

COVID-19 Guidance for Shared Accommodation

Preventing the spread of COVID-19 and other respiratory infections in shared accommodation

Introduction

Shared accommodation is a facility or environment where people who are not family members reside in close proximity and share facilities such as bathrooms or eating areas. Examples of shared accommodation include:

- university dormitories and boarding schools;
- refuges and shelters;
- hostels; and
- supported accommodation where facilities are shared between residents.

This guidance does not apply to aged care facilities, for which there are separate national guidelines, or private residential share-houses which should follow standard ACT Health advice.

The information provided in this guide is intended to assist shared accommodation facilities to consider facility readiness and develop plans, and implement strategies to: prevent the introduction and spread of COVID-19; to identify persons with respiratory illness; and manage residents with suspected or confirmed COVID-19.

Shared accommodation poses many challenges due to the unique environment of close proximity living by non-family members, with shared bathroom, kitchen and communal facilities. Further challenges also include vulnerable populations, restrictions on client or resident movement, and volunteers in the workforce.

Shared accommodation facilities can seek further guidance from the Communicable Disease Control (CDC) Unit of the ACT Health Protection Service on (02) 5124 9213 during business hours.

NOTE: This guidance is based on currently available information and will be updated as the COVID-19 outbreak evolves. Please keep up to date with the latest information on the [ACT Health website](#) and [Australian Department of Health website](#).

Anticipatory planning for COVID-19

ACT Health recommends that shared accommodation facilities in the ACT develop plans for the prevention, identification and management of individual COVID-19 cases by doing the following:

- **Be prepared.** Appoint a pandemic planning officer or form a pandemic planning committee that includes representatives of all internal partners, which is authorised by facility leadership to finalise a COVID-19 response plan promptly and in coordination with any Government partners.
- **Be informed.** Keep up to date with reputable information for situational awareness and resources on the ACT Health and Australian Department of Health (DoH) website for **pandemic preparedness resources**.
- **Communicate.** Keep residents and staff informed. Describe what actions the facility is taking to protect them, including answering their questions and explaining what they can do to protect themselves and their residents. Provide educational resources in plain language and translated (if relevant). Translated resources are available on the ACT Health and DoH website.

Prior to community transmission in the ACT, facilities should focus on rapidly identifying potential cases. The [national guidelines](#) on managing COVID-19 outbreaks in a residential aged care facility may be useful for planning purposes.

Steps to prevent and manage COVID-19

1. Prevent the introduction of respiratory pathogens into the facility

- Facility signage:
 - Post signs at all entrances instructing visitors not to visit if they have symptoms of fever, cough, sore throat or shortness of breath. Visitors include essential visitors or health professionals. Signage is available at the [ACT Health website](#).
- Current residents:
 - Consider offering influenza vaccination at the facility.
- Employees and volunteers:
 - Provide educational material for staff and residents on hand and respiratory hygiene. Information can be provided through signs, written materials, and video presentations.
 - Ensure staff are familiar with the symptoms of COVID-19 which includes fever, cough, sore throat or shortness of breath and the [criteria for testing in the ACT](#).
 - Any person living or working in shared accommodation experiencing a fever, cough, sore throat or shortness of breath should be tested and follow the process outlined under *Rapid detection of persons with acute respiratory illness* below. This includes regular kitchen, cleaning and laundry staff.

- If staff are diagnosed with a COVID-19 infection, they must self-isolate at home until cleared for release by CDC. If the staff member tests negative, they can return to work when they have fully recovered.
- Inform staff to stay home if they feel unwell and remain at home until their symptoms resolve.
- Ensure sick leave policies allow staff to stay home if they have symptoms of a respiratory infection.
- New admissions and external clients:
 - Assess new admissions and external clients for any symptoms of respiratory infection upon admission to the facility and implement appropriate infection prevention practices for incoming symptomatic residents.
- Limit unnecessary visitors into the facility:
 - Inform potential visitors that symptomatic persons will not be allowed to enter the facility. When possible, facilities should use their usual communication channels to inform potential visitors of these rules before they travel to the facility.
 - Ask persons upon arrival at the facility if they are experiencing symptoms of fever, sore throat, cough or shortness of breath. Exclude visitors who appear unwell or report symptoms.

2. Rapid detection of persons with acute respiratory illness

- Instruct residents to monitor for and report symptoms of fever, cough, sore throat or shortness of breath to the appropriate personnel at the first signs of illness.
- Display signs instructing residents and visitors to notify staff if they have fever or respiratory symptoms.
- If appropriate for the setting, provide regular welfare checks to residents to help identify the first signs of illness.
- Temperature screening of staff, residents or visitors is not currently recommended as a method for screening for COVID-19 infection.
- To determine whether an unwell resident meets the definition of a suspected COVID-19 case, review the criteria published on the [ACT Health website](#). At present, residents in shared accommodation with symptoms of fever, cough, sore throat or shortness of breath should adhere to the following:
 - Symptomatic residents should be restricted to a single room with an ensuite facility. If this is not available call CDC.
 - If the unwell resident must leave the room e.g. for medically necessary assessment/procedures, ask them to wear a surgical mask (if tolerated).

- The unwell resident should phone their GP ahead of any visit, and let them know they have symptoms similar to COVID-19. They should not visit their GP without phoning ahead.
- If they can't see their GP, they can visit a Respiratory Assessment Clinic (RAC). Further information about getting tested including RAC locations and opening hours is available on the [ACT Health](#) website.
- If the unwell resident has serious symptoms, call triple zero (000) and let them know you are worried that the resident may have COVID-19.
- If private transport is not available, assist the resident with transport for assessment and testing. If the resident does not have access to private transport, use existing transport options available to the facility to transport the resident to their GP or a RAC, ensuring that the resident wears a surgical mask, avoids contact with other people (including other passengers, drivers and transport staff), cough/sneezes into their elbow and washes their hands before and after travel.
- If public transport is the only option available, the resident should follow the above hand and respiratory hygiene and social distancing advice. Please note that the Drive Through Respiratory Assessment Clinic at EPIC cannot be attended from public transport.
- If the person has been directed to quarantine already, due to close contact with a COVID-19 case or travel and they then develop symptoms, call CDC for advice regarding arranging testing.
- In some circumstances, it is better to keep families or other small close groups together, providing there are no individuals who are at increased risk from COVID-19. At risk groups are identified on the [DoH website](#). If there are social or psychological concerns about separating particular families or groups close to an unwell person, consider housing them together, even if they are not ill. This should be decided on a case-by-case basis in consultation with CDC.

3. Prevent the spread of respiratory pathogens

- Educate and encourage the following general, hand and respiratory hygiene practices by residents, visitors, and staff:
 - Liquid soap and water should be used if your hands are visibly dirty. Wash your hands with liquid soap and water, and wash for at least 20 to 30 seconds. Dry hands on paper towel. Do not share hand towels.
 - If your hands are not visibly soiled, you can clean your hands with an alcohol-based hand sanitiser that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
 - Wash your hands before and after handling food, eating, entering rooms and touching other peoples' possessions.
 - Wash your hands after using the toilet.
 - Avoid touching your eyes, nose and mouth.

- Avoid close contact with others and follow physical distancing measures.
 - Cough and sneeze into your elbow or directly into a tissue, throw the tissue into a lined bin, and wash your hands.
 - Avoid sharing towels, blankets and pillows with other people in your accommodation facility.
- Prominently display posters for hand and respiratory hygiene at all entrances, bathrooms and common areas. Signs and posters are available from the [ACT Health](#) and [DoH websites](#).
- Ensure appropriate hand cleansing materials, such as running water, soap, paper towels and waste baskets, or hand sanitiser are readily available throughout the facility, including:
 - intake areas;
 - visitor entries and exits;
 - visitation rooms and common areas;
 - staff-restricted areas;
 - bathrooms; and
 - food preparation and dining areas.
 - Alternatively, with the exception of bathrooms and food preparation areas, alcohol-based hand sanitisers may be used. Alcohol-based hand sanitiser can be accessed through ESA if supplies cannot be sourced through regular suppliers.
- Maintain enough supplies of hand soap and paper towels, alcohol-based hand sanitiser, tissues, general cleaners, disinfectant spray or wipes and personal protective equipment such as gloves and masks. If these stocks cannot be sourced, the contract relationship manager should be notified.
- Educate staff and residents about current physical distancing measures, including:
 - having a maximum of two people for indoor and outdoor public gatherings (these measures apply to resident's rooms¹ and common areas in university dormitories); and
 - there should be a density of no more than one person per four square metres of floor space. These measures apply to university dormitories.
- Regularly clean frequently touched surfaces in common areas (e.g. door handles and light switches), particularly communal kitchens.
- Cutlery, dishes, utensils, and drinking glasses must not be shared and should be cleaned thoroughly with detergent and hot water, or in the dishwasher, after use.
- If the weather allows, make sure shared spaces have good airflow by opening a window or using air conditioning.

¹ Residents can have two visitors in their room but must comply with a density of no more than one person per four square metres of floor space.

4. Management and isolation of suspected or confirmed cases

- People with suspected (i.e. undergoing testing) or diagnosed COVID-19 infection require isolation. If the person has somewhere that they can stay while they isolate without sharing facilities with others, this is the preferred option.
- A person can remain in shared accommodation to isolate, so long as the appropriate precautions are undertaken. Appropriate precautions include:
 - the person can care for themselves;
 - there is a separate bedroom and bathroom where they can recover without sharing an immediate space with others;
 - they can access food and other necessities;
 - they have access to hand washing stations and/or alcohol-based hand sanitisers and surgical masks;
 - staff have access to the recommended personal protective equipment (PPE) for infection control (e.g., gloves, facemask, cleaning agents, contaminated waste disposal); and
 - residents who are in isolation for COVID-19 should not have any contact with other residents. However, some families of close small groups may remain together for social or psychological reasons, on a case-by-case basis in consultation with CDC. This should only occur if there are no members of the group who [are at increased risk from COVID-19](#). The affected resident should still isolate themselves from the other members of the close small group where possible. If this is not possible, a quarantine period for people who remain in contact with the affected resident will be required. People who remain in contact with a confirmed case must be in quarantine at least 14 days following the release of the confirmed case from isolation.
- Suspected or confirmed cases should be isolated in self-contained rooms with their own bathroom. Ideally, they would also have access to their own balcony which is safe for them to use. If the balcony is within 2 metres of a neighbouring balcony, the resident should wear a mask when on the balcony.
- If a single room is not available, consider moving unaffected residents who are in single rooms into shared accommodation to free up single rooms.
- The affected resident should wear a surgical mask while transiting through common areas if they must leave their room.
- Meals and other goods may be delivered to the person's room and left outside the door. Do not have direct contact or enter the person's room. Use disposable items to minimise the risk of transmission where practicable.
- If appropriate to the setting, help with basic needs by making sure the person can adhere to instructions for medication and care, and provide support for getting meals, groceries, prescriptions, and other personal needs.

- The affected resident must remain isolated, do not allow visitors.
- New admissions should be considered on a case-by-case basis. CDC can be consulted for advice.
- Work with the staff and residents to minimise the movement of persons within the facility.
- Doors to any room or area housing people with suspected or confirmed COVID-19 infection should be kept closed except for entry or egress. Posters for display on doors of isolation rooms can be found on the ACT Health website [here](#) and [here](#).
- Residents with fever or respiratory symptoms who test negative for COVID-19, should continue to follow hand and respiratory hygiene, avoid contact with others and wear a surgical mask when in shared areas but do not need to continue to isolate in their room, unless they are already in quarantine as a close contact or returned traveller.
- CDC will be in contact with any resident who is a confirmed case. CDC will undertake contact tracing and determine who is a close contact. Close contacts will be contacted directly by CDC and provided with quarantine advice.
- A resident who is a confirmed case will need to remain isolated until CDC advise that it is safe for them come out of isolation.
- If appropriate for the setting, monitor the person's symptoms. If they are becoming more unwell and need to travel to seek medical care while in isolation, please contact CDC at ACT Health on (02) 5124 9213 during business hours or (02) 9962 4155 after hours.
- If they have difficulty breathing or are seriously unwell and it is an emergency, call triple zero (000) immediately. Alert the operator and ambulance staff to person's COVID-19 status.
- Further information on isolation for people who are suspected or confirmed cases can be found on the [ACT Health website](#). Appendix 2 provides guidance on how to reduce boredom and maintain mental health during isolation and quarantine.

5. Management of residents in quarantine

- People returning from overseas must quarantine themselves for 14 days from the date they arrived back in Australia. Close contacts of people who are confirmed to have COVID-19 must also be quarantined for 14 days after their last contact with the infectious person.
- Residents in quarantine should also have access to a single room with ensuite and ideally a balcony, if this is possible, or a single house or unit if they are a family or close group who are quarantining together. If this is not possible, please contact CDC.
- Residents in quarantine should wear a surgical mask while in common areas if they must leave their room.
- Meals and other goods may be delivered to the person's room or residence and left outside the door. Do not have direct contact or enter the person's room.
- If appropriate to the setting, help with basic needs by making sure the person can adhere to instructions for medication and care, and provide support for getting meals, groceries, prescriptions, and other personal needs.

- Residents in quarantine should monitor for symptoms of fever, cough, sore throat or shortness of breath. If they develop symptoms, please call CDC.
- Further information about quarantine, can be found on the [ACT Health website](#).

6. Food and kitchen staff

- Review the latest [Public Health Emergency Directions](#) to determine whether you can continue to serve food indoors or outdoors. If you are prohibited, residents will not be able to consume the food in shared eating areas/dining halls so consider providing takeaway food either pre-packaged or packaged as ordered for consumption. At present, refuges and shelters can serve food in shared eating areas but should implement physical distancing measures as far as is practicable.
- Kitchen staff should be advised to do the following:
 - Wash hands often with soap and water for at least 20 seconds. Cover mouth and nose when coughing and sneezing with a tissue, or cough into your elbow, dispose of the tissue into a bin and then wash your hands afterwards.
 - Ensure hand washing facilities are not obstructed and have enough paper towel and soap; these facilities should only be used for hand washing. Ensure gloves are changed regularly and wash hands between glove changes.
 - If staff are unwell, tell them to stay at home and to get tested if they meet the testing criteria. Have a plan in place to ensure you have enough staff to conduct the services you provide.
 - Ensure you have adequate stock maintenance.
 - Brief staff on additional processes and procedures, especially hand washing techniques each shift.
 - Undertake more frequent cleaning of all benches and surfaces, (benches, handles, fridge and cool room handles etc), dining areas and condiments such as sauce bottles, salt and pepper shakers, preferably after each dining service. Clean EFT machines regularly. One staff member should be dedicated to handle all transactions.
 - Self-service food stations, buffets and self-service utensil and plate arrangements should not be allowed. Food should be served from the buffet by the staff only, ensuring the residents remain at least 1.5m from the servery.
 - Stagger mealtimes.
 - Arrange dining areas to enhance physical distancing. In each occupied space, there should be a density of no more than one person per four square metres of floor space (where possible for refuges/shelters).
 - Ensure all surfaces in the dining area are cleaned after each session.
 - Place additional signage in key areas, including above the hand wash facility with correct procedures.

- Provide hand sanitiser at points of entry, clearly labelled for resident use only.

7. Housekeeping and cleaning

- Cleaning of the room of a person who is a confirmed COVID-19 case is not required during their isolation period. Consider providing the room with some basic cleaning products to enable them to maintain the room to the standard they require.
- If a cleaner is required to go into the room of a person who is a confirmed COVID-19 case in an emergency, they must wear the following personal protective equipment (PPE) – gown, gloves, mask and eye protection.
- Place waste bins in visible locations and empty regularly.
- Clean frequently touched surfaces in communal areas, such as doorknobs, door handles, light switches, handrails and telephones, including surfaces in cafeterias and bathrooms. Clean using detergent and water, followed by a household disinfectant or diluted bleach solution, or use a combination detergent/disinfectant product. Always clean and dry surfaces before applying bleach or disinfectant.
- Ensure that common rooms have adequate ventilation (e.g. open windows if practical).
- All cutlery, dishes and drinking glasses should be cleaned thoroughly after use with detergent and hot water, or in the dishwasher.
- Cleaning staff should avoid contaminating themselves with used linen, towels etc. Instruct cleaning staff to wash their hands with soap and water or an alcohol-based hand sanitiser immediately after handling all laundry.
- After a person who is a confirmed COVID-19 case has permanently vacated their room or no longer requires isolation cleaners should:
 - Use gloves and wear a disposable plastic apron when cleaning.
 - Clean all surfaces. This includes kitchen benches, tabletops, fridge door handle, doorknobs, bathroom fixtures, toilets, light switches, phones, remote controls, keyboards, tablets and bedside tables.
 - Clean using detergent and water, followed by a household disinfectant or diluted bleach solution, or use a combination detergent/disinfectant product. Always clean and dry surfaces before applying bleach or disinfectant.
 - Clean any surfaces that may have blood, body fluids and/or secretions or excretions on them using disposable kitchen towel as above, followed with a diluted bleach solution. A bleach-based disinfectant (1000 ppm) can be made by adding 25mls of bleach to 4 cups of cold water. Mix this disinfectant solution daily and dispose of what you do not use at the end of each day. If using bleach as disinfectant, apply to surface, leave for 10 minutes and then rinse with clean water.
 - Read the labels of cleaning products and follow recommendations on product labels. Labels contain instructions for safe and effective use of the cleaning products including precautions you should take when applying the product. Make sure the area is well ventilated. Wear disposable gloves and ideally a plastic apron when cleaning surfaces, clothing or bedding, dispose of the gloves and apron in the bin when finished and wash your hands.

- Place all used disposable gloves, gowns, face masks, and other contaminated items in a lined container with the plastic rubbish bag tied when full. Dispose of it with other general household waste. Wash your hands immediately after handling these items.

- Wash laundry thoroughly. Wash and dry with the warmest temperatures recommended on clothing labels. If possible, clothes and linen should be washed at or above 65 degrees Celsius for a 10-minute wash cycle. Alternatively, laundry sanitisers can be added to the detergent in a cooler wash. Follow directions on labels of laundry products. If possible, tumble dry.

8. Review health and mental health response

- Some facilities provide health care and/or mental health services ranging from full service on-site health care through to evaluation with referral to off-site providers.
- ACT Health recommends having plans in place for residents who regularly receive health services. If a resident is required to be isolated, consider alternative arrangements such as access to a mobile phone/video calls for the resident to receive their regular health services and to stay in touch with family and friends.
- Identify what health care and mental health resources are available and review and update provider contracts where appropriate, emergency medical protocols including transporting persons to a healthcare facility, notification of receiving facilities, and contact information for providers and pharmacies.

9. Continuity of operations

Anticipate and plan for staffing shortages:

- Expect that many employees will be ill (with illness other than COVID-19, and potentially with COVID-19) and will need to be absent from work until well or cleared by ACT Health (if they are a case of COVID-19).
- Establish working from home arrangements early if this is an option.

Anticipate and plan for shortages due to supply chains by pre-ordering essentials to maintain adequate reserves.

10. Facility readiness and response to community transmission of COVID-19

- If widespread community transmission of COVID-19 occurs in the ACT, facilities should follow their emergency management plan or system if they have one.
- If no such plan or system already exists, designate a team of staff members to assist in developing and implementing a site-specific plan to prevent further transmission of COVID-19 and to avoid major disruptions in services.



- The COVID-19 team should be made up of staff who are familiar with measures taken to limit exposure to and spread of influenza and other winter respiratory viruses. If staff are unfamiliar with infection control, they can contact infection control at CDC for advice.
- As more is learned about the current COVID-19 outbreak, regular announcements should be made to keep staff and residents in your facility informed, especially regarding changes in prevention measures.

APPENDIX 1: Social distancing measures to limit spread of COVID-19

Limiting the number of people who congregate and interact with one another within a facility and allowing more physical space between people can help to curb spread of COVID-19. Below are physical distancing measures to limit the spread of COVID-19 and other respiratory infections.

<p>Sleeping arrangements</p>	<ul style="list-style-type: none"> • In university dormitories, there should be a density of no more than one person per four square metres of floor space. • In refuges/shelters, where possible have a density of no more than one person per four square metres of floor space. If this is not possible, increase spacing so beds are at least 1.5 meters apart and arrange beds so that individuals lay head-to-toe (or toe-to-toe), or use neutral barriers (foot lockers, curtains) to create barriers between beds. • If space allows, put less residents within a dorm/unit. • Move residents with symptoms into separate rooms with closed doors and with an ensuite facility, or provide a separate bathroom if possible. • If a single room is not available, consider moving well residents who are in single rooms into shared accommodation to free up single rooms.
<p>Mealtimes</p>	<ul style="list-style-type: none"> • If the facility is not prohibited from serving food indoors or outdoors, stagger mealtimes to reduce crowding in shared eating facilities. • Arrange dining areas to enhance physical distancing. • In each occupied space, there should be a density of no more than one person per four square metres of floor space (where possible in refuges/shelters). • Clean surfaces after each session.
<p>Bathrooms & bathing</p>	<ul style="list-style-type: none"> • Create a staggered bathing schedule to reduce the amount of people using the facilities at the same time.
<p>Recreation/ common areas</p>	<ul style="list-style-type: none"> • In university dormitories, a maximum of two people applies to gatherings in common areas and there should be a density of no more than one person per four square metres of floor space. Residents can have two visitors in their room but must comply with a density of no more than one person per four square metres of floor space. • In other settings, avoid activities that require many residents to congregate at once and opt for smaller group activities, ensuring that physical distancing of 1.5 metres between residents is observed.



Transport	<ul style="list-style-type: none">• Transport less people per trip and ensure that passengers have more space between one another.
Communication	<ul style="list-style-type: none">• Reduce the amount of face-to-face interactions with residents for simple informational purposes.• Consider using the following methods of communication: bulletin boards, signs, posters, brochures, emails, phone, sliding information under resident's doors or mailbox.
Staff activities	<ul style="list-style-type: none">• Reduce unnecessary staff gatherings and hold essential meetings outside in the open air if possible, ensuring that there is 1.5 metres between staff members.• Where appropriate, opt for meetings via teleconference or videoconference instead of in-person meetings.

Appendix 2: Reducing boredom and maintaining mental health during isolation or quarantine for residents

- Read information about COVID-19 from reliable sources, such as the ACT Health website.
- Maintain a daily routine, as much as possible.
- Maintain a positive attitude. Think about how you've managed in other difficult situations and reassure yourself that you will cope with this situation as well. Home quarantine is only temporary.
- Stay in touch with family members and friends by phone, email or social media.
- Exercise regularly as it helps to reduce stress. Options include yoga, floor exercises, dancing, exercise DVDs or online videos, walking around the backyard, and use of a stationary exercise bike.
- If possible, arrange to study or work from home.
- Consider alternatives to technology or television to reduce boredom.
- Treat quarantine or isolation as an opportunity to do those things you enjoy and usually don't have time for, such as reading, drawing, and craft.
- For further information, visit the Head to Health [website](#).