

COVID-19 MANAGEMENT POLICY

Version 1.1

updated 3 August 2020

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1 COVID-19 Management Policy

1.1 Pandemic Management

Date of update	3 August 2020
Relevant legislative changes	N/A
Relevant NDIS Practice Standards	Core Module – Governance and Operational Management – Continuity of Supports
Reason for update	The current uncertainty of a potential second wave

1.2 Introduction

The safety of all participants and workers is our organisation's top priority. We have an obligation to respond to pandemics in a timely and effective manner.

Pandemics are high-risk situations that develop quickly. They have the potential to severely impact the health of workers and participants. As work within the disability sector often requires close contact between workers and participants, putting in place social distancing and social isolation measures may also impact our ability to provide services. Therefore, we will ensure that our response to a pandemic is:

- Pre-planned
- Risk-managed
- Flexible, and
- Person-centred.

1.3 Applicability

When

- Applies when:
 - Preparing the organisation for a pandemic
 - Undertaking any organisational activities during a pandemic.

Who

- Applies to all workers at every level of the organisation.



1.4 Definitions

Term	Description
Notifiable condition	A health condition that must be declared to applicable personnel under the provisions made by the <u>National Notifiable Disease Surveillance System</u> .
Pandemic	An outbreak of an infectious disease that affects a significant portion of the population across a large geographic area.
Social Distancing	A set of actions that are designed to increase distance between individuals in order to slow or prevent the spread of an infectious disease.
Social Isolation	The act of completely removing all interaction and contact with anyone outside of your household and remaining within the confines of your residence for a specific period of time.

1.5 Participant vulnerability

We understand that people with disability are more vulnerable to developing illness during a pandemic because they are more likely to:

- Have complex pre-existing conditions including multiple morbidities
- Have wounds
- Have a compromised immune system (e.g. Due to pre-existing conditions or medications)
- Require the use of medical equipment (e.g. Urinary catheters, tracheostomies).

We will manage risks for all our participants and take into account each participant's wishes, goals and situation.

1.6 Preparedness and planning

As an NDIS provider, it is our responsibility and obligation to meet the NDIS Code of Conduct and NDIS Practice Standards in regards to the supports and services we provide. During a pandemic there are a number of risks that may compromise these requirements and we therefore must adequately identify these risks and plan our response.

We acknowledge pandemics pose the following risks:

- *Health and safety risks:* if normal business operations put our participants and/or workers at an increased risk of contracting an infectious disease.
- *Operational risks:* if a pandemic situation creates an environment where we are no longer able to continue our usual operations (due to government restrictions, worker shortages etc.).
- *Environmental risks:* if a pandemic situation compromises the safety of our service environment.
- *Economic risks:* if our organisation and its workers experience financial difficulties due to limited or ceased operations.



- *Resource risks:* if we do not have sufficient resources (e.g. Human resources, PPE) to continue normal operations due to a pandemic situation.
- *Compliance risks:* if a disruption to normal operations due to a pandemic situation leads to non-compliance with NDIS rules and other relevant legislation.
- *Reputational risks:* if a lack of appropriate response to a pandemic situation impacts on the way in which our organisation is perceived in the wider community.

We will work to streamline the management of these risks by completing our organisational [risk register](#) and a [pandemic management plan](#). This will help ensure that, in the event of a pandemic, we have a planned and coordinated response. Our pandemic management plan will identify:

- All the key actions we need to take to prepare for a pandemic
- Our plan for ensuring business continuity
- The names, contact details and roles of people required to ensure business continuity
- Services/functions that are deemed essential
- Action plans for maintaining each essential service
- Skillsets required to perform essential services
- Facilities required to continue essential services
- Participants that are most at risk
- How we collaborate with providers and community organisations
- How we will activate our pandemic plan.

We will review our pandemic management plan annually (at a minimum) to ensure it is current.

1.7 Basic prevention measures during a pandemic

There are basic hygiene and cleaning measures that we take at all times. These are recorded in detail in our [infection control](#) and [waste management](#) policies. Some basic measures that we take include:

- Washing hands frequently and at relevant times
- Maintaining respiratory hygiene at all times
- Ensuring all areas are cleaned with appropriate tools and cleaning agents
- Managing all forms of waste in a safe and suitable way
- Wearing appropriate PPE when required.

During a pandemic we recognise that it is important to maintain a high level of hygiene and continue this when social distancing and/or isolation is required.



1.8 Social distancing

Social distancing involves restrictions on movement that may need to be enforced to prevent/slow the spread of an illness. To be effective, it must apply to all workers and participants.

Social distancing typically involves:

- Being at least 1.5 metres apart from others at all times
- Limiting unnecessary touching (e.g. Handshakes and hugging)
- If possible, limiting the number of workers on shift at one time
- Limiting face-to-face meetings where possible (i.e. Conducting most meetings over the phone instead)
- Limiting food handling and sharing
- Only going out for essential reasons such as:
 - Attending work/school
 - Purchasing food and medicine
 - Medical appointments
 - Personal emergencies
- Avoiding all non-essential national and international travel
- Avoiding mass gatherings
- Working/studying from home if practicable.

1.9 Isolation

We may need to have a worker or participant in isolation if they:

- Have been tested positive for a pandemic-level illness
- Are experiencing symptoms of a pandemic-level illness
- Have recently been in contact with someone that has tested positive for a pandemic-level illness
- Have recently travelled to a country experiencing a large-scale outbreak of a pandemic-level illness.

Home isolation typically means that the person being isolated must partake in relevant risk-minimisation measures, including:

- Limiting their movements to their home and garden/backyard
- Observing all appropriate hygiene measures
- Practicing social distancing (as outlined above) if there are other people present in the house
- Moving quickly through or avoiding common areas
- Wearing masks and other necessary PPE
- Using a separate bathroom, if available
- Using separate cutlery, linens and towels
- Avoiding food handling and sharing.



We will support workers in isolation by offering opportunities to work from home or making appropriate leave arrangements. In addition, we will provide workers with counselling and other resources as required.

Although necessary, isolation can be a stressful experience. Therefore, we will ensure that participants in isolation:

- Are still able to receive essential supports and services
- Are isolated in a comfortable, clean and well-ventilated environment
- Keep in touch with their support network via various telecommunication methods
- Learn about and discuss their experience
- Keep normal daily routines where possible (e.g. Eating, sleeping and exercise)
- Partake in home-based activities they enjoy.

1.10 Restrictive practices

Restrictive practices are used in the event that a participant responds to a situation with a behaviour of concern. These behaviours often stem from triggering factors such as a maladaptive environment, fear or in response to a real or perceived threat. In the event of a pandemic outbreak, these factors may be heightened, thus it is our responsibility to ensure we provide comprehensive and suitable support to inform the participant of what is occurring and why certain restrictions are in place. If a restrictive practice is utilised, we will follow all standard debriefing, reporting and legislative procedures outlined in the [restrictive practice policy](#).

Whilst home isolation for therapeutic reasons is not considered a restrictive practice, it is important that such requirements during these events are discussed with the participant and their support network. This applies to all participants, not only those that have restrictive practices incorporated in the positive behaviour support plan.

1.11 Incidents and complaints

We will address any complaints or incidents that arise during (or as a result of) a pandemic situation. Where possible, we will always follow the same procedures that are specified in relevant policies, processes and legislation. We will also make all reasonable attempts fast-track incident and complaint reports that arise as a result of a pandemic as reports of this nature are likely to be urgent and time-sensitive.



1.12 Privacy and confidentiality

We are committed to maintaining privacy and confidentiality in accordance with all relevant policies and legislation. Under usual circumstances, the participant can decide whether or not they reveal health information to us.

The only time when we will request information about a health condition is if it is a notifiable disease under the National Notifiable Disease Surveillance System. This may occur in the event of a pandemic. We will request this information in order to:

- Give the person the support they need
- Ensure the safety of all people within our organisation, including participants, workers and visitors
- Put risk-minimisation measures in place.

We do not tolerate bullying, harassment or discrimination for any reason. This includes bullying, harassment or discrimination on the basis of disclosed health information. Any such instance will be subject to disciplinary actions and addressed in accordance with our incident management policies/processes.

1.13 Communication strategies

As a pandemic situation is likely to develop very quickly, we understand the importance of consistent communication across the entire organisation. To do this, we will implement the following strategies as required:

- Utilise appropriate telecommunications (email, phone, online chat etc.) To:
 - Share important operational updates across the organisation
 - Make working from home arrangements
 - Conduct meetings and appointments
- Provide relevant information to participants in a format they are most likely to understand, this may include the use of communication aids such as:
 - Easy read documents
 - Choice boards
 - Communication apps
 - Alphabet boards.
- Record key events and decisions in a way that allows workers and participants to reference them in in the future.



2 COVID-19

2.1 COVID-19 specific definitions

The following definitions are Australian Government Department of Health guidelines on when workers should stop working and self-isolate. It is important that organisations consider the supports they provide (and the level of their participant's vulnerabilities) before they consider following the Department of Health's guidelines.

Term	Description
Casual contact	<p>This will include healthcare workers who have taken recommended infection control precautions, including the full use of PPE, while making close contact with someone with confirmed symptoms of COVID-19.</p> <p>Workers who fall under this category are allowed to continue working, but they should be advised to self-monitor and to self-isolate if they develop symptoms consistent with COVID-19.</p>
Close contact	<p>A form of contact with someone with confirmed symptoms that involves:</p> <ul style="list-style-type: none">• Consistently sharing a closed space (e.g. Living in the same household)• Face-to-face contact longer than 15 minutes• Direct contact with any bodily fluids• Spending two or more hours in the same room. <p>Individuals will need to self-isolate in the event of close contact with someone with confirmed symptoms of COVID-19.</p>

2.2 Outline

COVID-19 was declared a pandemic on 11 March 2020. It is highly contagious and can cause severe respiratory illness. While anyone can be infected, the elderly and those with pre-existing conditions are most vulnerable. Symptoms can include:

- Fever
- Cough
- Sore throat
- Fatigue, and
- Shortness of breath.



2.3 Workers suspected of having COVID-19 or have had known exposure to COVID-19

It's important that workers who experience any COVID-19-like symptoms, self-isolate and seek medical advice. If you need assistance, Healthdirect provides an [online symptom checker](#). You can also contact the National Coronavirus Helpline on 1800 020 080.

If a worker has recently returned from overseas, or is suspected of being in close contact with someone with COVID-19, that worker must self-isolate for 14 days.

2.4 Training

The Australian Government's Department of Health has released an [online training module](#) to assist support workers with understanding how to best navigate provision of care during this pandemic. The training covers infection prevention and control (IPC) for COVID-19, including:

- COVID-19 – what is it?
- Signs and symptoms
- Keeping safe – protecting participants and your workforce
- Myth busting

At the end of the course, the support worker should be able to:

- Understand the basics about the COVID-19 virus, including how it is spread
- Describe what you can do to protect participants and your workforce
- Know what to do if you develop symptoms.
- Know what to do if the person you are supporting develops symptoms.
- Tell the difference between myths and facts of COVID-19.

It is strongly advised that workers complete the online training, so as to improve the likelihood of acting correctly in the event of a COVID-19 outbreak.

The Department of Health has also created a webinar on [COVID-19 preparedness for In-home and the Community Aged Care](#) which is also useful to NDIS providers.

Additional information can be found on the [Australian Government Department of Health](#) as well as the [NDIS's COVID-19 website](#), both of which are updated regularly with new information and resources.



2.5 PPE

In the event a case of COVID-19 is suspected by a medical professional, PPE may be required in settings where:

- Supports being provided are essential to the participant's life, health or safety due to withdrawal or alteration of critical supports
- Guidelines for social distancing or isolation can't be maintained
- There are heightened risks to people with disability due to their vulnerabilities.

Further information can be found on [Department of Health](#).

In the event that support providers are unable to source PPE, a request for stock should be made to the National Medical Stockpile, with the request being sent to: Stockpile.Ops@health.gov.au.

Requesting parties will need to demonstrate:

- That they have been unable to source masks through the open market
- That existing stocks have been depleted
- Who will be using the resources
- How the stocks will be prioritised in order to minimise transmission to great effect
- How previous Stockpile stocks (if applicable) have been used effectively.

In the event of an outbreak of COVID-19 in a supported independent living setting, providers should contact the Department to request PPE from the Stockpile immediately.

2.6 Support provider responsibilities during the COVID-19 outbreak

It is important that support providers ensure their workers are up to date with the latest information on COVID-19 and that they know their responsibilities, including what to do if a participant is suspected of having COVID-19.

Support providers must ensure supports continue for the participants they support. In the event that this can no longer be accomplished (e.g. Worker shortages or inability to provide the care participants require), notify the NDIS Commission.

Support providers can help participants understand the NDIS's response to the COVID-19 outbreak with an [NDIS easy read](#) which is available in multiple languages.



2.7 Responsibilities of workers

When providing services during a pandemic, workers must:

- Stop harmful germs from entering the environment by complying with our infection control and waste management policies at all times
- Help participants understand how they can stop the spread of germs by using appropriate communication methods, such as the infection control easy read document
- Maintain person-centredness
- Communicate organisational changes and special provisions in a way that is most likely to be understood by each participant
- Ensure the service provision environment is safe
- Remove or mitigate any factors that make a service environment unsafe
- Incorporate all organisational and government recommendations into support provision including recommendations regarding:
 - Movement and travel restrictions
 - Social distancing
 - Additional hygiene measures
 - Isolation measures
- Report all complaints and incidents in accordance with relevant policies and legislation
- Ensure hand washing facilities are readily available at all times
- Ensure relevant PPE is available at all times
- Limit face-to-face contact with participants where possible
- Limit the touching of participants (and other workers) where possible
- Monitor their own health status and act accordingly
- Monitor the health status of participants and act accordingly
- Self-isolate, if required
- Consistently liaise with relevant workers and management personnel.

2.8 Responsibilities of key management personnel

When undertaking services during a pandemic key management personnel must:

- Coordinate pandemic preparedness and response
- Undertake managerial responsibilities specified in the pandemic management plan
- Make key decisions about ceasing/scaling back operations
- Communicate key decisions clearly and cohesively across the organisation
- Monitor Department of Health, the NDIS, as well as the website of other national/international bodies that govern disability services
- Implement state and federal recommendations and coordinate any lockdown measures.

