# PANDEMIC MANAGEMENT Plan
# [COVID-19]

**Introduction**

The safety of all participants and workers is our organization'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 impact the health of workers and participants severely. As work within the disability sector often requires close contact between worker 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

**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 situations.

**Preparedness and Planning**

As an NDIS provider, it is  our responsibility and obligations to meet the NDIS Code of Conduct and NDIS Practice Standards for the supports and services we provide. During a pandemic, several risks may compromise these requirements, and we, therefore, must adequately identify these risks and plan our response. We acknowledge that pandemics pose the following risks:

- *Health and safety risks: if normal business operations put our participants and workers at an increased risk of contracting an infectious disease.*
- *Operational risk:* 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 compromise the safety of our service environment
- *Economic risks:* if our organization and its workers experience financial difficulties due to limited or ceased operations

- *Resources risks:* if we do not have sufficient resources (eg. Human resources, PPE) to continue normal operations due to a pandemic situation
- *Compliance risks:* if a disruption to regular operation 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 how our organization is receiving on the broader community.

We will work to streamline the management of these risk by completing our organizational risks register and a pandemic management plan. This plan will 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 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 organizations
- How we will activate our pandemic management plan

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

**Necessary prevention measures during a pandemic**

There are necessary hygienic and cleaning measures that we take at all times. The measurements are recording in detail in our infection control and waste management policies. Some critical actions that we handle 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 recognize that it is essential to maintain a high level of hygiene and continue this when social distancing and isolation is required.

**Social Distancing**

Social distancing involves restrictions on movement that may need to be enforced to prevent/slow the spread of illness. To be effective, it must apply to all workers and participants. Social distancing typically involves :
- Being at least 1.5 meters 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 (.e. conducting most meetings over the phone instead)
- Limiting food handling and sharing
- Only going out for fundamental 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

**Isolation**

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

- Have been testing positive for a pandemic-level illness
- Are experiencing symptoms of a pandemic-level illness
- Have recently been in contact with someone that has testing 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- minimization measures, including:

- Limiting their movements to their home and garden/backyard
- Observing all appropriate hygiene measures
- Practising 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 it is necessary, isolation can be a stressful experience.  Therefore, we will ensure that participants in isolation:

- Are still able to receive essential support 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

**Restrictive Practices**

Restrictive practices are used in the event that a participant responds to a situation with a behavior 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 utilized, we will follow all standard debriefing, reporting and legislative procedures outlined in our restrictive practice policy.

While home isolation for therapeutic reasons is not considered a restrictive practice, it is essential 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 fast-track incident, and complaint reports that arise as a result of a pandemic as descriptions 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 notifiable condition under the National Notifiable Disease Surveillance System. This surveillance system may occur in the event of a pandemic. We will request this information to:

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

We do not tolerate bullying, harassment or discrimination for any reason. This behaviour includes bullying, harassment or discrimination based on disclosed health information. Any such instance will be subject to disciplinary actions and addressed following 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 organization. To do this, we will implement the following strategies as required.

- Utilize appropriate telecommunications (email, phone, online chat etc.) to:
    - Share important operational updates across the organization
    - 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 to 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 the Australian Government Department of Health guidelines on when workers should stop working and self-isolate. Organizations must consider the support they provide (and the level of their participant's vulnerabilities) before they consider following these guidelines :

| Term | Description |
|---|---|
| Casual Contact | This will include healthcare workers who have takenrecommended infection control precautions, including the full use of PPE, while making close contact with someone with confirmed symptoms of COVID-19.<br><br>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:<br><br>• Consistently sharing a closed space (e.g. living in the same household)<br>• Face-to-face contact longer than 15 minutes<br>• Direct contact with any bodily fluids<br>• Spending two or more hours in the same room<br><br>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 known exposure to COVID-19

It's essential that workers who experience any COVID-19 like symptoms, self-isolate and seek medical advice. If you need assistance, Healthdirect provides online symptom checker. You can also contact the National Cooronavirus 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, must self-isolate for 14 days.

Training

The Australian Government's Department of Health has released an online training module to assist support workers with understanding how best to navigate the provision of care during this pandemic. The training overs 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 of 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, 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.

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 nformation an be found on the Department of Health

In the event that support providers are unable to source PPE, a request for the stock should be made to the National Medical Stockpile, with the recommendation 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 stock has been depleted
- Who will be using the resources
- How the stock will be prioritized in order to minimize transmission to significant 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.

Support Provider's Responsibilities during the COVID-19 Outbreak

Support providers must ensure their workers are up to date with the latest information on COVID-19 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. If this can no longer be accomplished (e.g. workers 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 easy read which is available in multiple languages.

**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

- Communicate organizational changes and special provisions in a way that is most likely to be understood by each participant
- Ensure the service provider environment is safe
- Remove or mitigate any factors that make a service environment unsafe
- Incorporate all organizational and government recommendations into support provision, including advice regarding:
  - Movement and travel restrictions
  - Social distancing
  - Additional hygiene measures
  - Isolation measures
- Report all complaints and incidents following relevant policies and legislation
- Ensure handwashing 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 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

**Responsibilities of Key Management Personnel**

When undertaking services during a pandemic, the key management personnel must:

- Coordinate pandemic preparedness and response
- Undertake managerial responsibilities specified in the pandemic management plan
- Make critical decisions about easing / scaling back operations
- Communicate critical decisions clearly and cohesively across the organization
- Monitor the Australian Department of Health and NDIS website as well as the websites of other organizations that government health and /or disability services
- Implement state and federal recommendations and coordinate any lockdown measures.

**There is one ANEXA at this document with explanations of pandemic stages**

| About this release | |
|---|---|
| **Title** | Pandemic Management Plan |
| **Reviewed by** | National Operations Manager / Compliance and Quality Manager |
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| **Changes in this issue** | Consolidation of objectives and streamlining of Policy layout, this document contains eight pages + Anexa 1 Pandemic Stages details |

| Authorization | |
|---|---|
| **Managing Director** | Ray Formosa |

# ANEXA 1
## Pandemic Stages/Phases in details

Response Overview

| Phases | What It Looks Like | Trigger Points | Relevant Documents |
|---|---|---|---|
| One | Planning, updating records, pandemic education, increased hygiene awareness, keeping people informed and monitoring risk. Keeping staff in Australia and recommending clients do so too. | Evidence of pandemic<br>• WHO Alert<br>• Significant social media evidence<br>• Government directive | • Phase one operational plan<br>• Emergency equipment list<br>• Vulnerable client list<br>• Critical Functions document<br>• Phase one info Introduction email – all<br>• Phase one info email – staff only |
| Two | Limiting environmental opportunities for exposure, significant hygiene focus, avoiding close contact, degrees of self-isolating based on risk factors. Remote working where possible and recommending people rethink their contact with crowds. | • Increase in local community transmission<br>• Government directive<br>• Industry best practice recommendations<br>• Concern from A1 Building Solutionsmanagement team that rapid escalation is likely | • Grab and Go Kit List<br>• Virtual support program outline<br>• Software implementation list for ZOOM<br>• Phase two email – all |
| Three | Quarantines, enforced lockdowns, significant changes in how the community does business. | • Government directive<br>• Break out within A1 Building Solutions community<br>• Significant spread within similar community groups in Australia (aged care, schools, universities)<br>• Clients choosing to self-isolate | • Grab and Go kit delivery schedule<br>• FAQ for staff – remote service provision |

**Phase One Operational Plan**

Triggers

• Evidence of pandemic
• WHO Alert
• Significant social media evidence
• Government directive

| Business Functions | | |
|---|---|---|
| **Action** | **Elements** | **Who will do it** |
| Review the pandemic plan and related documents. Update to reflect the nature of the current threat. | • Pandemic plan<br>• Emergency Management Policy<br>• Related Government documents | Director or manager |
| Nominate pandemic coordinator | • Identification of management team person who can be isolated early to ensure continuity of service. Recommended to be the person also nominated as emergency | Director or manager |
| Update client emergency contacts | • For direct service clients who will rely on us for support during a pandemic only. | <span style="color:red">Pandemic Coordinator</span> |
| Review essential supply needs and place order (critical this occurs quickly) | • Use essential items list | Pandemic Coordinator |
| Communicate with clients and staff re: expectations and potential service changes | • Reassurance email outlying what to expect next<br>• Use text messages for urgent messaging/better read rate | Pandemic Coordinator & Director |
| Cash flow analysis to allow for annual and sick leave pay outs | • Presume all leave will be expended and no revenue coming in<br>• Use other areas lockdown time length to estimate closure period<br>• Bring all billing up to date to secure cash position<br>• Consider weekly invoicing if negative cash position is likely or NDIS/other plan mangers are likely to close<br>• Consider requesting payment arrangements for payroll tax or BAS payments to protect cash flow if necessary<br>• Directors to cease taking a salary if any pandemic associated costs exceed the emergency funds account | Finance Manager |
| Staff mapping to allow for sick leave spike & role contingencies | • Use Critical Functions template<br>• Look to flexible support arrangements<br>• Consider client sick leave may counteract or exceed staffing demand reducing the need for staffing cover | Director or manager |
| Client Support | | |
| Review high risk activities (large group gatherings, international travel). Assess risk of each and notify of any potential changes | • Risk assess events calendar activities<br>• Risk assess individual STA requests | Director or manager |

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| Disseminate easy English directions re: the virus, what to do and good hygiene | • Look to pre-existing templates to save time (i.e. Growing space, NDIS)<br>• Provide information to mentoring team for distribution and discussion<br>• Make hard copies available for mentors to collect from office for client's homes | Pandemic Coordinator |
| Encourage advanced ordering of essential items including medications, personal care equipment and consumables | • Email to CoS team to follow up with individual clients<br>• Conversations with direct support clients – casual so as not to cause alarm<br>• Phone families to discuss support expectations in case of isolation. Note this information on Vulnerable client list | Pandemic Coordinator |
| Staffing Functions | | |
| Provide staff with information about the pandemic, including virus, what to do and good hygiene practices | • Look to pre-existing templates to save time (i.e. WHO, VIC health, NDIS, DSC, The Growing Space)<br>• Guide staff on how to respond to concerns or questions raised by clients<br>• Monitor for any undue anxiety or concern in staffing team<br>• Increase text message check in's and offer additional support sessions where needed | Pandemic Coordinator |
| Disseminate any equipment needed to protect staff | • Consider stock availability and government advice regarding technique and need.<br>• Hand sanitizers at this level recommended – primarily to form habit-building behaviour | Pandemic Coordinator |
| Infection Control | | |
| Identification of any training or upskilling to deal with pandemic i.e. Infection control training | • Electronic where possible to avoid group gatherings<br>• Look to existing training (i.e. Disability Services Consulting, NSW Health)<br>• Mandatory for staff, provided as a recommendation to clients and<br>extended networks. | Pandemic Coordinator |
| Sterilization program increased | • Response to be based on relevant health information is given regarding virus i.e.;<br>- Office sterilization (daily of common touch surfaces)<br>- Move to single-use paper towels – no fabric cloths<br>- Use of single-use wipes for high traffic touch areas<br>• Physical contact review (no hugging,<br>handshakes or closed spaces<br>meetings) | Implemented by Pandemic Coordinator |

**Phase Two Operational Plan**

Triggers
• Increase in local community transmission
• Government directive
• Industry best practice recommendations
• Concern from A1 BUILDING SOLUTIONS management team that rapid escalation is likely

| Business Functions | | |
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| Pandemic Coordinator to begin isolating | • Only present in the office on low traffic days<br>• Work from home preferred | Pandemic Coordinator |
| Key business roles identified and training<br>back up staff in essential duties to ensure<br>business continuity in the event of illness or<br>death | • Based on Critical Functions document<br>• Clients and staff given alternative contacts in case their usual contact is unavailable | Director or Manager |
| Work from home arrangements for any staff not actively mentoring | • Move to phone or Zoom meetings wherever possible<br>• Avoid travelling to other providers environments unless essential | Director or Manager |
| Identify high risk community businesses<br>where A1 BUILDING SOLUTIONSclients and staff spend time and<br>request details of their infectious control<br>program | • Particular focus on gyms, cafes or activities where bodily fluids and touching of high traffic surfaces exist | Pandemic Coordinator & Director or Manager |
| Develop virtual support schedule | • Feast workshop (ingredients in Grab & Go kits to match pre-identified recipes. Long life products only). Recipe cards to be printed and put in Grab & Go kits.<br>• All workshops currently delivered (Women's wellness, movement group, social night, Feast, photography) to be moved to online format facilitated by regular facilitators.<br>• Additional movement, mindfulness and meditation classes to be scheduled<br>• Virtual 'coffee catch-ups' to be facilitated between clients who are also friends through group video conferencing - mentor to facilitate<br>• Start of day and close of day phone call check ins from a lead mentor on a client's team to be implemented | |
| Develop FAQ for staff support in case of<br>remote service provision in phase 3 (or self-quarantine of a client in phase 2) | • What to do if a client doesn't answer their phone?<br>• What do you do if you suspect a client has Coronavirus?<br>• What do you do if you suspect a client's mental health is declining? | Pandemic Coordinator |
| Limiting Business Growth | • No new clients to be accepted in this period unless critical to the client's safety and wellbeing<br>• No new staff to be an employee in this period unless critical to maintaining client support or business continuity | Director or Manager |
| Client Support | | |
| Cancellation of group events | • Support to activities in spaces of over 100 people to cease immediately (concerts, aeroplanes, live theatre, shows)<br>• Cancellation of group social events (outdoor cinema nights, music jam nights) as soon as community transmission is present<br>• Cancellation of workshops (groups of 6) as soon as community transmission is prevalent | Director or Manager |
| Individual program restructures | • Identify high-risk areas (gyms, movie cinemas, ten pin bowling alleys, shopping centres, large craft groups) and recommend limiting time, finding safer alternatives and/or increasing hygiene practices within these environments (for example, staff to wipe down immediate surfaces, identify lower traffic volume times | Pandemic Coordinator & Director or Manager |

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| | or attend immediately after a sterilization cycle for that business).<br>• Identify high risk work/ volunteering/work placement environments and where possible recommend limiting time, taking a break (if not paid employment) or increasing hygiene practices within these environments.<br>• Talk with clients to encourage them to talk with employees if they are particularly vulnerable because of any comorbidities<br>• Talk with clients to ensure they are not concerned about personal finances through this period – particularly if we've recommended purchasing additional medication and basics | |
| Consider if staffing needs should change – particularly for high-risk clients | • Clients who have identified as having comorbidities that may increase their risk of illness might want to limit the number of staff in their homes<br>• Consider consolidating to a smaller team of necessary staff only to limit the risk of exposure<br>• Consider cancelling services from providers who see multiple clients across multiple environments (i.e. cleaners, personal trainers, home delivery meals) and moving these responsibilities in the short term to a core mentor group<br>• Consider if a client may struggle emotionally or physically in the event of a lockdown and start identifying options for them to stay elsewhere or for someone who would willingly go into lockdown with<br>them in their home. This could be a staff member, natural support or another client depending on needs. | Director or Manager |
| Develop grab and go kits for at risk direct service clients | • Use grab and go kit shopping list. For dissemination to direct service clients in the event of a quarantine. Contains non-perishable items to support virtual cooking classes and ensure basic supplies for clients<br>who may otherwise be underprepared?<br>• Develop a staff collection and drop off schedule & process (minimize client contact & cross-infection risk if staff are sick. Geographical area based in case of a fast<br>response needed).<br>• Funded by A1 BUILDING SOLUTIONS through our emergency business funds account<br>• Stored at A1 BUILDING SOLUTIONS office if voluntary or forced quarantine seems likely | Pandemic Coordinator (purchase of items delegated to mentor) |
| Emotional wellbeing focus | • Ensure clients are not unduly worried or anxious<br>• Ensure clients understand what a lockdown or quarantine might look like for them and what supports they would have access too<br>• Ensure they have access to apps like calm and headspace<br>• Ensure any tech devices used to stay connected are updated, connected and working. That all phone and internet bills are up to date to prevent disconnection<br>• Ensure Zoom has been installed for anyone wanting virtual support | A1 BUILDING SOLUTIONS– All staff |
| Staffing | | |

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| Staff notified of employment arrangements if impacted by pandemic | • All staff (including casuals) to be offered a base retainer to meet their personal financial requirements in the event of suspicion of illness, illness or mandatory shut down periods. This will be reviewed at 8-week closure mark.<br>• This will limit people attending work whilst sick through financial need<br>• No medical certificates will be asked for during this time<br>• This will ensure staff are still available when its business as usual again<br>• This base retainer will be repaid by staff over time once pandemic ceases. If staff cease employment or are unable to return to work then no repayment will be necessary.<br>• PPT and FT staff will be asked to use their sick and annual leave before their retainer is offered<br>• This is to be paid for from the A1 BUILDING SOLUTIONS emergency account. | Finance Manager |
| Staff Mapping | • Limit movement of staff across teams and clients to reduce the risk of internal cross-contamination<br>• Identification of any staff with comorbidities that make them particularly vulnerable to the virus<br>• Allow staff to self-isolate if they feel unsafe and no longer want to work<br>• Ensure all staff have installed Zoom on their devices to provide remote video support<br>• Offer Grab and Go kits to staff who may be in need | Pandemic Coordinator |
| Infection Control | | |
| Increase infection control program | • Mentors to undertake car sterilizations between clients using single-use Dettol type wipes<br>• Increase disinfecting of high touch surfaces in clients homes<br>• All visitors to office/workshops asked to use hand sterilizer upon arrival<br>• Office/workshop cleaning frequency increased to before and after workshops. Start and end of day.<br>• Cleaning products audited and upgraded where necessary to ensure meets recommendations for virus control<br>• Steam cleaning daily of any soft furnishings | Pandemic Coordinator – delegated to A1 BUILDING SOLUTIONS– all staff |

**Phase Three Operational Plan**

Triggers
• Government directive
• Break out within A1 BUILDING SOLUTIONScommunity
• Significant spread within similar community groups in Australia (aged care, schools, Universities)
• Clients choosing to self-isolate

| Business Functions | | |
|---|---|---|
| Business operates remotely | • All staff working from home | Pandemic Coordinator<br>Director or Manager |

| | • Critical Functions roles ready to be reallocated in the event staff cannot work<br>• FAQ sheet distributed to all staff working remotely<br>• Emergency management plan ready to be enacted | |
|---|---|---|
| **Client Functions** | | |
| Grab & Go kits distributed to at risk clients | • Staff drop off to occur immediately upon notification of a closure (as per delivery document).<br>Kits to be left at doors.<br>No close contact to occur. | Pandemic Coordinator<br>– delegated to A1 BUILDING SOLUTIONS–<br>the identified staff as per Grab & Go Kit<br>delivery schedule |
| Clients taken to alternative locations | • Clients who have notified they want to be taken to alternative locations to be collected and driven by identified staff. Staff are not to enter the client's home or drop off<br>location. | Pandemic Coordinator<br>– delegated to A1 BUILDING SOLUTIONS–<br>the identified staff as per Grab & Go Kit<br>delivery schedule |
| Clients "lock in" arrangements enacted | • Clients who have 'live in' arrangements made for this period of time should have their person notified it's time to move in immediately.<br>• Photo proof this has happened by closure period to be sent to pandemic coordinator. Notification to next of kin/authorities<br>if not. | Pandemic Coordinator |
| Virtual support for clients begins | • Workshop schedule enacted for any participating clients<br>• Morning and afternoon phone call check ins distributed<br>• A1 BUILDING SOLUTIONSCounsellor available for Zoom sessions | A1 BUILDING SOLUTIONS- mentors |
| **Staffing** | | |
| Work from home processes | • All staff to bill and be paid for any remote mentoring hours delivered (this will represent a significant drop in income for<br>all staff).<br>• FT & PPT staff given the option to use sick leave and annual leave to top up their pay. Once this is exhausted, they will be given the option of accessing up to a $400 per week retainer for the extent of the closure (to be re-evaluated at 8 weeks)<br>• Casual staff will be given the option of accessing up to a $400 per week retainer for the extent of the closure (to be reevaluated<br>at 8 weeks) | |

| | • Phone call welfare checks for all staff implemented twice a week<br>• A1 BUILDING SOLUTIONS Counsellor available for Zoom sessions | |
|---|---|---|
| **Infection Control** | | |
| Best practice in home hygiene processes | • Individuals reminded to maintain good home health and hygiene. Particularly in shared living situations | All A1 BUILDING SOLUTIONS staff & clients |

**Recovery**

Recovery phase aims to restore all business and support functions to the pre-pandemic level. Considerations to be made in transitioning back
to this will include;
• Official advice regarding the pandemic having ended and permission for a return to business as usual
• Evaluating the risk and any additional vigilance required around a second wave of the virus
• Considering the transition of clients and staff who may be fearful, fatigued or emotionally fragile after isolation periods, potential
sickness and loss of loved ones
• Considering the emotional support needs of the team if the loss of client's lives has occurred through the period
• Any practical support for clients that may be required immediately (i.e. Restocking of food or medical supplies, mobility support due to
inactiveness)
• Linking people with any immediate services they may require as a result of isolation (i.e. mental health support, occupational therapy,
medical services) and the considering the likely pressure placed on these services upon a return to "business as usual."
• Ensure thorough clean of all shared spaces before people return
• Conducting a post-pandemic review to make any improvements or changes to the A1 BUILDING SOLUTIONS pandemic plan

| **About this release** | |
|---|---|
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| **Authorisation** | |
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