

COVID-19

COVID-19 Care in the Community: Disability providers

21 December 2021

The following information is based on the COVID-19 Care in the Community document – a framework for Public Health, DHBs, PHOs, Provider, Social and Wellbeing Organisations v1.7.

The COVID-19 Care in the community document is at <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-health-professionals/caring-people-covid-19-community>

The following principles are included in the document for all New Zealanders. These are especially important for disabled people who may already experience poor health outcomes:

- to ensure all of those in New Zealand have access to all related COVID-19 health and support services, at no cost
- to enact and embed our obligations to Te Tiriti o Waitangi
- to ensure that people who test positive for COVID-19 and their whānau are given the opportunity to recover in isolation at a location of choice, within the boundaries of safety to self and others
- to ensure equity of access and support to all
- to ensure integrated support pathway services are person and whānau-centred
- to ensure safe, high quality clinical and welfare care is flexible and tailored to the individual and whānau needs
- to embrace and build on the natural care and support relationships already in place for many people with their health and social networks
- that disabled people who experience COVID-19 are supported in a way that both minimises transition risk and supports them to become well as quickly as possible
- have strategies that are used to respond to COVID-19 provide the same levels of restriction to disabled people as to other members of the community
- look for opportunities to leave the individual and the whānau better off than before COVID-19.

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Where a disabled person is supported by a disability funded provider

Positive cases are first advised by the labs to the regional Public Health unit (PHU) and copied into the persons GP. Regional Care Coordination hubs are led by the DHBs who will undertake COVID-19 assessments and direct the response re clinical and welfare needs.

For disability providers, the person's provider will be advised of a positive result and will be supported by the PHU and hub to support that person, and any advice for close contacts. Providers can contact the local PHU in the first instance for advice. A link to the PHU contact details can be found at <https://www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/public-health-units>

Providers can always approach the Ministry COVID response team if additional help is needed.

[COVID IMT ResponseMgr@health.govt.nz](mailto:COVID_IMT_ResponseMgr@health.govt.nz) or COVID-19Response@health.govt.nz

Where a disabled person lives in the community and their unpaid/family carer contracts COVID-19

Positive cases are first advised by the labs to the regional Public Health unit and copied into the persons GP. Regional hubs are being identified and led by the DHBs who will then undertake assessments and direct the response re clinical and welfare needs.

Where this positive case is a carer of a disabled person, then the relevant Needs Assessment and Service Coordination organisation (NASC) may be required to find appropriate disability support for the disabled person. NASCs will have an on-call system in place. Your local NASC information can be found at <https://www.health.govt.nz/your-health/services-and-support/disability-services/getting-support-disability/needs-assessment-and-service-coordination-services>. The contracted provider will then contact the PHU to coordinate support.

Providers can contact the local PHU in the first instance for advice at <https://www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/public-health-units>

The provider can always approach the Ministry COVID response team if additional help is needed at [COVID IMT ResponseMgr@health.govt.nz](mailto:COVID_IMT_ResponseMgr@health.govt.nz) or COVID-19Response@health.govt.nz

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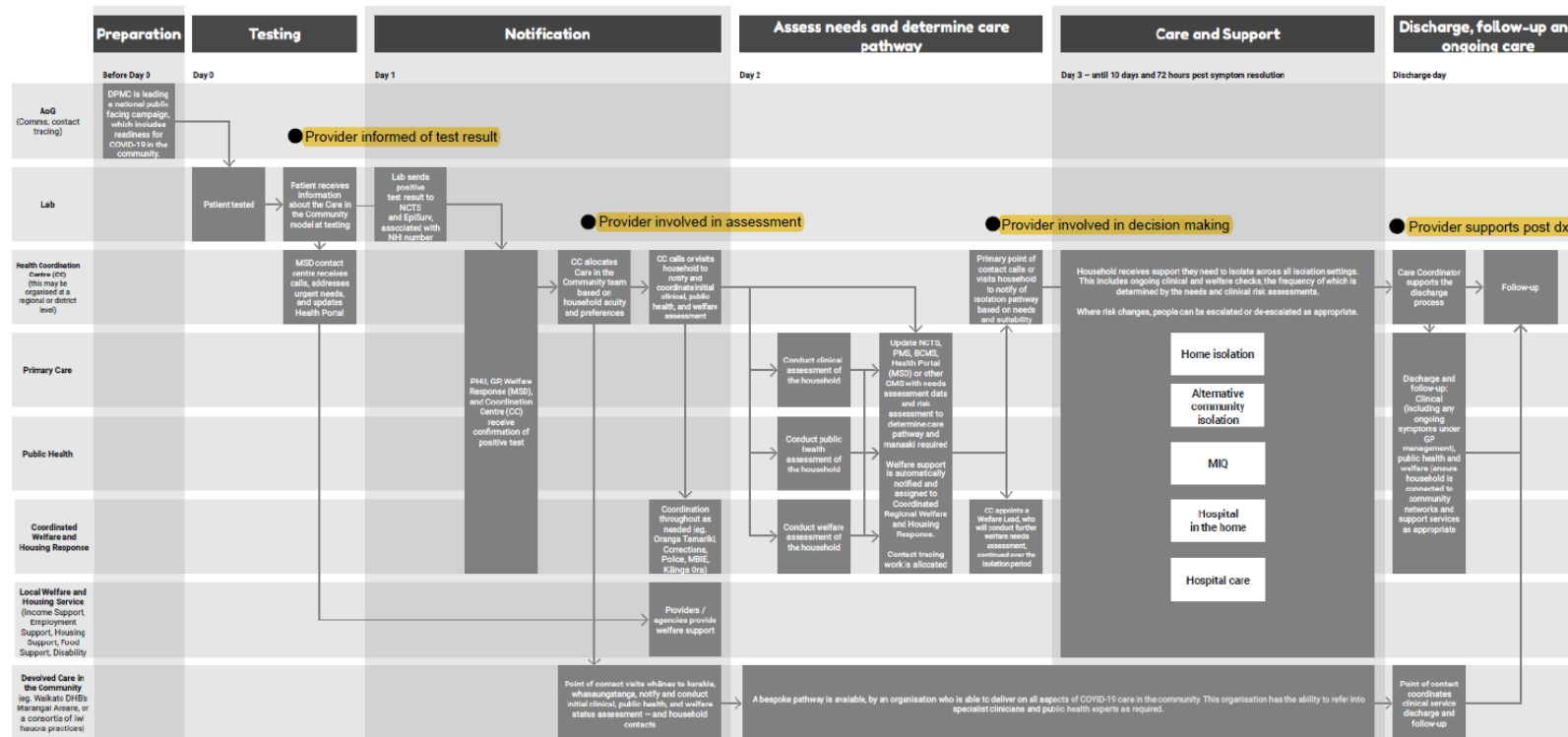
Covid-19 Care in the community

Disability providers will contribute to the options for the person they support (including supported decision making), advise on the disability support requirements and staffing availability during the testing, notification and assessment sections of the model for both the health and welfare services. See page 15 of the Care in the Community Model. The following details the process at a high level. More information can be found below.

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This is page 15 of the Care in the Community Model, with yellow highlight where a disability provider should/could be involved (particularly a residential provider).

How the Care in the Community model can be organised to address the experience of people and whānau



Model Stage	Relevant Section	Community Residential Provider	Other Disability Provider
Testing:	Patient receives information about COVID Care in the Community model at testing.	Community Residential provider supports this process if person is in service at the time	
Notification:	Care Coordination allocated Care in the Community based on household acuity and preferences.	Provider is included in the development of the plan to provide support in the community, to be considered by the MOoH	Notified to provide service or notified to stand down.
Assess needs and determine care pathway:	Primary point of contact call of visits household to notify of isolation pathway based on needs and suitability.	Community Residential provider is required to consider disability support needs and ability to safely isolate	Notified to provide service or notified to stand down.
Discharge, follow-up, and ongoing care:	Care Coordinator supports discharge process.	Community Residential provider supports this process.	May be involved

Residential provider guidance

Providers should have plans and operating procedures in the case of a COVID-19 positive case in a community residential support facility

Providers should have plans and operating procedures in the case of support staff and/or residents testing positive for COVID-19 in a community residential service.

Effective infection prevention and control (IPC) is essential for managing an outbreak and preventing onward transmission. All staff should be wearing appropriate PPE (based on Protection Framework guidance) in order to minimise the risk of being considered a Close Contact in the event a person supported tests positive. Actions taken in the first 24 hours are key to ensuring continuity of care for people and minimising any further transmission. Isolation will be required for both positive cases and individuals deemed to be close contacts. Additional Personal Protective Equipment (PPE) will be required. An overview of IPC can be found at <https://www.health.govt.nz/our-work/infection-prevention-and-control>

First 48 hours

Staff will already be isolating the person within the house, minimising interaction with others whilst waiting on test results. PHU will advise, based on circumstances surrounding the event if staff should continue to work as they are not close contacts. Additional PPE will be required to ensure staff remain safe while working in a COVID positive environment. The DHB should be able to help with fitting N-95 masks. Guidance around PPE can be found at <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-specific-audiences/covid-19-personal-protective-equipment-central-supply/covid-19-infection-prevention-and-control-recommendations-health-and-disability-care-workers>.

During this period, the provider and the PHU will engage to develop the plan for all those affected including any established supports in place.

The PHU will guide further precautions that need to be taken by a person, staff, and household members whilst suitable quarantine options are established. This could include measures such as the provision of additional PPE, isolation of all household members, no visitors, and security of the site.

The PHU or Regional Hub may make daily calls to check on a person's wellbeing, symptoms. They will require the recording from the assessment of the vital signs for the person. These should be recorded by the provider and staff must report any other issues that they are concerned about. You might want to get additional information about particular signs and symptoms to look out for such as lethargy, skin pigmentation tone and a wellbeing score.

Ensure that everyone in your organisation that needs to know you have a positive case is notified. This should also be reported to the Ministry as a critical incident.

Where a person will quarantine

It is the responsibility of the Medical Officer of Health (MOoH) to determine where a person will be best supported and quarantined if they test positive for COVID-19. They will do this taking in the specific needs of the person and the supports in place. Wherever possible disabled people will be supported in their existing home arrangement. The provider has a role in supporting the MOoH around the suitability of options. They are:

- home isolation
- alternative community isolation (e.g., another house you have available)
- MIQ (Managed Isolation and Quarantine) or Community Supported Isolation Quarantine (CSIQ)
- hospital in the home
- hospital admission.

More information can be found at <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/covid-19-self-isolation-managed-isolation-quarantine>

People staying in their own home or another dedicated home.

Decisions will be made based on how many people live in the home, size of home, number of bathrooms, ability to separate out the home to two or more spaces and health vulnerabilities of the household. It will also include consideration of the following:

- Assessment of the suitability of the proposed community supported isolation quarantine placement
- Consideration of any additional requirements such as temporary fencing or security. This cost should be met by the DHB, as an additional COVID cost.
- Laundry and waste management protocols.
- How to best meet the disability support needs of the individual including any environmental, physical, and sensory related needs.
- Consider additional staffing to reduce periods of active support with the person who is positive
- How to ensure the ongoing maintenance of staffing rosters and support.
- After a site being used to support a positive person, deep cleaning must occur. It is recommended that a certified company undertakes this work. Again, this an additional cost and should be incurred by the DHB. More information can be found at <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/advice-people-covid-19/how-safely-clean-your-home-after-covid-19-diagnosis>
- Ensuring any legal requirements are met such as those for individuals under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003.

Person transferring to quarantine facility managed by public health

As part of the risk assessment that the PHU carries out, may mean transferring the person to a quarantine facility if they cannot be suitably managed in their current environment. Consideration of whānau or existing staff members to support the person should be considered.

Contact types

The PHU will assist in identifying the contact types. Each contact type will result in specific testing and self-isolation regimes and these must be followed to minimise risks of further transmission.

Types of contacts can be found at <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/contact-tracing-covid-19#typesofcontacts>

Communications

Development of communication for people that you support, other household members, whānau and staff could be drafted in advance. Media interest should be a consideration.

More advice

Providers can contact the local PHU in the first instance for advice at <https://www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/public-health-units>

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