

NOVEL CORONAVIRUS

COVID-19

WHAT YOU NEED TO KNOW

COVID-19 AND SUPPORTING PEOPLE WITH DISABILITIES

Many people with disability, families, carers and service providers are understandably very concerned about the outbreak of COVID-19. People with disability are more at risk of developing a serious infection, particularly those with high rates of comorbid health conditions. Rightly so, many are also worried about being able to access essential disability and medical services.

What you need to know about coronavirus (COVID-19)

COVID-19 is a highly infectious respiratory illness. Caused by a new virus known as SARS-CoV-2, it is easily spread from person to person and has diverse symptoms, ranging from extremely mild to serious, and in some cases requiring hospitalisation and intensive care.

What is COVID-19?

COVID-19 is the disease caused by a new coronavirus. It was first reported in December 2019 in Wuhan City, China. Coronaviruses are a large family of viruses that cause respiratory infections. These can range from the common cold to more serious diseases, including pneumonia.

Who is at risk?

According to the advice of the Australian Government, those most at risk include:

- People who have recently been overseas or a place of high risk (China, Iran, Italy and Korea)
- People who have recently been in contact with someone with a confirmed diagnosis of COVID-19.

People with increased vulnerability:

- Elderly people
- Those with disabilities
- Those in group living settings
- Babies and very young children
- Aboriginal and Torres Strait Islander People.

High needs support:

- Intellectual Disability
- Autism
- Acquired Brain Injury
- Cerebral Palsy
- Spinal Cord Injury.

Medically complex:

- Diabetes
- Spinal Cord Injury
- Tetraplegia
- Motor Neurone Disease (MND)
- Multiple Sclerosis (MS)
- Rheumatoid Arthritis
- Autoimmune Diseases.

How does coronavirus spread?

- Direct / close contact with an infectious person, even if they are not showing symptoms
- Through coughing and sneezing on others
- Touching contaminated objects and surfaces (door-knobs, tables, taps) and then touching the mouth and face.

Incubation period

The World Health Organisation (WHO) currently estimates that the incubation period ranges from 0 - 14 days, with many incubation periods being 5 - 6 days. Depending on the individual, symptoms can appear any time during this period.

Symptoms

Symptoms can range from a mild illness to more serious conditions, including pneumonia. Visit the [Online Symptom checker](#)

Common symptoms include:

- Fever
- Fatigue
- Sore throat
- Runny nose
- Sneezing
- Coughing (dry or wet)
- Vomiting
- Chills, aches and pains
- Diarrhea or abdominal pain
- Sore eyes / conjunctivitis
- Shortness of breath
- Acute respiratory infection.

If you, or someone in your care, have the symptoms mentioned above, and need to visit a doctor or hospital emergency department, **call before visiting**. Be sure to describe all symptoms and travel history, in addition to details of any disability and/or medication.

If you, or someone in your care has difficulty breathing, call triple zero (000) immediately. Tell the call handler and the paramedics on arrival about any disabilities, medication, recent travel history and any close contact with a person with confirmed COVID-19.

IMPORTANT CONTACTS AND ONGOING SUPPORT

Emergency – 000 | National Coronavirus Helpline – 1800 020 080 | Qld COVID-19 Hotline – 13HEALTH (13 43 25 84) Department of Health – 1800 020 103 | Community Recovery Hotline – 1800 173 349 | Health Direct – 1800 022 222 NDIS – 1800 800 110 or enquiries@ndis.org.au | QDN – 1300 363 783 | Carers Qld – 1800 242 636 | Beyond Blue – 1300 22 4636 Lifeline – 13 11 14 or 0477 13 11 14 (SMS) | Vision Australia – 1300 84 74 66 | Expression Australia – AUSLAN Coronavirus updates Assistance for Hard of Hearing – 131 450 or visit [National Relay Service Website](#) | [Translating and Interpreting Service](#)



MINIMISING RISK

Isolation / Self-Isolation

Based on current information from the Australian Government and the Australian Department of Health, a period of self-isolation (14 days) is required for the following individuals (even if they have no symptoms):

- Anyone returning from international or interstate travel
- Anyone who has been tested and is awaiting results
- Those with a negative test result (must continue isolating for the full 14 days).

Practice safe hygiene

- Wash your hands with soap and water for at least 20 seconds (especially before and after eating and going to the toilet)
- Use alcohol-based hand sanitiser often
- Practice safe hygiene and cleanliness (i.e.: bathing)
- Clean surfaces with disinfectant
- Assist people with disabilities or special needs with their hygiene.

Droplet and airborne precautions

- Cover your nose and mouth when sneezing or coughing with a tissue or your elbow
- Wear PPE equipment (mask).

Infection control

- Avoid meetings / gatherings
- Work from home (if possible)
- Practice social distancing
- Maintain a safe distance (1.5m)
- Avoid physical contact with others (touching, kissing, hugging, shaking hands)
- Adhere to the latest information and guidelines on visiting vulnerable groups of people, including residential care facilities, high-care hospitals and remote Aboriginal and Torres Strait Islander Communities.

OTHER IMPORTANT INFORMATION

Flu vaccinations

The vaccination will not protect you, or those you care for from coronavirus, but it is a great method of protection from influenza. It is important that we all take care of our health now, both for our own sake, for those under our care and to take pressure off our health system.

Groceries

It is advised to do what is necessary to ensure you, and those you care for have adequate supplies. It is recommended to have at least two weeks' worth of fresh and non-perishable food.

- Coles and Woolworths "Community Hour" for people with a disability / seniors 7-8am
- A Pensioner Concession Card, Commonwealth Seniors Health Card, Companion Card or Health Care Card is required.
- Emergency services and healthcare workers can shop during this hour Tuesday and Thursday (ID required)
- Both Woolworths and Coles has priority delivery of groceries
- For food and pharmaceutical deliveries contact the **Community Recovery Hotline 1800 173 349 or 13HEALTH (13 43 25 84)**
- To find out which charities are delivering in your area and the availability contact Foodbank www.foodbank.org.au

Medication / medical supplies

Whilst there are presently no medicine shortages, it is recommended to have one (1) months' supply of PBS medications available. Many pharmacies will deliver via: www.tonicapp.com.au

NDIS

Face to face meetings are being reduced, with telephone meetings offered as a safer alternative. The agency is encouraging participants to identify essential supports and to use their funding flexibility to meet critical needs. NDIS is also reaching out to "targeted higher risk participants" to ensure essential supports are being met.

SUPPORTING PEOPLE WITH DISABILITIES

Dr. Dinesh Palipana OAM, LLB, MD

The disability community have concerns about the effect of the novel coronavirus (COVID-19) on people with disabilities. There are several facets to these concerns.

Medically, certain conditions like high-level spinal cord injuries confer reduced respiratory capacity to a person. There are other conditions that can impact a person's immune system. Yet again, other people may be taking immunomodulatory medications for various reasons. Nonetheless, all these people can have a higher risk of complications from COVID-19.

There is also a cohort of individuals that may have specific social requirements that can adversely affect them psychologically in the event that they are isolated from familiar caregivers.

Logistically, some cohorts of people with disabilities are dependent on caregivers. At times, these caregivers provide 24-hour care in teams. In the event that a person with a disability or their care team are isolated, there are logistical implications. These range from infection control measures for handling a person with a disability to the availability of backup care teams. In the worst case scenario, local hospitals will be the last port of call for an isolated person dependent on care.

This set of circumstances create unique challenges in an already unprecedented situation. Therefore, it is important for state and federal government; and relevant stakeholders to have practical plans for managing people with disabilities. More importantly, it is important for people with disabilities and their caregivers to plan ahead during this interesting time for our nation. If you consider yourself to be high risk, this may mean considering early self-isolation with a group of caregivers and supplies until the situation unfolds more.

While conversations are taking place amongst relevant stakeholders, a concerted communication and outreach plan is necessary from high levels.

While there is no benefit in panic, planning ahead will ensure that it prevails as it always has.

COVID-19: THE FRONTLINE

Our valuable health workforce and community workers are continuing to work through this health crisis in a bid to keep us all safe and well looked after.

People with disability are a vulnerable group, and so far, the health sector appears to be under prepared for the volume of specialised care required.

Suggestions for increasing capacity in supporting people with disabilities:

- Provide a dedicated hotline, SMS contact number and/or email for people with disabilities
- Ensure all COVID-19 clinics are accessible and inclusive; and that people with disabilities and special needs receive equal treatment and are not discriminated against
- Ensure you have relevant accessibility equipment and facilities
- Those hard of hearing will be disadvantaged with the use of face masks, due to the loss of lip reading as a visual cue. It is suggested to use voice-to-text apps in this instance
- Draw on the support of a range of professionals, including: allied health, occupational therapists, physiotherapists and social workers
- Liaise with Aboriginal and Torres Strait Islander advocacy groups and communities to ensure that their needs are met. Visit [NACCHO: Aboriginal Health News Alerts](#)
- Ensure all information is shared in ways that are easy to understand and accessible for everyone, including children – with special consideration for the hard of hearing, those with low vision and people with English as a Second Language (ESL)
- Provide relevant information and access to support services in your local area
- Provide clinicians, patients, families and support workers priority access to personal protective equipment
- Call on disability support workers and specialised carers to fill the workforce gap (where possible)
- Ensure essential supports continue for people with a disability on specialised NDIS plans
- Any NDIS plan disruption needs to be clearly communicated, with options provided so individuals can continue receiving essential care.

For further information for clinicians, visit the [Novel Coronavirus \(COVID-19\) website](#) and [FAQs](#).



DISABILITY RIGHTS: EVEN MORE IMPORTANT NOW

Troy Hakala | Social Worker

Health Equity and Access Unit, Metro South Hospital & Health Service

The past decade has seen a growing focus on the human rights and healthcare needs of people with disability. Most recently, the [Disability Royal Commission](#) has heard about the serious healthcare challenges experienced by people with disability. These challenges become critical in our responses to the COVID-19 pandemic.

Access to healthcare

Telehealth is important at any time, but during a pandemic it helps avoid exposing vulnerable clients to infection. Our COVID-19 Testing Clinics must be fully accessible for people with disability. Access to life-saving intensive care must also be allocated equitably, consistently and with transparent decision-making criteria.

Involvement in care

At an organisational level, health services need to include people with disability and their needs within our COVID-19 response plans. More than ever, at an individual level, health workers need to work with people with disability and their carers to plan and make decisions about their care.

Person-centred care

Health care must make reasonable adjustments to accommodate the unique care needs of people with disability. In our COVID-19 responses it will mean considering the unique hospitalisation or home isolation needs of people with disability who may rely on others for care.

Inclusive health data

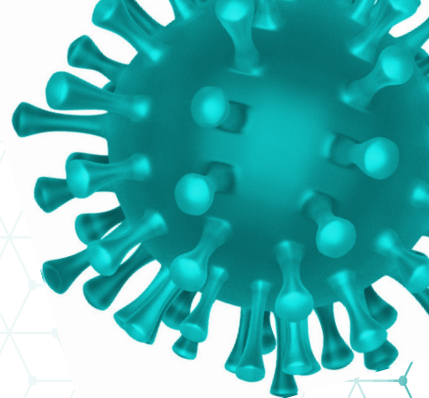
The health sector does not collect reliable data to measure healthcare access, patient experience or health outcomes for people with disability. This needs to be improved, but right now, we also need to collect Enhanced Surveillance data about the COVID-19 impact on people with disability.

Respectful and equitable care

As we address COVID-19 we must be aware of the broader context of discrimination and marginalisation experienced by people with disability. Discrimination complaints on the basis of impairment and disability are the most common complaints received by the Qld Human Rights Commission – and every other Australian jurisdiction except one. As COVID-19 stretches demand for health care resources, we must work harder than ever to ensure that people with disability are treated fairly, respectfully and equitably.

Care coordination and linkage

Health workers play an important role in linking people with the care that they need. We need to assist people with disability to access the disability, financial, community and health care supports that they need as COVID-19 affects them and their families.



The Hopkins Centre Research for Rehabilitation and Resilience

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