

COVID-19 prevention and management in residential non- family based care services

Guidelines



April 2022 (Version 2.0)

The COVID-19 prevention and management in residential non-family based care services guidelines are current and have been updated as evidence has evolved. Chief Health Officer [Public Health Directions](#) prevail where there is any difference between this guidance and the directions.

Acknowledgements

The COVID-19 prevention and management in residential non-family based care services guidelines is a collaboration between Department of Children, Youth Justice and Multicultural Affairs (DCYJMA) and Queensland Health (QLD Health).

This document has been prepared based on the DCYJMA *Residential Care and COVID-19 Guidelines for the operation of residential care services during the COVID-19 pandemic*, CDNA *National Guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care*, QLD Health *Rapid Response Plan for Disability Accommodation Services* and New South Wales *Guidelines Residential Care Settings for Young People in Out of Home Care and COVID-19*.

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1. Overview of Guidelines

1.1 Purpose

The purpose of the 'COVID-19 prevention and management in residential non-family based care services guidelines (the guidelines) is to support all residential non-family based care providers to deliver stable and safe placements for young people, generally aged between 12 and 18 years old, during the COVID-19 pandemic.

The guidelines bring together a wide range of information from various sources into one document. The guidelines support providers to develop and/or refine their service continuity planning and responses. They are not intended to replace existing business continuity plans that services may already have in place to respond to their specific circumstances.

1.2 Context

These guidelines replace the DCYJMA 'Residential care and COVID- 19: Guidelines for the operation of residential care services during the COVID-19 pandemic'. These guidelines have been updated in January 2022 and are constantly under review.

Key changes include:

- State border opening has increased the potential for community transmission of COVID-19. Therefore, services should implement rigorous COVID-19 prevention strategies and risk mitigation strategies to ensure they meet the needs of young people in residential non-family based care.
- There have been improvements in the scientific understanding of COVID-19, strains and transmission.
- Vaccination is effective in reducing COVID-19 transmission, hospitalisation and ICU admission. Australia's vaccination rollout program is available to everyone 5 years old and over from 10 January 2022.

1.3 Objectives

The objectives of the guidelines are to communicate practical and relevant advice to residential non-family based care services to:

- prepare and monitor for a suspected / confirmed case of COVID-19 (hereafter defined as a COVID-19 incident)
- respond to a COVID-19 incident and residential non-family based care service continuity
- recover and transition to regular operations and service delivery after a COVID-19 incident.

Residential non-family based care services should review these guidelines alongside QLD Health and DCYJMA advice, which will continuously change as the COVID-19 situation evolves.

2. COVID-19 general information

2.1 COVID-19 overview

2.1.1 What is COVID-19?

SARS CoV 2 (COVID-19) is a strain of coronavirus, affecting humans. Some coronaviruses can cause illness similar to the common cold and others can cause more serious diseases such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). Having spread globally, the World Health Organization declared COVID-19 a global pandemic on 11 March 2020.¹

Further information is available at:

- National Coronavirus Health Information Line 1800 020 080
- [Coronavirus \(COVID-19\) - Queensland Government](#)
- [Coronavirus \(COVID-19\) pandemic - Australian Government](#)
- [Coronavirus - WHO](#)

2.1.2 How is COVID-19 spread?

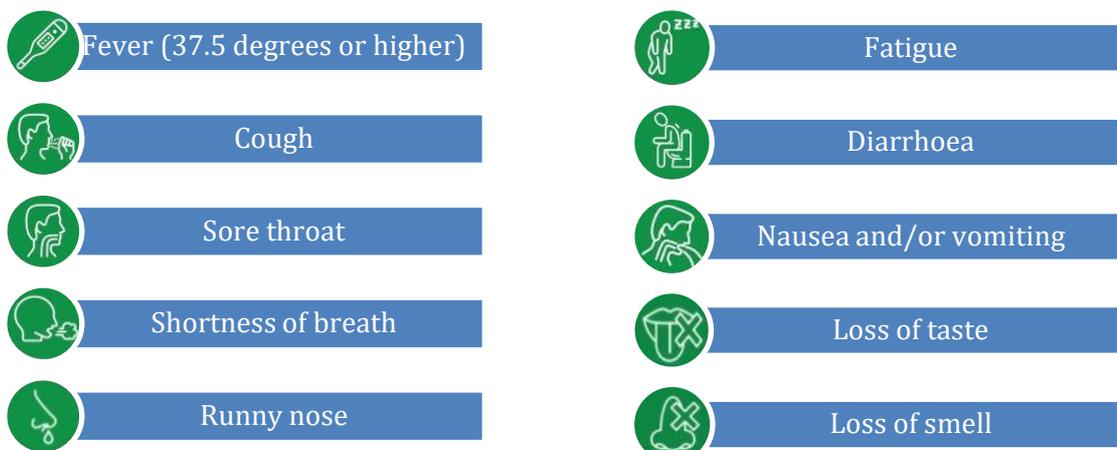
COVID-19 commonly spreads via aerosol transmission, whereby tiny airborne droplets or particles from an infected person's mouth or nose are suspended in the air when they cough, sneeze, speak, sing or breathe heavily. COVID-19 can also spread through respiratory droplets among people in close contact with each other when droplets land on the eyes, nose or mouth. Current health advice recommends physical distancing of 1.5 metres and wearing a mask to decrease the chance of COVID-19 transmission

People may also become infected after touching a contaminated surface, then touching their eyes, noses or mouths without properly cleaning their hands first. People may be highly infectious before their symptoms show. Even people with mild or no symptoms can spread COVID-19.

¹ World Health Organization (WHO). (2020). *WHO Director-General's opening remarks at the media briefing on COVID-19 – 11 March 2020*. World Health Organization. <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

2.1.3 What are the symptoms of COVID-19?

Symptoms of COVID-19 include:



Other symptoms people may experience include headache, muscle or joint pain, and loss of appetite.

If [immediate medical care](#) is required, call Triple Zero (000) and ask for an ambulance.

2.2 COVID-19 information and resources

The COVID-19 Quick Reference Guide (QRG): Resources for residential non-family based care services has been developed to connect services with up-to-date commonly requested COVID-19 information and resources.

3. COVID-19 response plan for residential non-family based care services

The Covid-19 response plan for residential non-family based care services has been developed to assist services to mobilise and effectively engage all relevant partners in its response to COVID-19. The plan defines roles and responsibilities in the event of a confirmed COVID-19 case and provides details of actions for preparing, monitoring, and responding to, suspected and confirmed COVID-19 cases and transition to recovery.

Residential non-family based care services require proactive engagement and planning to effectively manage the risks of COVID-19. Identified risks include young people with a disability, young people with high behaviour needs, Aboriginal and /or Torres Strait Islander young people, young people with medical co-morbidities, mental health conditions, low levels of health literacy and young people who have experienced trauma, abuse and / or neglect. Other risks relate to infrastructure limitations and a workforce with varying levels of skills and knowledge with regard to managing a COVID-19 outbreak.

DCYJMA discourages services from denying care to young people because they may have COVID-19 symptoms. In particular, residential care is an essential service and residential care

staff are vital in supporting the management of a symptomatic, suspected or confirmed case of COVID-19 in the residential non-family based care setting for young people.

Services need to weigh up potential staff vulnerabilities with the reliance on existing staff to continue care delivery, through the provision of a safe work environment. The resource kit and guidelines from [Safe Work Australia](#) on work health and safety should be followed. Safe Work Australia has a range of [information specific to COVID-19](#) available. As advised by the [Australian Health Protection Principal Committee \(AHPPC\)](#), the risk needs of vulnerable workers should be assessed regarding the continuation of frontline care. Where the risk cannot be sufficiently mitigated, essential workers who are at higher risk of serious illness should not work in high risk settings. Vulnerable staff could be re-deployed to back office roles which allow them to work from home. Vulnerable people are, or are likely to be, at higher risk of serious illness if they are infected with COVID-19.

There are a number of communities and groups who are at greater risk from COVID-19. This includes:

- Aboriginal and Torres Strait Islander people
- People with disabilities
- Older people, especially those aged over 70 years.

Certain illnesses, conditions and treatments also increase the risk of severe illness:

[Risk factors for more serious illness - Australian Government](#)

When navigating the COVID-19 pandemic, residential non-family based care services should consider three critical phases in their strategy:

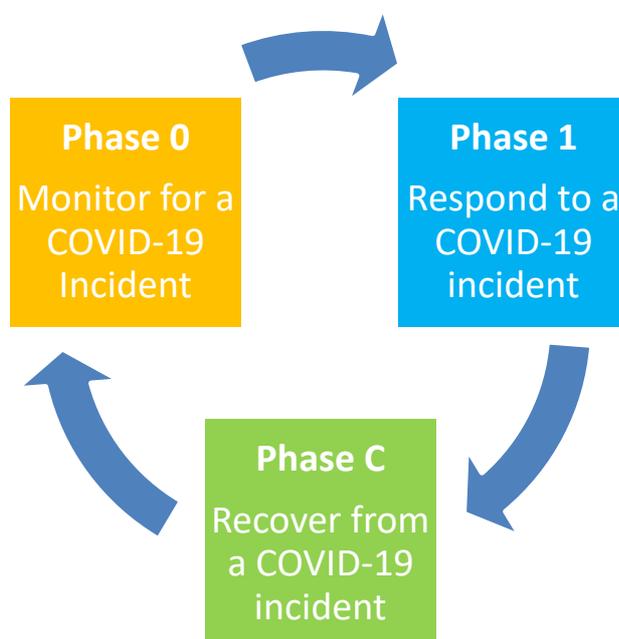


Figure 1 –Monitor, response and recover cycle

4. Phase 0 Monitor: preparation and monitoring

Vaccination, preparation of [business continuity plans](#), outbreak management plans, communication plans and ensuring resident profiles are in place and current are all critical to being prepared. The Communicable Diseases Network Australia ([CDNA](#)) provides further guidance on plan preparedness.

4.1 Get COVID-Ready

As the COVID-19 pandemic evolves, State and National responses adapt and frequently change. Having easy access to and regularly reviewing key resources is essential and should be a regular part of management practice inside human service agencies during the pandemic period.

Services can stay informed of the latest developments regarding COVID-19 in Queensland through Queensland Government's daily press conferences, and the Queensland Government's online information about Covid-19.

Now is the time to [Get COVID-Ready](#) by following a few simple steps:

- Get [vaccinated](#)
- Prepare a Get COVID-Ready kit
- Prepare a COVID Care Plan
- Read about what will happen if you get COVID-19.

Visit the Queensland Government [Get COVID-Ready](#) page for further information and resources to prepare for COVID-19.

4.2 COVID-19 Vaccination

4.2.1 Why are COVID-19 vaccines important?

Protecting yourself and the community

- Vaccination is the most effective way to protect against infectious diseases. Vaccines strengthen your immune system by training it to recognise and fight against specific diseases. When you get vaccinated, you are protecting yourself and helping to protect the whole community.
- Vaccines have successfully protected the community by preventing outbreaks of diseases such as diphtheria, measles and meningococcal disease.

Helping reduce COVID-19 in the community

- It is unlikely that COVID-19 will be fully eradicated. The first step is to reduce transmission in the community. When enough people in the community are vaccinated, it slows down the spread of disease.

- High vaccination rates also protect vulnerable people in the community who cannot be vaccinated or do not get the same level of vaccine protection, such as very young children, immunocompromised people or people who are too sick.

Reducing the health, social and economic impacts of the COVID-19 pandemic

- Higher vaccination rates reduce the likelihood of a COVID-19 outbreak. It also reduces the need for preventive measures, such as border closures, travel restrictions and business closures.
- This will reduce the health, social and economic impacts of the COVID-19 pandemic. It will help save lives and livelihoods.²
- From 17 December 2021, [Queensland Restrictions](#) will still apply for unvaccinated people aged 16 years and older.

4.2.2 What vaccines are available in Australia?

In Australia, vaccines are regulated and approved by the Therapeutic Goods Administration (TGA). For more information about approved COVID-19 vaccines in Australia including information about how they work, their safety and side effects, go to:

[Approved COVID-19 vaccines - Australian Government](#)

[About the COVID-19 vaccine - Queensland Government](#)

4.2.3 Who is eligible to get vaccinated in Australia?

All people aged 5 and over are now eligible for a COVID-19 vaccine. The vaccination rollout for children aged 5 to 11 commenced on 10 January 2022. COVID-19 vaccines are free for everyone in Australia, as per the [Australian COVID-19 Vaccination Policy](#).

4.2.4 Who provides consent for vaccination of a child or young person?

Vaccinations are under the definition of “medical treatment” in s97 of the *Child Protection Act 1999* (the Act). This means children and young people in the chief executive’s custody can be vaccinated at the request of DCYJMA. For children and young people who are subject to a custody order, either the parent or the delegated officer will need to complete a consent form for the carer to present to the health practitioner.

Services should seek further advice from the young person’s Child Safety Officer regarding DCYJMA’s policy for [immunisation of children in care](#).

A young person may be deemed a Mature Minor or “Gillick competent”, therefore considered to have the capacity to give informed valid consent to their own medical treatment and COVID-19 vaccination. This will require an assessment, on a case by case basis, by a health practitioner.

² World Health Organization (WHO). (2021). *Coronavirus disease (COVID-19): Vaccines*. World Health Organization. [https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-\(covid-19\)-vaccines](https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-(covid-19)-vaccines)

This assessment will consider if the young person has sufficient understanding, intelligence and maturity to appreciate the nature, consequences and risks of the vaccination, and the alternatives, including the consequences of not receiving the vaccination.

In most cases, a young person over 16 years of age will normally be expected to have sufficient understanding, intelligence and maturity to fully understand the proposed treatment to provide valid and informed consent.

4.2.5 Where can I get vaccinated?

Queensland Health has [vaccination locations](#) across the state. Some of these are in existing locations like hospitals. Some are community-based vaccination locations, like a community centre or showground. Other vaccination locations will be mobile and will travel to communities in more rural and remote areas.

Registering your interest for a COVID-19 vaccine is the best way to secure an appointment at a [vaccine clinic](#). Once you have registered, you will be invited to book an appointment in your local area when appointments become available.

Alternatively, eligible people can make an appointment via the [Vaccine clinic finder](#) to receive their COVID-19 vaccine at an approved General Practice (GP), GP-led respiratory clinic, Aboriginal Controlled Community Health Service, or a participating community pharmacy. Read more about how to [register and book](#).

4.2.6 How to communicate the importance of vaccinations in a positive way

Vaccine hesitancy exists on a continuum, ranging from demand and acceptance of vaccinations, to hesitancy, to refusal of vaccines.

Encouraging people to get a vaccine is not as simple as educating people about the benefits of vaccination. Communication objectives include:

- providing information on eligibility and access to vaccines and why they are important.
- increasing and maintaining messaging around the risks of COVID-19, coupled with messages of the vaccine's efficacy and safety
- addressing vaccination as a routine act
- addressing common questions or new concerns
- countering misinformation, including reading information from [trusted sources](#)
- encouraging people to discuss vaccination with their GP (where applicable).

QLD Health has a range of [COVID-19 Vaccination information](#) resources to inform different stakeholder groups about the vaccine. This includes factsheets and resources to address people's concerns about changing messaging around the risks of particular vaccines. For information specific to vaccinations for Aboriginal and / or Torres Strait Islander peoples, please see [Australian Government Department of Health](#) information.

Other useful resources for addressing concerns or questions about the COVID-19 vaccine is available in the [COVID-19 \(QRG\): Resources for residential non-family based care services](#) resource.

4.3 Social distancing

To protect yourself, young people and the community from getting COVID-19, practicing good hand hygiene and social distancing (also called physical distancing) are critical. Social distancing is one way to help slow the spread of viruses and can help protect the people in the community who are most at risk of getting really sick from COVID-19.

As Queensland eases restrictions, it is important everyone continues to stay 1.5 metres away from others, wherever possible. [QLD Health](#) and the [Australian Government Department of Health](#) have further information and resources, including videos on social distancing and how to protect yourself and others.

In addition to [public health directions](#), everyone should keep a mask with them for use in situations where you may not be able to maintain physical distancing.

4.4 Keep records of everyone who enters a residential non-family based care residence

Residential non-family based care services must collect contact information, proof of vaccination or evidence of medical contraindication from all staff and visitors upon entry by using the [Check In Qld app](#). If a residential non-family based care service cannot use the Check In Qld app, they must use alternative measures to record the contact information details.

While it is not mandatory for residents to check-in to residential care homes, it is strongly encouraged that all residents do check-in via the Check in Qld app or use a 'sign-in/sign-out' book when entering and exiting these residences. Capturing this information enables the facility to contact trace, if needed. Services should identify an appropriate location for signage to maintain visibility while responding to the needs of the young people.

Continue to check for [updates](#) on Queensland restrictions for vaccinated and unvaccinated people and obligations for businesses and staff.

Further Information to support residential non-family based care services with setting up, checking in and managing using of the app is available on the [Queensland Government's Check in Qld app website](#). Alternatively, if you have any questions, concerns or suggestions about '[Check in Qld](#)', please call 13 42 68.

4.5 Screen and identify COVID-19 symptoms

If a young person or staff member displays or experiences symptoms of COVID-19, they should get tested and contact the local doctor, a fever clinic or call [13 HEALTH \(13 43 25 84\)](tel:13432584) for advice.

Screening can be accomplished by asking the following questions:

| Do you feel feverish? (Subjective fever) | |
|--|---|
| Have you experienced a new cough, shortness of breath, sore throat, loss of smell/taste, runny nose, muscle/joint ache or headache within the last 7 days? | |
| Have you considered a household close contact to a confirmed case and required to isolate? | |
| Who should be screened | Screening methods |
| <ul style="list-style-type: none"> All employees should be screened for symptoms prior to entering the residential care service. Young people should be screened for symptoms on new entry and on a daily basis. Young people who could be at high risk for complications from COVID-19 (those who have underlying health conditions) should be assessed more regularly. Any other people entering the residential care service should be screened prior to entering. | <ul style="list-style-type: none"> Build daily screening into the routine for young people in the house. Screen employees at entrances to the home. To reduce the burden on staff, consider limiting the number of entry points to the home (consistent with fire safety and other requirements). Staff leaving home (finishing rotation) should screen the staff member taking over the shift (starting rotation). |

If a “yes” answer is given to any of these questions, the young person, staff member or visitor should be considered a

COVID-19 overview arranged.

If a young person is at the residence, isolate them from other young people and follow internal policies and procedures, as aligned with [Queensland Health](#) advice and Chief Health Officer [public health directions](#). Services may also refer to [DCYJMA’s dedicated website](#) relating to COVID-19 and DCYJMA should be notified per guidelines, policies and procedures. Other useful resources include:

- the [Incident management for residential care services guidelines](#)
- the [Incident reporting guide for residential care services](#)
- the [Joint Agency Protocol for reducing preventable police call-outs to residential care services](#)
- policies, procedures and other resources in the [Child Safety Practice Manual](#).

Given that the young person may worry, it is important to reassure them and ensure they understand that they will receive assistance and support and will not be judged or blamed if they are showing symptoms. These actions will also reduce the potential for young people hiding symptoms.

4.6 Testing for COVID-19

QLD Health recommends that anyone with any of the above [COVID-19 symptoms](#), no matter how mild, get tested and isolate. In addition, anyone who is a household [close contact](#) should follow [quarantine and testing requirements](#).

We use two types of tests to detect COVID-19 in Queensland. PCR tests, which are carried out at [testing clinics](#), and Rapid Antigen Tests (RATs), which can be done at home.

PCR testing has a high degree of accuracy and is available at [testing clinics](#). PCR test results will take anywhere from hours to days depending on current community demand. PCR testing for COVID-19 in laboratories involves collecting nasal (inside the nose) and throat swabs, and/or a sputum sample (mucus coughed up). These samples are then transferred to the testing laboratory. Given that some people find the process of taking swabs unpleasant, it is important to ensure there is support for the young person to reduce potential distress. All persons tested are required to self-isolate at home until they receive a negative result and must follow health advice before returning to work or school.

RATs can be done at home and will provide a result within about 30 minutes. Anyone receiving a positive result on a RAT can assume that they have Covid-19. They should immediately isolate, [report the positive test result](#) and follow the relevant public health advice. RAT testing kits are generally available at pharmacies, grocery and convenience stores. Some testing clinics may also have RAT testing kits available for distribution.

If unable to access immediate testing continue to follow [home quarantine requirements](#) whilst awaiting test availability.

Further Information is available on the [COVID-19 \(QRG\): Resources for residential non-family based care services](#) resource.

4.7 Hygiene and personal protective equipment (PPE) practices

4.7.1 Encourage safe hygiene practices

- Encourage frequent handwashing using either soap or alcohol-based hand sanitisers.
- Provide hand sanitiser throughout the residence.
- Encourage people to cough into their elbow area or cover their mouth with tissues when they cough or sneeze and dispose of the tissues in a bin after use.
- Talk with young people about why these measures are important and how we all have a role to keep ourselves and others safe.

4.7.2 Develop communication materials

- Display posters to remind people within the residence about infection control measures, in locations that are highly visible to all young people, staff and permitted visitors.
- Place posters in the bathroom and entrance points to encourage behaviours that prevent person-to-person transmission, for example, covering your cough and washing your hands.
- Display posters showing the proper handwashing technique by all sinks.

- [QLD Health](#) has developed resources and videos to communicate these measures to children and young people. These include posters in different languages to help address potential literacy, language and/or cultural barriers.

4.7.3 Personal protective equipment (PPE)

- PPE is an integral part of infection control and protects all people from exposure to potentially infectious substances. PPE, such as gowns, gloves, masks and goggles/face shield provide a physical barrier to reduce infectious diseases.
- Droplet and Airborne Precautions are required for confirmed or suspected cases of COVID-19, though service providers should check current recommendations as per [Guidance on the use of personal protective equipment \(PPE\) for health care workers in the context of COVID-19 - Australian Government Department of Health](#)
- PPE is available throughout the community and for individuals and residential non-family based care services should be able obtain these from regular suppliers. If this becomes a problem, or questions arise, services should contact their DCYJMA Contract Officer. In times of supply chain issues, service providers may elect to employ PPE conservation strategies outlined in [Conserving personal protective equipment \(PPE\) Guideline - QLD Health](#).
- Additional precautions, including the routine use of masks in indoor and outdoor settings, may apply through the [QLD Chief Health Officer public health directions](#) based on community transmission and epidemiological risks. These orders may also apply to staff and visitors.

Staff working with COVID positive children will require the following Droplet and Airborne precaution PPE:



Hand hygiene



Fluid resistant
or isolation gown



P2/N95 Respirator*



Face shield



Disposable gloves

** The P2/N95 respirator is a fit tested and checked mask. It is a technical piece of equipment that must only be used by appropriately trained staff. Fit testing is required annually in addition to fit checking on every use. See [Particulate filter respirators \(P2/N95 respirators\) - Queensland Health](#) for video tutorials on correct PPE usage.*

[QLD Health](#) and [Royal Australian College of General Practitioners \(RACGP\)](#) has developed further resources and videos on the use of PPE.

NB: If staff do not come and go from the residence and the service is treated only as a home then no PPE is required.

4.8 Conduct infection control cleaning and disinfection

In an environment where young people live together with rotating staff, infection control is a key strategy in preventing harm from infection. This is particularly important in situations where young people are less likely to comply with social distancing measures. This section provides an overview on key infection control actions services can take to reduce the spread of the virus in the residence.

4.8.1 Routine environmental cleaning process

This refers to the additional cleaning activities undertaken to mitigate the spread of COVID-19. In addition to regular cleaning schedules, in the context of COVID-19, high-touch surfaces should be **cleaned and disinfected daily** as follows:

- Clean high touch surfaces with 2-in-1 detergent and disinfection solution (as per manufacturer's instructions) or detergent/disinfectant wipes.
- Clean general surfaces and fittings immediately when visibly soiled and after spills.

Cleaning and disinfection must prioritise frequently used areas with extra attention to **high-touch surfaces** and **shared equipment**, such as communal equipment, door handles, light switches, desks, toilets, taps and sinks.

Further advice on workplace cleaning can be found on the Safe Work Australia website:

[Cleaning checklist - COVID-19](#)

[How to clean and disinfect your workplace - COVID-19](#)

Gather the items needed for cleaning before entering the area and cleaning begins.

Items may include:

- PPE
- cleaning equipment and solutions
- rubbish waste bag
- alcohol-based hand rub (containing at least 60% alcohol).

4.8.2 Recommended PPE when cleaning

The purpose of PPE is to reduce the risk of direct contact with contaminated surfaces. People entering the room, and the person with confirmed, probable or suspected COVID-19, should wear droplet and airborne precaution PPE if the person with COVID-19 remains in the room while the cleaning is done. PPE can be disposed into general waste.

People should ensure they are safely applying the recommended **Error! Reference source not found.** before entering the area and safely remove on leaving.

4.8.3 Waste management

Waste from a residence where a person with a confirmed, probable or suspected case of COVID-19 infection is living or providing care, is not regulated as medical waste under the [Queensland Environmental Protection \(Waste Management\) Regulation 2000](#). However, it is still important that waste from these places is handled with caution before throwing away:

- Personal waste, such as used tissues, packaging, masks and disposable cleaning supplies should be put securely inside disposable rubbish bags in the same room as the person with confirmed, probable or suspected COVID-19 infection.
- When dealing with waste, avoid touching the inside of the bag. Make sure the rubbish bag is not completely full, so the contents don't overflow and use two bags if the contents are wet in case there is leakage.
- This waste can be put with other general rubbish (not recycling or green bins) for your normal rubbish pick-up. Rubbish bins inside the residence should be kept clean and disinfected regularly. If a pedal bin or plastic bucket is used, it is a good idea to use a bin liner as it helps with cleaning and sanitising the bin.
- It is important to always wash your hands well and dispose of any PPE after handling waste.

In addition, residential non-family based care services are responsible for making sure that subcontracted cleaners are 'COVID-19 Safe'.

Further [COVID-19 Infection Control Training](#) is available and covers the fundamentals of infection prevention and control for COVID-19.

4.9 Additional risk mitigation strategies

- Appendix 1. Service-wide risk mitigation strategies risk mitigation strategies
- **Error! Reference source not found.**
- Appendix 3. Staff focused risk mitigation strategies
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5. Phase 1 Response: suspected and confirmed cases

The COVID-19 response Plan for residential non-family based care services: Responding to a suspected and confirmed COVID-19 case in a residence flowchart outlines processes for suspected and confirmed case management. Please refer directly to the COVID-19 response plan for current advice on notification, infection control continuity of care and communication during this phase.

Where a young person or staff test positive for COVID-19, they must continue in [home isolation](#) and follow [public health advice](#).

5.1 Supporting young people

For some young people, waiting for the outcome of a COVID-19 test may be distressing. Conversely, some young people may understand why there is the need to isolate while waiting for the outcome and what is required of them. It is essential that appropriate support is available for both the young person affected as well as other residents, staff and visitors. Additional planning and support may be required where there are significant relationships between young people that would be impacted by isolation or quarantine requirements.

5.2 Supporting staff

As soon as a staff member develops symptoms of COVID-19 while at work, the staff member should:

- make arrangements to get tested
- return home to isolate as soon as possible
- stay home and isolate while awaiting the COVID-19 test result

Staff who are a household [close contact](#) with a person confirmed to have COVID-19, should follow [quarantine and testing requirements](#).

If a staff member is identified as symptomatic at the door of the residence, they should not enter the property. If a worker is rostered to provide care, they should contact their supervisor to arrange cover for their shift. Note, this should be avoided by staff monitoring symptoms before going to work. Isolation and quarantine of staff members may lead to staff shortages. Services should make plans for how to manage workplace staff shortages.

Once a staff member has been confirmed as COVID-19 positive they may choose to disclose this to their supervisor. The service should follow internal policies and procedures, as aligned with [Queensland Health](#) advice and [Chief Health Officer public health directions](#). Services may also refer to [DCYJMA's dedicated website](#) relating to COVID-19. Other useful resources include:

- the [Incident management for residential care services guidelines](#)
- the [Incident reporting guide for residential care services](#)
- policies, procedures and other resources in the [Child Safety Practice Manual](#).

DCYJMA should be notified per guidelines, policies and procedures. In all cases, staff are advised to stay at home until the duration of self-isolation is complete. They should focus on rest and recovery in the meantime.

Further information on supporting the mental health of staff and young people is covered under Mental health, alcohol and other drugs considerations.

5.3 Isolation in the home

Most people with COVID-19 who are fully vaccinated (two doses) will only get mild symptoms. Most young persons will be able to be cared for and recover at the residence. Treatment may occur over the phone (via phone call or video call) by a health worker, doctor or a hospital staff member.

The following infection control practices should be implemented:

- [Home Isolate](#) young person and separate from other young people to minimise infection transmission.
- Allocate staff to specific young people to minimise potential transmission. Maintain consistent staff in each residence and restrict staff from working at other residences while young people are isolating. Services are obligated to maintain recruitment strategies as part of business continuity planning.
- Staff should use a P2/N95 respirator*, gloves, gown and eye protection when caring for young people who are confirmed to have COVID-19.
- Staff should reinforce 4.7 Hygiene and personal [protective equipment \(PPE\) practices](#) before and after providing care.
- Install visible **Error! Reference source not found.** at entries and throughout the residence. Signage should remind anyone who is unwell not to enter the residence and outline how to prevent transmission.
- Review all food preparation/distribution, handling of crockery/cutlery, handling of linen/laundry and use appropriate infection control cleaning and disposal of waste practices to minimise the risk of infection transmission.
- The [CDNA](#) provide further guidance on outbreak management planning, isolation and zoning within residential facilities.

5.3.1 Ongoing health and wellbeing support

Ensure that the support provided also responds to the emotional and social needs of the young people who are isolating. It is critical that young people can stay connected to significant people in their lives through, for example, regular virtual check-ins via video calls with family, friends and their care team including Child Safety Officers etc.

If this occurs during educational terms and vocational study periods, ensure there is contact and engagement with their school, their teachers and friends. Care planning with the young person, which considers all their health and well-being needs, is critical.

Qualified nurses are available 24 hours a day by calling [13 HEALTH \(13 43 25 84\)](#). If [immediate medical care](#) is required, call Triple Zero (000) and ask for an ambulance.

5.3.2 Non-cooperation with isolation measures

If a young person is suspected to have COVID-19 but is unable to cooperate with isolation rules, staff should:

- in the first instance, rely on the relationship between the worker and young person and support them to isolate because of the public health order.
- seek support from the young person's safety and support network
- for young people with a Positive Behaviour Support Plan, utilise strategies outlined, where relevant. The plan contains actions to strengthen positive behaviours and reduce behaviours of concern.
- contact the National Coronavirus Health Information line on 1800 020 080. The Information line will provide instructions and process based on the information provided.
- inform the young person's DCYJMA Child Support Officer if they are suspected or confirmed to have COVID-19 and refuse to self-isolate.

If non-compliance with isolation is posing a risk to other young people or staff, the decision might be made, with advice from DCYJMA, to move the young person. Police also have the authority to respond to those not abiding by the self-isolation rules and who pose a risk to public health, however they should only be called upon to act in such cases as a last resort. It is important to remember resistance may also be based on fear.

5.4 Service continuity and responding to workforce shortages

During COVID-19 incidents or outbreaks, residential non-family based care services should follow their existing Business Continuity Plan and focus on essential service delivery.

- **Prioritising essential services** is critical to keep delivering essential services that support those most in need. Where required, redirect resources from non-essential services to support the continuity of essential services. Under the [Social, Community, Home Care and Disability Services \(SCHADS\) Industry Award 2010](#) and the [Work Health and Safety Act 2011](#), residential non-family based care services have a legal obligation to consult with their staff regarding changes to care service delivery and related safety matters. Services must also discuss proposed changes to service delivery with their DCYJMA Contract Officer.
- **Essential services** refer to services that support people most in need and must be prioritised during COVID-19 stay-at-home orders. Direct delivery of residential care to young people is an essential service. Services must deliver care and support in line with Public Health Orders. Young people and staff must follow physical distancing requirements and any other necessary service modifications to ensure a safe environment for everyone.
- **Non-essential secondary services** should be delivered by alternative means during COVID-19 stay-at-home orders. Face-to-face delivery can resume under the easing of Public Health Orders.
- **Transporting young people to essential appointments** in a COVID-19 safe way requires services to consider the necessity of transporting young people and avoid non-essential transportation, where possible. Practices should facilitate physical distancing and may include using more than one car, when transporting young people, to allow for more space between passengers. Both the driver and the young person must wear masks and the young person should be seated at the back of the car. If possible, windows should be

lowered to increase airflow. 16 Conduct infection control cleaning and disinfection of the vehicle after use.

An ambulance should be called **ONLY** if a young person requires **emergency medical treatment**. If [immediate medical care](#) is required, call Triple Zero (000) and ask for an ambulance.

5.5 Leverage existing workforce

It is recommended staff who support a young person with a suspected or confirmed case of COVID-19 be fully vaccinated. Services must consider health vulnerabilities of staff and young people and ensure staff have access to appropriate PPE (including P2/95 respirators*) and training.

5.5.1 Individual Flexibility Agreements

Individual Flexibility Agreements (IFAs) ensure continuity of responsive, safe and industrially compliant residential non-family based care services for young people during COVID-19.

The IFA allows the service to roster staff for extended shifts of 12-hours or 24-hours in emergency situations – by agreement with employees – where ordinary hours of work and shift patterns covered in the SCHADS Award or Enterprise Agreement do not cover the types of health risks relating to COVID-19. Additional compensation and conditions are available for staff willing and able to provide non-family based care for young people under quarantine to ensure continuity of their care and support.

The IFA is a voluntary and temporary measure applied to:

- non-family based residential services; and
- their employees who deliver direct care and support to a young person who is directed to isolate while waiting testing results or upon being diagnosed with COVID-19.

The IFA has been prepared collaboratively by the Community Services Industry Alliance, PeakCare Queensland Inc., The Services Union, the Fair Work Commission and non-government organisations that provide residential non-family based care services. Services are encouraged to talk to staff about their willingness and suitability to enter into an IFA, as part of early business continuity planning.

Full details about the IFA, including associated conditions and procedures, are located on the [Community Services Industry Alliance](#) website.

DCYJMA is also to provide services with timely support and assistance in the event that an IFA is required or activated. A [centralised mailbox](#) available if and when services need:

- specific information regarding the IFA
- to provide DCYJMA with updates regarding IFAs entered into with staff
- to submit applications when an IFA is activated.

5.6 Alternative accommodation

Under Queensland Health directives, advice and information requirements for quarantine and / isolation will apply to the residence in which the young people live.

Alternative placements for young people should not be sought unless directed by Queensland Health and in consultation with DCYJMA.

6. Phase 2 recovery: transitioning

Residential non-family based care services should consult with DCYJMA during Phase 2. They should also continue to monitor young people and staff for symptoms and notify staff, families, GPs and any external service providers as required.

When returning to regular service delivery, services should review, reflect and refresh any preparation and monitoring practices, business continuity, outbreak management and communication plans, where required, and in line with health advice.

7. Additional considerations for specific cohorts of young people

7.1 Aboriginal and / or Torres Strait Islander young people

The continuation of culturally appropriate service delivery and responses for Aboriginal and / or Torres Strait Islander young people during COVID-19 is crucial.

Many Aboriginal and / or Torres Strait Islander families, particularly, but not exclusively, those in regional and remote communities, may be more vulnerable to getting sick, and being sicker, during the COVID-19 pandemic. During the 2009 swine flu outbreak, Aboriginal and / or Torres Strait Islander peoples made up one fifth of those hospitalised and 13% of those who died – even though they make up about 3% of Australia’s population.

Aboriginal and /or Torres Strait Islander young people are more likely to experience poorer health and health outcomes than their non-Indigenous counterparts. The drivers of these poorer outcomes include social disadvantage and the historical impacts of trauma and racism which have resulted in a disconnection from culture. Poorer health outcomes can result in Aboriginal and /or Torres Strait Islander young people being more vulnerable to contracting COVID-19.

All young people in care should have a Child Health Passport which records the assessments that have occurred and the health services that they require. The Passport should be followed, as much as possible, during the COVID-19 pandemic to ensure that young people’s health needs are met.

Where appropriate and available, Aboriginal and / or Torres Strait Islander Health Services can be utilised by case workers for obtaining health services for young people in care. Aboriginal and Torres Strait Islander Health Services provide a culturally safe environment and a model of healthcare which reflects a holistic view of health and wellbeing.

7.2 Young people with a disability

Young people living with physical or intellectual disabilities may require higher contact interaction with staff and adhering to 1.5 metre physical distancing may present challenges. Points to note include the following:

- Safety protocols, such as frequent and thorough hand washing, should be observed when supporting these young people
- Staff interacting with these young people may need to be limited to a small and dedicated number and these staff should avoid interacting with other young people in the residence, where possible, and should strictly adhere to infection control procedures.
- Staff should consider the use of PPE if a young person's care needs and / or unpredictable behaviour impacts the ability to maintain adequate physical distancing and the young person develops respiratory symptoms.
- Existing PPE strategies should continue to be used for young people who have spitting behaviours and additional PPE should be considered if the young person develops respiratory symptoms.

7.3 Young people with high behavioural needs

Some young people have high behavioural support needs. During uncertain times, these behaviours may be triggered more easily and / or escalate quicker. Staff can support these young people as follows:

- Staff should be aware of potential spikes and likely triggers. Refer back to each young person's Positive Behaviour Support Plan to manage the behaviour and re-direct the young person elsewhere.
- Staff should be trained in de-escalation techniques and strategies.
- Staff should be responsive to current known behaviours and be aware of new and potential behaviours. This requires updating the young person's Positive Behaviour Support Plan and Case Management Plan to document changes, as required.
- With young people spending more time indoors, tensions may be heightened. Staff may need to be more patient and understanding and, in turn, will likely need additional managerial support to respond appropriately to day to day behaviours.
- Staff should remain aware of young people whose risk of self-harm and suicidal behaviour may escalate. Supervision plans and targeted intervention should be actively considered and obtained.
- New staff should be thoroughly briefed on the behavioural history of, and the triggers for, the young person in their care.
- Out-of-hours response requirements should be considered to manage escalating needs.

Some young people with high needs are likely to abscond and may struggle to adhere to government advice on physical distancing.

If a young person who is well and has not been directed to self-isolate leaves the residence without a reasonable excuse, and/or breaches the [public health directions](#) staff do not need

to contact the police. Staff should engage with and educate the young person and support them to return to the residence.

8. Mental health, alcohol and other drugs considerations

8.1 Young people and mental health

8.1.1 Mental health impacts

People are susceptible to many different infectious diseases, including COVID-19. Worrying about diseases is a normal reaction, however, excessive worrying about infectious diseases can affect both physical and mental wellbeing, as well as exacerbate pre-existing mental health conditions. Carers of young people should discuss COVID-19 openly and honestly and in a way that they will understand. Updated and current information and resources from evidence informed sources can be accessed to support communication, inclusive of information in multiple languages, such as via [Australian Government](#) and [Queensland Government](#) resources.

Additionally, the [Queensland Department of Education](#) has developed a range of resources and information for parents, students, schools and services to support children and young people and to facilitate conversations.

Young people, including those in care, will likely have higher social needs at this time, may be experiencing 'FOMO' ('fear of missing out') and may feel disconnected and worried about the state of their friendships, their education and their academic performance. This may be exacerbated for young people in care, particularly those who are already struggling to deal with trauma, abuse and / or neglect and are disengaged from school, family or social networks. There are likely to be added concerns for young people planning their transition from care to adulthood, particularly given job losses already experienced by young people since the pandemic commenced.

Young people may experience a range of responses to the current circumstances, it is important to validate their experience and normalise feeling of stress and worry. Encourage regular exercise, good practices for communicating with others online and have conversations about how this is impacting them. Encourage young people to rely on trusted information sources rather than social media and support them to develop reasonable limits on time spent perusing COVID-19 content if this is contributing to increase distress.

8.1.2 Supporting young people to manage mental health

Young people tend to experience emotions intensely when there is uncertainty. Crisis situations may exacerbate the impact of predisposing anxiety, trauma, abuse and / or neglect and may trigger high-risk coping behaviours.

Young people in care are particularly vulnerable to the mental health impacts of COVID-19, which can result in increased mental health concerns and/or use of drugs and alcohol. See Appendix 6 for detailed Mental health mitigation strategies to support young people. Additional [Queensland Health resources](#) are available to support children and young people

in understanding COVID-19 and to support their mental health. This includes working closely with mental health service providers to support ongoing engagement of services.

8.2 Young People vulnerable to alcohol and drug use

Young people who use substances may be more vulnerable to the effects of viral infection because of potentially reduced immunity due to drug and alcohol use. They may also have other health or medical conditions that place them at a higher risk of severe disease if infected. People with lung disease have an increased risk of developing a serious illness. Smoking (including methamphetamine, crack cocaine, cigarettes or vapes) exacerbates existing breathing impairments and can increase the severity of COVID-19 infection.

When young people are known to use substances (legal or illegal especially regularly or at higher levels) including nicotine, cannabis, methamphetamine (the crystal form commonly called 'ice') and/or alcohol, staff should be mindful of the additional support they might require during the pandemic. In the COVID-19 climate, availability and access to a young person's drug of choice may be impacted and could lead to withdrawal, substitution of other substances and/or other behaviours related to obtaining drugs or distress or anxiety about not being able to obtain substances.

Services should make specific contingency plans to support young people to manage their substance use and seek specialist help where indicated. Consultation with youth alcohol and other drug services is encouraged. Dovetail, Queensland Health's statewide youth alcohol and other drug service provides clinical advice and support for workers and services who engage with young people affected by alcohol and other drugs – see www.dovetail.org.au.

8.2.1 Preventative care

Staff should consider contingency plans for situations such as:

- **Counselling / Support Groups** – The stress of the pandemic on all systems in society may place young people at greater risk for alcohol and or drug use. The following may help them to get through this stressful time:
 - Encourage young people to practice additional self-care.
 - Some young people may benefit from counselling, taking care to avoid unnecessary visits and exposures. Work to provide telemedicine or telephone options.
 - Provide recommendations for online teleconferencing platforms or web-based support groups.
- **Nicotine Treatments for Smokers** – Young people with smoking addictions should be encouraged to have a telehealth appointment with their GP to discuss nicotine replacement treatment (NRT) or other treatments to help minimise smoking and vaping. Under 18s will require a script for NRT.
- **Drug and Alcohol Withdrawal** – Where young people exhibit withdrawal symptoms, providers should be aware that this can be a very serious situation resulting in a medical emergency. Staff should understand the signs of withdrawal so that they can be confident in responding to the young person and to know when to call a GP and / or ambulance. In

instances where a young person is on a replacement drug therapy, such as buprenorphine or methadone, a plan should be developed in consultation with the local health network/ methadone clinic to ensure that this is continued. Consideration may be given to helping a young person to access 'take-away' supplies where safety storage arrangements are in place or COVID safe plans for the individual to attend the clinics in person.

8.2.2 Curative care

Members of staff should consider contingency plans for the following:

- Close Monitoring– Whilst screening for COVID-19 should be universal and not targeted to those with dependency issues, care and attention should be paid to this high-risk group. Some early symptoms of withdrawal and COVID-19 are similar. These include fever and muscle soreness. If symptoms include a persistent cough, that signals that it could be COVID-19. Services should set procedures for young people to alert staff if they are experiencing symptoms and access support services where required.
- Withdrawal – Due to the likelihood of interrupted supply or reduced access to drugs or alcohol as the world reacts to COVID-19, services should be prepared for young people to go through involuntary withdrawal, particularly those young people dependent on 'ice' (methamphetamines). Services should:
 - ensure the necessary medications, food and drinks that help detox are on hand. Protein-based and electrolyte drinks are particularly effective
 - speak with a medical provider, on the young person's behalf, about starting methadone or buprenorphine, where necessary
 - ensure that sufficient treatment capacity is available if people look for withdrawal support or substitute with prescribed medications as an alternative to using illicit drugs.

8.3 Staff and mental health

Responding to COVID-19 can take an emotional toll on staff, with increased spikes in behaviours, changing routines and potentially sick young people (and personal stressors).

8.3.1 Supporting staff to manage mental health

Staff are encouraged to:

- learn the symptoms of vicarious trauma, including physical (e.g. fatigue, illness) and mental (e.g. fear, withdrawal, guilt) symptoms
- take breaks from watching, reading or listening to news stories, including social media. Hearing about the pandemic repeatedly can be upsetting
- ask for help if feeling overwhelmed or concerned that COVID-19 is affecting the ability to help young people
- take care of basic needs and employ helpful coping strategies
- ensure rest and respite during work or between shifts

- eat sufficient and healthy food and engage in physical activity
- stay connected with friends and family through digital methods, where possible.

Services should take the following steps to support the mental health and wellbeing of staff as they navigate higher than usual levels of tension:

- Rotate workers from high-stress to lower-stress functions.
- Partner inexperienced workers with more experienced colleagues. A buddy system helps to provide support, monitor stress and reinforce safety procedures.
- Initiate, encourage and monitor work breaks.
- Consider providing a weekly reflective practice session with a therapeutic specialist to support staff.
- Ensure a therapeutic specialist is made available to staff, as required.

8.3.2 Where to find additional support

The [Australian Government Department of Health](#) has developed the [Head to Health website](#), which provides:

- links to mental health online and phone support
- resources and services that can help if experiencing mental health concerns or trying to support someone else include the [Queensland Government website and mental health access line](#) can also be of use.

There are also a number of support lines available:

- [National Coronavirus Helpline](#): Call 1800 020 080
- [Lifeline](#): Call 13 11 14 or Text 0477 13 11 14 or [chat online](#)
- [Beyond Blue](#): Call 1300 22 4636
- [Kids Helpline](#): Call 1800 551 800 or [chat online](#)
- [Headspace](#): Call 1800 650 890
- [Mental health access line \(QLD only\)](#): Call 1300 MH CALL (1300 64 2255).

Appendix

Appendix 1. Service-wide risk mitigation strategies

Services need to plan for higher demand and aim to minimise transmission of infection to **unaffected young people and staff**. The following information provides several adaptations to service delivery that services are encouraged to make:

Scale down non-essential services

It may be necessary to scale down non-essential services to ensure essential services can continue to be delivered where there are confirmed, probable or suspected cases of COVID-19.

Under the [Social, Community, Home Care and Disability Services \(SCHADS\) Industry Award 2010](#) and Workplace Health and Safety legislation, services have a legal obligation to consult with their workforce on the introduction of changes to service delivery and related safety matters. This includes consultation with workforce representatives.

If these changes impact on contractual obligations, services should contact their DCYJMA Contract Officer.

Identify partners

Identify points of contact at the local [Public Health Unit](#) and nearby healthcare facilities and establish ongoing communication with them.

Identify points of contact with the local police stations and district to exchange information and advice and work together locally in case behaviours escalate to the point of needing police intervention. This could include serious criminal behaviours or is missing from the residence and police involvement is required (also refer to [Reporting missing children: Guidelines for approved carers and care services](#)), or if a young person is engaging in behaviour in the community in breach of COVID-19 public health guidance and staff are not able to deal with such conduct. Other resources available include:

- [Joint Agency Protocol for reducing preventable police call-outs to residential care services](#)
- The [Incident management for residential care services guidelines](#)
- The [Incident reporting guide for residential care services](#)
- Policies, procedures and other resources in the [Child Safety Practice Manual](#).

Develop symptom alert process

Plan how the young people will isolate, if feasible or as best as possible within the accommodation. Eg single room, private bathroom, same staff member, PPE.

Also plan for how close contacts (household or household like contacts) should quarantine as per the public health direction.

Put processes in place for young people and staff to immediately inform management and DCYJMA if they have a fever or respiratory symptoms consistent with COVID-19. For example:

- ensure key contact details are circulated, subject to consent
- consider if there is capacity to provide young people with mobile phones and appropriate credit facilities
- ensure the young person's health information is up to date and accessible, including details of the relevant health provider.

Visits and family contact

For up to date advice for parents and family of young people during COVID-19, refer to [DCYJMA's dedicated webpage](#) which provides updates regarding COVID-19 and other key messages.

Family relationships are important for young people and their families. In line with health advice and restrictions, alternatives to face-to-face contact may be considered to maintain family relationships including:

- video conferencing (e.g, via Zoom, Skype)
- telephone calls
- messages (email or text)
- letters.

The same options might be used, where possible, for clinicians, counsellors and / or National Disability Insurance Scheme (NDIS) services. Where face-to-face contact is continued, vaccination against COVID-19, physical distancing, safe hygiene practices and outdoor meeting settings should be carefully considered. Visitors to services will need to check in using the [Check in Queensland app](#).

Develop communication plans

Use posters to ensure staff and young people are familiar with the symptoms of COVID-19.

Place signage in locations where they are visible to all young people, staff and visitors.

Place posters in bathrooms and at entrance points to encourage behaviours which prevent person-to-person transmission (e.g. physical distancing, covering coughs and washing hands)

Display posters / guidance showing proper hand washing techniques by all sinks.

Keep informed

Monitor the news and any special information, instructions and updates from [QLD Health and the Chief Health Officer](#) and the [Australian Government Department of Health](#).

Appendix 2. House focused risk mitigation strategies

The following physical distancing and safety precautions should be in place to limit the potential spread of infectious disease in the residence. Note, also refer to the other Appendices in these Guidelines including Appendix 4: Young person focused risk mitigation strategies which includes information on encouraging vaccination, implementing safe hygiene practices and staggering shower / bathroom access:

Control air flow

Ensure that shared spaces have good air flow, by means of an opened window or an air conditioner in individual spaces.

Create checklists

Create and use checklists to ensure residences can organise and store the correct supplies to respond to outbreaks (Appendix 5. Supply checklist).

Increase availability of hygiene and other supplies

Ensure that all bathrooms are well stocked with soap, disposable paper towels and have guidance for hand washing and other hygiene practices. Provide liquid soap or hand sanitiser (60% alcohol minimum) at key locations in and around the residence (by entrance/exits, phone, computers, eating areas etc.). Note, for some young people with high risk behaviours it has been noted that alcohol-based sanitiser may not be appropriate. In such cases, note that the use of soap and water, accompanied by a thorough hand washing technique, is rated by health experts as more effective in disrupting the virus.

Provide access to tissues and plastic bags / lined rubbish bins for the proper disposal of used tissues.

Do a big food order to reduce the need for staff to go to the shops regularly.

Implement stringent cleaning procedures

As transmission can occur via contaminated surfaces, rigorous Conduct infection **control cleaning and disinfection** should be implemented in common areas.

Disinfect high touch surfaces at the beginning and end of every shift at a minimum e.g. doorknobs, phones, tablets, monitors, bench tops etc.

Rotas / Checklists could be used to record:

- Item cleaned
- Time and date
- Staff responsible

Services may need to consider supplying additional cleaning resources to support staff with the more stringent cleaning requirements.

Mealtime social distancing

Consider staggering:

- meal times to prevent shared eating practices
- the schedule for use of common / shared kitchen.

Appendix 3. Staff focused risk mitigation strategies

The following strategies should be considered by services to ensure both staff safety and availability:

Develop a business continuity plan in consultation with staff

A [business continuity plan](#) can help reduce the impacts of the pandemic on staff and young people. During the planning process, services should collaborate, share information, seek advice and review plans with stakeholders such as community leaders and the local [Public Health Unit](#) to help protect staff and young people.

A business continuity plan should be developed in accordance with consultation requirements contained in the [Social, Community, Home Care and Disability Services \(SCHADS\) Industry Award 2010](#) and/or the *Fair Work Act 2009* and Queensland legislative requirements, as well as the [Safe Work Australia](#) consultation requirements. This includes consultation with workforce representatives (i.e. the Australian Services Union) on broad staff continuity strategies.

In the event of need, and to ensure service continuity, each service is to enact their business continuity plan and follow the guidance and information outline in the plan and the various resources on the [DCYJMA](#) and [Queensland Health](#) and [Australian Government Department of Health](#) websites.

Services are required to access their own on-call arrangements for support and advice in the first instance. This includes matters and concerns which arise outside of business hours or during holiday periods. If this does not resolve the issue or the matter requires escalation, the Child Safety After Hours Service Centre (CSAHSC) can be contacted. If services contact CSAHSC and are placed on hold, it is best to leave a message with a return number for the phone call to be returned. If the CSAHSC cannot resolve the matter, it will contact the nominated DCYJMA regional contact for action.

[DCYJMA's dedicated website](#) relating to COVID-19 includes resources to support services with [business continuity planning](#) and managing behaviours and incidents. Services should refer to DCYJMA resources including:

- [Joint Agency Protocol for reducing preventable police call-outs to residential care services](#)
- The [Incident management for residential care services guidelines](#)
- The [Incident reporting guide for residential care services](#)
- Policies, procedures and other resources in the [Child Safety Practice Manual](#).

If services require additional support or experience service delivery or funding issues as a result of COVID-19, they should contact their DCYJMA Contract Officer in the first instance. Young people in care are encouraged to speak with their Child Safety Officer if they require additional support.

Prepare for staff absences

Staff (and volunteers) may need to stay home as a result of their own self-isolation or quarantine or the need to care for a sick family member and / or their child/ren in the event of school or caring facility shutdown. Mitigation actions might include:

- developing flexible attendance and sick leave policies
- extending working hours or scheduling additional shifts, within Award conditions
- identifying critical job functions and cross-training current employees.
- engaging with previous staff to see if they would return to cover COVID-19 staff absences
- hiring temporary employees to cover critical job functions
- Activating IFAs
- having a reserve list / pipeline if staff become sick and their shifts need to be covered
- ensuring ill staff stay home to prevent transmitting the infection to others
- providing special leave, where applicable.

Minimise staff rotations

Limit the number of staff rotating through the residence as a general mitigation measure.

Limit face-to-face interactions

Limit face-to-face interactions, wherever possible, to minimise interactions and the risk of spreading the virus:

- Designate private and confidential open spaces for interactions to minimise the risk in enclosed environments.
- Use physical barriers, such as a big table between staff and young people, to create distance.
- Use technology and apps to support communication between staff and young people.
- Plan staffing arrangements to minimise the number of staff who have face-to-face interactions with young people with respiratory symptoms, where possible.
- Mitigate the possibility of staff at high risk (i.e those who are older or have underlying health conditions) to be in close contact with young people experiencing symptoms.
- Require staff to wash their hands before and after every face-to-face interaction and ask young people to do the same.

Reduce staff congregation

Employ electronic communication for staff and consider interactions such as meetings to be conducted via video-conference, where possible (e.g. Skype, CISCO WebEx or Microsoft Teams).

Avoid the need for staff to use a central office space - staff should either work from home (admin. time) or the residence (rostered care time).

Train staff on infection control

Provide staff performing cleaning, laundry, and rubbish pick-up activities with education on how to recognise the symptoms of COVID-19 and instructions on what to do if they develop symptoms.

Require staff to complete appropriate infection control and PPE training.

Develop policies for worker protection and provide training to all cleaning staff, on site, prior to providing cleaning tasks.

Train staff on proper mask and glove use.

Advise staff on risk at home

As general risk mitigation strategies, staff should:

- use hygiene practices in their own homes
- be fully vaccinated against COVID-19 including booster when due.
- pay careful attention to any symptoms such as fever, cough, sore or scratchy throat or change in taste or smell
- try to isolate themselves from their family and not go to work if they start to feel these symptoms.
- if symptoms develop, leave work as soon as possible, get tested and isolate pending the test result..
- follow public health advice if they have been deemed a close contact or visited an exposure site during COVID-19 outbreaks in their community.

Appendix 4. Young person focused risk mitigation strategies

The following additional precautions should be considered by services for all young people and young people are encouraged to speak with their Child Safety Officer if additional support is required:

| |
|--|
| Primary Prevention: vaccination of children/young people |
| Actively promote and facilitate Error! Reference source not found. against COVID-19 with young people, staff, family and visitors to the residence. |
| Implement safe hygiene practices |
| <p>Encourage everyone in the residence to follow hygiene practices e.g. covering their cough or sneeze with a tissue or using their elbow if a tissue is unavailable and have rubbish bins available to dispose of tissues immediately, if possible.</p> <p>Provide young people with a cleaning pack so they feel empowered to clean their own room, if possible.</p> <p>Encourage young people to wash their hands regularly, with soap and water for at least 20 seconds (Appendix 2: Handwashing Technique), especially:</p> <ul style="list-style-type: none"> • upon entering and leaving the residence • after blowing their nose, coughing, or sneezing • after using the bathroom • before eating • before and after using cooking utensils e.g. cutlery. All tableware to go through the dishwasher, if available. <p>Safe hygiene practices should be included in the daily planner.</p> |
| Stagger shower / bathroom access |
| Create staggered access to shower and bathroom facilities to prevent young people using the facilities at the same time. |
| Employ physical distancing |
| <p>Encourage Error! Reference source not found. (noting this will not always be possible within the environment of a small house, and where young people do not comply e.g. if they forget). Discourage congregation in common areas.</p> <p>Use schedules for using common areas could be used, where helpful.</p> |

It is important to explain to young people and staff why certain people might need to be self-isolated from others to avoid stigmatising those who are affected.

Encourage young people to stay at home

Encourage young people to stay at home, in line with [public health directions](#), noting any relevant exemptions.

Where appropriate, allocate dedicated times for young people to leave the house (e.g. in the case of getting fresh air / exercise / personal space), under strict advice to:

- maintain 1.5 metre distance from all other people they encounter
- avoid touching their face
- avoid touching any high touch surfaces (e.g. press traffic light with elbow rather than hand)
- wash their hands immediately upon return
- wipe down any items they may have purchased / acquired.

Giving young people leeway (within the constraints of the [public health directions](#)) in maintaining their personal freedom may alleviate tension and prevent leaving the residence unnecessarily.

Transporting young people

If required to transport young people, transport fewer people per trip and ensure passengers have more space between one another.

Staff should be provided with relevant documentation (including digital IDs, where possible) which will identify them to police, demonstrating that they are essential.

Where there is a need to transport young people e.g. as part of their therapeutic plans, keep a list of emergency contacts in each vehicle's glove box as well as a copy of the [public health direction](#)

Appendix 5. Supply checklist

A critical component to infectious disease prevention is ensuring that residences and other facilities such as refuges have the necessary supplies in stock to maintain a disease-free environment. A checklist of items should be developed to mitigate risks and respond to outbreaks.

The table below provides a sample list of recommended supplies to keep available. This table can be used by services and includes tick boxes and space to include the number of each item required.

Young people with disabilities may need additional supplies, which should be added to the list accordingly.

| Category | Description |
|-------------------------------------|--|
| Personal protective equipment (PPE) | <ul style="list-style-type: none"> o Gloves o Surgical masks o P2/N95 masks o Eyewear protection (e.g. goggles) / face shield o Gowns o Aprons (where gowns are unavailable) |
| Cleaning supplies | <ul style="list-style-type: none"> o Large garbage bags o Small garbage bags o Other waste disposal supplies |
| Hand hygiene products | <ul style="list-style-type: none"> o Soap o Paper Towels o Hand sanitiser (alcohol containing) o Hand wipes o Tissues |
| Thermometers and | <ul style="list-style-type: none"> o Thermometers |

| | |
|--------------------|---|
| thermometer covers | <ul style="list-style-type: none">o Thermometer covers <p>Note: Approx. one thermometer for every 10 infected young people is adequate; clean between use per product instructions</p> |
| Health supplies | <ul style="list-style-type: none">o Adult and children anti-fever medications e.g. Panadolo First Aid Kito Resuscitation Face Shield with valveo Rapid Antigen Tests (as available) <p>Note: First aid kit may need to be customised to the house and the young people's needs</p> |
| Bags | <ul style="list-style-type: none">o Resealable zip-top plastic bags |

Appendix 6. Detailed Mental Health Mitigation Strategy

| Normalise the anxiety driven by the situation |
|--|
| <p>Help young people appreciate that healthy anxiety has a purpose: It alerts us to potential threats and helps us move toward safely, whilst ensuring they don't overestimate the dangers or underestimate their ability to protect themselves.</p> <p>Encourage young people to channel their discomfort into useful action, such as learning about and following health guidelines e.g. handwashing. Also encourage creative options e.g. making helpful signs for the residence.</p> <p>Allow young people to make decisions around supportive practices by providing them with opportunities to control their environment in a healthy and safe manner.</p> |
| Manage the anxiety of staff |
| <p>Young people look to adults for cues about how nervous or relaxed they should be when encountering something new and can often tell when adults are saying one thing and feeling another.</p> <p>Keep staff anxiety in check by providing staff with support and arm them with strategies to provide genuine reassurance to young people.</p> |
| Ensure regular contact to reassure |
| <p>Provide regular reassurance and alleviate concerns, where possible.</p> <p>For Supported Independent Living placements, conduct regular check ins e.g. regarding food access, internet/phone access and daily support plan needs.</p> <p>Facilitate young people asking for help if they are feeling overwhelmed.</p> |
| Communicate information about COVID-19 |
| <p>Provide clear and transparent information about a potential threat to help young people and staff to be able to manage their environment and feel better.</p> <p>Staff should encourage young people to obtain information from reliable and official sources rather than relying on rumours or unreliable sources as ambiguous information often increases anxiety. Clarify misinformation.</p> <p>Services could provide dedicated COVID-19 communications via:</p> <ul style="list-style-type: none">• videos sent out by leaders of the organisation |

- fact sheets or developmentally appropriate materials can support understanding of updated COVID-19 information, health directives and accommodation protocols
- stories for young people with intellectual disabilities to help provide context in an accessible way.

Young people who are feeling highly anxious about COVID-19 should be encouraged to take a break from seeking, or even accidentally encountering, information about the virus (including via television or social media).

Amplify positive messages

Find opportunities to amplify the voices, positive stories and positive images of local people who have experienced COVID-19 and have recovered. Honour care givers and healthcare workers supporting people affected with COVID-19 in the community. Acknowledge the roles they play to save lives.

Develop a safe culture around COVID-19

Explain to young people why people are isolated and develop a healthy culture to avoid stigmatising those who are affected.

Communicate to young people that they will receive support and not be judged or blamed if they are showing symptoms. This will also likely lower the chance of young people hiding symptoms.

Reject blame behaviour as young people might be sensitised to react.

Reinforce the message that this is about a community effort – we're working together to be responsible and it is not a punishment.

Acknowledge mixed messaging around schooling

Young people may be confused about perceived mixed messaging that COVID-19 has demanded – particularly where there are changing messages about attending school:

- Acknowledge that the public message has changed regarding attendance at school and is different in each state or location.
- Consider encouraging young people who would benefit from the structure of attending school to do so, in line with public health advice.
- Reiterate to young people the importance of education and help to facilitate them in accessing online learning or other appropriate learning options in partnership with their educational institution e.g. school.

Encourage compliance with government advice

Take time to explain to young people the:

- purpose of decisions made to reduce physical contact i.e. to reduce the transmission of COVID-19

- risks of COVID-19 to them and why they should enact self-preservation (i.e. risks for their age group and demographics, not just elderly people compromised).
- benefits of vaccination against COVID-19
- further restrictions that will be placed on them if they are unvaccinated or contract COVID-19 (self-isolation).

If beneficial, ask the local police to meet with the young people to sensitively explain any health or movement requirements and answer questions, to help them to understand what could happen if they do not comply with current government restrictions.

Note: The type of tactic employed will need to be adapted to suit each young person's circumstances and history.

Display posters around the house

Display posters around the house in locations suitable to maintain visibility while responding to the needs of young people.

Encourage young people to create their own posters that convey messaging relating to, for example:

- understanding symptoms of COVID-19
- encouraging behaviours that can prevent person-to-person transmission (e.g. cover your cough, wash your hands)
- effective hand washing technique
- promoting a positive community effort.

Create a list of community resources

Create a list of community resources that will be helpful during an outbreak. These might include emergency telephone numbers, websites and official social media accounts of each young person's school, doctor, public health authority, social service, community mental health centre and crisis hotlines (refer to section 8.3.2).

Develop weekly activity planners to maintain routine

Maintain familiar routines in daily life, as much as possible, especially if young people are self-isolating. Having stability, constant adult support and routines are key tools for leading a healthy lifestyle.

Use Activity Planners setting out the week's activities, including details for every day, to provide a sense of routine. Staff should ensure that appropriate resources are available to carry out these activities e.g. painting materials, particular board game, bikes). Activity planners could include time to engage with education and Involvement in planning meals. The input of young people into activity plans should be actively sought to improve feeling empowered and engaged.

Routine is particularly important for many young people with a disability – a highly regulated routine will help to regulate behaviour. The young person's routine should be carefully documented and considered as part of staff handover processes so routines continue despite staff changes.

Provide and encourage distractions

Encourage young people to engage in purposeful activities and recreations such as doing their homework or watching a favourite show, while shielding themselves from digital intrusions.

Check in with young people's educational institution e.g. school about online or distance learning opportunities.

Work with young people in understanding and providing 'fair' access to the following indoor and self-isolation friendly distractions:

- Books
- Board games / puzzles
- Play-Doh
- Video games (e.g. X-box, PlayStation)
- Television (e.g. Netflix Disney+)
- Phone credit
- Relaxation techniques / apps (e.g. Headspace)
- Social apps (e.g. WhatsApp, House Party – video-conference and other games)
- Online learning opportunities

Be mindful of where excessive social media use might have negative outcomes e.g. if family members who should not be communicating with young people or predators try to make contact and restrict, as necessary. Broaden the use of Wi-Fi hours to support activities which require it.

Encourage exercise

Exercise is a useful outlet for releasing tension and getting positive endorphins pumping. Exercise can include walking, running, high intensity interval training and cycling. To further encourage exercise, where possible, services could invest in:

- exercise apps (e.g. ASICS Studio – free during COVID-19 uncertainty)
- trampoline (if space)
- speakers (to play music, encourage dancing).

Encourage creative social interaction

Develop a plan / schedule to ensure regular contact is maintained. Where relevant and safe to do so, consider changes to organisational rules relating to access to IT equipment in the residence. This can support young people to communicate and conduct appointments electronically.

- Set up a social media group at the residence to provide a way for young people to keep connected, even if they are in self-isolation – organise online games and communicate updates etc.
- Set daily challenges for young people with a group of their friends / other young people living at the residence e.g. healthy habits, mindful practices and creative pursuits.
- Set dates and times for young people to watch the same TV show with someone else and to message their TV partner their thoughts along the way.
- Use technology to encourage young people to move and dance e.g. create house TikTok videos (for young people 13+years), group video calls and virtual dance parties etc.
- Play games / carry out activities as a house e.g. indoor scavenger hunt, hide and seek, choreograph a dance routine, musical chairs, arts and crafts.

Provide opportunities to help others

Research suggests that many young people feel better when they turn their attention to supporting others. Remind young people that following health recommendations is not only to protect themselves, but also helps to reduce the chance of carrying illness into their own communities.

Encourage generosity – giving to others in times of need not only helps the recipient, it also enhances the giver's wellbeing.

Provide young people with tasks (within safety protocols) to support the feeling of empowerment in supporting a safe and fulfilling environment.

Find positive ways to express feelings

Help young people find positive ways to express disturbing feelings such as fear and sadness:

- Engage in creative activities, such as painting or drawing, to facilitate this process.
- Hold discussions in a comfortable place and encourage young people to ask questions and help them to understand the situation.
- People feel relieved if they can express and communicate their feelings in a safe and supportive environment.