HUNTER DISABILITY EMERGENCY RESPONSE
Pandemic Plan

Purpose

The purpose of this plan is to enable Hunter Disability Services Pty Ltd (HDS) to mobilise, respond, adapt and recover,from the coronavirus pandemic (COVID-19). We have two simple organisational priorities:

1. Continuity of care for the people we support.
2. Promoting the ongoing health and wellbeing of our employees.

Planning our Pandemic Response

What is a Pandemic?

A pandemic is the worldwide spread of an infectious disease. Pandemics are more likely if a virus is new,able to infect people easily and can spread from person to person in an efficient and sustained way.
Pandemics are generally expected to last for a few months and have significant impact on staffing levels.

The COVID-19 Pandemic

A COVID-19 outbreak first occurred in Wuhan, China, in December 2019. It is now spreading throughout the world. A coronavirus is a type of virus that is known to cause respiratory infections. Symptoms include fever, fatigue and a dry cough. The virus is spread from person to person through:

- Direct close contact with a person while they are infectious or in the 24 hours before their symptoms appeared.
- Close contact with a person with a confirmed infection who coughs or sneezes.
- Touching objects or surfaces contaminated from a cough or sneeze from a person with a confirmed infection, and then touching the mouth or face.

While most people who become infected will recover without needing any special treatment, people over the age of 60 and those with chronic diseases may be more severely affected. Hunter Disability Services support many vulnerable people who will be at a higher risk of impact from the virus.

Organisational Context

Hunter Disability Services supports some of the most vulnerable people all around the Hunter Region. In every area of our operations, we help people access services and participate in the community. We support close to 150 people living in multiple communities across the region, in urban, rural and remote locations. We have a head office in Maitland NSW and provide 24/7 care in 8 homes. Hunter Disability Services currently employs 112 support staff across our Hunter Region. Our geological spread only slightly increases the risk that we will be affected by the COVID-19 pandemic as we are just a regional based provider.

While all our clients, carers and employees may be impacted by a pandemic, the following groups may be more vulnerable:

- Elderly people, who may require additional assistance or care, or may have underlying health conditions.
- People with disabilities and medical needs, particularly those that require personal care, medication and medical equipment, as well as special transport arrangements.
- People with behavioral issues, who may require additional assistance or care.
- People with mental health issues, who may experience additional anxiety or social isolation.
- Children and young people, who for example may need to be in the care of an approved adult or household member.
- Culturally and linguistically diverse communities, including clients who are from refugee and asylum

seeker communities, where language may be a barrier to understanding emergency information.

- Employees, clients and carers in rural or remote areas, which may not have the health system service capacity typically available in urban areas.
- Clients who are experiencing homelessness and may be socially isolated.
- Other vulnerable employees, clients and carers who, due to their physical or cognitive disability, are unable to understand emergency warnings and directions, or unable to respond in an emergency event.

The COVID-19 pandemic is expected to impact on the availability of HDS services for the people we support.

Organisational Risks associated with the COVID-19 Pandemic

In addition to the risk of clients and/or employees contracting an infectious disease, the COVID-19 pandemic presents multiple risks, including:

- Lack of continuity of service delivery to clients and carers.
- Shortages of critical supplies, including medical supplies, equipment, personal protective equipment (e.g. masks and gloves) and essential grocery items.
- The public health system becoming overwhelmed, which may present issues for clients with high and/or complex medical needs.
- Staff shortages – this may be due to illness, preventative quarantine, caring for others, school closures or anxiety – leading to workforce shortages/inability to provide services.
- Financial implications – due to decreased service delivery, increased reliance on agency staff.
- Increased difficulties in meeting regulatory and contractual obligations.

Planning Assumptions

The future characteristics and impacts of the COVID-19 pandemic are difficult to accurately predict. This plan has been developed using the following assumptions.

Medical Characteristics

- The pandemic will continue to spread rapidly.
- Infected people start showing symptoms after as little as three days.
- Infected people are contagious from 24 hours before symptoms commence until fourteen days after the symptoms cease.
- The virus will be widespread and could be fatal for approximately 2.5 per cent of infected people.
- The pandemic will occur in several "waves", each wave lasting approximately eight weeks.
- A vaccine needs to be administered in 2 doses for protection from the serious side effects of the virus.

Community-related Characteristics

- Fear and anxiety in the community is likely to continue and potentially increase.
- Key community services (e.g. health services, schools, childcare facilities and public transport) will be disrupted, with little notice provided.
- A general and broad economic downturn will occur.
- There may be uncertainty and inconsistency in government responses and media reports, increasing confusion and anxiety.
- Social distancing measures have been recommended by the government / health officials to help mitigate the impacts of the pandemic. These may be followed by lockdown procedures.

Hunter Disability Services - specific Assumptions

- Absenteeism could be between 30-50 per cent during the height of the pandemic, due to illness, caring for others or quarantine/self-isolation.
- Employees showing symptoms, or who have been in close contact with an infected person, are more likely to infect others, and will be asked to self-isolate.

Identification of Critical Operations

Critical HDS Services

An important aspect of emergency preparedness and response processes is to determine the most critical Hunter Disability Services supports across the region. As a result, we categorise each of our services as one of the following:

- **Essential Services**
  Any direct or indirect support without which the safety, health or welfare of clients or employees would be endangered or seriously impacted. This includes some in home supports, supported living/residential care, probity, incident management and critical corporate activities.
- **Non-Essential Services**
  All direct and indirect supports which have no material impact on the safety, health or welfare of clients or employees. This includes day centre/community access activities, continuous improvement projects and routine administration/reporting.

Critical Employees

Details about our key employees are captured along with nominated backup person and any agency support arrangements within client service provision and corporate functions.

Critical ICT Infrastructure/Systems

Our established disaster recovery process is supported by emergency preparedness and response processes to ensure critical systems are maintained and key employees can access these systems when they are required to work in alternate locations or remotely.

Critical External Stakeholders

We also identify the external stakeholders that must be kept aware of our changing situation. The Hunter Disability Services Emergency Response Protocol identifies the key roles responsible for managing external communications.

Vulnerable Clients and Employees

The emergency preparedness and response process are designed to assess and protect the safety of our vulnerable clients and staff across the below programs:

- In-home support programs
- Community-based activities
- Day centre activities
- 24/7 supported accommodation

Success Factors

Monitor Situation	**People**	**Safety**
• Monitor spread of pandemic nationally/globally • Monitor any related issues within HDS • Follow/seek advice from government / health authorities	• Monitor absenteeism • Amend leave/flexible working arrangements • Support clients, carers and employees affected by pandemic • Return to work processes and leave arrangements	• Minimise risks to clients, carers and employees • Rapid response to isolated cases or outbreaks • Contact tracing where clients /employees become ill
Technology	**Communications**	**Service Delivery**
• Enable remote work • Support teleconferencing instead of face-to-face meetings	• Regular communications with employees/clients/ stakeholders via multiple channels • Provide clients with appropriate communications about hygiene	• Maintain critical services • Provide services to clients with infectious disease • Provide services remotely where possible
Scenario Planning	**Adaptation**	**Business Continuity**
• Accurately forecast critical impacts • Identify and address major risk factors	• Prepare and implement tactical plans • Proactively adapt to emerging circumstances	• Maintain viable services • Limit financial and staffing impacts

Key Scenario Types

We have prepared scenario decision-making guides to assist employees when presented with likely scenarios. Some of these scenarios are described below.

1	A client, employee, or one or more of their family members is being tested for the virus. A healthy client or employee has been in contact with someone being tested for the virus.
2	A client, or one or more of their family members, has tested positive for the virus. An employee, or one or more of their family members, has tested positive for the virus.
3	A respite home is closed with all clients removed.
4	Limited or no staff are available to work the allocated roster.

We also apply scenario planning and business forecasting to enable rapid tactical responses to operational circumstances as they emerge during the COVID-19 emergency, including some listed below.

5	Supply chain disruption.
6	Management shortages.
7	Large-scale service delivery changes.
8	Regulatory relief and contract changes.

9	Sharing economy and other innovations.

Management during the COVID-19 Pandemic – *See appendix for further information on phases.*
Alert Phases

Our pandemic emergency response consists of the following four phases – delivered either as separate or concurrent activities.

Phase 1 – Mobilise

This phase occurs when a highly contagious virus is verified in Australia. Isolated cases are most likely, and containment is the primary goal. We will monitor the spread of the disease, adhere to government advice and prepare for any potential escalated response.

Hunter Disability Services Response

During this phase, Hunter Disability Services clients, employees and stakeholders may be concerned, but are largely unaffected by the pandemic. In response, we will:

- Establish an emergency management team and identify other critical roles that will be involved in the pandemic response.
- Identify essential and non-essential services as well as clients with high/complex medical needs (and their direct support employees).
- Develop local pandemic response plans.

Phase 2 – Respond

This phase occurs when there is human to human transmission of a highly contagious virus in Australia, with low to medium spread and/or impact. We will continue to monitor the spread of the disease, seek government advice on essential service provision, implement social distancing and relevant lockdown protocols and reduce non-essential services.

Hunter Disability Services Response

During this phase, Hunter Disability Services clients, employees and stakeholders may be infected or living with an infected person, and there is increasing concern for vulnerable people. Up to a quarter of employees could be unavailable to support clients or corporate functions. In response we will:

- Activate local pandemic response plans.
- Closely monitor the impact within Hunter Disability Services.
- Scale down affected services.
- Remain aware of, and adhere to, notification requirements of all relevant federal, state and territory statutory authorities.
- Communicate regularly with Clients, Carers, Staff, Stakeholders, Executive.

Phase 3 – Adapt

This phase involves the widespread human to human transmission of a highly contagious virus in Australia, with high impact in the community. We will follow government advice on essential service provision, enact full lockdown protocols and ensure essential services continue to operate.

Hunter Disability Services Response

During this phase, Hunter Disability Services clients, employees and stakeholders will be significantly affected and all non-essential service delivery will cease. In response we will:

- Engage government support for vulnerable clients.
- Maintain pandemic response plans.
- Implement scenario planning and rapid, tactical business adaptation to actively manage emerging risks and ensure business continuity.
- Provide regular internal reporting about the impact within Hunter Disability Services, including the number of infected people or casualties, the number of lockdowns and clients/employees in isolation,

resources needed, risks and any mitigating actions.
- Communicate regularly with Clients, Carers, Staff, Stakeholders, Executive.

Phase 4 – Recover and Resume

Once health officials confirm that the COVID-19 pandemic is under control, we will focus on relief, recovery and resuming operations. During this phase, we will:
- Stand down the national controller and EMT.
- Complete a debrief and evaluation of the COVID-19 pandemic and its impact.
- Use the information gathered during the debrief and evaluation to review this plan and related documents.
- Transition to relief and recovery.
- Resume business as usual (BAU) operations.

Health and Safety Measures

We are committed to protect the health and safety of our employees, clients and carers. During the COVID-19 pandemic, some of the methods we will use to protect our people are outlined below.

Health Advice and Support

Encouraging employees to:
- Call the nurse-led Coronavirus Health Information Hotline if they are unwell.
- Notify a dedicated internal team if they have any concerns or questions about the COVID-19 pandemic.
- Contact the Employee Assistance Program (EAP) to access free mental health support if needed.

Infection Control
- Provide advice to employees to stay home if they are sick or have been in contact with someone who is suspected to have or has the COVID-19 virus.
- Provide personal protective equipment (e.g. gloves, masks) to employees when required.
- Regularly clean and disinfect high touch surfaces and working surfaces.
- Open windows where possible.
- Educate and inform staff and clients about good hygiene practices.
- Postpone all non-essential visits to our supported independent living/residential care homes.

Social Distancing and Quarantine
- Avoid handshakes and physical contact.
- Where possible, keep 1.5 metres away from other people in a shared environment.
- Hold meetings via video/phone conference, rather than face to face.
- Follow self-isolation/quarantine controls recommended by government/health officials.

Working from Home

Where possible, our employees will be encouraged to work from home. Most client services will need to be delivered in person, but some may be possible via a phone or video call.

Vaccinations

We continue to monitor the availability of a vaccine for the COVID-19 virus and communicate regularly with staff. We have a register of vaccinated staff that is updated regularly.

In the meantime, we are still offering to reimburse staff for their annual influenza immunization.

We have postponed all non-essential business travel, including for meetings, conferences and workshops.

Roles and Responsibilities

During the COVID-19 pandemic we adopt the reporting structure in the Emergency Response Protocol, including the Managing Director and Executive-level stream leads.

Delegation of Authority

The roles and responsibilities described in this plan should be read in conjunction with the Hunter Disability Delegations of Authority. In the event of inconsistencies or conflict, the roles and responsibilities described in this plan override the delegations outlined in the Schedule.

Emergency Management Team

An Emergency Management Team has been established to support the efficient roll out of this plan. It includes:

- Managing Director: Business continuity plan
- Operations Managers: Continuity of NDIS supports and Q & S Commission Obligations
- HR Manager: Staffing and entitlements
- Rostering Officers: Deployment to essential supports.

Responsibilities

The following table provides a summary of the key functional responsibilities for the COVID-19 pandemic response.

Role	Responsibilities
Managing Director	• Appoint Executive functions in the Emergency Management Team. • Manage the EMT and liaise with emergency services and/or multi-agency response teams. • Determine strategic response priorities, resource requirements and expert response capability requirements. • Oversee adaptive tactical planning to reposition the business approach where required. • Approve internal and external communications.
Emergency Management Team functions	

Client Services and Operations	• Maintain contact with clients, carers and families impacted or potentially impacted by pandemic.
	• Monitor the situation on the ground and local conditions.
	• Manage:
	  – support for clients and their networks
	  – employee rosters
	• Maintain continuity of essential client services and suspend non-essential operations.

Planning, Coordination, Data and Reporting	• Coordinate and monitor EMT activity. • Monitor tactical response plans and support urgent business development activity. • Maintain timely, accurate data reports for all relevant parties.
Communications and Media	• Develop internal and external communications and liaise with media. • Develop and execute external, internal and client communications.

Role	Responsibilities
People, Safety, Culture and Wellbeing	• Connect employees to appropriate support services (e.g. EAP). • Provide timely advice about workforce capacity. • Provide advice to employees about their individual entitlements. • Provide information and advice on health and safety response activities and wellbeing supports available.
Role	**Responsibilities**

Logistics and Assets	• Organise transport options for employees and clients impacted by the pandemic, particularly those with special needs.
	 • Monitor, manage and respond to:
	   – critical infrastructure impacts and supply chain disruption
	   – evacuation notices or regional lockdowns
	   – fleet and property impacted by the pandemic.

Risk and Scenario Planning	• Undertake scenario planning to identify solutions to key business operational challenges. • Maintain and monitor organisational risk registers. • Coordinate tactical plans in response to emerging risks. • Coordinate regulatory engagement and related business continuity preparedness.
ICT	• Enable remote work capability across corporate teams. • Manage critical ICT infrastructure. • Maintain robust business support capability.
Financial, Commercial and Legal	• Forecast and monitor financial impacts through reduced service activity. • Undertake contract relief negotiations. • Manage critical financial risks.

Local Emergency Response Planning

This plan recognises the important role of local sites in responding to the COVID-19 pandemic. The arrangements within this plan ensure that local employees are involved in response activities and provided with the coordination and support necessary to effectively respond to key scenarios.

Communications Approach

Communications issued during the COVID-19 pandemic will be:
- Relevant, timely, accessible and clear.
- Tailored to impacted communities and cohorts (including the use of Easy English or community languages).
- Provided through a range of communication channels (e.g. text, email, social media).

Collaboration and coordination of both internal and external communications between the Managing Director and the Emergency Management Team is necessary to ensure that employees, clients and carers receive consistent, accessible and timely communications during the pandemic

APPENDIX

PHASE ONE – Mobilise

Who is responsible for leading this phase?	• Managing Director and Emergency Management Team
Who is responsible for supporting implementation?	• HDS Support Coordinators • HDS Team Leaders
What are the key activities?	• Establish an Emergency Management Team to identify critical roles in the pandemic response. • Distribute the plans to staff directly involved in the roll out. • Identify essential and non-essential services as well as clients with high/complex medical needs (and their direct support employees).

PHASE ONE – Key Planning Considerations
Participants & Families

Which Customers/Clients are at greater risk?
- Operations Managers to complete a list of Customers/Clients who are at greater risk from this disaster and should identify Customers/Clients who have:
  o Health needs
  o High physical support needs
  o Cognitive or behavioural issues
  o Mental health issues that may heighten anxiousness
  o A lack of informal supports
- Operations Managers to create a strategy that makes sure that the organisation gives support to those who are at greater risk if resources become strained.

Continuity of support means making sure that support services continue without interruption.
- Make sure that Customer/Client profiles on CM are up to date.
- Make sure that HDS has permission to share Customer/Client information if another provider needs to be engaged.
- If the organisation is not able to provide services as frequently or if they become interrupted, a system will be put in place that identifiesdifferent levels of risk for Customers/Clients:
  o High Risk – medications catheter care, bowel care, other clinical supports.
  o Medium Risk – personal care.
  o Low Risk – domestic care and community participation.
- COS/Case Manager to discuss with participants if their supports will continue, amend or suspend and communicate that this will occur at activation of Phase 3.

Communication and reassurance
- The Operations Managers to circulate material to clients that support their needs during the Pandemic on subjects like hygiene, the outbreak and pandemic, etc.
- Bulk communication to employees and Customers/Clients, their families, carers, guardians, etc, by email, website and Facebook on a regular basis regarding important information about COVID-19 and the actions HDS are taking to support and prevent harm from happening to Clients and employees.
- Employees to complete the mandatory Covid-19 infection control training module

Our Organisation

Employees that can work from home:
- Managing Director, Operations Manager, HR Manager, Systems Manager, Rostering Officers, Admin Officer, Coordinators of Support.

Employees that must attend at the Head Office during office hours:
- Operations Manager

Key employees that carry out important tasks which have been selected by the Director will begin working from home and practicing social distancing/isolation immediately. Equipment and resources will be made available to support them to work from home.

The IT Support Company (Forsythes & Caremaster) will put in place important services to support staff to work from home and will provide IT technical support when needed.

The Director to talk with financial advisors/accountant as necessary to gain further understanding about the organisation's financial situation and its ability to continue during the Pandemic.

External

Visitors:
- In SIL Accommodation sites, visitors will not be allowed unless it is necessary. This decision will be made by senior management and all appropriate infection-control measures will be taken.
- At offices, teleconferencing will take place instead of face-to-face meetings.
- Visitors to the site will not be allowed into the building for pick-up of any Personal Protective Equipment supplies such as gloves and hand sanitizer and will remain outside where supplies can be collected.
- Any visitors will use appropriate hygiene practices for example: using a hand sanitizer, social distancing. If necessary, the Administration Officer may remind visitors to use appropriate hand hygiene or follow social distancing guidelines

Suppliers

Necessary supplies for provision of services:
- PPE in various sizes
- Masks
- Hand sanitizer
- Continence aids

Supplies are ordered monthly and often the quantity is more than a month's supply to make sure there is enough to keep everyone safe.

The admin team will talk with suppliers to understand if certain supplies are low or if certain goods cannot be supplied. The admin team will make sure that supplies are available, and services are not disrupted.

PHASE TWO – Respond

Who is responsible for leading this phase?	• Managing Director and Emergency Management Team
Who is responsible for supporting implementation?	• HDS Support Coordinators • HDS Team Leaders
When does this phase start?	This phase occurs when there is human to human transmission of a highly contagious virus in Australia, with low to medium spread and/or impact. We will continue to monitor the spread of the disease, seek government advice on essential service provision, implement social distancing and relevant lockdown protocols and reduce non-essential services.
What are the key activities?	• Making sure all stakeholders of the organisation carry out appropriate hygiene practices. • Provide more education and communication to Customers/Clients and employees. • Reducing exposure to the Coronavirus COVID19 for key staff and cancelling public and community events reducing the exposure to the virus for vulnerable Customers/Clients. • Following public health advice about self-isolation to reduce risk.
What are the risks?	• Business activities to prevent risk are put inplace too late. • Clients, families and employees are either unable to or unwilling to follow organisational guidance to keep them safe. • Government directives do not meet the support needs of Clients. • Due to the person's disability, mental health, stressors and or changes in their routine there may be more behaviours of concern.
What documentation do we need?	• Operational plan • Up to date Client support plans emergency plans, contact details, medicationlists, etc • List of critical supplies • List of suppliers

PHASE TWO – Key Planning Considerations

Participants & Families

Reducing risk

- HDS close Day Program options for duration of Phase Two and Phase Three.
- SIL Accommodation houses to have staff rosters altered so that staff work at only 2 sites to limit the spread of the Coronavirus COVID-19.
- SIL Accommodation houses to plan new activities that limit the spread of infection to other people, for

example: outings may take place only where there is minimal contact with other people and all parties must follow the social distancing guidelines.
- Follow Government Department of Health advice.
- HDS SIL Accommodation houses will do online groceries where possible.

Communication and Reassurance
- Provide information where possible in various languages, Easy Read, Plain English and video with diagrams to assist Clients in to support them understanding COVID-19 and the hygiene measures they can take toprotect themselves.
- Provide regular updates from the organisation to all Clients, families, carers, guardians and employees.
- Communicate any changes via email, website and Facebook about visitor policies to Clients and their families, carers, guardians.
- Ensure all staff undertake mandatory COVID 19 Infection Control Training.
- Forsythes & CareMaster IT is putting in place systems to keep track of and support staff who are working from home.
- Microsoft Teams to be implemented to support Operational staff working from home, HDS will continue to use Head Office as basecamp.

Our Organisation
- Equipment and support will be provided if operational employees are required to work from home, including computer, phone, software and other systems to manage time and communication.
- The Managing Director and Emergency Management Team will meet weekly to consider changes of circumstances regarding the outbreak and to when they should be working from home for non-essential staff.
- Employee movement between sites will be limited as much as possible while still delivering support services.
- Managing Director will seek expert advice on the financial impact the outbreak may have.
- SIL Accommodation houses and offices will be cleaned more regularly paying close attention to surfaces that are regularly touched.
- Employees working from home will be paid their regular wage. If Operations employees need to take sick leave it is available as per their employment contract and with the Managing Directors' approval they may be able to take more time off if required.
- Casual employees may be offered sick leave on a case-by-case basis or may apply for Government social security payments.

External
Visitors:
- Different measures will be looked-into for SIL Clients on a case-by-case basis when offering teleconferencing for social interaction with family/carers or friends.
- Clients may suffer from social isolation due to preventative measures, mental health wellbeing practices will be put in place and counselling support made available to assist through this outbreak.
- Alternative means to provide social and or community support will be looked-into video conferencing applications such as Skype, Zoom or Teams.
- The Onsite Registered Nurse may conduct assessments as instructed by other health professionals using teleconferencing methods.
- If it is very important that all visitors take all steps to ensure their safety when visiting a Customer including: hygiene, wearing personal protective equipment and cleaning surfaces regularly to reduce the risk spreading the Coronavirus and infection.

Suppliers

- Alternative suppliers being researched by administration officer in addition to our regular supplier (Anstey's & Erwin's Distribution)
- Administration officer is making every effort to maintain open and regular communication with suppliers and to keep track of their stocks and note when supplies can be shipped.
- To help keep Clients and employees safe orders have been made on gloves, sanitizer and masks.
- Operational employees are advised to keep aware of retailers who may stock essential supplies and purchase them if available, a reimbursement will be made for any supplies purchased.

PHASE THREE – Adapt

Quarantine & Enforced Locked Down

Who is responsible for leading this phase?	• Managing Director and Emergency Management Team
Who is responsible for supporting implementation?	• HDS Support Coordinators • HDS Team Leaders
When does this phase start?	• Government/public health directive for either local, state, national lockdown/quarantine which means the Government has directed that everyone in the community needs to stay at home as much as possible and only leave the house to go to work (if required) to go shopping, see the doctor and or collect medication. • When the COVID 19 infection happens within the service and or Office • When there has been a major spread of the virus within the community or community groups • When Clients or employees choose to self-isolate to protect their health and safety

What are the key activities?	• Allow services to be provide where possible via video link. For example: providing socialsupport via video teleconferencing or video call/Zoom
	• Reviewing and updating rosters
	• Putting in place work-based quarantine spaces, and procedures for accommodation zones that keep all Clients safe during this period
	• Assisting families/Guardians and Carers when providing support service to Customers in their care
	• Managing NDIS Quality and Safeguard service provisions
	• During this phase, Hunter Disability Services clients, employees and stakeholders will be significantly affected and all non-essential service delivery will cease. In response we will:
	   o Engage government support for vulnerable clients
	   o Implement scenario planning and rapid, tactical business adaptation to actively manage emerging risks and ensure business continuity
	   o Provide regular internal reporting about the impact within Hunter Disability Services, including the number of infected people or casualties, the number of lockdowns and clients/employees in isolation, resources needed, risks and any mitigating actions
	   o Communicate regularly with Clients, Carers, Staff, Stakeholders, Executive.

What are the risks?	• Clients' physical health and well- being at risk due to:
	o Lack of employees available or unfamiliar employees
	o Lack of specialist support/Complex health support
	o The Social impact of quarantine and isolation on Clients
	• Potential outbreak at a site this could be the Office, SIL accommodation home or in a client's home that they share with others
	• Lack of essential supplies to support Clients
What documentation do we need?	• Operational plan
	• Up to date Client support plans, emergency plans, contact details, medication lists, etc
	• Site emergency plan
	• Lockdown protocols as per Government Directives
	• List of critical supplies to support Clients and employees
	• List of suppliers and stock quantities

PHASE THREE – Key Planning Considerations

Participants & Families

Continuity of support

- Using list developed in Phase One service delivery will prioritise Clients with the highest needs for whom supports must be provided to make sure they are safe and prevent risk.
- The organisation will partner with other organisations to increase the availability of employees to provide services during this time to make sure that services continue with the least amount of disruption to the Customer.

Communication and reassurance

- Communication via website, Facebook and bulk email to Clients will be the preferred method for communication about the lockdown/quarantine and the guidelines that people will need to follow during this period. Text messages and phone calls will also be used where Clients have a clear preference to NOT receive information via email.
- Information guides are expected to be made available by the Government and the NDIA (with accessible versions) which will be distributed to Clients in their preferred format (i.e. email or mail).
- Forsythes IT is providing tools to assist and keep track of office employees that are working from home.
- Service Delivery moves to working from home with communication and IT support provided by Forsythes IT.
- HDS will use Microsoft Teams for internal communication.
- Meetings will be facilitated with Zoom or Teams.

Our Organisation

- Director and Emergency Management Team to examine the work that needs to be done during this phase and it may be necessary for some Operational employees to do other tasks that are not part of their usual routine as needed.
- Director & Finance Advisor will be consulted to monitor the impact on HDS finances and manage any drops in income due to the outbreak and quarantine.
- The HR Manager should advise the Director and Emergency Management Team about any industrial relations requirements in terms of shifts, breaks, etc and if employees who are well are required to take on additional shifts.
- Ensure more workers are rostered on to provide the grocery/medication delivery service to as many Clients as required while they self-isolate.

External

Visitors:

- HDS operations staff will be in complete lockdown with no external visitors at their personal dwellings, staff should follow all health advice and report if they or any other people that live in thehome develop symptoms of Covid-19.
- HDS operations staff may be required to visit Clients to provide essential services and will follow internal procedures and Government health advice.
- SIL Accommodation houses should have no external visitors for duration.
- Clients should follow Government health advice.

Suppliers

- Administration will keep stock of essential supplies and personal,protective equipment PPE and advise the Emergency Management Team daily of changes in stock.
- The Admin team will inform Health and Government agencies (forexample DHS, NDIA) of any essential supplies that are urgently needed.
- Clinical team to advise on any alternative options that can relieve the supply shortage of important personal protective equipment supplies needed.
- Administration to continue to source supplies.

**Note: Phase 4 will be rolled out when required