



Congregate living and large households

Safe isolation for cases and close contacts

This checklist has been developed to support congregate living facilities, where a group of people live together, and people living in large households to work through ways they may be able to safely manage COVID-19 positive people (cases) in isolation, while minimising the risk of COVID-19 transmission. This may be particularly useful in situations where cases are sharing accommodation with people who are at higher risk of becoming seriously ill from COVID-19.

This is a guideline only, and it is acknowledged that facilities and households will have varying capacity and capabilities to safely manage cases and may require additional support. In some instances, alternative accommodation may be required.

While this checklist provides guidance, Public Health and/or medical advice should always be followed where this is provided.

Ensure the case or close contact can isolate safely

Can the case or close contact:

1. Stay and sleep in a separate room?

- YES - Go to question 2
- NO - Can cases share a room with other cases? Can close contacts share with other close contacts?
 - YES - Go to question 2
 - NO - Go to question 6

2. Have their own bathroom?

- YES - Go to question 3
- NO - Can they use a shared bathroom safely? This means wearing a mask, physical distancing, minimising time spent in shared areas and cleaning shared surfaces often with detergent and disinfectant. **OR**
 - Can a bathroom be allocated for use by cases or close contacts only? **OR**
 - Can times be allocated for cases or close contacts to use the bathroom facilities?
 - YES - Go to question 3
 - NO - Go to question 6

3. Have their own kitchen or access to meal delivery?

YES - Go to question 4

NO - Can they use shared facilities safely? This means wearing a mask, physical distancing, minimising time spent in shared areas and cleaning and disinfecting all surfaces when finished. **OR**

- Can a kitchen be allocated for use by cases or close contacts only? **OR**

- Can times be allocated for cases or close contacts to use the kitchen (and be cleaned and disinfected after use)

YES - Go to question 4

NO - Go to question 6

4. Have access to other living areas while minimising contact with others?

YES - Continue to isolate in the facility/household. No escalation required.

NO - Can a separate living space (e.g. lounge room, outdoor space) be allocated for cases? If not, can times be allocated for the spaces to be used by either cases or close contacts (and cleaned and disinfected after use)?

YES - Continue to isolate in the facility/household. No escalation required.

NO - Go to question 5

5. Be adequately supported to continue isolating with existing resources?

YES - Continue to isolate in the facility/household. No escalation required.

NO - If support was provided, such as meal delivery, provision of internet/television/other activities in room, could the person continue to isolate safely?

YES - See “Escalation” below.

NO – Go to question 6



Consider other people living in the facility / household

Ensure questions 1-5 have been considered before moving to question 6.

6. Are there people living in the facility / household at higher risk of getting seriously ill from COVID-19*?

YES - See “Escalation” below

NO - Continue to isolate in the facility/household. No escalation required

* A person is at higher risk of getting seriously ill from COVID-19 if they are/have:

- Severe chronic diseases (e.g. heart failure, end stage kidney or liver disease)
- immunosuppressed (e.g. active cancer, organ transplant recipient)
- not vaccinated
- over 50 years of age (Aboriginal people) or over 65 years of age (non-Aboriginal)
- > 28 weeks pregnant (or >12 weeks if unvaccinated)
- very overweight (BMI >35)



Escalation

If a person cannot isolate safely **and** there are people at higher risk of getting seriously ill living in the facility or household, it may be necessary to find alternative accommodation for either the case, close contact, or the person who is at higher risk of becoming seriously ill.

The decision about who to move may need to be made on an individual basis and depend on available alternative arrangements. In some instances, it may be safer for the person to remain where they are if their current needs cannot be met in the alternative location. **Where Public Health and/or medical advice is that alternative accommodation is required for a case, close contact, or person who is at risk, it should be actioned as a priority.**

Criteria for escalation:

1. Support is required to safely isolate in the facility / household:

Requirements to isolate safely can be met if extra support is provided (existing resources have been exhausted)

Important considerations:

- What type of support could assist a person to continue to isolate where they are safely** (e.g. assistance with food or medication delivery, cleaning products, provision of in-room services/activities etc)?

2. Alternative accommodation is required

Requirements to isolate safely cannot be met **AND** people at higher risk of getting seriously ill are living in the facility or household.

Important considerations before arranging alternative accommodation:

- Does the person want to move to other accommodation?**
- Will the person be able to continue to access vital services** they may be receiving in the current facility/household, such as general care, primary health (telehealth), medical, psychosocial, cultural and other services?
- Have you exhausted all other options for alternative accommodation?**

You can seek advice about extra support and assistance with alternative accommodation arrangements by calling 13 COVID (13 268 43).



Continue to provide support for people in the facility/household

- Organise COVID testing for residents of the facility/household** as required (as symptoms develop or per testing protocols for close contacts). Help with registering RAT results if they are positive.
- Provide or arrange essential services** such as medication delivery, food delivery and waste management (if this cannot be managed in house, you may be able to receive assistance by phoning 13COVID – 13 268 43).
- Continue usual care if possible** (via phone, video link up, telehealth etc) for primary health, psychosocial and usual supports.
- Support residents of the facility/ household to register for the WA COVID Care at Home program.**
- Where possible, provide an outdoor space for cases or contacts** (or allocate times when an outdoor space can be used by cases or contacts) to allow people access to fresh air while isolating. Any surfaces (e.g. outdoor tables) should be cleaned with detergent and disinfectant after use.



Recovered cases

Any person who has recovered from COVID-19 does not need to be tested for COVID-19 **within the 4 weeks** after they have completed their isolation, unless a diagnosis will usefully inform their clinical management.

People who have recovered from COVID-19 will not need to complete any further mandatory isolation during the 4-week period after their release from isolation. However, anyone with symptoms should still stay home or keep away from others during this time, until their symptoms resolve to prevent spreading other infections.

For more guidance on testing and isolation for close contacts see

https://www.healthywa.wa.gov.au/Articles/A_E/Coronavirus/COVID19-close-contacts



Further guidance and information

This checklist should be used in conjunction with the general advice for managing COVID-19 and how to isolate safely in the following guidelines:

- [How do I quarantine/isolate safely?](#)
- [Guidance for the management of COVID-19 in the workplace](#)
- [I have COVID - what should I do?](#)
- [How long do I need to isolate for?](#)
- [Infection prevention and control advice on cleaning and disinfection in the workplace](#)

Last updated 20 July 2022 SHICC PHAB V3

This document can be made available in alternative formats on request for a person with disability.

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