring that people with disability and their families and carers have equitable access to health care during the outbreak, including accessible health and social care advice, and access to essential supports and services. In this document people with disability refers to people who have long-term physical, mental, intellectual, cognitive or sensory impairments or conditions.

The Government has taken a precautionary approach to COVID-19, working collaboratively with state and territory governments as well as whole of government partners to implement strategies to minimise disease transmission.

In order to guide the health sector response, the Government developed the first Australian Health Sector Emergency Response Plan for Coronavirus (the COVID-19 Plan). The COVID-19 Plan outlines how key activities will operate and how the Australian public can support the national response. The following information is provided in the plan:

- what we know about the disease and the outbreak
- what sort of risk COVID-19 represents
- what the Australian Government health sector will be doing to respond
- how the Government's response will affect people
- what people can do to contribute
- how people can manage their own risk, the risk to their families and their communities.

As we learn more about COVID-19 we are:

- regularly reviewing our response
- moving resources into activities which are working well
- scaling back activities that are not working.

COVID-19 presents a significant and unprecedented challenge for many people with disability, including children and young people, the people who support them, and the disability sector as a whole. Some people with disability are more likely to be vulnerable to the effects associated with COVID-19 including impacts which continue following the pandemic period.

The Management and Operational Plan for COVID-19 for People with Disability (the Plan) has been developed to provide a targeted response for people with disability, their families, carers and support workers.

The Plan also reflects the Government's commitment to upholding the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and the National Disability Strategy 2010-2020. Both of these documents take a social model view of disability. The social model of disability recognises that disability results from the interaction between persons with impairments or conditions and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others. In particular, this document seeks to ensure health services provided in response to COVID19:

- recognise that people with disability have an inherent right to life and its enjoyment on the same basis as others
- provide people with disability the same standard of health care as other persons
- provide people with disability access to health services as close to their own community as possible, including rural and remote areas
- promote dignity, autonomy, and respect for people with disability when receiving health care and that the provision of health care is free from bias or discrimination.

Additionally, under the *Disability Discrimination Act (Cth) 1992* the Australian Government is committed to eliminating discrimination against people with disability, and ensuring that the fundamental rights of people with disability are recognised on the same basis as the rest of the community.

Implementation of the Plan will also uphold the Government's commitments under the *Carers Recognition Act (Cth) 2010*.

For the purposes of this document the following definitions will be used throughout:

Carer means: a person who provides unpaid care and support to people with disability who are family members or friends.

Support worker means: a person who provides paid support to a person with disability, either directly employed by the person or employed or otherwise engaged by a provider chosen by the person with disability to deliver their supports. This includes a person who is a volunteer who might be engaged by an organisation to provide support to a person with disability.

PART 1

The Plan

The Plan has been developed for people of all ages with disability, their families, carers, support workers and the disability and health care sectors. It will provide high-level guidance on a range of factors that need to be considered in managing and preventing the transmission of COVID-19 for people with disability. The Plan will be informed by a risk-based approach, prioritising individuals whose disability, current health status and setting, places them at significant risk of adverse outcomes related to COVID-19.

The Plan will be a living document and will be reviewed periodically, in line with the Australian Health Sector Emergency Response Plan for Coronavirus. As new evidence and recommendations for how to manage the COVID-19 pandemic emerge, particularly in relation to disability, the Plan will be updated accordingly.

The Plan was developed, and its implementation will be overseen, by an Advisory Committee (see *Governance and Consultation*) and has been endorsed by the AHPPC.

The Plan has two main parts, the Management Plan and the Operational Plan.

- Part 1 – Management Plan
- Part 2 – Operational Plan
 - Initial action stage
 - Targeted action stage
 - Stand down stage.

Objectives

The Plan focuses on broad clinical, public health and communication actions which will benefit all Australians including people with disability, as well as targeted action specific to people with disability.

The objectives of the Plan are to:

- minimise COVID-19-related transmission, morbidity and mortality among people with disability
- guide action across Australia, including rural and remote areas in reducing the risk of COVID-19 for people with disability, including children, young people and adults
- inform, engage and empower all people with disability, their families, carers and support workers in relation to COVID-19
- identify and characterise the nature of the virus, and the clinical severity of the disease as it relates to people with disability

- support effective care, including rehabilitation, for people with disability who contract COVID-19, and reduce additional burden from COVID-19 for healthcare and disability support workers
- support people with disability continuing to have access to essential health care for non-COVID conditions, including mental health conditions, through the pandemic period.

Consistent with the overarching COVID-19 Plan, decisions on the implementation of public health measures may vary across state and territory governments. This includes the timing of initiation of measures and the Stand down Phase outlined in Part 2. The AHPPC will aim to support a coordinated approach across jurisdictions wherever possible.

It is important to note that a key goal of the Plan and implementation approach is to achieve a response proportionate to the level of risk. This approach acknowledges the risk is not the same across all population groups, and reducing the risk for vulnerable populations such as people with disability is vital.

Principles

The following principles underpin the Plan, from development through to implementation:

- **EQUITY:** The **human rights** of people with disability are upheld through an equitable, accessible and tailored health care response.
- **PREVENTION:** **Preventing** people with disability **becoming infected** is the primary focus.
- **INFORMED:** People with disability, their families, carers and support workers **understand what to do** during the pandemic and how to access support.
- **TARGETED:** Clear and **targeted information** and advice is communicated in a diverse **range of accessible formats**.
- **SUPPORT NETWORKS:** Supporters of people with disability (families, carers, support workers and others providing formal and informal supports) are **central to the safety of people with disability**, during the pandemic, and are a key target group for this plan.
- **PARTNERSHIPS:** There is a need for an **integrated partnership between the health sector and disability sectors** to appropriately respond to the diverse needs of people with disability, their families, carers and support workers.
- **CULTURAL CONSIDERATION:** **Aboriginal and Torres Strait Islander people** with disability need special focus in this plan and associated plans, with underlying **disadvantage, cultural considerations, remoteness** and other issues posing challenges for **equitable access** to health care and other supports.
- **WELLBEING:** protect the mental health and wellbeing of people with disability and their families by involving them in decision making and **minimising disruption to their daily lives**. Where appropriate, providing appropriate care in non-hospital settings as much as possible and facilitating the **essential support** that people with disability need.

Rationale for the Plan

The COVID-19 pandemic presents a significant risk to the health and wellbeing of all Australians, but particularly people with disability. More than 4.4 million people in Australia have disability. This equates to almost one in five Australians. Exposure, susceptibility and impact vary according to the type of disability (e.g. intellectual disability, mobility impairments or conditions) as well as individual and contextual factors such as age, gender, socio-economic status, family environment, where someone lives, whether they are Aboriginal or Torres Strait Islander, whether they are from culturally and linguistically diverse backgrounds.

People with disability live and work in a range of settings and are active members of the community. Some people live at home by themselves, others live with family members, or in congregate disability accommodation services or group homes. Some work within organisations specifically providing employment opportunities for people with disability. Some settings may increase the risk of morbidity and mortality, including when an ageing person is responsible for the informal care of a person with a disability. Such settings require increased levels of risk mitigation and support to prevent COVID-19 transmission.

In certain settings, people with disability are over-represented and this includes the use of acute care services such as public hospital emergency departments and inpatient services. For example, people with intellectual disability present to emergency departments at two to three times the rate of the general population and experience longer lengths of stay as inpatients.

People with disability experience higher rates of morbidity, which includes managing additional health concerns such as mental health conditions, chronic conditions and complex comorbidities. They consequently experience higher rates of mortality. Fifty per cent of people with disability in Australia live in households in the lowest two income quintiles, compared with 24 per cent of other Australians.

Many people with disability also come from multiple 'priority' population groups; this can have a compounding effect on their health needs and outcomes. For example, many people with disability from rural and remote backgrounds also have a lower socioeconomic status, may identify as Aboriginal and Torres Strait Islander, identify as LGBTI+ or are from a culturally and linguistically diverse background. There are also a number of barriers that people with disability face when accessing health care.

Table 1 outlines the Government's advice on who is most at risk of contracting COVID-19 and people who are more likely to be at higher risk of serious illness from the virus.

Table 1 - The relationship between the risk factors for COVID-19 and people with disability

Risk Factors for COVID-19 ¹	Relation to People with Disability
People who have been in close contact with someone who has been diagnosed with COVID-19	In 2018, of the people with disability aged 0-64 years, 363,000 required assistance with self-care, 541,700 with health care and 185,000 with meal preparation. These activities are likely to require close contact. Overall, 1.39 million Australians with disability required assistance with one or more activities. ² In addition, some people with disability may not be able to follow health recommendations related to COVID-19, for example, physical and social distancing and hand hygiene guidance and isolation.
People in correctional and detention facilities	People with disability are overrepresented in custodial facilities including prisons, forensic mental health facilities, remand centres and other detention facilities. In 2018, two in five prison entrants aged 45 and over self-reported a disability. ³
People in group residential settings	In 2018, an estimated 14,400 people with disability aged 15-64 years, lived in cared-accommodation, including hospitals, aged care, cared components of retirement villages, hostels and other homes such as group homes. ⁴
Aboriginal and Torres Strait Islander people 50 years and older with one or more chronic medical conditions	In 2018-19, 46 per cent of Aboriginal and Torres Strait Islander people had one or more chronic conditions. Additionally, 27 per cent of Aboriginal and Torres Strait Islander people reported they had a disability or restrictive long-term health condition. ⁵ Disability among Aboriginal and Torres Strait Islander people is likely to be under-reported due to diverse attitudes to impairment among Aboriginal and Torres Strait Islander communities.
People aged 65 years and older with chronic medical conditions	In 2018, 1.13 million Australians aged over 65 had one or more long-term health conditions. ⁶ Some people with chronic health conditions may experience disability due to the interaction between their condition and their environment, and a lack of access to the community and employment.
People aged 70 years and older	The likelihood of living with disability increases with age, with the majority of people with disability aged 65 years and older ⁷ .

Risk Factors for COVID-19 ¹	Relation to People with Disability
People with compromised immune systems and vulnerability to respiratory illnesses	Some disabilities are associated with a suppressed immune system and a greater incidence of complications (e.g. Down Syndrome ⁸). Some types of medications prescribed for specific disabilities can also cause immune-suppression.

1 = <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/what-you-need-to-know-about-coronavirus-covid-19>

2 = ABS Cat. no 4430.0 - Disability, Ageing and Carers, Australia, 2018 <https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4430.02018?OpenDocument>

3 = AIHW, The health of Australia's prisoners, 2018. <https://www.aihw.gov.au/reports/prisoners/health-australia-prisoners-2018/report-editions>

4 = ABS Cat. no 4430.0 - Disability, Ageing and Carers, Australia, 2018. <https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4430.02018?OpenDocument>

5 = ABS Cat. No. 4715.0 - National Aboriginal and Torres Strait Islander Health Survey, 2018-19, <https://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4715.0Main%20Features12018-19?opendocument&tabname=Summary&prodno=4715.0&issue=2018-19&num=&view=>

6 = ABS Cat. no 4430.0 - Disability, Ageing and Carers, Australia, 2018. <https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4430.02018?OpenDocument>

7 = <https://www.and.org.au/pages/disability-statistics.html>

8=Ram, G., & Chinen, J. (2011). Infections and immunodeficiency in Down syndrome. Clinical and experimental immunology, 164(1), 9–16. <https://doi.org/10.1111/j.1365-2249.2011.04335.x>

In addition, the following factors play a significant role in increasing risk for people with disability:

- poor health literacy, at times due to lack of accessible communication, may affect an individual's ability to comply with the evolving COVID-19-related prevention and management measures
- the reliance on other people including family members, carers and support workers to provide essential support at close contact, often on a daily basis
- people with high and complex support needs (including behaviours of concern) may need extra health support to ensure their essential needs are met, including communication or behaviour support. People in these situations may not be able to self-isolate in the same manner as the rest of the community – relying on wide networks of informal and formal supports to meet their daily needs.

The settings in which some people with disability live and work combined with public health directions for limited community movement, and in some cases self-isolation, may create the potential for greater risk of abuse, neglect and exploitation. This includes domestic and supported living settings. The regulation of supports, such as through the National Disability Insurance Scheme (NDIS) Quality and Safeguards Commission, the Aged Care Quality and Safety Commission and state and territory regulators and authorities for community settings, continue unchanged through the COVID-19 pandemic.

The actions outlined in the Operational Plan (Part 2) respond to the needs of people with disability in high-risk groups. These actions will be coordinated in line with actions taken under the Australian Health Sector Emergency Response Plan.

Roles and Responsibilities

Many critical partners, including the health and disability agencies of the Australian and state and territory governments, people with disability, families, carers, support workers and the healthcare and disability sectors, all have a role to play in protecting the health of people with disability from COVID-19 infection.

1. Planning

The **Australian Government** will undertake a range of specific measures relevant to the health of people with disability in the context of COVID-19, including:

- Development of the Management and Operational Plan, in partnership with the Advisory Committee, states, territories and other stakeholders.
- Coordinating the implementation of the Plan, with oversight from the Advisory Committee.
- Provision of secretariat support to the Advisory Committee.
- Coordinating and communicating with the states and territories, through the Australian Health Ministers Advisory Council, the Australian Health Protection Principal Committee and relevant disability services coordination mechanisms, to support effective communication and health service provision for people with disability in response to COVID-19.
- Preparation and dissemination of national guidelines, procedures and other resources to support this Management and Operational Plan.
- Mobilising the resources of the National Medical Stockpile, and State/Territory resources where applicable, to support the appropriate provision of Personal Protective Equipment (PPE) and other resources, according to availability and need, to people with disability, their families, carers and support workers in health and disability care settings.

Developing and supporting a national communications plan specific to people with disability, to educate people with disability, their families, carers, support workers, health care workers and others about the spread of COVID-19 and effective prevention, screening, assessment and treatment approaches.

State and territory governments will develop, where appropriate, complementary operational plans for public health, clinical and disability service responses specific to people with disability, promoting and drawing on expert and specialised sources of advice wherever possible. State and territory governments will lead the health service response within their jurisdictions. States and territories are responsible for COVID-19 surveillance, communication of new cases and outbreaks, and for providing alerts to communities.

Clinicians and public health professionals and practitioners should engage with people with disability and their carers and support workers in any planning processes.

Peak bodies, stakeholder groups and wherever possible, **carers, families, support workers and people with disability** themselves should be engaged in the planning process through the Advisory Committee.

2. Epidemiological assessment of COVID-19 specific to people with disability

The **Australian Government** Department of Health works with state and territory public health units and the Communicable Diseases Network of Australia (CDNA) to review data and evidence about the spread of COVID-19 especially for the purposes of this Plan. The Department of Health will work with the NDIS Quality and Safeguards Commission, the Australian Institute of Health and Welfare and others to help develop the information available about COVID-19 outbreaks among people with disability in residential and other settings.

State and territory government health agencies will collect notification data in their own jurisdictions, including evidence from the sector of what responses are required in communities, which also contributes to understanding the spread of the disease across the country and inform their own jurisdictional public health response activities. Once it is apparent cases are detected among people with disability, immediate responses should be enacted as outlined in this Management Plan.

3. Implementation of public health measures

Health care and disability settings providing care to people with disability should implement public health measures to minimise the spread of COVID-19, including:

- Preventive health advice directed at minimising droplet spread of the virus. This includes accessible messaging about hand washing, cough and sneeze etiquette and social distancing (also called physical distancing). Health services should work with the disability sector to develop accessible methods of disseminating this advice.
- Training the care workforce in infection control practices such as the Australian Department of Health's online COVID-19 training <https://covid-19training.gov.au/>

Should control measures—such as isolation and/or quarantine be required for people with disability—mitigation strategies and decisions should be implemented in collaboration with people with disability, their families, carers, support workers and stakeholder organisations.

To reduce the concurrent burden of influenza on people with disability and the confusion regarding diagnosis/causes of outbreaks, influenza and pneumococcal vaccination should be promoted by health care and disability workers supporting high-risk people with disability.

4. Safeguarding

All Australian governments play a role in minimising the risk of harm and protecting the rights of people with disability, through safeguarding systems in all jurisdictions. Disability service providers are required to ensure procedures, guidelines and standards are in place consistent with their obligations under Commonwealth as well as state and territory legislation.

5. Researching, planning and building outbreak control strategies

The Australian Government will commission research on the effectiveness and impact of public health measures in response to COVID-19, including for people with disability under this plan. The Commonwealth, state and territory governments will use this information to inform plans and provide updates continually throughout the COVID-19 outbreak.

6. Coordination

The Australian Government will coordinate national COVID-19 outbreak measures and allocate available national health resources across the country. It will support the health response in any jurisdiction, through the AHPPC, to coordinate assistance if jurisdictional capacity becomes overwhelmed.

The Australian Government and state and territory governments will work together to consider data and evidence, resource and sharing of information to determine whether and when a national response is required; advise on thresholds for escalation; share information on resource availability; and coordinate access to resources to maximise the effectiveness of the response.

State and territory governments will coordinate and provide COVID-19 healthcare services, including assessment and treatment centres as required. State and territory governments will undertake public health management of the response including contact tracing and directing isolation and quarantine.

7. Stand down and Evaluation

The Australian Government will: coordinate the stand down of enhanced measures; manage the transition of COVID-19 outbreak specific processes into normal business arrangements; and undertake public communication regarding changing risk and the stand down of measures.

The disability support sector and health care settings providing care for people with disability will advise on the timing and impact of reducing enhanced clinical COVID-19 outbreak services; and support stand down of measures. They will also manage the transition of novel coronavirus outbreak specific processes into business as usual arrangements as appropriate; and assist in communicating public messages regarding changing risk and stand down of COVID-19 outbreak measures.

Governance and Consultation

On 2 April 2020, an Advisory Committee was formed to oversee the development and implementation of the Plan. The Advisory Committee was endorsed by the AHPPC and reports to the Australian Government Chief Medical Officer. Members of the Advisory Committee are experts from a range of backgrounds including people with lived experience, Disabled Peoples Organisations, the disability service sector, the research sector, the health care sector including

medical practitioners, allied health professionals and nurses, Australian Government officials, and state and territory government officials.

The Advisory Committee presented a draft Plan to a Roundtable of health and disability sector stakeholders, including representatives of all state and territory governments on 7 April 2020. This builds on the membership of a Roundtable on the health of people with intellectual disability, originally planned for that date.

The final version of the initial Plan will be presented to the AHPPC on 9 April 2020, and updates will be presented as required.

PART 2

Operational Plan as it relates to people with disability

Phase 1: Preparedness

Maximise prevention of transmission of COVID-19 to people with disability

Aim: Reduce the risk of infection in people with disability and facilitate community preparedness through:

- Preparing and tailoring plans and guidance materials
- Preparing and supporting the health workforce
- Preparing and supporting the disability sector and workforce
- Assessing the demand for, and enable access to, personal protective equipment (PPE)
- Maintaining and preparing clinical care and public health management, including existing services
- Tailoring and targeting communications
- Supporting planning and preparedness
- Understanding the disease
- Establishing leadership and decision making.

Focus	Possible actions	Special considerations
<p>Prepare and tailor plans and guidance materials</p>	<p>Prepare and update the Management Plan for People with Disability.</p> <p>Directly involve people with disability in the refinement of the Plan through the Advisory Committee, including feedback from priority populations such as Aboriginal and Torres Strait Islander populations, people with disability who identify as LGBTI+, children and young people with disability and people with disability from culturally and linguistically diverse backgrounds.</p> <p>Prepare and update relevant national guidelines to reflect the needs of people with disability, their families, carers and support workers, health services and others as needed to support the Management Plan, including but not restricted to:</p> <ul style="list-style-type: none"> - the use of PPE - the establishment of support protocols - advice for healthcare workers in acute and primary health care settings. <p>Tailor relevant national guidelines (such as CDNA guidelines) and protocols to disability support settings.</p>	<p>Urban/regional, rural/remote, other: group homes; residential care facilities, residential aged care facilities; in home care, hostels, places of employment, child protection facilities, prison and detention centres</p> <p>Respiratory disease is known to be one of the major underlying causes of death for people with disability. Areas of risk include:</p> <ul style="list-style-type: none"> - people with psychotropic prescriptions and polypharmacy increasing hypersalivation, sedation and impaired swallowing exacerbating breathing difficulties - communication limitations to describe symptoms - delays in diagnosis or missed/shadow diagnosis - poor underlying health (such as chronic renal failure, chronic lung conditions, poorly controlled diabetes and poorly controlled hypertension), and compromised immune systems - people aged 65 years and over with chronic medical conditions - some types of disability which are more prone to respiratory illness and heart conditions. <p>Areas of risk for people with disability needing formal and informal supports:</p> <ul style="list-style-type: none"> - exposure to multiple people in an environment where others in the community are self-isolating – both formal and informal support arrangements - limited capacity for isolation given the need for continued access to formal and informal supports

	<p>Use the Management Plan to inform jurisdictional plans and guidance.</p> <p>Health care and disability sector organisations to support dissemination of guidelines and other communications through existing and effective networks and channels, such as Healthdirect.</p>	<ul style="list-style-type: none"> - potential issues with adhering to social distancing requirements - intimate supports and mealtime management requiring close contact with others.
Prepare and support health workforce	<p>Provide information and guidance to engage health professionals and health care workers about:</p> <ul style="list-style-type: none"> - the rights of people with disability to equitable access to health care in settings that are appropriate to their individual needs (including in-home health support) - engaging with and supporting people with disability and families, carers and supporters within each relevant health setting (emergency departments intensive care units, hospital wards, primary health care settings and health care in the community). <p>Consider workforce needs including training in aspects of managing COVID-19 in relevant settings, framed in a rights based context, including:</p> <ul style="list-style-type: none"> - the application of standard infection control strategies (including clear guidance on the appropriate use of PPE) and encourage infection control training of the workforce such as the Australian Government Department of Health's online COVID-19 training https://covid-19training.gov.au/ 	<p>Consider less invasive COVID-19 testing approaches for some people with disability in circumstances where the approaches are safe and effective, such as using telehealth, and GP home visit services.</p> <p>Consider more options for the provision of any treatments within the home of a person with disability or other familiar environment, where this is preferred by the person and review these arrangements should the person's health continue to, or rapidly deteriorate. This includes timely and safe access and transportation to an alternative health care setting if required.</p> <p>Set out guidelines for support and management of people with complex needs (including behavioural support needs) requiring hospitalisation. This includes primary healthcare, community health, acute care and out of hospital specialist care settings.</p> <p>Set out guidelines for discharge procedures when a person recovers to enable return to home, or other accommodation with appropriate rehabilitation support.</p>

	<ul style="list-style-type: none"> - disability awareness training (such as the NDIS Code of Conduct Workforce Orientation Module) - consider strategies to increase options when sourcing health care staff - consider the establishment of a specialised advisory phone service for health care professionals to meet the particular communication, nutritional, physical, behavioural and environmental needs of people with disability in the health setting. <p>Prioritise influenza vaccinations for the key supporters of people with disability whose disability and current health status places them at significant risk of adverse outcomes related to COVID-19 infection.</p>	
Prepare and support disability sector and workforce	<p>Provide information and guidance to engage disability support professionals and carers on:</p> <ul style="list-style-type: none"> - the application of standard infection control strategies (including clear guidance on the appropriate use of PPE) and encourage infection control training such as the Australian Government Department of Health's online COVID-19 training https://covid-19training.gov.au/ - guidance on behaviour support strategies and minimisation of restrictive practices - guidance for management of suspected or actual outbreaks - circumstances where PPE should be utilised. 	<p>Many people with disability whose health status places them at significant risk of adverse outcomes related to COVID-19 currently receive a relatively high degree of supports to enable them to live their daily lives.</p> <p>Support may include assistance with personal care, assistance with community access (e.g. health care), mealtime management, and medication management support. Continuity in health care support is required during the pandemic period. This includes access to prescriptions and equipment. These supports are delivered through regulated providers through the NDIS, or other disability support programs (both Commonwealth and state and territory).</p>

	<p>Provide support workers, families and carers with information and guidance on the risks of infection, avoidance of infection, infection control, and the underlying conditions which may exacerbate risks associated with infection.</p> <p>Equip people with disability, their families, carers and support workers to know how to access continuing health care, especially primary and mental health care for those they are supporting.</p> <p>Develop specific individual health care plans to reflect the COVID-19 pandemic, to ensure health and support needs are documented and immediately accessible.</p> <p>Develop strategies to rapidly on-board support workers to maintain critical supports where people with disability rely on these to maintain health, wellbeing and safety, and to avoid risk of harm, including where informal supports might no longer be available.</p> <p>Prioritise influenza vaccination for high-risk people with disability, carers, families and support workers.</p> <p>Formal support providers deploy business continuity planning to preserve critical supports to maintain the health, wellbeing and safety of people with disability.</p>	
Assess demand and enable access to PPE and other resources	Mobilising the resources of the National Medical Stockpile to support the appropriate provision of PPE and other resources, according to availability and need, to people with disability and carers in health and disability care settings to:	<p><u>For all settings:</u></p> <p>Consider options for additional supports or variation to supports where people with disability, who are confirmed</p>

	<ul style="list-style-type: none"> - support carers and support workers to continue working with a person who is confirmed with or suspected to have COVID-19 - support continuity of service, where PPE is a usual and essential requirement for the delivery of particular support activities - to enable access to PPE for people who receive supports which involve significant and close physical contact. <p>Develop guidance to:</p> <ul style="list-style-type: none"> - minimise inappropriate use of PPE - utilise PPE in the correct manner. <p>Maintain access to other essential equipment (e.g. PEG feeding, wound management, ventilation and catheters).</p> <p>Guidance on prescription of psychotropic medications to avoid escalation of the use of restrictive practices.</p>	with, or suspected to have COVID-19, cannot wear PPE or comply with requirements to wear PPE.
Maintaining and preparing clinical care and public health management	<p>People with disability continue to have access to essential health care for non-COVID-19 related conditions through the pandemic period.</p> <p>Direct outreach to people with disability at higher risk, including people with complex support needs and underlying health issues, or where the nature of their disability, age, cultural profile or living environment may exacerbate risks associated with infection.</p>	N/A

	<p>Work with people in these groups to identify the best courses of action, such as:</p> <ul style="list-style-type: none"> - early presentation if they become ill - support or clinical care adjustments if a confirmed case occurs in the person's place of residence or they need to self-isolate. This includes access to temporary accommodation to enable isolation if that cannot be done safely in the person's current living arrangement. <p>Develop pandemic-specific health care plans to manage any additional requirements associated with the pandemic response.</p> <p>Ensure, where possible, prescriptions are filled in advance and repeat prescriptions are accessible, where appropriate.</p> <p>Encourage adoption of ePrescribing and home delivery options.</p> <p>Develop protocols, including for emergency service staff and transport staff, which reflect the rights of people with disability to equitable access to health care.</p> <p>Develop strategies to enhance access and coverage of influenza and pneumococcal vaccinations for example through:</p> <ul style="list-style-type: none"> - immunisation outreach teams to enable influenza and pneumococcal vaccines to be given at home without requiring people to come into clinics or pharmacies; 	
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	<ul style="list-style-type: none"> - vaccination of all people providing informal and formal support to a person with disability, not just the person themselves; and - develop mechanisms to maintain outgoing specialist support if visiting services are suspended. <p>Implement flexible health service delivery and healthcare models, including telehealth, to accommodate a range of communication needs to assess patients and/or to access GPs and specialist services who are in isolation.</p> <p>As safe and effective pathology testing methods and capacity becomes available, prioritise mechanisms to test people who interact regularly with people with disability, including families, carers and support workers.</p> <p>Develop new testing options, while ensuring safety and efficacy, which prioritise at home and less invasive options.</p> <p>Support appropriate advance care plans and directives for high-risk people with disability, in case they do not respond to treatment.</p>	
Tailor and target communications	<p>Include in the National Communication Plan for COVID-19 communication strategies which support the implementation of this Plan and meet the needs of:</p> <ul style="list-style-type: none"> - people with disability - their families - carers - frontline workers including health care workers - disability support workers 	<p><u>For all settings:</u></p> <p>Engage and collaborate with people with disability, their families, carers, health workers, disability support workers, employers of people with disability, health care and disability sector representatives about appropriate and practical ways to minimise risk, including:</p>

	<ul style="list-style-type: none"> - the broader community. <p>Improve information and communications about COVID-19 to be inclusive for all people with disability, and people providing informal and formal support. Information and communications should be in accessible formats such as easy read, Auslan, braille, be culturally appropriate for Aboriginal and Torres Islander people, and suitable for people from culturally and linguistically diverse backgrounds.</p> <p>Adopt alternative measures for dissemination of information to people who do not have access to internet.</p> <p>Coordinate resource development and dissemination between national, state and local health authorities.</p> <p>Provide clear guidance about what is needed/what it means to quarantine or self-isolate at home. This includes shared residential arrangements or where people have support workers coming to their home.</p> <p>Develop targeted information on mental health and wellbeing strategies during the pandemic.</p> <p>Advise people with disability, their families, carers and support workers about how to engage with health services if they develop symptoms.</p> <p>Advise people with disability, their families, carers and support workers about the limitations of PPE and about appropriate use in healthcare and support settings.</p>	<ul style="list-style-type: none"> - determining what is needed to reduce risk in group living arrangements and in the provision of in-home personal care supports - support people with intellectual and/or cognitive disability, their families, carers and support workers to understand national restrictions, including the importance of physical distancing - advise people with disability, their families, carers and support workers about how to adapt supports to minimise infection transmission.
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	Provide consistent updates to guidance for people with disability, their families, carers, support workers, employers, health services and others as needed, in accessible formats and channels.	
Support planning and preparedness	<p>Establish guidelines to reduce the transmission of COVID-19 within shared residential and activity settings e.g. access to handwashing, hand sanitiser. Consider health promotion and education strategies to support these environmental measures.</p> <p>Consider maintenance of food, water and other essential supplies, including prescriptions and usual levels of PPE.</p> <p>Direct outreach to particularly vulnerable people who have highly complex disabilities and/or do not have networks of formal or informal supports.</p> <p>Consider any further options for exemptions from social isolation directions. This ensures people with disability, who require greater than 1:1 ratio of support in the community, can be safely supported by support workers and family carers where these are not already provided by jurisdictions.</p> <p>Provide advice on respiratory hygiene and hand washing and increase access to hygiene-related products.</p> <p>Ensure that widely disseminated public health advice is available and accessible to people with disability, their families, carers and support workers.</p>	N/A

Understanding the disease	<p>Collect and share data and evidence about the spread of COVID-19 and the health impacts to people with disability.</p> <p>Share the latest public health evidence and medical science, especially about risks to, and responses for, people with disability.</p>	N/A
Establish leadership and decision making	<p>Conduct regular meetings of the COVID-19 Disability Advisory Committee.</p> <p>Members of the Advisory Committee to seek input from people and groups not directly represented.</p>	Expert advice from Advisory Committee members will be used as a vehicle for consultation between key parties engaged in the response, including the Australian Government, state and territory governments and health services.

Phase 2: Targeted action

Suspected or confirmed COVID-19 infection of people with disability

Aim: Optimise health and support responses to help recovery and minimise further transmission

- Reviewing previously implemented actions
- Triaging patients and potential patients
- Early identification of cases and treatment of confirmed cases
- Manage and support the health and disability workforce, including carers and support workers.

Focus	Possible actions	Special considerations
Review	Review “Phase 1” steps above.	N/A
Triage patients and potential patients	<p>Individuals and health services to use videoconferencing, telehealth consultations, including Healthdirect if appropriate, to enable assessment of people with disability in a way which minimises disruption, and the need for transportation.</p> <p>Access to Translation Information Services (TIS) for people with disability is prioritised to support effective communication during any triage process.</p> <p>Enable people with disability and those supporting them to access diagnostic testing including:</p> <ul style="list-style-type: none"> - providing information to patients in a format that is appropriate to their needs (easy read, braille, Auslan) - ensuring those providing disability supports know how to support a person who requires testing, and how to respond should there be a positive test result - developing advice sheets for GPs and clinics around testing considerations - providing accessible testing. 	N/A

	<p>For people presenting with respiratory symptoms, use respiratory/fever clinics with heightened infection prevention and control capacity to:</p> <ul style="list-style-type: none"> a. Redirect demand for face-to-face services away from emergency departments and usual primary health care providers for respiratory presentations b. Reduce transmission risk by focussing care for respiratory presentations in a dedicated setting c. Enable specialist expertise to be sourced for risk factors affecting people with disability d. Maximise efficient use of PPE supply e. Enable people to be accompanied by families, carers or support workers (if required). <p>Where respiratory/fever clinics are not available, prepare local clinics with access to appropriate PPE and containment measures. This may include: educating staff on the risk factors for people with disability; notices; screening; and reducing the number of visitors/other patients in the clinic.</p> <p>Consider the health needs of people with disability in remote retrieval and remote primary care service planning and delivery,</p>	
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	including linking with the strategies in the Management Plan for Aboriginal and Torres Strait Islander Communities.	
Early identification of cases and treatment of confirmed cases	<p>Should COVID-19 be suspected or detected:</p> <ol style="list-style-type: none"> 1) Contact relevant state/territory public health units to assess risk, and consider mobilising additional staffing to assist in testing, treating and adjustments to formal and informal supports as required to maintain continuity of disability supports during assessment and post-diagnosis 2) If appropriate, treat people with symptoms which fit the clinical case definition until laboratory confirmation of the case, and instigate infection control measures including isolation logistics in the context of the person's living arrangements. 3) Reduce the risk of severe complications by rapid testing and assessment, clinically appropriate treatment of cases with specific clinical criteria relating to the person's other health care and disability requirements. 4) If laboratory confirmation of the case is received, instigate infection control measures, including isolation of confirmed cases and contact management to maintain or enhance 	<p><u>For all settings:</u></p> <p>The person with disability, their families or guardians should be part of decision-making around quarantine and self-isolation, including:</p> <ul style="list-style-type: none"> - individual home isolation - communal isolation in common property - using temporary accommodation - in-home medical support - if required, increase behaviour support strategies to minimise the use of additional restrictive practices. <p>Alternative support settings should be considered if:</p> <ol style="list-style-type: none"> 1) severe cases of people with COVID-19 require transition to a tertiary facility 2) where isolation is not an option 3) where the person infected lives with others who are more vulnerable to severe effects of exposure to COVID-19, including death 4) where a person wishes to temporarily relocate to avoid the risk of infection. <p><u>For hospital settings:</u></p> <p>People with disability may present frequently to ED. Past inpatient experiences may affect the willingness of a person to present if COVID-19 symptoms present.</p>

	<p>critical supports, in accordance with guidelines.</p> <p>Families, carers, support workers and organisations to consider how they will support individuals or households who are in quarantine or self-isolating, including:</p> <ul style="list-style-type: none"> - access to meals which meet dietary requirements; - access to activities to engage the person; - facilitating communication between the person and their families and friends; and - assisting the person to maintain personal hygiene. <p>Rapid triage and response when people with disability present to EDs, clinics and paramedics.</p> <p>To support effective responses, develop and disseminate advice sheets which assist health care staff to adjust their practice to support people with disability in EDs, clinics and other settings during the COVID-19 pandemic.</p> <p>To ensure overall health and COVID-19 specific care needs are communicated efficiently, provide updated individual health care plans to ED and other first responders.</p>	<p>Some people with disability may experience diagnostic overshadowing (by support workers, and healthcare workers in EDs, ICUs and other tertiary settings) or experience more rapid clinical and behavioural deterioration. These issues could, in some instances, place the person, or health workers, and other patients at risk.</p> <p>Support equitable access to health care including ICU treatment, and triaging of care for people with disability.</p> <p>Support discharge planning for people with disability and where appropriate, include support workers and families in the process.</p> <p><u>For residential support settings:</u></p> <p>Sample procedures and protocols are widely available for service providers to use in the event of a suspected or confirmed case.</p> <p>Establishing a support worker network which enables rapid deployment of staff to replace support workers who may be required to isolate.</p>
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	Establish a national network of experts in disability-related health care to provide telephone and online support.	
Manage and support health and disability workforce, and informal supporters	<p>Implement surge workforce options, such as sourcing nursing or other support staff to assist with the health care needs of a person with disability if their families, carers and/or support workers have confirmed COVID-19 infection.</p> <p>Develop guidelines for the best use of the limited supply of PPE.</p> <p>Develop options for technology and equipment, including telehealth, to enable remote monitoring of patients, particularly for people remaining in their home environment, and people living in rural and regional settings.</p>	N/A

Phase 3: Stand down and Evaluation

Aim: Stand down enhanced measures through:

- Sharing information between responders
- Public communication
- Assess and restock PPE and medical equipment
- Monitoring for subsequent infection risks
- Review and learn.

Focus	Possible actions	Special Considerations
Sharing information between responders	Meetings and small group discussions with people with disability, representative and industry bodies, health representative bodies, and the Advisory Committee to evaluate the response, and any response support needs which remain.	Use the review of the COVID-19 pandemic response to inform adjustments in normal health care operations to enhance the experience of people with disability. This includes the ability to access health care in a post-pandemic context to meet the needs of people with disability, and improves the equity of access and experience in order to achieve equality with the rest of the population.
Public Communication	<p>Provide specific information to people with disability, and the disability and health care sectors about the transition of services in post-pandemic. In particular, ensure people with disability which have been isolated due to COVID-19, are not isolated for longer than required.</p> <p>Conduct consultations with people with disability, representative bodies and other experts to explore and understand the perspectives and experiences of people with disability during the response.</p> <p>Develop and implement mental health supports for people with disability, their families, their carers and support workers to address any trauma associated with the pandemic experience.</p> <p>In order to reduce the risk for people with disability during future pandemic outbreaks, explore the issues, barriers, infection containment strategies</p>	N/A

	<p>used, and areas for improvement in order to develop appropriate and effective strategies for the future.</p> <p>Use mechanisms to include people with disability with the full range of communication and engagement needs in this stage.</p> <p>Meet with the disability sector, industry and health leaders for feedback on key evaluation findings and/or the lessons learned.</p>	
Assess and restock PPE and medical equipment	<p>Assess the status of PPE and other equipment required by people with disability, and restock depleted.</p> <p>Assess workforce needs.</p>	N/A
Monitoring for subsequent infection risks	<p>Maintain infection control measures.</p> <p>Monitor for subsequent infections in previously affected settings, or changes in the virus.</p> <p>Analyse data and review processes and policies.</p> <p>Review health care capacity, processes and policies.</p>	N/A
Review and learn	<p>The COVID-19 Disability Advisory Committee, with input from people and groups not directly represented, will:</p> <ul style="list-style-type: none"> - review COVID-19 pandemic processes and policies in collaboration with people with disability 	<p>As part of the review, consider as indicators:</p> <ul style="list-style-type: none"> - infection rates and settings - death rates and settings - the extent to which formal support services had to be withdrawn in infection cases - health care responses and methods

	- update protocols and plans in line with the lessons learned.	- rates of abuse, neglect and exploitation.
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