



# COVID-19 Emergency Plan

## NIGHTLIFE/ECLIPSE

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## Introduction

It's very important that Nightlife services continue and are protected against threats that can cause interruption to the way the business runs and the services it provides. The dynamic nature of the pandemic and advice from health authorities means that our emergency planning must be constantly reviewed. This a live document to be reviewed and updated while in use

The Business Continuity Plan identifies risks and makes sure that services keep going and are not interrupted to ensure the safety and wellbeing of our service users and employees.

The purpose of this plan is to:

- Provide service and business continuity
- Provide reassurance to service users and employees
- Protect more vulnerable participants from contracting Coronavirus
- To make sure that services continue without interruption and to ensure plans are in place for supports should a person's regular supports be required to test and quarantine.
- To let service users and employees know what we are doing to keep them safe and support them during the Pandemic

To protect service users and employees from contracting Coronavirus Nightlife will take steps to:

- Provide information to our Service User and employees that is based on government health guidelines
- Be as prepared as possible
- Identify all risks and put in place measures to stop more risks from happening
- Reduce the risk of serious illness and death
- Reduce the spread of the COVID-19 outbreak at our service as much as possible
- Keep services going to our service users without interruption for as long as possible
- Assist Service User to resume services as soon as possible

## Scope and application

This emergency plan covers all workers (employees, volunteers, agency workers), and people who utilise Nightlife as participants and family members, Committee members and stakeholders. The emergency plan relates Nightlife Disability Services 1/15 Corporate Drive Heatherton, VIC 3202

This emergency plan becomes active from the date it is authorised and is put into action when a known or suspected case of COVID-19 is informed to a member of Nightlife/Eclipse management.

## Objectives

Nightlife will take steps to:

- Provide timely and accurate information to our service users and employees
- Be as prepared as possible
- Identify all risks and put in place risk-management strategies
- Reduce the risk of serious illness and death
- Reduce the emergence/spread of a potential COVID-19 outbreak at our service
- Maintain continuity of Service User support for as long as possible
- Enable Service User support to resume as soon as possible



## Service Provider Profile

- Number of staff: 45 EFTS
- Number of Customers: 66
- Profile of participants: Primary disability: Physical. Complex Physical Care

## Reporting

Nightlife is required to notify the NDIS Commission of changes to the organisation and its services under sections 13 and 13A of the NDIS (Provider Registration and Practice Standards) Rules 2018. For the purposes of this plan the changes most likely to occur due to Covid19 are A change in the number and types of supports or services the provider is registered to provide, including the following:

- A major increase or decrease in the number of participants being provided with a support or service.
- A major increase or decrease in the number of workers providing a support or service
- An event that could seriously affect the provider's ability to comply with any of its conditions of registration
- A change that could change the access of a person with disability to the supports or services
- A negative change in the provider's financial ability to provide any of the supports or services
- A major change in the organisation or governance arrangements of the provider

In addition, Nightlife must comply with the NDIA Commissions training and reporting requirements for changes and events relating to Covid infections. Registered providers should use the [Notification of event form – COVID-19 \(Registered providers\)](#) to notify the NDIS Quality and Safeguards Commissioner of changes or events resulting from the COVID-19 pandemic.

## COVID-19 Business Continuity Planning

The COVID-19 Business Continuity Plan will be separated into four phases which describe the way the organisation is responding to the disaster and the steps being taken to reduce the risk and it will include the following headings:

1. Preparation and planning - this phase is when the organisation plans and prepares for dealing with the risks that can happen during a COVID Pandemic
2. Limiting opportunities for exposure and spread - this phase is about making plans to limit and reduce the spread of the Coronavirus COVID 19 to our service users and employees
3. Quarantine and enforced locked down - this phase is about the steps the organisation will take to support service users and employees when the Government directs all people in the community to stay at home for a period in order to keep themselves safe
4. **Response to a Covid infection – Emergency implementation plan.** This phase provides guidance of the steps required if a staff or a service user notifies of a Covid positive result.
5. Service recovery: This phase is when as per the direction of the Government, the organisation will take steps so that it can return to providing services under usual conditions. Any limits to the service that were put in place during the Pandemic to on the type of service or how often a service was provided will be gradually lifted in line with Government Health directives.

**A copy of the current COVID-19 Business Continuity Plan will be saved and stored in a file each Friday for as long as the plan is being used.**



## Phase 1 Preparation and planning

<b>Who is responsible?</b>	CEO Service Manager, Business Operations Team Leader
<b>Who is responsible for supporting implementation</b>	Service Delivery Coordinators HR & Quality Officer Rostering
<b>Key Activities</b>	<ul style="list-style-type: none"> <li>• Ensure that all stakeholders understand their roles and responsibilities in implementing the Emergency and Business Continuity Plan</li> <li>• The team will meet weekly to update the plan</li> <li>• The team will provide a weekly report to Donna Watmuff Chair of the board Q&amp;S subcommittee</li> <li>• The CEO and leadership team will provide updates on Tuesdays and Thursdays at scheduled operations stand-ups</li> <li>• Complete a full risk assessment to assist with risk reduction to service users, staff and to service viability</li> <li>• Develop Business Impact Plans to help develop strategies and goals that will help the organisation to recover</li> <li>• Keep up to date with government guidelines and ensure government directives are followed at all times</li> <li>• All members of the management team should review NDIS Quality &amp; Safeguards Commission Coronavirus Information For Providers <a href="https://www.ndiscommission.gov.au/resources/coronavirus-covid-19-information#out">https://www.ndiscommission.gov.au/resources/coronavirus-covid-19-information#out</a>, NDS and NDIA updates</li> <li>• Keep participants &amp; employees up to date with information that affects them</li> <li>• Planning for risks and reducing risks from occurring to service users and employees</li> <li>• Review Covid Safe Plan C:Nightlife Disability Services\Admin - Documents\COVID &amp; routinely send reminders in relation to for:             <ol style="list-style-type: none"> <li>1. Staff completion of infection control training Covid</li> <li>2. Inform all stakeholders about good hygiene practices</li> <li>3. Clean the office areas more often</li> <li>4. QR code sign in / sign out measures</li> </ol> </li> </ul>
<b>What are the risks</b>	<ul style="list-style-type: none"> <li>• The organisation is not able to provide support services</li> <li>• Not enough options available to keep services going</li> <li>• Service users (and families) and employees are unable to or are not willing to follow organisational advice that has been put in place to help keep them safe.</li> <li>• Government directives do not support Service Users properly</li> </ul>
<b>What documentation do we need?</b>	<ul style="list-style-type: none"> <li>• Up-to-date Service User support plans and emergency plans, contact details, medication lists, etc. (see attachments)</li> <li>• List of organisations that supply important goods such as medical and protective equipment such as gloves and masks</li> <li>• Business Continuity Action Plan (see end of document)</li> <li>• Updated records of vaccination status of service users and staff</li> <li>• Information for service users and staff on how we can support vaccination</li> </ul>

## PHASE ONE – Key Planning Considerations

### Participants and families

Priority: Identify which service users are at greater risk. The Service Manager and Service Delivery Coordinators will complete a list of participants who are at greater risk from the pandemic identifying people who have:



- complex health needs,
- high physical support needs,
- cognitive issues that may impact Covid safe practices or increase risk of infection;
- people who are experiencing mental health issues that may heighten anxiousness.
- people with a lack of informal supports
- service users who have no other support provider

The Service Delivery Team will focus the strategy on ensuring that the organisation gives support to those who are at greater risk first to if resources become strained.

### **Continuity of support**

Continuity of support means making sure that support services continue without interruption

- Make sure that service user profiles and care plans are clearly written and easy to understand
- Make sure that Nightlife has permission to share Client information if a brokerage agreement must be made to ensure services continue without interruption
- Understand when the organisation may not be able to provide services as per normal and what steps need to be taken to make sure that services don't become less frequent or become interrupted
- If the organisation is not able to provide services as frequently or if they become interrupted, a system will be put in place that identifies different levels of risk for service users
  - High Risk– medications catheter care, bowel care, other clinical supports
  - Medium Risk – personal care
  - Low Risk – domestic care and community participation
- Conduct a survey of service users to report on what other services they receive and what informal supports (partner, siblings, family, friends) that they have available

### **Communication and reassurance**

The CEO or delegated Covid Officer will gather up to date information to send to service users, staff and board. Information to include: Bulk communication to employees and service users, their families, carers, guardians, etc, by email, website and Facebook on a regular basis regarding important information about COVID-19 and the actions Nightlife is taking to prevent harm.

### **Our organisation**

Our Covid safe plan provides guidance on organisational planning and activities that will enable our back of house operations to maintain continuity. It identifies:

- protocols for working from home and rostering of staff enabling covid safe practices.
- Protocols for cleaning, hygiene and distancing requirements for service delivery staff attending the office
- Protocols for PPE availability, use and safe use of work vehicles
- Employees to complete the mandatory Covid 19 Infection control module

The CEO working with the Chair of the Q&S Committee will provide information to the Board and its ability to maintain continuity due to the pandemic.

Suppliers - Necessary supplies for provision of PPE in various sizes (Masks, Hand sanitiser, other PPE). Supplies are ordered monthly and the quantity is more than a month's supply to make sure there is enough to keep everyone safe. The Service Manager will make sure that supplies are available, and services are not disrupted.



## Phase 2 Limiting Opportunities for Exposure & Spread

<b>Who is responsible?</b>	<ul style="list-style-type: none"> <li>• CEO</li> <li>• Service Manager &amp; Business Operations Team Leader</li> </ul>
<b>Who is responsible for supporting implementation</b>	<ul style="list-style-type: none"> <li>• Service Delivery Coordinators,</li> <li>• HR &amp; Quality Officer</li> <li>• Rostering</li> </ul>
<b>This phase has commenced</b>	<ul style="list-style-type: none"> <li>• Increased local spread of the Coronavirus COVID-19</li> <li>• In line with Government directives</li> <li>• Industry best practice recommendations</li> <li>• When management is concerned that this will have an impact on services</li> </ul>
<b>Key activities</b>	<ul style="list-style-type: none"> <li>• Enact covid emergency plan if someone is identified as Covid positive <b>see phase 4</b></li> <li>• Making sure all stakeholders of the organisation carry out appropriate hygiene</li> <li>• Provide more education and communication to Service User and employees</li> <li>• Reducing exposure to the Coronavirus COVID 19 for key staff</li> <li>• cancelling public and community events reducing the exposure to the virus for vulnerable Service User</li> <li>• Following public health advice about self -isolation to reduce risk</li> <li>• Daily attestations and enactment of covid safe plan</li> </ul>
<b>What are the risks</b>	<ul style="list-style-type: none"> <li>• Service activities to prevent risk are put in place too late</li> <li>• Service users, families and employees are either unable to or unwilling to follow organisational guidance to keep them safe</li> <li>• Government directives do not meet the support needs of service users – or are conflicting</li> <li>• Due to the person’s disability, stressors and or changes in their routine there is a decline in physical or psychological wellbeing.</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• Operational plan</li> <li>• Up to date service user support plans emergency plans, contact details, medication lists, etc see attachments</li> <li>• critical supplies are ready and available</li> </ul>

### PHASE TWO – Key Planning Considerations

#### Service users & Families Reducing risk

Nightlife will implement a skeleton office structure during phase II & III. Other operational staff are to work from home.

- staff rosters altered so that staff work at limited sites to limit the spread of the Coronavirus COVID-19
- Review skills and availability of office-based staff to ensure service continuity of clients at high risk if service continuity is impacted.
- where risk to service user is high due to complex medical conditions to try and limit or group workforce to single user
- identify immunisation status of staff and service users to minimise risk of infection
- provide information and planning to service users who require assistance to access vaccination
- limit community support activities that limit the spread of infection to other people, for example: outings may take place only.
- **\*\*Note where Nightlife is the only support provider a needs assessment in regard to accessing essential services, shopping etc should be undertaken**
- where there is minimal contact with other people and all parties must follow the social distancing guidelines
- Follow Government Department of Health advice



Daily staff Attestation's should be recorded alongside casenote and to be complete by each staff member for each day/shift prior to commencing work. This will record the person's name, shift times, Yes / No for the following questions:

- ✓ Free of Coronavirus (COVID-19) Symptoms and
- ✓ Have, in the proceeding 14 days, not been in contact with a confirmed case (except in the course of their work duties whilst wearing the appropriate personal protective equipment); and
- ✓ Are not required to self-isolate or self-quarantine

### **Communication and reassurance service users and families**

- Provide information where possible in various languages, Easy Read, Plain English and diagrams to assist understanding COVID-19 and the hygiene measures they can take to protect themselves
- Provide regular updates from the organisation to all service users, families, carers and employees
- Provide information and support to assist with access to vaccination

### **Organisational Planning**

Our Covid safe plan provides guidance on organisational planning and activities that will enable our back of house operations to maintain continuity. It identifies:

- If it is very important that all staff take all steps to ensure their safety when visiting a service user including: hygiene, wearing personal protective equipment and cleaning surfaces regularly to reduce the risk spreading the Coronavirus and infection
- protocols for working from home and rostering of staff enabling covid safe practices.
- Protocols for cleaning, hygiene and distancing requirements for staff attending the office
- Protocols for PPE availability, use and safe use of work vehicles
- Employees to complete the mandatory Covid 19 Infection control module
- The CEO will seek expert advice on the financial impact of the outbreak from the finance subcommittee
- Staff are able to access their personal leave to quarantine or vaccinate
- Information on how to access government benefits for quarantine leave should be on hand for supervisors
- Review any policies and procedures that may support safety; and amend

The CEO working with the Chair of the Q&S Committee will provide information to the Board and its ability to maintain continuity due to the pandemic.

### **Communication and reassurance -staff**

- Provide regular updates from the organisation to all employees reinforcing Covid safe plan and up to date sector advice
- Ensure all staff undertake mandatory COVID 19 Infection Control training with a half hour reimbursement for time spent
- Microsoft Teams to be implemented to support office staff working from home
- Teams meeting 2 x per week with CEO and leadership team to update and coordinate efforts
- EAP updates on self-care to be emailed to staff at the discretion of service delivery coordinators
- Consideration of staff burn out and distress; to develop strategies to support and thank

Suppliers - Necessary supplies for provision of PPE in various sizes (Masks, Hand sanitiser, other PPE). Supplies are ordered on a monthly basis and the quantity is more than a month's supply to make sure there is enough to keep everyone safe. The Service Manager will make sure that supplies are available and services are not disrupted.



## PHASE THREE – Quarantine & Enforced Locked Down

<b>Who is responsible?</b>	<ul style="list-style-type: none"> <li>• CEO</li> <li>• Service Manager, Business Operations Team Leader</li> </ul>
<b>Who is responsible for supporting implementation</b>	<ul style="list-style-type: none"> <li>• Service Delivery Coordinators</li> <li>• HR &amp; Quality Officer</li> <li>• Rostering</li> </ul>
<b>This phase has commenced</b>	<ul style="list-style-type: none"> <li>• Government/public health directive for either local, state, national lockdown/quarantine which means the Government has directed that everyone in the community needs to stay at home as much as possible and only leave the house to go to work (if required) to go shopping, see the doctor and or collect medication.</li> <li>• When a COVID 19 infection happens within the service /or Office</li> <li>• When there has been a major spread of the virus within the community or community groups</li> <li>• When Service Users or employees choose to self-isolate to protect their health and safety</li> <li>• Increased local spread of the Coronavirus COVID-19 &amp; advice regarding Tier 1 or Tier 2 exposure</li> <li>• In line with Government directives and Industry best practice recommendations</li> <li>• When management have critical concerns re: impact on services</li> </ul>
<b>Key activities</b>	<ul style="list-style-type: none"> <li>• Reviewing all clients and classifications as high – low risk.</li> <li>• Contact all service users to discuss and update risk rating and emergency plans</li> <li>• all service users who are identified as medium to high risk must have a service emergency plan in place (see attachments)</li> <li>• Identify and monitor vaccination status</li> <li>• Rostering - Consider work / service user bubbles to limit the risk of infection</li> <li>• Issue worker permits</li> <li>• Provision of clear guidance to staff re: quarantine requirements for Tier 1 (test &amp; isolate 14 days) &amp; Tier 2 (isolate until negative test).</li> <li>• Liaise with service users who have other services; or family members that will support in the event of quarantining;</li> <li>• Assist families/Guardians and Carers when providing support service to service users in their care</li> <li>• Support sharing of care plans (with permission) to support continuity between other providers and contractors</li> <li>• Constant review information plan re: Covid response &amp; reporting</li> <li>• Reinforce messages to staff about Covid safe practices</li> </ul>
<b>What are the risks</b>	<p>Customers/Clients physical health and wellbeing at risk due to:</p> <ul style="list-style-type: none"> <li>o Lack of employees available or unfamiliar employees</li> <li>o Lack of specialist support/Complex health support</li> <li>o The Social impact of quarantine and isolation</li> </ul> <ul style="list-style-type: none"> <li>• Potential outbreak in a service users' home that they share with others</li> <li>• Lack of essential supplies to support service users</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• Operational plan</li> <li>• Up to date service user support plans emergency plans, contact details, medication lists, etc</li> <li>• Site emergency plan</li> <li>• Lockdown directives and protocols (Vic / Aus Gov)</li> <li>• critical supplies are ready and available and suppliers are able to meet short notice demand.</li> </ul>



## PHASE THREE – Key Planning Considerations

### Participants & Families Continuity of support

- Using list developed in Phase One service delivery coordinators will prioritise service users with the highest needs for whom supports must be provided to make sure they are safe and prevent risk
- The organisation will partner with other organisations to increase the availability of employees to provide services during this time to ensure continuity & minimise disruption.
- Assess needs to support service users to access vaccination support or other essential services
- Review availability and skills of senior staff to provide emergency supports as required
- Daily staff Attestation's should be recorded alongside case note and to be complete by each staff member for each day/shift prior to commencing work. This will record the person's name, shift times, Yes / No for the following questions:
  - ✓ Free of Coronavirus (COVID-19) Symptoms and
  - ✓ Have, in the proceeding 14 days, not been in contact with a confirmed case (except in the course of their work duties whilst wearing the appropriate personal protective equipment); and
  - ✓ Are not required to self-isolate or self-quarantine
- service users should follow Government health advice

### Communication and reassurance – Service Users

- Communication via website, Facebook and bulk email to service users will be the preferred method for communication about the lockdown/quarantine and guidelines to be followed. Text messages and phone calls will also be used were people have a clear preference to NOT receive information via email
- Distribute links to available government information on COVID including NDIA updates that may be helpful or necessary i.e. Information on access to PPE

### Organisational Planning

- CEO and Management Team to examine the work that needs to be done during this phase. It may be necessary for suitable Operational employees to do other tasks as needed
- CEO, Finance personnel and board consulted to monitor the impact on nightlife's finances and manage any drops in income due to the outbreak and quarantine
- Review any industrial relations requirements in terms of shifts, breaks, etc if employees who are well are required to take on additional shifts
- Review obligations in regard to mandatory reporting
- Identify strategies to support work force and service user access to vaccinations; maintain registers to ensure safety can be maximised
- Review emergency needs of service users who may be required to isolate; where nightlife is the sole provider ensure more workers are rostered on to provide additional supports as required while they self-isolate (eg. grocery/medication delivery)
- Prepare to follow Reduced Service Capacity scenario procedures if required

### Communication and reassurance of staff

- Support office employees that are working from home
- Use Microsoft Teams for internal communication, staff supervision and staff meetings of service delivery staff - Meetings will be facilitated with Zoom or Teams
- Have information ready in regard to permits, latest updates on restrictions and requirements



**External Visitors**

- operations staff will be in complete lockdown with no external visitors at their personal dwellings,
- staff should follow all health advice and report if they or any other people that live in the home develop symptoms of Covid-19
- office staff may be required to visit service users to provide essential services and will follow internal procedures and Government health advice
- Nightlife staff are unable to fulfil shifts in private residences with other agencies / persons visiting at the same time to reduce the risk of spread

**PHASE FOUR – EMERGENCY RESPONDING TO A COVID INFECTION**

<b>Actions</b>	<b>0-30 minutes</b>
<b>Internal escalation</b>	Escalate to senior management as required.
<b>Mandatory reporting</b>	<p><b>Contact the Disability Rapid Response Group <a href="mailto:DRRG@dhhs.vic.gov.au">DRRG@dhhs.vic.gov.au</a>.</b></p> <ul style="list-style-type: none"> <li>• The Disability Rapid Response Group aims to contain, control and end outbreaks as quickly and safely as possible to protect the health, safety and wellbeing of people with disability and staff</li> <li>• Call the Victorian Public Health Unit (PHU) at DHHS on <b>1300 651 160</b>. PHU will email a contact tracing spreadsheet.</li> </ul> <p><b>NDIS Quality and Safeguards Commission</b> - complete and submit the COVID-19 Notification of event form</p> <p><b>COVID Readiness and Response in the Department of Families, Fairness and Housing</b> by emailing <a href="mailto:RREMoutbreak@dffh.vic.gov.au">RREMoutbreak@dffh.vic.gov.au</a>. Inbox is monitored, seven days a week between 9am and 5pm.</p> <p><b>Coronavirus Hotline 1800 675 398</b>, staffed 24 hours, seven days.</p> <p>Service Manager or CEO to report any COS Participants that have tested positive, in close contact with someone that has tested positive, <a href="mailto:vic.cos@dss.gov.au">vic.cos@dss.gov.au</a></p> <p><b>Worksafe Notifiable Incident</b> to be submitted within 48 hours for any confirmed COVID-19 case associated with work setting</p> <p><b>Internal Health and Safety representative at the work premises</b></p>
<b>Enact <a href="#">COVID Safe plan</a></b>	<ul style="list-style-type: none"> <li>• Isolate positive COVID-19 case and close contacts. Review DHHS <a href="#">factsheet</a> for isolation</li> <li>• Consider equipment and support needs e.g. manual handling, medication, etc.</li> <li>• Staff with positive COVID-19 diagnosis and staff who are close contacts must isolate in their own homes.</li> </ul>
<b>Implement infection control measures</b>	<ul style="list-style-type: none"> <li>• Use Personal Protective Equipment (PPE) for all interactions with positive cases and their close contacts. PPE includes single use surgical masks, gloves, gowns and eye protection. Ensure that staff understand the risks involved when they don and doff PPE. Dispose of used PPE safely.</li> <li>• Reinforce the need to maintain standard precautions including hand hygiene, cough etiquette and staying 1.5m away from other people</li> <li>• Ensure warning signs are placed at the entrance to the home and outside rooms where people are isolating.</li> </ul>

	<ul style="list-style-type: none"> <li>Distribute Information resource on safe use PPE, donning, doffing &amp; disposal</li> </ul>
<b>Identify close contacts</b>	Begin identifying close contacts. Close contacts include anyone who has had 15 minutes of face-to-face contact or shared an enclosed space for two hours or more with the positive case in the period from 24 hours prior to the onset of their symptoms.
<b>Actions</b>	<b>30-60 minutes</b>
<b>Convene Management Team meeting</b>	<ul style="list-style-type: none"> <li>Roles should include responsibility for service management, human resources, OHS, communications, logistics and quality and safeguarding.</li> <li>Nominate key contact(s) for the internal DHHS DRRG lead</li> <li>Nominate key contact(s) for the site(s) affected. Depending on services to be delivered appoint a frontline team. Ensure that the most senior member of the frontline team is also part of the Management team.</li> </ul>
<b>Activate client emergency plan</b>	Revisit the risk rating and service emergency plan confirm with participant and supports. Communicate changes to plan to all office staff
<b>Document all preventative and response measures</b>	Maintain event logs to document any phone calls with DHHS, NDIS Commission, NDIA or other advisors, internal discussions, issues, phone calls, emails etc. Ensure that all measures already in place are also documented.
<b>Confirm screening protocols</b>	<ul style="list-style-type: none"> <li>Limit visitors, Ensure that only essential staff have contact with the positive COVID-19 case. Maintain visitor log so have names and contact details along with dates and times</li> </ul>
<b>Complete external notifications</b>	<ul style="list-style-type: none"> <li>Complete <a href="#">Worksafe reporting form</a> or call WorkSafe on ph.13 23 60. Worksafe will send a link to an incident notification form that must be lodged within 48 hours.</li> <li>Registered NDIS providers are required to report to the NDIS Quality and Safeguards Commission via completion of Notification of event form. This form is used to notify any changes and events related to COVID-19. You will need information including NDIS Commission Registration ID, numbers of participants and staff affected, locations of service outlets and arrangements to ensure continuity of any critical supports.</li> </ul>
<b>Communications</b>	<ul style="list-style-type: none"> <li>Notify services users who may have been exposed, instruct them to self-isolate</li> <li>Notify staff who may have been exposed, instruct them too self-isolate</li> <li>Notify service users who were not exposed.</li> </ul>
<b>Actions</b>	<b>1-3 hours</b>
<b>Contact tracing</b>	<ul style="list-style-type: none"> <li>Establish a register of all customers and staff who may have been exposed.</li> <li>Forward the register (or PHU spreadsheet) to the internal DHHS DRRG Lead.</li> <li>DHHS takes the lead on contact tracing</li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>Release an initial communication once affected service users and staff have all been notified (or have had messages left for them). Use a communication template that has been prepared earlier as part of the development of your outbreak management plan.</li> <li>Facilitate broader communication with staff, service users, families and other stakeholders.</li> <li>Develop a media release prepared by the CEO and approved by C.O.M</li> <li>CEO single point of contact for all media inquiries.</li> <li>Develop key messages to assist those taking calls.</li> </ul>
<b>Complete stocktake of essential supplies</b>	<ul style="list-style-type: none"> <li>Establish current stock levels of PPE and hand sanitiser to meet ongoing requirements.</li> <li>Determine who can supply PPE: <ul style="list-style-type: none"> <li>Approach National Medical Stockpile: <a href="mailto:NDISCOVIDPPE@health.gov.au">NDISCOVIDPPE@health.gov.au</a> Email <a href="mailto:CSPPE@dhhs.vic.gov.au">CSPPE@dhhs.vic.gov.au</a> to make a request for PPE.</li> </ul> </li> </ul>
<b>Actions</b>	<b>3-6 hours</b>

<b>Redeploy staff if required</b>	<ul style="list-style-type: none"> <li>• Ensure there are sufficient staff numbers at sites affected to cover absences. Note that rostered staff may need to isolate or be unavailable.</li> <li>• The Disability Rapid Response Group (DRRG) works with the NDIA to ensure continuity of service. This includes uplift of capability and actions to ensure the safety of residents and staff.</li> <li>• DRRG may be able to assist with surge capacity and workforce supply. This may include nursing assistance. Email <a href="mailto:DRRG_drrg@dhhs.vic.gov.au">DRRG_drrg@dhhs.vic.gov.au</a> if required.</li> </ul>
<b>Monitor the health of Participant</b>	<ul style="list-style-type: none"> <li>• If the health of a participant with COVID-19 deteriorates follow their individual health plan. If the person deteriorates to the extent that they require transfer to hospital by ambulance <b>call 000</b>. Advise that the resident has a positive COVID-19 diagnosis.</li> <li>• Monitor the health of other members of the household who may have been exposed to COVID-19 for any symptoms. Arrange for the testing of close contacts of the positive case who live in the home. Ensure that the person responsible according to each resident's individual health plan is involved in all steps</li> <li>• High priority testing. Staff and clients to advise they are high priority – provide instructions as necessary. High priority will be returned within 24 hours.</li> </ul>
<b>Actions</b>	<b>6-12 hours</b>
<b>Perform safe handovers</b>	<ul style="list-style-type: none"> <li>• Ensure all staff starting their shift receive a thorough briefing and orientation about how to support the person with a positive COVID-19 diagnosis. This MUST include training on safe PPE usage and disposal.</li> <li>• Ensure all handovers include updates on clinical and care needs.</li> <li>• Identify staff members on each shift with responsibility for site induction and frontline infection control.</li> <li>• Ensure that all new agency and surge workforce staff working at the site for the first time receive a site induction as well as the briefing and orientation about how to support the person with a positive COVID-19 diagnosis.</li> </ul>
<b>Infection control</b>	<ul style="list-style-type: none"> <li>• Confirm that all staff have current infection control training.</li> <li>• Communicate with the family for deep cleaning requirements</li> <li>• Commence enhanced cleaning twice daily at a minimum. Clean frequently touched surfaces (including bedrails, bedside tables, light switches, handrails)</li> </ul>
<b>Review</b>	<ul style="list-style-type: none"> <li>• Arrange Outbreak Management huddle for the end of day.</li> <li>• Review event logs and ensure all actions have been documented.</li> <li>• Document any key issues and actions that require attention.</li> <li>• Provide summary of Day 1 activities to CEO and Board (if required).</li> <li>• Document key issues, actions required Day 2 and any learnings.</li> </ul>
<b>Actions</b>	<b>12-24 hours</b>
<b>Follow up communication</b>	Establish a standard template to update all external and internal communications to ensure residents, families and stakeholders are informed of developments as needed.
<b>Support your staff</b>	<ul style="list-style-type: none"> <li>• Ensure that staff have easy access to information regarding the Employee Assistance Program (EAP).</li> <li>• Consider establishing fatigue management plans.</li> <li>• Maintain contact with staff who are isolating or quarantining.</li> </ul>
<b>Reopening</b>	<p>If the office is the site effected – reopening would occur on the authority of the DHHS Public Health team.:</p> <ul style="list-style-type: none"> <li>• Once all obligations under the directions have been complied with</li> <li>• All confirmed cases need to be symptom free for 72 hours before their isolation period can end and they can return to work.</li> <li>• A deep cleanse of the office has been undertaken</li> </ul>

## PHASE FOUR – Key Planning Considerations

### Communications and reassurance



Following the identification of a suspected or confirmed case, workplaces should ensure there is appropriate communication to staff, contractors, customers and other relevant stakeholders.

This may include:

1. Notification that there has been a suspected or confirmed case (noting it is not appropriate to disclose the identity of unwell individuals).
2. Informing all workers (including health and safety representatives) to be vigilant about the onset of COVID-19 symptoms and to self-quarantine if they become unwell.
3. Notifying close contacts, directing them to leave the work premises and advise them to self-quarantine
4. Contacting DHHS to notify of the actions undertaken, provide a copy of the risk assessment, to provide contact details of identified close contacts. (templates are available on SharePoint)

### **Contract tracing**

Once the risk assessment is complete, the employer should identify and notify close contacts. Note that DHHS perform the contact tracing for the other close contacts of the confirmed case (e.g. family, personal and other close contacts). The workplace is only required to identify and notify contacts associated with the worker's attendance at work. A close contact is someone who had greater than 15 minutes face-to-face, cumulative, or the sharing of a closed space for more than two hours, with a confirmed case during their infectious period. The case's infectious period commences 48 hours prior to onset of symptoms (or if asymptomatic, 48 hours prior to test date). In some circumstances, such as in higher risk settings and where there is evidence of transmission, DHHS may expand the criteria for a close contact in that workplace (e.g. everyone working the same shift as the case may be classified as a close contact even if they do not meet the above criteria). This will be determined by DHHS on a case-by-case basis.

Note that the employer cannot disclose the identity of the case to other employees, unless the case gives permission for them to do so. Once the list of potential close contacts is complete, the employer must contact the workplace close contacts to notify them that they are a close contact of a confirmed case and inform them that they need to isolate and test. DHHS will advise quarantine requirements. If the person suspected of having Covid tests negative, staff are able to return to work pending a negative test result. As a precaution staff should utilise full PPE. Where staff are required to quarantine for 14 days. The 14-day period commences from the day of their last contact with the confirmed case.

### **Notifying close contacts**

Emergency plans include individuals preferred message for contact. It is preferable for employers to telephone to notify close contacts, however, use of text messages is also acceptable. It is important that it is done as soon as possible to ensure workers are quarantined. The employer should inform them that DHHS will contact them via text message with further information, and that they should seek testing if they develop any symptoms consistent with COVID-19. The employer should support the close contacts to exclude themselves from work and must not let them attend the workplace. The following message should be sent:

*You have been assessed as a close contact of a confirmed case of coronavirus (COVID-19) through your attendance at [insert name of worksite/client]. You are required to self-quarantine for 14 days from [insert date]. The Department of Health and Human Services will contact you via text message to confirm the details of your required quarantine period, and to provide you with further information. You must test and isolate at home and must not attend work during this time. If you develop symptoms consistent with COVID-19 you should get re-tested. Please see the [DHHS close contacts factsheet](#)".*

The employer should distribute the DHHS close contacts factsheet to the workplace close contacts. For further information see: <https://www.dhhs.vic.gov.au/novel-coronavirus-close-contact-what-you-need-know>



## Phase 5 Recovery and service reopening

### After an emergency

Following review of the initial actions by the employer, DHHS will work with the workplace to determine when it is safe to reopen. This may involve putting in place additional control measures to minimise the risk of further cases or transmission. DHHS will provide final approval that the workplace can reopen.

Workplaces can generally reopen once:

- All workplace close contacts have been identified, notified, and are isolating.
- The workplace has been comprehensively cleaned.
- Appropriate control measures are in place to minimise further transmission.
- A 'clean' workforce is available to return to work (i.e. employees that are not close contacts or cases and therefore do not need to be in isolation).
- DHHS has authorised the reopening.

Employees who are close contacts will not be able to return to work until they have completed their 14-day quarantine period, provided they have no symptoms of COVID-19 and have not returned a positive test result in the interim. All identified close contacts will be required to undertake a COVID-19 test at day 11 or after of their quarantine period. They will require a negative result prior to their quarantine ending.

### Testing and training the emergency plan

COVID-19 Emergency plan discussion occurs via:

- Memo distribution to employees
- Local team meetings
- Management meetings
- Senior Management Meetings, reviewed for any amendments/updates and communicated to the above groups
- COVID-19 Emergency plan is available on the intranet

### Reviewing, reporting and record-keeping

This plan will be reviewed fortnightly by the Senior Management Team or earlier if required

This plan will be reported bi-monthly via the Board of Management



## Appendix 1:

### Information for staff

#### Symptoms

The most common symptoms of COVID-19 infection include:

- fever
- acute respiratory infection (shortness of breath, dry cough, sputum production, sore throat, with or without a fever)
- tiredness or fatigue
- less common symptoms may include headache, myalgia/arthralgia (muscle/joint pain), chills, nausea and vomiting, nasal congestion, diarrhoea, haemoptysis (coughing up small amounts of blood), and conjunctival congestion.

Most people will experience a mild illness and will recover, but some people can develop complications which may be life-threatening and result in death. People at highest risk are likely to be older people and those with other chronic illnesses or with weakened immune systems.

#### Incubation and infectious period

People with COVID-19 generally develop signs and symptoms, including mild respiratory symptoms and fever, on average 5-6 days after infection (range 1-14 days). People with COVID-19 are thought to be infectious for up to 48 hours before the onset of symptoms but evidence on the duration of infectivity for COVID-19 is evolving. Criteria for release from isolation are described in department guidelines for health services and general practices available on the department's website.

#### Workplace hygiene and safety measures

- PPE requirements for all Disability Support workers has been updated below based on current restrictions, Masks are mandatory (can be worn for up to 4hrs – must be a surgical face mask for all direct service delivery with participants)
- Nightlife has implemented a cleaning schedule to occur twice per day and regular intervals of high touch surfaces with registers available for the office location
- Signage has been placed on each room/office to indicate the maximum number of people permitted in each office/room based on social distancing and density requirements
- Reconfigure office seating arrangements in shared areas to ensure physical distancing (at least 1.5 meters)
- Implement a roster for all office based staff to work from home on designated days
- Infection control training has been completed by all Disability Support Workers  
<https://www.health.gov.au/resources/apps-and-tools/covid-19-infection-control-training>  
<https://www.dhhs.vic.gov.au/personal-protective-equipment-ppe-covid-19>
- Create workforce bubbles
- For all face-to-face contact with participants the following will occur:
  - Communication with staff and participants if they are feeling unwell and have any symptoms to notify Nightlife, self-isolate and get tested.
  - Registration of attendance at each shift occurs via EziPlan rostering system.
  - All staff attending a scheduled shift will wash their hands or use hand sanitizer upon entering the participant's home and again when leaving.



- Supplies of masks, PPE and hand sanitizer will be available at the office and located in each Nightlife work car, additional supplies can be collected from the office

**WORKING IN THE DISABILITY SECTOR:**

- Workplace directions issued by the Chief Health Officer are intended to supplement any obligations an employer may have under the Occupational Health and Safety Act 2004.
- The workplace directions aim to limit the number of staff attending a work premises including disability services. <https://www.dhhs.vic.gov.au/victorias-restriction-levels-covid-19>
- If a staff member is working at more the one work premises for two or more different employers: the worker must provide a written declaration to each employer to advise them that the worker is working at more than one work premises and must provide details of the other work premises to each employer, and each employer must maintain a record of all workers who have disclosed to the employer that they are working across more than one work premises

<p><b>Guideline for home support</b></p>	<ol style="list-style-type: none"> <li>1. Wear face masks for outreach home visits at all times.</li> <li>2. If required, visits should be as brief as possible to satisfy the purpose of the visit and maintain physical distancing wherever possible</li> <li>3. Monitor the health and wellbeing risk of all clients and modify the frequency of visits if the risk has been assessed as increasing, including consideration of their physical and mental health context, extent of isolation and family circumstances</li> <li>4. Consider using additional monitoring for clients, for example telephone contact</li> <li>5. Facilitate access to groceries and toiletries in situations where a client is not able to source these independently. Information about emergency relief available to people in quarantine or self-isolation &lt;<a href="https://www.dhhs.vic.gov.au/self-quarantine-coronavirus-covid-19">https://www.dhhs.vic.gov.au/self-quarantine-coronavirus-covid-19</a>&gt; is available from the department’s website</li> <li>6. Monitor the health, safety and wellbeing of clients who are unwell or are required to self-isolate through telephone or video call contact:</li> <li>7. Identify close contacts of clients in self-isolation during the pre-visit contact call</li> <li>8. On arrival, check that the household members present match the pre-visit check responses. If additional people are present, enquire about the health of those people</li> <li>9. Ensure that the total number of additional people / visitors in a home is limited in line with any current directions issued by the Chief Health Officer</li> </ol>
<p><b>Transport</b></p>	<ol style="list-style-type: none"> <li>10. If a client requires emergency medical treatment, an ambulance should be called</li> <li>11. Vehicles should be cleaned more frequently, no matter the length of the trip, but at least following each use by workers</li> <li>12. Provide hand sanitiser in all vehicles</li> <li>13. Following general use of a car wipe down frequently touched points (e.g. steering wheel, gear stick, radio knobs, door handles) with disinfectant wipes</li> <li>14. If a suspected or confirmed coronavirus (COVID-19) case has been transported in a car, a more detailed clean/disinfection is required. Organisations should also consider implementing a regular cleaning schedule for fleet or company vehicles.</li> </ol>



## Appendix 2

### Information sheet: Roles and responsibilities

**The CEO and leadership team** are responsible for ensuring updated communication is delivered to team members, infection control measures are maintained and implemented, all staff have completed infection control training and aware of the COVID-19 Emergency Plan.

#### **Current Infection control measures:**

- QR Registering all staff /visitors that attend the office each day for contact tracing
- Ensuring staff/participants displaying cold and flu like symptoms do not attend the office / work
- Ensuring Social distancing of 1.5 Meters is always maintained and rooms have labelled the maximum number of people allowed in them at any one time (based on Government guidelines),
- Ensuring that people do not remain in close proximity to each other in confined spaces for longer than 2 hours
- Ensuring that everyone uses hand sanitizer upon arrival, throughout the day and prior to leaving
- Ensuring high contact points (e.g. door handles, light switches) are cleaned/disinfected twice a day
- Ensuring sufficient stocks of PPE is at hand to maintain the control measures

CEO and leadership team will work to implement the COVID-19 emergency plan. Emergency response requirements may fall outside of normal business hours and flexibility will be required from all managers to ensure plans can be implemented in a timely and effective manner.

#### **Communication**

**Direct line Coordinator (Service Delivery Coordinator, Rostering team and afterhours)** – First point of contact for all correspondence in relation to suspected or confirmed cases, collating the above information to provide to Service Manager

**Service Manager** – Key contact for senior leadership team for all suspected/confirmed cases of COVID-19, maintains register and distributes updates to the CEO

**Chief Executive Officer (CEO)** – Key contact to distribute suspected/confirmed case updates to the board.

#### **Workers – roles and responsibilities**

Follow government advice if identified as being in close contact in a Tier 1 or Tier 2 zone

Inform your Coordinator or supervisor **IMMEDIATELY** if you have any of the COVID-19 symptoms:

- ✓ What your symptoms are
- ✓ If you have adhered to social distancing, wearing of appropriate PPE and using proper hygiene such as washing hands
- ✓ If you have been in contact with a known COVID-19 case, suspected COVID-19 case

Get tested immediately get a COVID-19 test and self-isolate until your result has returned

Report your COVID-19 test result immediately to your Coordinator or supervisor

- If clear your Coordinator will discuss your return to the workplace



- If you test positive to COVID-19 then follow the 14-day isolation requirements and or other directions as required by a medical professional

### Emergency contacts

*As with any emergency notify your Coordinator or Service Manager as soon as possible. For other emergencies call*

Contact	Name	Phone number
<b>Emergency services – triple zero</b>	Fire/police/ambulance	<b>000</b>
<b>Police</b>	Oakleigh Station	<i>(03) 9567 8900</i>

### External

**In the event of a confirmed COVID-19 case in your service or site, all disability service providers must notify the authorities below immediately a positive COVID-19 case is confirmed:**

- NDIS Quality and Safeguards Commission - complete and submit the COVID-19 Notification of event form
- COVID Readiness and Response in the Department of Families, Fairness and Housing by emailing RREmoutbreak@dffh.vic.gov.au. Inbox is monitored, seven days a week between 9am and 5pm.
- Coronavirus Hotline 1800 675 398, staffed 24 hours, seven days.
- Worksafe Notifiable Incident to be submitted within 48 hours for any confirmed COVID-19 case associated with work setting o Internal Health and Safety representative at the work premises





## Appendix 4

### Service user emergency continuity plan

Service user:
Vaccination status:
Do you have other supports that could step in if we experience a critical loss of staff due to quarantine or you or your co-residents are required to quarantine?
Do you have any preferences for other services if we are unable to provide care?
Is your support plan up to date?
Are we able to share information with an emergency provider in the event that we are unable to ensure service continuity?
What is the minimum support that could be provided in the event of emergency continuity issues? What supports can be changed or amended?
Do you have a preference for how you would like us to communicate with you about any changes due to covid?
Sign off: (service coordinator)