



BUSINESS CONTINUITY POLICY AND PLAN

Dec 2021

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1. CONTINUITY POLICY

POLICY

This policy sets guidelines on providing supports and services where there are staff shortages and/or due to a pandemic.

We will have arrangements in place to minimise the risk of cancellation, no show or late change to a schedule support. Service agreements between participants will include details of our cancellation arrangements (including rescheduling the support) and advice periods for cancellations and change to agreed appointments.

SCOPE

- Applies to all support and services provided to participants by District 360.
- Applies to all employees including key management personnel, full time workers, part time workers, casual workers, contractors and volunteers.

COMMITMENT TO UNINTERRUPTED SUPPORTS

- We are committed to ensuring day-to-day operations are managed in an effective way to avoid disruption and ensure continuity of supports.
- Our supports are planned with each participant to meet their specific needs and preferences.
- The participant's needs and preference are documented and provided to workers prior to commencing work with each participant to ensure the participant's experience is consistent with their expressed preferences.
- We have arrangements in place to ensure support is provided to the participant without interruption throughout the period of their service agreement.
- In the event the worker is absence or vacancy, a suitable qualified and/or experience person will perform the role.
- Where changes or interruption are unavoidable, we will make alternative arrangements which will explain to the participant and see their approval.
- Where applicable, we have disaster planning measures in place to enable continuation of critical supports before, during after a disaster.

2. ABOUT THIS PLAN

2.1. What is COVID-19?

Novel Coronavirus (COVID-19) is a new respiratory virus first detected in December 2019 in Wuhan, China. Coronaviruses are a large family of viruses that cause respiratory infections, ranging from the common cold to more serious diseases.

The majority of COVID-19 cases result in mild symptoms such as fever, cough and shortness of breath. However, it can lead to death, particularly in people who are older

or who have suppressed immune systems or pre-existing conditions such as hypertension, diabetes and cardiovascular disease.

COVID-19 has been rapidly spreading around the world since December 2019. The World Health Organization (WHO) has declared the outbreak a pandemic and Public Health Emergency of International Concern (PHEIC).

Efforts to contain the outbreak include social distancing, good hygiene and cleaning practices, quarantine and self-isolation. Governments around the world and in Australia are also enacting broader lockdowns of non-essential services. All of these measures have implications for the safety and wellbeing of vulnerable Australians and continuity of supports provided to them by community sector organisations.

2.2. Business Details

Business Location/s:

Western Australia

Head Office: U19 153 Kensington Street, East Perth WA 6004

Community Hub: 25/38 Fielder Street, East Perth WA 6004

Regional Office: 23 Rhodes Street, South Kalgoorlie WA 6430

Victoria

Melbourne Office: 31A Morton Street, Oakleigh South VIC

Services and Products:

District 360 provides Support Coordination, Psychosocial Recovery Coach, In-home personal care, supported independent living (SIL) and community access services for people with disability.

Key Demographics:

Participants: 210

Support Workers: 80

Support Coordinators: 10

Management/Operations: 14

Subcontractors: 0

District 360 currently supports 4 participants in its SIL home and 206 participants in their own homes or out in the community. Some participants are registered for programs at District 360 community Hub. The business employs 80 Support Workers, 10 Support Coordinators and 14 Head Office staff.

2.3. Purpose of this Document

This Plan provides a framework for the activation, allocation and deployment of business resources in response to the current COVID-19 pandemic and its impact on District 360's ability to continue providing services. The Plan focuses on strategies to protect the health and safety of staff and participants, as well as ensuring supports continue to be provided to District 360's participants wherever possible.

2.4. District 360's Planning and Response Approach

This Plan complements District 360's existing risk assessment, hazard identification and emergency planning activities. The business' Covid Response Team (CRT) meets regularly to review this plan and associated risks in light of the rapidly changing circumstances associated with the COVID-19 pandemic.

All staff, participants and other stakeholders will be communicated with regularly through the channels set out in this Plan. Staff who are unsure of the correct course of action to take in any given situation relating to the COVID-19 pandemic should seek advice immediately from their line manager or service coordinators.

3. KEY CONTACTS

3.1. District 360's COVID-19 Response Team (CRT)

The team responsible for managing District 360's response to and planning for the COVID-19 pandemic is listed below. This team is responsible for planning for District 360's response to the pandemic and reporting daily to the Management team.

Name	Position	Email	Mobile
Reilon Clark	HR	rei@district360.com.au	
Tiffany Gibbs	Participant Liaison Officer	tiffany@district360.com.au	
Wilfred Waigwam	Service Coordinator	wilfred@district360.com.au	
Joel Biggs	Service Coordinator	joel@district360.com.au	
Cynthia Koech	Community officer	cynthia@district360.com.au	

3.2. Key Management Contacts

Name	Position	Phone	Mobile
Tanya Johnston	Director	tanya@district360.com.au	0434723479
Mark Ravenscroft	Service Manager	mark@district360.com.au	
Agnes Simon	General Manager	agnes@district360.com.au	
Cindy Pike	General Manager	cindy@district360.com.au	
Melanie Ng	SC Manager	melanie@district360.com.au	

Local Public Health Unit – should you need advice about COVID-19, there are a range of resources, including www.health.gov.au, www.healthdirect.gov.au and the National Coronavirus Helpline (1800 020 080). However, should you need advice or response support at a local level, you can contact your local state or territory government Department of Health contacts.

These are:

- Queensland – the Department of Health has a number of local Public Health Units
- New South Wales – the Department of Health has a number of local Public Health Units
- Victoria – phone the Department of Health and Human Services on 1800 675 398
- Western Australia - WA – the Department of Health has a number of local Public Health Units
- Tasmania - phone the Tasmanian Public Health Hotline 1800 671 738
- Australian Capital Territory – phone the ACT Communicable Disease Control team on (02) 5124 9213 during business hours or (02) 9962 4155 after hours
- Northern Territory – phone the Department of Health's Public Health Unit on 08 8922 8044
- South Australia – Phone the Department of Health's Communicable Disease Control Branch on 1300 232 272

3.3. Business Support Contacts

The following people and organisations should be contacted by the CRT and Management Team as needed, to support business continuity and recovery.

Contact Type	Organisation Name	Contact	Position	Email/Mobile number
Accountant	First Class Account	Tony Tan	Accountant	tony.tan@firstclassaccounts.com
Solicitor/ Legal Advice	Tang Laws	Shivani Beri	Senior Lawyer	ShivaniBeri@tanglaw.com.au
Insurance	Phoenix Insurance Brokers	Murray Johnson	Director	mjohnson@phoenixins.com.au
Labour Hire Agency (Staff)	Carers Plus	Helen Ashworth	BDM	helen.a@carersplus.com.au
NDIS Safety and Quality Commission	NDIS Commission	-	-	1800 035 544
NDIS Local Area Coordinator (LAC)s	Mission Australia			1800 370 776
	APM			1300 276 522
	Brotherhood of St Laurence			1300 275 643
	Latrobe Community Health Service			1800 242 696
Local State Government	WA Department of communities			1800 176 888
	VIC Department of Health and Human Services			1300 650 172

4. RISK ASSESSMENT

4.1. Introduction to Risk Assessment

COVID-19 and its impacts present a range of risks to District 360. The below Risk Assessment sets out the key risks that have been identified that could impact the business itself, its staff and the people it supports.

District 360's Risk Management Approach is based on the following steps:

1. **Identify:** Identify risks that relate to the business, for instance, risks to participants, financial risks, work health and safety risks and risks associated with providing supports to participants.
2. **Analyse:** Outline the causes, impacts and existing treatments related to each risk identified, in order to determine a Risk Rating. Risk Ratings are based on an assessment of the likelihood of the risk occurring and the consequences faced by participants, staff and the business should the risk occur.

To analyse identified risks, use the following consequences' definitions relevant to the category of risk being assessed. As part of determining the consequences and likelihood, it is important to consider the worst outcome most likely to occur, not the absolute worst possible outcome.

Figure 1. Consequences Matrix

To analyse identified risks, use the following consequences definitions relevant to the category of risk being assessed.

Measure	Financial	Operational	Health and Safety (Participants/ Staff)	Compliance	Environmental
Extreme	Loss of 5% Total Profit or more	Loss or delay of more than 1 week of service delivery Unstable workforce with high turnover of staff, more than 30%	Fatality (1 or more deaths) Long term changes and disruptions to routines.	Breach of federal, state or local council regulation resulting in business closure.	Environmental disaster resulting in permanent damage beyond the local area.
Major	Loss of up to 5% Total Profit	Loss or delay of up to 1 week of service delivery Staff turnover greater than 20%	Loss of limb and/or Permanent Impairment Significant change and disruptions to routines.	Breach of federal, state or local council regulation resulting in penalties and/or prosecution	Irreversible environmental damage to the local area.

Moderate	Loss of up to 3% Total Profit	Loss or delay of up to 3 days of service delivery Staff turnover greater than 10%	Doctor/Hospital Treatment (Serious Injury with more than 7 days of either total or partial incapacity) Some changes and disruption to routines.	Multiple breaches of internal policy and procedure leading to potential federal, state or local council breach.	Environmental event extending beyond internal control; impact to local environment; breach of local council regulations.
Minor	Loss of profit up to 2%	Loss or delay of service delivery up to 1 day Staff turnover greater than 5%	First Aid Treatment (Less than 7 days partial incapacity) Slight disruption to routines.	Multiple breaches of internal policy and procedure with some disruption to services.	Environmental incident affecting local environment; controlled internally.
Insignificant	Marginal loss on profit (less than 1%)	Service delay of up to 1 hour. Stable workforce with less than 5% turnover.	Near miss/hit or no treatment (no incapacity) Little or no impact on routines.	One breach of internal policy and procedure with little/no impact.	Internally controlled environmental incident.

Figure 2. Likelihood Matrix

The following table is used to estimate the potential chance of the outcome (consequence) happening:

Rare	Unlikely	Moderate	Likely	Almost Certain
The event may occur in exceptional circumstances	The event could occur sometimes	The event should occur sometimes	The event will probably occur in most circumstances	The event is expected to occur most circumstances

Risk rating:

Low risk:	Acceptable risk and no further action required as long as the risk has been minimised as far as possible. Risk needs to be reviewed periodically.
Moderate risk:	Tolerable with further action required to minimise risk. Risk needs to be reviewed periodically.
High risk:	Tolerable with further action required to minimise risk. Risk needs to be reviewed continuously.
Critical risk:	Unacceptable risk and further action required immediately to minimise risk.
Catastrophic:	Unacceptable risk and urgent action required to minimise risk.

Once the consequence and likelihood have been determined using the above matrices, the following Risk Matrix provides the overall risk rating. Once risks have been evaluated, the risk rating provides the organisation with the ability to prioritise risk actions according to the potential severity. Very high risks (e.g. 1A) would require immediate attention and escalation to the CEO and the activity should not proceed. Very low risks (e.g. 5E) are lowest priority.

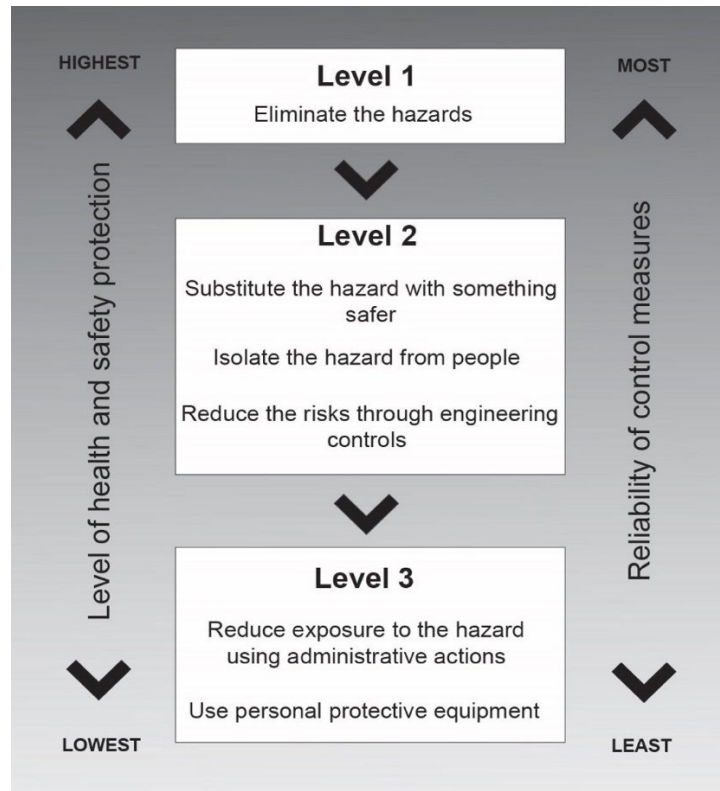
Figure 3. Risk Matrix

		LIKELIHOOD				
		1	2	3	4	5
Consequence		Rare	Unlikely	Moderate	Likely	Almost Certain
		The event may occur in exceptional circumstances	The event could occur sometimes	The event should occur sometimes	The event will probably occur in most circumstances	The event is expected to occur most circumstances
1	Insignificant	LOW	LOW	LOW	LOW	MODERATE
2	Minor	LOW	LOW	MODERATE	MODERATE	HIGH
3	Moderate	LOW	MODERATE	HIGH	HIGH	CRITICAL
4	Major	LOW	MODERATE	HIGH	CRITICAL	CATASTROPHIC
5	Extreme	MODERATE	HIGH	CRITICAL	CATASTROPHIC	CATASTROPHIC

- Treat:** Identify one or more Risk Treatments for each risk identified and implement existing and future treatments to prevent or mitigate the risk. Risk Treatments (also known as Controls) should be based on the below Hierarchy of Controls, with

highest preference given to Level 1 controls and lowest preference given to Level 3 controls.

Figure 4. Hierarchy of Controls – Types of Risk Controls



4. **Monitor:** Regularly monitor risks and their treatments/controls to ensure current Risk Treatments are adequate and that no new risks have arisen. This COVID-19 Risk Assessment is to be monitored quarterly.
5. **Report:** Regularly report the outcomes of reviews and actions taken. The CRT is to report to the Management team on a monthly basis.

4.2. District 360 COVID-19 Risk Assessment

Assessment location	Assessment date
District 360 Head Office	28/04/2021
Persons Involved in Risk Assessment (Team)	Signature
Tanya Johnston	
Mark Ravenscroft	
Agnes Simon	
Cindy Pike	
Melanie Ng	
Describe the focus of the risk assessment	
Impact of COVID-19 pandemic on all of District 360's operations, including service delivery, participants and staff.	
Sources referenced	
Department of Health website WA and VIC Department of Health website	

Risk Identification and Assessment

Identify the key risks presented by COVID-19 to your business. For each, assign a risk rating based on current controls you may have in place already. Identify additional controls you can enact and note the type of control (based on the Hierarchy of Controls) as well as the final (residual) Risk Rating that takes the additional controls into account.

Risk Number	Risk Description	Current Risk Controls	Initial Risk Rating	Proposed Risk Controls	Type of Risk Control	Residual Risk Rating
1	Potential COVID-19 Infection of staff member or participant preventing full service delivery	<ul style="list-style-type: none"> - Following Department of Health advice and social distancing requirements to minimise spread. - Enacting CRT and COVID-19 Response Plan - Implemented reporting procedures to notify District 360 of confirmed or suspected COVID-19 case <p><i>Note: if you have not already enacted any of these controls, move them to proposed risk controls and enact them.</i></p>	Major	<ul style="list-style-type: none"> - Assessment of participant needs based on each individual to determine priority of participant services. - Make contact with other local providers/organisations who can assist with delivery of services if District 360 experiences a staff shortage - Notification to NDIS Commission/Aged Care Quality and Safety Commission of impacts 	Administrative Isolation	Major
2	Mass illness of participants and/or staff leading to possible death/s	<ul style="list-style-type: none"> - Enacting CRT and COVID-19 Response Plan - Implemented reporting procedures to notify District 360 of confirmed or suspected COVID-19 case 	Catastrophic	<ul style="list-style-type: none"> - Assessment of participant needs based on each individual (see section 1.4) to determine priority of participant services. - Notification to NDIS Commission/Aged Care Quality and Safety Commission of impacts 	Administration	Catastrophic

3	PPE Shortage creating risk of inability to apply sufficient infection control measures	<ul style="list-style-type: none"> - Stock available until [date] - Additional order has been placed 	Major	<ul style="list-style-type: none"> - Source alternate supplier/s Determine other reasonable ways to deliver services without compromising health and safety 	Administrative	Major
4	Potential negative financial consequences due to impacted service delivery	Regular monitoring of financial position	Catastrophic	Continue to assess available government/financial supports that District 360 may be eligible for (and apply)	Administrative	Catastrophic
5	Staff failure to follow District 360's policies and procedures, leading to a COVID-19 infection, potential incident or non-compliance	Reminding all staff importance of following existing Policies and Procedures and any new measures	Catastrophic	Providing regular communication to all stakeholders to reduce fear, panic and anxiety to help keep high standard of service delivery in accordance with procedures.	Administrative	Catastrophic

Review

Date	Reviewer Name	Reviewer Signature
27 August 2021	MR, TJ, AS, FM, JB, BJ	
Description of any changes		
If participant has symptoms similar to COVID?		

Date	Reviewer Name	Reviewer Signature
Description of any changes		

Date	Reviewer Name	Reviewer Signature
Description of any changes		

Date	Reviewer Name	Reviewer Signature
Description of any changes		

5. STRATEGIES TO SUPPORT PLANNING AND RESPONSE

5.1. Communication

District 360's CRT meets [daily] to review this plan and associated risks in light of the rapidly changing circumstances associated with the COVID-19 pandemic.

Uncertainty and anxiety caused by COVID-19 can be allayed by communicating calmly, clearly and consistently with staff, participants and other stakeholders. Communications should provide assurance to:

- staff that the business is responding to the pandemic with their health and safety as a priority; and
- participants that the business is actively working to ensure their needs are prioritised in a safe way.

Communications to both groups should be regular and clear, so staff and participants trust the business' approach and that they are being kept up to date.

All staff, participants and other relevant stakeholders will be provided with updates via email when new information is available, and the CRT determines an update is required. Management staff are also responsible for distributing information provided to them by the CRT to the staff they supervise.

Urgent matters will be addressed by contacting the impacted people directly via phone and a request they confirm receipt of the update.

Additional staff will be appointed as needed by District 360 to ensure information is communicated as efficiently as possible – the CEO will be assisted by these staff as required.

Where possible, staff enquiries regarding District 360's response to and planning for the COVID-19 pandemic should be directed to their line manager. Participant and other enquiries should be directed to the relevant Service Manager, Service Coordinator and/or Support Coordination Manager

Answering questions from participants and other stakeholders

District 360 aims to reduce uncertainty and anxiety caused by the COVID-19 outbreak as much as is reasonably possible by communicating calmly, clearly and consistently with staff, participants and other stakeholders.

As part of communication, the CRT will provide a comprehensive update to the CEO, so that there is consistent messaging with the information that is being provided to participants and staff. Where possible, a brief written summary will be provided to the CEO so they are clear about what the message is.

All staff are expected to keep up-to-date with District 360's communications regarding its response to and planning for the COVID-19 pandemic. Responses provided to participants and other queries by staff should be consistent with the information distributed by District 360.

If the CEO does not know the answer to a staff query or are unsure, they must first seek clarification from the CRT before responding. It is ok to say, “I am not sure, but I will check and get back to you as soon as possible”.

Staff who are unsure of how to respond to a particular query from a participant should seek advice immediately from their direct Manager before responding. It is ok to say, “I am not sure, but I will check and get back to you as soon as possible”.

5.2. Training

Staff must undertake the following training to better understand COVID-19 as well as the measures they can take to help prevent and manage the outbreak. Evidence of completing this training should be provided to your line manager.

- Infection Control Training – Covid 19 (Australian Government Department of Health)

Standard precautions are to be used routinely. This should be used in areas with significant community transmission of COVID-19 and apply to all staff, participants and carers.

Key elements are:

- **Hand hygiene** before and after each episode of resident contact and after contact with potentially contaminated surfaces or objects (even when hands appear clean).
 - Gloves are not a substitute for hand hygiene. Staff should perform hand hygiene before putting gloves on and after taking them off.
- **Use of PPE** if exposure to body fluids or heavily contaminated surfaces is anticipated (gown, surgical mask, protective eyewear, and gloves).
- **Cough etiquette** and respiratory hygiene.
 - Cough into a tissue (and discard the tissue immediately) or into the bend of the elbow; perform hand hygiene.
- **Regular cleaning** of the environment and equipment. •
- **Safe handling** of linen and waste •
- **Safe food handling** and cleaning of used food utensils
- **Provision of alcohol-based hand sanitiser** at the entrance to the DRS and other strategic locations.

Staff are also expected to be familiar with District 360’s policies and procedures regarding workplace health and safety, risk management and incident management.

Any staff who feel they require additional formal or on-the-job training should speak to their line manager

5.3. Staffing

District 360's staffing requirements are expected to vary depending on the demand for services and the ability to provide them, as well as whether staff or their families are directly impacted by COVID-19 and are required to self-isolate or quarantine.

Should staffing levels drop below those required to meet service demand, District 360 will consider:

- working with other NDIS providers to utilise staff they employ who may have capacity;
- working with Carers Plus or Sugarman to quickly identify and place new temporary staff. District 360's CEO has already had discussions with the above mentioned labour hire agencies to prepare for this; and
- reviewing services and supports provided to participants and whether these can be prioritised or delivered through other means.

Should demand for support drop below what staff have capacity to provide, District 360 will consider the staff-related actions outlined in *Part 4.4 Financial Viability*.

Any staff who are unwell **MUST NOT** come to work and should notify their line manager and the scheduling team immediately.

All staff will be kept updated about District 360's staffing arrangements through regular COVID-19 communications, as detailed above.

5.4. Financial Viability

District 360's CEO is monitoring cash-flow on a weekly basis and regularly reviewing the business' budget, expenditure and financial forecasts (including alternative forecasts in the event different scenarios occur) to ensure ongoing business viability.

Measures that District 360 will consider implementing should the forecast financial viability of the business necessitate them, include:

- cancelling non-essential supply contracts or services
- redeploying staff with capacity to other areas of the business that require additional support;
- reducing rostered hours;
- requesting that full or part-time staff take any available paid annual leave.
- reviewing casual working arrangements; and
- standing down staff for a specified period (as a last resort).

Any actions taken by District 360 will be in accordance with District 360's Human Resources Policy and Procedure, and the Fair Work Act 2009 (see <https://www.fwc.gov.au/>).

The Accountant and bookkeeper will monitor any Federal and WA and VIC Government Incentives/Support that become available that may assist District 360 with continuity of services and help prevent financial hardship.

5.5. Property and Infrastructure

Head Office

In the case of a lockdown District 360's Head Office will be closed to the public, with only essential staff to attend. A minimum of two staff must be on site at all times however all staff must practice social distancing and regular hand hygiene.

In the event a staff member is exposed to COVID-19, the Head Office will be closed, and all staff are to work from home using computers and phones provided by the business. In this circumstance, where possible, all staff are expected to maintain their usual workload and routines, including attending meetings, which will be held via [teleconference / videoconference. District 360 will endeavour to provide all equipment (laptops, computer, screens, chairs) to enable staff to work safely from home as quickly as possible.

SIL Environments

Staff working in District 360's supported independent living homes must follow the following infection prevention and management protocols:

- screen all visitors for illness symptoms;
- increase the regularity of cleaning regularly used surfaces to two hourly and broader amenities to twice daily;
- practice regular hand hygiene by sanitising or washing hands before and after entering a home, preparing or eating food, going to the bathroom, touching their face or blowing their nose;
- increase the access to hand washing/sanitisation areas such as hand sanitiser placed at each entry/exit; and
- use personal protective equipment wherever necessary.

Staff responsible for supplies and stock management in homes must ensure all homes have an adequate store of non-perishable food to ensure residents dietary needs are met for at least one week. They should also put in place plans to keep stores maintained at this level.

In the event a staff member or participant is exposed to COVID-19, District 360's CRT will undertake an immediate assessment and identify the most appropriate response. This might include the use of alternative premises.

Impacted staff and participants will be contacted directly by the CRT regarding any changes to arrangements in District 360's SIL homes.

5.6. Insurance

The following insurance policies should be reviewed by the CEO and CRT when planning for and responding to the COVID-19 pandemic.

Type of insurance	Cover (\$)	Expiry	Broker or agent	Contact person	Phone
Public Liability – Ansvar Insurance 02.240.0629698	\$20 million	20 Aug 2021	Pheonix Insurance Brokers	Murray Johnson	0418 563 599 / 08 9754 2286
Professional Indemnity - Ansvar Insurance 02.240.0629698	\$20 million	20 Aug 2021	Pheonix Insurance Brokers	Murray Johnson	0418 563 599 / 08 9754 2286
Workers Compensation Insurance - WWC0000952	\$50 million	25 May 2021	Allianz	Allianz	
Motor vehicle – Suncorp	34,500	26 May 2021	Suncorp		

6. DISTRICT 360 COVID-19 RESPONSE PLAN

6.1. Definitions

Exposure site - These premises have either had confirmed cases visit during their infectious period or are sites where a confirmed case may have acquired their infection. This does not mean that there is an ongoing risk associated with the premises. You can safely visit the site in line with current restrictions.

- The exposure period reflects the date or time that someone with COVID-19 visited that location. This visit occurred during the time that person was infectious. This includes 48 hours prior to them developing symptoms.
- Locations are identified during contact tracing. Contact tracing occurs after someone tests positive for COVID-19.
- Locations stay on the list for 14 days after the last time someone with COVID-19 visited during the period. 14 days is the longest period of time (incubation period) that someone who visited a location and came in to contact with someone who has COVID-19 could have the virus before they show symptoms.
- The Department also manages a number of exposure sites which it doesn't publish online, particularly if these sites represent very low risk exposures, or if they have comprehensive record keeping and contact tracing measures in place and are not attended by members of the public. (For example, a school, private social gathering or small office setting).

Isolation or Quarantine¹ – where a person has tested positive for COVID-19 or is at risk of being infected with COVID-19 (for instance, they have recently returned from interstate or overseas or had contact with a person with COVID-19) they are required to isolate themselves, which is also known as quarantine.

In the latter case, the person may or may not actually be infected. The person is required to quarantine or self-isolate themselves until 14 days have passed to reduce any chance of the infection spreading. If the person is well at the end of the 14 days, they may resume normal contact, providing they stay well.

If the person becomes unwell during the 14-day period, they must be tested for COVID-19. Test results may take some days. People with serious symptoms will be hospitalised and isolated from other patients to prevent the virus spreading. If the person is well enough to return to isolation and wait for their test results (as determined by a doctor).

If the person tests negative, they are still required to stay isolated/quarantined for the full 14 days in the event the infection is present but has not yet manifested.

Staff – where the term staff is referenced in this plan, it includes employees, subcontractors, volunteers, and any other person who is performing work for District 360.

¹ [What you need to know about coronavirus \(COVID-19\)](#), Department of Health, March 2020.

6.2. Response Plan

The below stages outline the steps that will be enacted to plan for and respond to the COVID-19 pandemic based on specific trigger events. District 360 may be required to move between these stages depending on the circumstances. All escalations or de-escalations between Stages will be assessed, approved and communicated by District 360's CRT.

STAGE 1: Preparation and Prevention

Activities	Lead Responsibility	Notes	Communication	Timing
PLANNING				
Planning Meetings	COVID-19 Response Team (CRT)	<ul style="list-style-type: none"> Meetings must review current Government advice, escalated issues from staff and participants; participant support priorities, staffing levels and scenario planning, and financial impacts. 	<p>Outcomes of all meetings to be relayed to CEO / Management Team</p> <p>Communications to be distributed to staff and/or participants after meetings where information has changed or been updated.</p>	Daily
Business Continuity Planning	CRT in collaboration with Management Team	<ul style="list-style-type: none"> Complete a business wide Plan and, if required, service and/or location-specific Plans Undertake staff succession planning – identify minimum staffing requirements across services and how key roles will be filled in the event staff cannot attend work due to illness, isolation/quarantine or caring responsibilities Review facilities and health risk participants – identify health, safety and security arrangements required and alternative facility use options Review PPE supplies and requirements; establish an ordering schedule and identify alternative supply 	<p>Outcomes to be relayed to CEO / Management Team and relevant information to be provided to staff and participants through regular COVID-19 communication updates</p>	To be conducted by 30 June 2021 then reviewed weekly.

Activities	Lead Responsibility	Notes	Communication	Timing
		sources in the event of shortages or delivery delays		
Communication	CRT and Line Managers	<ul style="list-style-type: none"> • Ensure all staff and participant records are up to date including emergency contacts • Operations Manager is responsible for ensuring all records are reviewed and maintained 	<p>Provide initial advice to staff and participants regarding COVID-19, what it is and how the business is responding</p> <p>Provide regular, ongoing advice, where relevant, following CRT Planning Meetings</p>	Reviewed weekly.
Work from Home Preparation	CRT and Line Managers	<ul style="list-style-type: none"> • Staff to be identified by the CRT in collaboration with line managers • Identified staff to consider potential working from home arrangements and discuss their IT and information security needs with their line manager 	Communications between identified staff and CRT to be mediated by line managers.	Regular review of current work from home arrangements.
Service Prioritisation	Service Manager, Service Coordinator and Support Coordinators	<ul style="list-style-type: none"> • Review current participant requirements in order to prioritise services based on: <ul style="list-style-type: none"> ○ people receiving essential services (e.g. personal care assistance, in-home supports) ○ people who have very limited/no family or other support if District 360 cannot attend ○ people who need essential services but have family/support ○ services that can continue but remotely ○ non-essential services (may need to be less frequent/delayed or temporarily cancelled) ○ any other high-risk factors 	<p>Provide initial advice to participants that services may be impacted and how</p> <p>Report weekly to the CRT</p>	On announcement of pandemic lockdown

Activities	Lead Responsibility	Notes	Communication	Timing
		<ul style="list-style-type: none"> Operations Manager is responsible for ensuring all records are reviewed and maintained 		
<i>Pandemic point of contact</i>	Service Manager or Support Coordinator Manager	<ul style="list-style-type: none"> During a pandemic lockdown, the Service and Support Coordination Manager will be the key point of contacts for escalation of issues. If the issue cannot be resolved, then they are to report to the CEO for direction. 	Open communications line to be kept open and CEO to be kept in formed.	
INFECTION PREVENTION				
Social Distancing	All staff	<ul style="list-style-type: none"> DO NOT ATTEND WORK if you have recently returned from overseas or interstate travel or potentially had contact with someone infected with COVID-19. You MUST self-isolate/quarantine. See <i>Part 4.2.4. COVID-19 Infection or Suspected Infection Response Flow Charts</i> Maintain 1.5 metre distance from others wherever possible Avoid physical contact (e.g. handshakes) wherever possible Identify alternative arrangements for participants whose support is provided in a social setting Also refer to District 360's [Infection Control Policy and Procedure] 	CRT and line managers to distribute information in team meetings and regular COVID-19 updates.	At all times, ongoing

Activities	Lead Responsibility	Notes	Communication	Timing
Attendance to exposure site	All staff	<ul style="list-style-type: none"> If you have been notified that you have been to an exposure site, please DO NOT ATTEND WORK and isolate. Get a COVID-19 test immediately and continue to isolate until you get your results. You must inform District 360 immediately so we can inform any person/s that may have been in contact to do the same 	CRT and line managers to distribute information in team meetings and regular COVID-19 updates. Inform participant and their place of resident to do the same, isolate, COVID test until cleared.	At all times, ongoing
Cleaning Practices	All staff	<ul style="list-style-type: none"> Daily cleaning of all surfaces in areas of responsibility Use PPE including gloves Also refer to District 360's Infection Control Policy and Procedure in the Health and Safety Employee Manual. 	CRT and line managers to distribute information in team meetings and regular COVID-19 updates.	At all times, ongoing
Hand Hygiene	All staff	<ul style="list-style-type: none"> Sanitise or wash hands before and after physical contact with another person; entering or leaving a facility; preparing or eating food; going to the bathroom; touching your face; blowing your nose. Also refer to District 360's Infection Control Policy and Procedure in the Health and Safety Employee Manual. 	CRT and line managers to distribute information in team meetings and regular COVID-19 updates.	At all times, ongoing
Symptoms Monitoring	All staff	<ul style="list-style-type: none"> Monitor own symptoms – if unwell with any illness symptoms, DO NOT ATTEND WORK and notify your line manager Be alert for developing symptoms of illness in yourself and others - use healthdirect's Symptoms Checker to assist 	CRT and line managers to distribute information to staff and through regular COVID-19 updates. Also advise participants to expect to be screened before each service for their and their support workers' health and safety: Support Coordinators and Service Coordinators to contact all participants	At all times, ongoing

Activities	Lead Responsibility	Notes	Communication	Timing
		<ul style="list-style-type: none"> Prior to each participant interaction, screen them for symptoms For personal care / clinical participants screen for symptoms and check their temperature at least twice a day 	they're responsible for and support workers to advise prior to commencing each service provision. Escalate any concerns to line managers	
TRAINING				
COVID-19 Specific Training	All staff	<ul style="list-style-type: none"> Complete the Department of Health's <u>online course</u> prior to employment with District 360. 	CRT and line managers to distribute information in team meetings and regular COVID-19 updates. Operations Manager to send reminder email to all staff 2 days prior to due date and follow up directly once overdue.	Provide Certificate of Completion to HR on employment.
Conversations about COVID-19	All staff	<ul style="list-style-type: none"> Complete training sessions with Line Managers regarding having conversations with participants and stakeholders regarding COVID-19, including the need to screen for symptoms and potentially adjust service delivery 	Training to be delivered by Operations Manager Admin Assistant to monitor staff attendance and ensure all staff receive training	Provide Records of Attendance to HR.
MENTAL HEALTH AND WELLBEING				
Communication and Support for Participants and Staff who may	Human Resources team All Staff	<ul style="list-style-type: none"> Provide information to staff about access to EAP services (confidential service) if feeling stressed, anxious or overwhelmed 	<ul style="list-style-type: none"> Management to regularly communicate/ remind staff of available EAP services 	At all times, ongoing

Activities	Lead Responsibility	Notes	Communication	Timing
be feeling stressed, anxious or overwhelmed		<ul style="list-style-type: none"> Encourage participants and staff to access key mental health support organisations if they need Encourage participants and staff to keep in touch with each other via telecommunications, social media to ensure community spirit remains high Service Manager / Service Coordinators to provide information and guidance for all support workers to assist with conversations with participants who are experiencing a heightened level of anxiety. If a staff member is concerned about a participant or other staff member, inform staff to contact the Operations Manager to obtain further advice 	<ul style="list-style-type: none"> Ensure consistent messaging and communication at all times Inform staff they may contact the Service Manager for advice CRT and Managers to respond to any questions, concerns or issues raised as soon as possible to allay unnecessary fears. If it requires time to determine what the appropriate response is, acknowledge the person's query and advise you will come back to them as soon as possible. 	
PARTICIPANT OR STAFF INCIDENTS (NOT COVID-19 RELATED)				
Reporting and responding to Non-COVID-19 incidents (business as usual)	CRT and CEO	<ul style="list-style-type: none"> Ensure that all staff and participants are aware that any incidents must still be reported to the relevant Manager for action and follow up Should any Manager normally designated to respond be affected by the COVID-19 situation, ensure an alternate Manager or staff member is appointed to oversee these processes. 	Inform staff and participants that all existing incident reporting procedures remain current and reminder that these must be followed at all times	At all times, ongoing
MANAGEMENT OF CRITICAL SUPPLIES (e.g. PPE)				

Activities	Lead Responsibility	Notes	Communication	Timing
Ensuring adequate supply of PPE, including gloves, masks and sanitiser	CRT and Admin team	Check current stock of PPE and ensure adequate supply. Monitor stock levels daily during a pandemic and ensure orders are placed as soon as possible to allow for delivery delays and potential shortages.	If PPE is not available, providing advice to staff on how to deliver services to maintain infection control practices	Daily

STAGE 2: Closure of Non-Essential Services / Infection in Local Area

Stage 2 includes all actions outlined in Stage 1, plus the following:

Activities	Lead Responsibility	Notes	Communication	Timing
PLANNING				
Service Prioritisation	Service Manager, Service Coordinator and Support Coordinator	<ul style="list-style-type: none"> Review weekly 	Provide ongoing advice to participants whose services are impacted Report weekly to CRT	Review weekly
INFECTION PREVENTION				
Work from Home	Identified staff	<ul style="list-style-type: none"> Identified staff to work from home Remove any staff working from office if isolation directions increase 	As per Stage 1	Ongoing
Social Distancing	All staff	<ul style="list-style-type: none"> As per Stage 1 Do not undertake community access supports wherever possible 	As per Stage 1	As per Stage 1
Cleaning Practices	All staff	<ul style="list-style-type: none"> As per Stage 1 Twice-daily cleaning of all surfaces in areas of responsibility 	As per Stage 1	As per Stage 1
TRAINING				
Supporting other roles	CRT and Human Resources Manager	<ul style="list-style-type: none"> Support staff to formally hand over work and/or upskill in order to take on others' roles 	<ul style="list-style-type: none"> Ensure staff are aware of the temporary nature of the changes (expectation to return to original role as soon as practicable) 	Ongoing

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STAGE 3: Staff Member or Participant Infected with COVID-19

Stage 3 includes all actions outlined in Stages 1 and 2, plus the following:

Activities	Lead Responsibility	Notes	Communication	Timing
PLANNING				
CRT Assessment	CRT	<ul style="list-style-type: none"> Undertake a thorough assessment of the situation and make recommendations for control steps based on the specific circumstances of the infection/s Work closely with health authorities and regulators to conduct the assessment and implement actions 	<p>To be determined by CRT</p> <p>CRT to engage and report to local public health unit and State/Federal Government agencies as required (e.g. NDIS Quality and Safeguards Commission <i>Notification of event form – COVID-19 (Registered providers form)</i>)</p>	Within 2 hours of identification of infected person
INFECTION PREVENTION AND MANAGEMENT (Also see Part 4.2.4. COVID-19 Infection or Suspected Infection Response Flow Charts)				
Social Distancing	All staff	All staff/participants who have had contact with the infected person over the last two weeks to self-isolate	CRT or appropriate delegate to make direct contact with impacted staff and participants	As required
Cleaning Practices	All staff	<ul style="list-style-type: none"> 2-hourly cleaning of all surfaces in areas of responsibility Immediate thorough clean of all surfaces and items touched by the infected person 	CRT or appropriate delegate to make direct contact with impacted staff and participants	Ongoing

STAGE 4: Outbreak (facility/group home environment)

The definition of an outbreak is:

A single confirmed case of COVID-19 in a resident, staff member or frequent attendee of a care facility (*as per Department of Health guidelines for aged care residential care providers – best practice recommendations for all group home care providers where appropriate*).

Stage 4 includes all actions outlined in Stages 1, 2 and 3, plus the following:

Activities	Lead Responsibility	Notes	Communication	Timing
PLANNING				
Notify the local state/territory public health unit	CRT	Notify local state/territory public health unit utilising any required forms via Department of Health/NDIS Commission website (if required depending on service type)		Review daily
Establish Outbreak Management Team (OMT)	CRT expansion to include Chairperson, Secretary, Outbreak coordinator, Media spokesperson, Outside specialists if available: public health officer and general practitioner	The team should not be part of day-to-day facility/group home management. A small number of staff might need to perform multiple roles in the team.	Liaise with GPs and the local public health unit, as required.	Meet daily to monitor outbreak and initiate changes
Document Cases	OMT	Document needs to include name/initials of infected persons, date they became unwell, location within the facility/home, whether they reside with others and the		Update daily

Activities	Lead Responsibility	Notes	Communication	Timing
		details of any new locations they have been moved to (to isolate).		
Commence communication	OMT	Notify all staff, residents of facility/group home and visitors (if relevant) that a case of COVID-19 has occurred in the facility/group home.	Inform relevant people that there is: <ul style="list-style-type: none"> • only one case (if applicable), and • testing of members of the setting as a precaution. 	Immediately, ongoing as required
INFECTION PREVENTION				
Ensure affected residents are not spreading the virus to others	OMT and all staff	<ul style="list-style-type: none"> • Implement plan to place unwell persons in single rooms with own ensuite if feasible. • Where possible ensure resident remains in their room only. • If single rooms are not available, the public health unit will help identify suitable sites. This enables housing together (cohorting) of individuals who are unwell or who are in quarantine. 		Ongoing
Prevent Infection Outside of Facility/Group Home	OMT	Suspend group activities, particularly those that involve visitors (e.g. musicians, exercise leaders). Postpone visits from non-essential external providers (e.g. hairdressers, podiatrists).	Inform regular visitors including families of the outbreak of COVID-19 and request only essential visits. Children under 16 should not attend unless there are extenuating circumstances	Daily
Transmission Based Precautions	OMT and All Staff	Implement the use of transmission based precautions in addition to standard precautions.		Daily
Staff Isolation	OMT and All Staff	Once cases are isolated, to further reduce the risk of transmission:	Considerations in choosing dedicated staff: Ensure staff have recently completed infection control training. Do	Daily

Activities	Lead Responsibility	Notes	Communication	Timing
		<ul style="list-style-type: none"> • specific staff should be allocated to the care of residents with COVID-19 who are in isolation • staff members must not move between their allocated room/section and other areas of the facility or provide care for other residents. 	not assign staff who are at risk of having more severe disease if they are infected.	
Cleaning Practices	All staff	<ul style="list-style-type: none"> • As per Stage 1 however enhanced environmental • Twice-daily cleaning of all surfaces in areas of responsibility 	For terminal cleaning, use either a: <ul style="list-style-type: none"> • 2-step clean (detergent first then disinfectant) OR • 2-in-1 step clean (using a combined detergent/disinfectant). 	As per Stage 1
MONITOR PROGRESS AND DECLARE OUTBREAK OVER				
Increase active observations and testing	OMT	Repeat testing allows the outbreak to be closely observed. It also will make it clear when the outbreak can be declared over. In most circumstances, an outbreak can be declared as over 14 days post isolation of the last case.	The decision to declare the outbreak over should be made by the Outbreak Management Team. This should be done in consultation with the public health unit.	

7. RECOVERY

7.1. What is Recovery?

For the purpose of this Plan, recovery is defined as the return to 'business as usual' operations following the successful containment of COVID-19, and advice to this effect from State and Federal Government agencies.

However, it is important to note that, particularly given the extensive societal impacts of COVID-19, 'business as usual' may look different after containment of the virus to what it did before the outbreak.

7.2. Recovery Support

The following people and organisations should be contacted by the CRT and the CEO to support business recovery following containment of COVID-19.

Contact Type	Organisation Name	Contact	Title	Phone/Mobile number
Phones and Internet	Power Networx	Andrew Garland	BDM	08 6478 0204
Insurance	Pheonix Insurance Brokers	Murray Johnson	Director	0418 563 599

7.3. Recovery Strategies

STAGE 4: Recovery

Activities	Lead Responsibility	Notes	Communication	Timing
PLANNING				
Recovery Planning	CRT	<ul style="list-style-type: none"> Meetings must review current Government advice, escalated issues from staff and participants; participant support priorities, staffing levels and scenario planning, and financial impacts. Start to prepare for Recovery once it becomes clear that the outbreak is being brought under control. Once under control, meet regularly to support the business' recovery. Outcomes of all meetings to be relayed to the CEO with the intention to hand management of the situation over to the CEO once it is deemed appropriate to do so. 	Communications to be distributed to staff and/or participants leading up to, upon and following containment as well as after any meetings where information has changed or been updated. Communications should address the business' progress towards 'business as usual'.	Daily in the immediate days after containment confirmed. Less frequently as the situation becomes more stable. Cease meetings once management is handed over to the CEO
Business Continuity Planning	CRT in collaboration with relevant teams	<ul style="list-style-type: none"> Return staff to their previous positions as they are reasonably able to return to work (ensure all necessary medical clearances are obtained) Review facilities – identify health, safety and security arrangements required to restore accessibility 	Outcomes to be relayed to the CEO and relevant information to be provided to staff and participants through regular COVID-19 communication updates	Reviewed weekly

Activities	Lead Responsibility	Notes	Communication	Timing
Communication	CRT and Managers	<ul style="list-style-type: none"> • Ensure all staff and participant records are up to date including emergency contacts 	Provide regular, ongoing advice, where relevant, following CRT Planning Meetings regarding restoration of services.	Reviewed weekly
Return to Office	CRT and Identified staff	<ul style="list-style-type: none"> • Identified staff to be enabled to return to District 360's office/premises. 	Communications between identified staff and CRT to be mediated by Managers.	
PARTICIPANTS				
Service Prioritisation	Service Manager, Service Coordinator and Support Coordinator	<ul style="list-style-type: none"> • Review current participant requirements in order to restore services based on the following priorities: <ul style="list-style-type: none"> ○ people receiving essential services (e.g. personal care assistance, in-home supports) ○ people who have very limited/no family or other support if District 360 cannot provide services ○ people who need essential services but have family/support ○ services that can continue but remotely ○ non-essential services (may need to be less frequent/delayed or temporarily cancelled) ○ any other high-risk factors • Operations Manager is responsible for ensuring all records are reviewed and maintained 	Continue to keep participants and staff informed about the restoration of services. Report weekly to the CRT.]
INFECTION PREVENTION AND MANAGEMENT (Also see Part 4.2.4. COVID-19 Infection or Suspected Infection Response Flow Charts)				

Activities	Lead Responsibility	Notes	Communication	Timing
Relax infection control measures applied specifically for COVID-19	CRT and all staff	<ul style="list-style-type: none"> Review current recommendations from Department of Health on measures (if any) that can be reduced or removed. Ensure minimum standards from District 360's [Infection Control Policy and Procedure] is maintained. 	Inform staff of any relevant changes to hygiene and infection control practices.	To be conducted by [date] then reviewed [weekly]
Reduce cleaning practices applied specifically for COVID-19	CRT and all staff	<ul style="list-style-type: none"> Review current recommendations from Department of Health on measures (if any) that can be reduced or removed. 	Inform staff of any relevant changes to cleaning requirements.	To be conducted by [date] then reviewed [weekly]
<i>As the situation evolves additional actions can be added here</i>		<ul style="list-style-type: none"> 		
District 360'S OPERATIONS INCLUDING FINANCIAL MANAGEMENT				
Conduct an overall damage impact assessment	CRT with CEO	<ul style="list-style-type: none"> Review all key aspects of the organisation, including service provision, participants, staffing, financial management, quality assurance to determine likely ongoing impacts. Update and review District 360's strategic and operational planning accordingly. Consider District 360's potentially new position in the market, and take charge of the emerging situation (show leadership and proactivity). 	Determine any key changes to District 360's operations and communicate to relevant stakeholders accordingly.	To be conducted by [date] then reviewed [weekly]

Activities	Lead Responsibility	Notes	Communication	Timing
MENTAL HEALTH AND WELLBEING				
Communication and Support for Participants and Staff who may be feeling stressed, anxious or overwhelmed	Human Resources All Staff	<ul style="list-style-type: none"> • The effects of the COVID-19 pandemic can disrupt lives both physically and psychologically, creating intense emotional distress for those affected. It is important to continue to support participants and staff following the height of the pandemic, and as things return to normal in the following days, weeks and months. • Provide information to staff about access to EAP services (confidential service) if feeling stressed, anxious or overwhelmed • Encourage participants and staff to access key mental health support organisations if they need • Service Manager or Support Coordination Manager to provide information and guidance for all support workers to assist with conversations with participants who are experiencing a heightened level of anxiety. • If a staff member is concerned about a participant or other staff member, inform staff to contact the Operations Manager to obtain further advice 	<ul style="list-style-type: none"> • Operations Manager and CEO to regularly communicate/remind staff of available EAP services • Ensure consistent messaging and communication at all times • Inform staff they may contact the Operations Manager for advice • CRT and CEO to respond to any questions, concerns or issues raised as soon as possible to allay unnecessary fears. If it requires time to determine what the appropriate response is, acknowledge the person's query and advise you will come back to them as soon as possible. 	At all times, ongoing
Appreciation and thanks	[CRT and Governing Body]	<ul style="list-style-type: none"> • Acknowledge staff and participants and any other stakeholders for their assistance, cooperation and support during this unprecedented time. 		To be conducted by [date]

7.4. Impact Assessment

Use this table to assess the impact of an emergency on your business.

Damage	Impact to business	Severity	Action	Recovery steps	Resources needed	Actioned by	Estimated date of completion

7.5. Insurance Claims

Use this table to keep a record of contacts you have made with respect to claiming insurance.

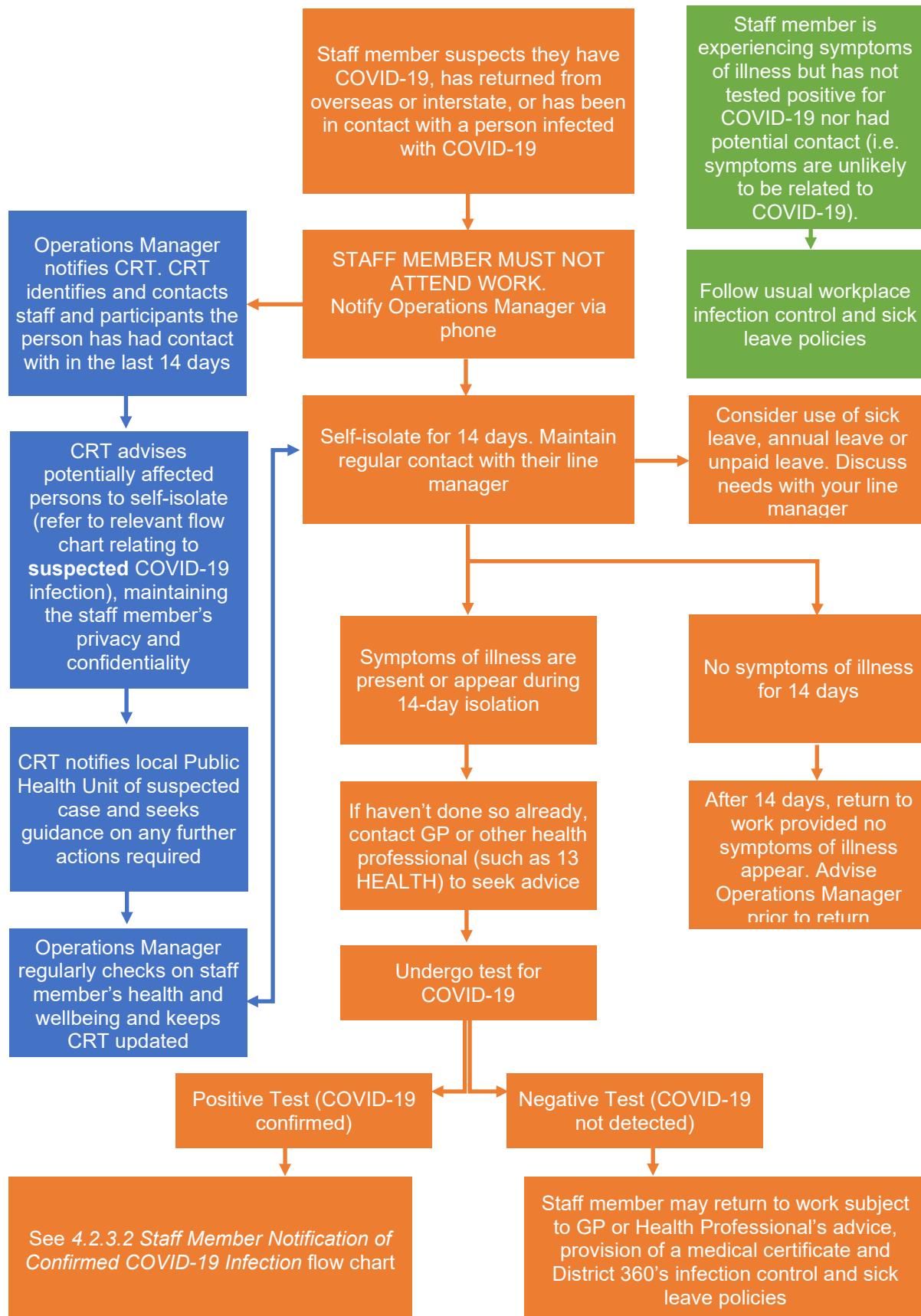
Company and Date of Contact	Details of Contact	Follow up Actions

7.6. Other Recovery Strategies

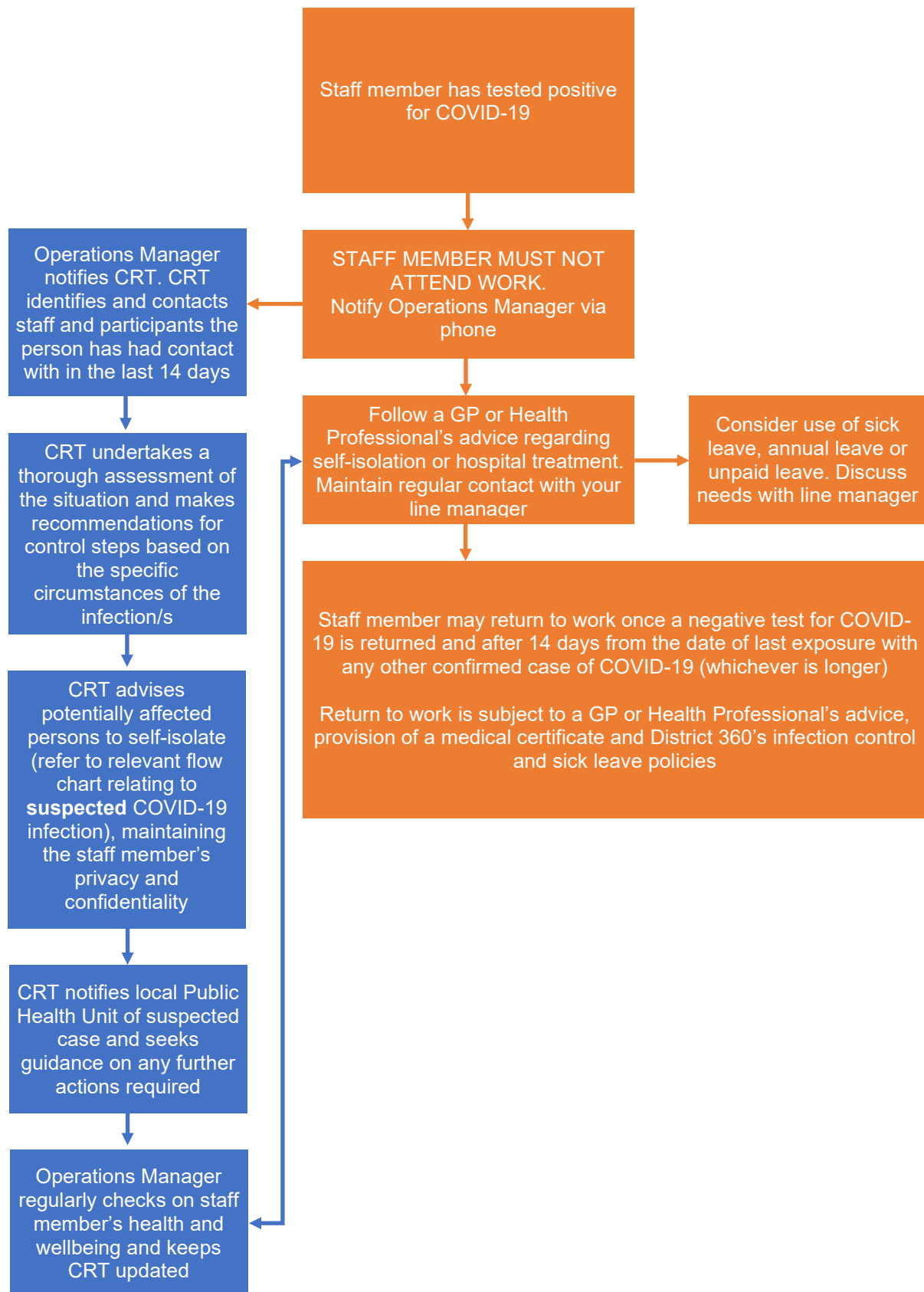
- Review of debtor and creditor arrangements
- securing sources of financial support such as government relief grants and reviewing your marketing strategy.
- Detail strategies to support participants and staff to recover and return to 'business as usual' service delivery as quickly and efficiently as possible.

9. APPENDIX A: INFECTION RESPONSE FLOW CHARTS

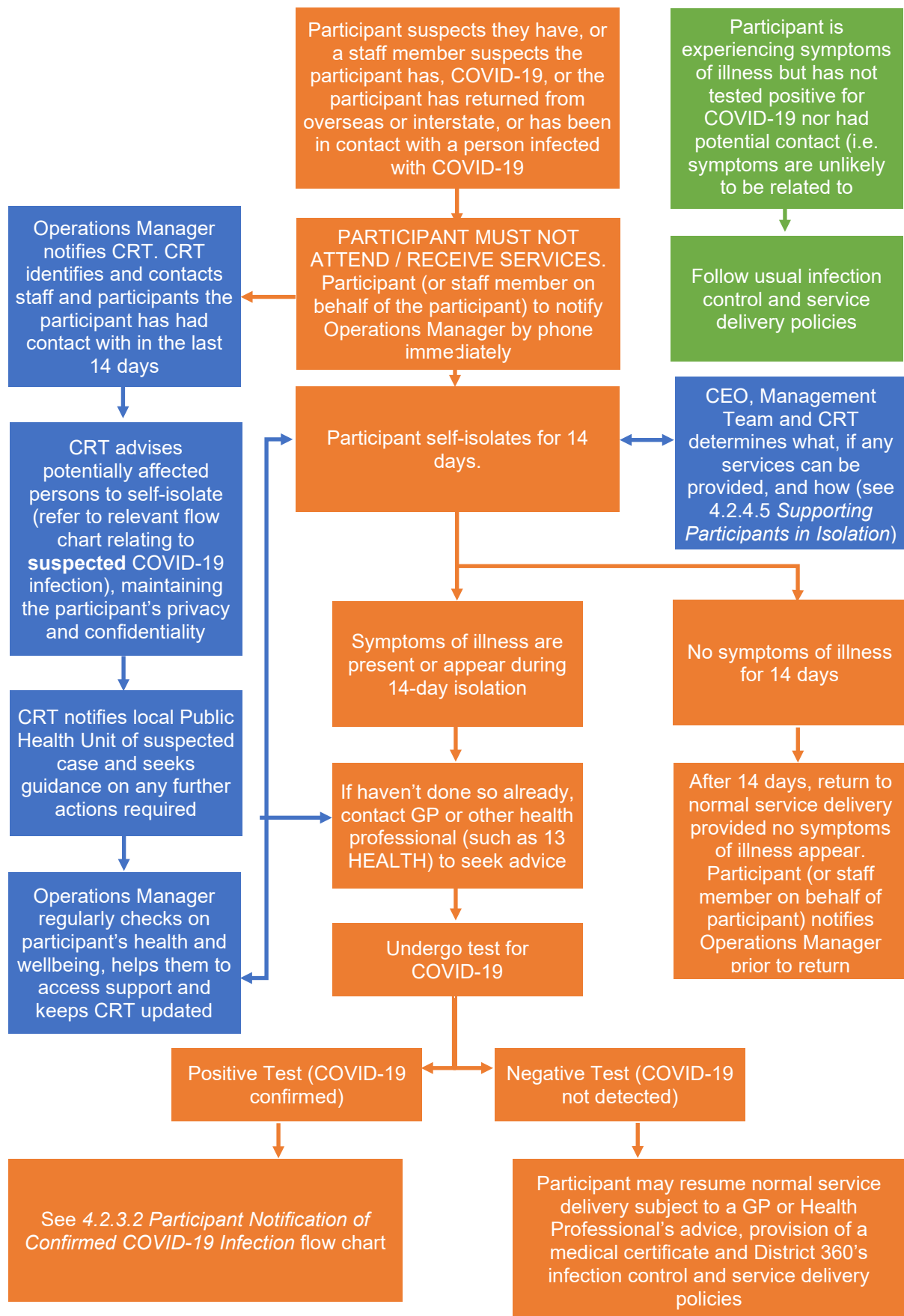
9.1. Staff Member Notification of Suspected COVID-19 Infection



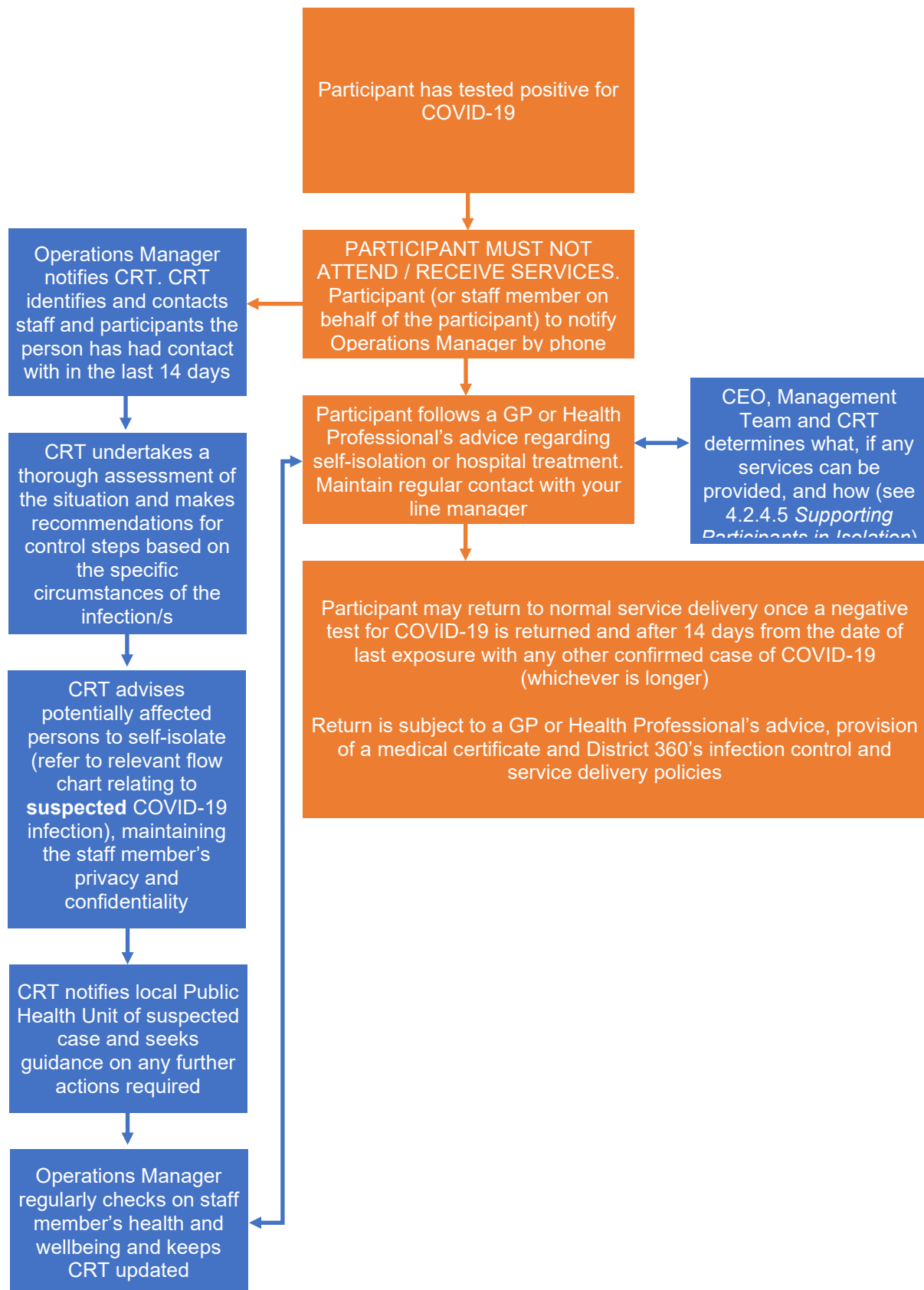
9.2. Staff Member Notification of Confirmed COVID-19 Infection



9.3. Participant Notification of Suspected COVID-19 Infection



9.4. Participant Notification of Confirmed COVID-19 Infection



10. APPENDIX B: ADDITIONAL GUIDANCE

10.1. Supporting Participants in Isolation

Given the nature of the services that District 360 provides, it is possible that participants will still need to access services in the event they are isolated due to a suspected or confirmed case of COVID-19. District 360's decision making around whether or how these participants can continue to be supported should be based on a thorough assessment of the participant's needs, staff safety and wellbeing and the risks associated with doing so.

Key things to consider include:

- Are the services that are required essential services?
- Does the participant have family or informal supports who can support them?
- If services are essential and District 360's support is required, can they be provided through a different, safer method?
- Are staff willing to support the participant and if so, are they aware of the risks associated? Are they aware of and know how to implement intensive safe work practices in order to protect themselves? Do they have sufficient PPE to protect themselves?

NOTE: Any staff who are at known risk of experiencing severe symptoms should they contract COVID-10 (for instance, people who are older or who have suppressed immune systems or pre-existing conditions such as hypertension, diabetes and cardiovascular disease) MUST NOT be engaged to support high risk participants.

- Are staff equipped and supported to respond should the participant's symptoms worsen?
- How will staff be monitored to ensure their ongoing safety and wellbeing?

Decisions to support participants who are suspected of having COVID-19, or who have COVID-19, must be made on a case-by-case basis. As part of its decision making, the CRT should consult closely with the local Public Health Unit, the participant/their representative and impacted staff to ensure any supports provided are provided in the safest way possible for all involved.

Approval Authority	Tanya Johnston
Responsible Officer	Tanya Johnston
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