Pandemic Management Policy

Last updated July 2024

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

This policy covers the COVID-19 pandemic, which an ongoing situation that can change quickly and at short notice. Even with the rolling back of restrictions, we understand that COVID-19 remains a risk that exists within the wider community. As a support provider, we will continuously review and utilize the COVID-19 resources provided by the NDIS as well as the NDIS provider alerts to ensure we meet all required health and safety standards.

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

Documents relevant to this policy

COVID-19 (easy read)
Pandemic management plan

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 of all our participants and take into account each participant's wishes, goals and situation.

Preparedness and planning

As an NDIS provider, it is our responsibility and obligation to meet the NDIS code of conduct and NDIS practice standards for 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 busines operations put our participants and/or workers are at an increase risk of contracting and 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 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:*** 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:

- the key actions we need to take to prepare for a pending
- 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
- skill sets 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 management plan

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

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 case 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
- ensuring all support and work environments are well ventilated
- wearing appropriate PPE when required.

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

Social distancing

Social distancing involves restrictions on movement that may need to be enforced and 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 m 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 practical.

Isolation

We may need to have a worker or participant in isolation if they have been tested positive for 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, isolate action can be a stressful experience. Therefore, we will ensure the participant in isolation:

- are still able to receive essential supports and services
- our 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.

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 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.

We will adhere to the stipulations provided by the NDIS in the Behaviour support and restrictive practices fact sheet.

If a restrictive practice is utilised, we will follow all standard debriefing, reporting and legislative procedures outlined in our 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

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 to 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.

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 notice notifiable condition under that National Notifiable Disease Surveillance System
- we have to report a case of the WHS Regulator in our state/territory

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 rescue 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 incidents will be subject to disciplinary actions and addressed in accordance with our incident management policies/processes.

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 the future.

COVID – 19 Specific Definitions

The following definitions are a strain 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 participants vulnerabilities) before they consider following these guidelines.

Term	Description
Casual contact	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 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.
Close contact	A form of contact with someone with confirmed symptoms that involves: • 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. Individuals will need to self isolate in the event of close contact with someone with confirmed symptoms of COVID-19.

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

Workers suspected of having COVID-19 or have had no 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, health direct 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 at work, self isolate for 14 days.

COVID-19 notification requirements

Notifying the Commission

It is the responsibility of every NDIS provider to notify the NDIS Quality and Safeguards Commission of events that affect the providers ability to provide supports and services. This includes disruptions associated with COVID-19.

The Commissioner can be notified via the Notification of event form.

Notifying the Work Health and Safety Regulator

Under relevant Work Health Safety laws (WHS), providers have an obligation to ensure their workplace is safe. COVID-19 is a WHS risk and must be reported to the relevant WHS regulator in each state or territory. Refer to the table below for information relating to specific requirements.

Check the website of the WHS regulator in your state/territory regularly to ensure you stay compliant with the reporting requirements.

State	Regulator	Reporting requirements summary
NSW	Safework NSW	Report hospitalisations and fatalities where a worker contracted (or is likely to have contracted) COVID-19 at work.
VIC	Worksafe VIC	No reporting requirements.

QLD	QLD Worksafe	Report any worker that has contracted COVID-19 at work.
SA	Safework SA	Report instances where a worker has contracted COVID-19 only if it can be reliably attributed to workplace exposure and results in either hospitalization or death.
WA	Worksafe WA	Reports deaths due to COVID contracted in the workplace.
NT	NT Worksafe	Report a death or hospitalization due to COVID-19 infection that arises out of the conduct of business.
ACT	WorkSafe ACT	Report COVID-19 infections if there is evidence that COVID-19 was contracted at work and if the infected person is hospitalized.
TAS	WorkSafe Tas	Report when it is confirmed that a person has contracted COVID-19 at work and: • the person dies; or • the person is required to have treatment as an inpatient in a hospital; or • the reason the person contracted COVID-19 is reliably attributable to carrying out work that involves providing treatment or care to a person; or involves contact with human blood or body substances. In this case, the carrying out of work must be a significant contributing factor to the infection being contracted.

COVID-19 Training

All workers must complete infection control training, which must cover key information around COVID-19. All training must be documented and refresher training must be provided periodically to ensure knowledge is up-to-date.

The Department of Health has also created a webinaron 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' COVID-19 website, both of which are updated regularly with new information and resources.

Signage

When operating during COVID-19, it is vital that all facilities have clearly visible and relevant signs that communicate key health and safety messages. These messages include :

- maximum building capacity
- social distancing instructions/floor markers
- instructions for washing hands
- the availability of complimentary hand sanitiser
- for staff, instructions for cleaning their work area
- promotions of government resources (eg. the COVID Safe app)

Contact Tracing

Contact tracing is a way of recording information about people that attended a facility. The purpose of this is to trace people that may have been exposed to COVID-19. Information that must be recorded includes:

- first name
- phone number
- time the person attended the facility

These records should be kept for 28 days either electronically or as a hard copy. If records are kept as a hard copy, pens used to write down information should be wiped down after each use.

If there is a confirmed case of COVID-19 at any facility, it is the responsibility of the service provider to follow up with anyone else that may have been exposed to encourage them to get tested and check whether they have developed symptoms.

PPE

Utilising PPE is crucial for minimizing the risk of transmitting COVID-19.

PPE that should be utilized when working during COVID-19 includes:

- masks
- gloves
- safety goggles
- long-sleeved gown or apron

Appropriate PPE should be used when:

- providing support to someone with a suspected or confirmed case of COVID-19
- collecting or assessing bodily samples from people who have suspected or confirmed case of COVID-19
- working with or around people that are particularly vulnerable to COVID-19
- there are orders in place that make the wearing masks and/or other PPE mandatory

Further information can be found on the 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: **NDISCOVIDPPE@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 support independent living setting, provides should contact the Department to request PPE from the Stockpile immediately.

Adjusting to changing situations

This section applies if you are providing essential services in a location that has been declared a COVID-19 hotspot.

Cases of COVID-19 can become prevalent in any area. It is important to keep track of relevant government information. This information can be found on:

- the Department of Health Website
- the local outbreak information for your state or territory
- the NDIS COVID-19 information and support page

When working in a declared COVID-19 hotspot it is vital to keep up-to-date with the latest government recommendations, guidelines and mandates.

Recommendations, guidelines and mandates may relate to many aspects of business operation, including (but not limited to):

- mandatory face coverings and other PPE requirements
- infection control procedures
- working permits
- hours of operation
- contact tracing
- social distancing
- the provision of essential and non-essential services
- onsite access for workers and visitors
- access to external facilities (e.g. sport, hospitality or religious venues)
- travel restrictions.

It is the responsibility of the organisation to adjust to the latest government information and make special provisions, as required. This may include:

- assigning key management personnel to coordinate changes to business operations
- updating the organisation's pandemic management plan
- communicating the latest government information to workers and participants
- communicating any service changes to the organisation's workers
- working with participants to manage service changes and/or cancellations
- assisting workers and participants with special requirements and/or concerns
- providing sufficient resources (e.g. PPE) and services (e.g. deep cleaning) to ensure health and safety
- monitoring compliance and helping workers and participants comply with the latest government information.

Support provider responsibilities during the COVID-19 outbreak

It is important that support provider must 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 must assist their participant in understanding and planning for the COVID-19 pandemic using relevant and accessible resources, for example, the Collaborating 4 Inclusion COVID-19 planning resources.

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.

COVID-19 vaccination

COVID-19 vaccinations and boosters are available at:

- general practices
- Aboriginal Community Controlled Health Services
- General practice led respiratory clinics
- State and territory operated vaccine clinics
- Other suitable contexts (eg pop up clinics or specialised teams organised by disability service providers)

Both disability workers and people with disability are eligible for the COVID-19 vaccine.

Vaccination for disability support workers

NDIS providers must comply with public health orders or directions that are in place in the state/territory in which they are operating. This includes orders related to mandatory COVID-19 vaccinations for disability workers.

Details for relevant public health orders for each state/territory are outlined below. These general information pages should be checked regularly as orders may change frequently and at short notice.

State	Health orders/directions	Governing legislation	General information page
NSW	Public Health (COVID-19 Care services) Order 2021	Public Health Act 2010 (NSW)	Mandatory vaccination
VIC	Guidance for the Pandemic COVID-19 Mandatory Vaccination (general Workers) Order 2022 (No 5)	Public Health and Wellbeing Act 2008 (Vic)	Worker vaccination requirements
QLD	Workers in healthcare setting (COVID-19 vaccination requirements direction (No 3)	Public Health Act 2005 (Qld)	People with disability, including care facility residents
SA	Emergency management (in home and community aged care and disability workers vaccination No4) COVID-19 Direction 2022	Emergency Management Act 2004 (SA)	In home, community aged care and disability workers vaccination
WA	Booster Vaccination (restrictions on access directions No 2)	Public Health Act 2016 (WA)	Mandatory COVID-19 vaccination policy for WA workforces
NT	COVID-19 directions (No 55) 2021	Public and Environmental Health Act 2011 9NT)	Mandatory vaccinations
ACT	Public emergency directions	Public Health Act 1997 (ACT)	Information for employees that require vaccination
TAS	Vaccination requirements for certain workers No11	Public Health Act 1997 (TAS)	Disability support workers

Vaccination responsibilities of key management personnel

In order to plan for and manage vaccinations within the organisation, key management personnel must:

- start conversation about the vaccination program rollout
- outline the benefits and risks of receiving the COVID-19 vaccine to workers
- obtain the necessary consents from workers
- identify appropriate places/locations for receiving the vaccine
- keep up to date with
    - COVID-19 vaccine information from the NDIS commission
    - NDIS COVID-19 information
    - latest government, state and local advice
- outline participants and workers getting vaccinate will be assisted and monitored for 125-30 minutes after receiving the vaccine
- provide any other necessary supports for workers on vaccination day

- outline the implications associated with choosing not to receive the COVID-19 vaccine
- continue COVID Safe practices before, during and after undertaking vaccination management
- ensure all workers remain up-to-date with their vaccinations.

Support worker responsibilities

Support workers must:

- participate in conversations with their managers around vaccination and the vaccine rollout
- consider the risks and benefits of receiving the COVID-19 vaccine and additional doses
- provide the necessary consents if choosing to receive the vaccine
- consider the implications associated with choosing not to receive the vaccine

Vaccination for participants

Some participants are at greater risk from COVID-19. Vaccinations are very important for minimising these risks. The NDIS has release a document about supporting participants to access COVID-19 vaccines.

Participants must give their informed consent before getting the vaccine. Participants should discuss the risk and benefits of the vaccine with their:

- service provider
- health professional
- family
- **carer**
- substitute decision maker

Participants have the right to:

- determine their own best interests
- exercise choice and control
- choose who supports them before, during and after receiving the vaccine
- ask their support workers to be vaccinated against COVID-19
- if required, contact their service provider to discuss alternative arrangements if their support worker decides to not get the COVID-19 vaccine

It is the provider's responsibility to:

- ascertain participant preferences
- if required, support participants to access and advocate
- discuss the risks and benefits of the vaccine with their participants
- provider information about the vaccine to the participant in a format the participant is most likely to understand, if required use communication resources such as:
    - easy reads
    - Auslan resources
    - foreign language resources
- assist participants with communicating their decision
- assist participants with accessing the most suitable COVID-19 vaccine

- continue providing supports to participants that decide to not receive the vaccine in accordance with the NDIS Code of Conduct and all other relevant legislation.

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 centred practice
- assist participants with obtaining COVID tests required (participants can purchase RAT tests with funding from their NDIS plan)
- 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 are safe
- incorporate all organisational and government recommendations into support provisions 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
- self isolate, if required
- consistently liaise with relevant workers and management personnel

Responsibilities of key management personnel

When undertaking services during a pandemic key management personnel must:

- coordinate pandemic preparedness and response
- undertaking managerial responsibility specified in the pandemic management plan
- make key decisions about ceasing/scaling back operations
- communicate key decisions clearly and cohesively across the organisation
- monitor task the Australian Department of health and NDIS websites as well as the websites of other organisations that govern health and/or disability services
- comply with all reporting requirements and requests for information
- implement state and federal recommendations and coordinate any lockdown measures.