Australian Quality Care

Business Continuity

Coronavirus Emergency Management Plan

AUSTRALIAN FIDELITY CARE SERVICES PTY LIMITED

ABN 21 601 714 845

Po Box 1640, Carindale Qld 4152

Overarching Policy	This Business Continuity Coronavirus Emergency Management Plan (BCCEMP) compliments current Infection Control Policy included in Australian Quality Care's Infection Control Policy and Procedure. This management plan is in line with the **CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia.**
Purpose	The principal purpose of the BCCEMP is to assist in the development, testing and documentation of a well-structured and easily understood plan which will help the worksite recover as quickly and effectively as possible from an outbreak of Coronavirus
Scope	This BCCEMP applies to all staff, contractors and volunteers working at Australian Quality Care Pty Ltd worksites.
Effective date	Updated 30/06/2021

Business Continuity Coronavirus Emergency Management Plan

Australian Quality Care worksites

Alora Retreat – Short and Medium Term Accommodation	67 Richmond Road, Morningside Q 4170
Level 3 Accommodation	356 Richmond Road, Cannon Hill Q 4170
	358 Richmond Road, Cannon Hill Q 4170
	360 Richmond Road, Cannon Hill Q 4170
	362 Richmond Road, Cannon Hill Q 4170

Crisis Management Team (CMT)

Function	The functions of the CMT are at a Corporate level and are to: • Maintain leadership in a time of a crisis • Take immediate control of the situation at a Corporate level • In the event of a National crisis, instruct the Service Managers/Accommodation Managers • Coordinated responses to Service managers at local affected sites • Provide regular communication to the workforce, clients and other stakeholders.
CMT Members	• General Manager - Chair • Accommodation Manager • Director The current CMT may include others as directed by the General Manager. Should an event render the above members of the CMT incapable of being able to function, they should nominate an alternative CMT member immediately.
Activation of CMT	The General Manager and other Peak Bodies, including the Public Health Unit will activate the CMT.
Availability of CMT	The CMT members must always have an up to date copy of this Plan either in hard copy or on a memory stick available.

Mission Impact Assessment (MIA) and Response

Overview

This section examines the impact of the Covid 19 pandemic on Australian Quality Care with particular reference to business continuity.

Mission Interruption Event/s

Four specific scenarios have been identified, grouped into 2 levels:

Pandemic Event Site Level - Local

1. A confirmed coronavirus outbreak in a specific location
2. A situation where a limited number of staff or contractors are identified as having Covid-19 or have had to self-isolate following potential contact with a confirmed case

Pandemic Event Site Level - Major Event

3. A situation where a substantial number of staff are identified as having Covid 19 or have had to self-isolate following potential contact with a confirmed case
4. Other incidents which will impact on operations specifically concerning the pandemic

Documenting the event

The following documents must be completed to record details of the Business Continuity Event:

Document	Function	When	By Whom
Notification of event form – COVID-19 (registered providers)	To advise NDIS Commission of changes and events, especially those which substantially affect your ability to provide the supports and services you are registered to provide.	Immediate	General Manager or Quality Officer
Incident Report	To document all mitigating actions to reduce risk of transmission	As soon as practicable after the start of the event.	General Manager or Quality Officer
End of event	Room cleaning	After event	Cleaner with Accommodation Manager to General Manager

Pandemic Event Site Level (Local)

A Residential Care Location is quarantined following the confirmation of a participant or staff member having Covid-19

Cause

Client or staff member contracts an extremely contagious virus. Other clients and staff have been exposed to the carrier and the facility is placed into lockdown and quarantined.

Risk Rating

HIGH Result SEVERE

Mitigation (Response)

Response to **CONFIRMED** COVID-19 case	
CLIENT	**WORKER**
Follow all directions given by the Public Health Unit.	Follow all directions given by the Public Health Unit.
Close contacts of confirmed case must immediately get tested and self-quarantine for 14 days	Close contacts of confirmed case must immediately get tested and self-quarantine for 14 days
Complete terminal clean of resident rooms and all common areas as pr the Australian Government's Information about cleaning and disinfection for health and residential care facilities.	Investigate which work locations staff member visited
Update internal incident report of a confirmed case.	Complete terminal clean of resident rooms and all common areas as pr the Australian Government's Information about cleaning and disinfection for health and residential care facilities.
Notify the NDIS Commission by completing and submitting the COVID-19 Notification of event form at https://www.ndiscommission.gov.au/providers/notice-changes-events/notification-covid-19	Update internal incident report of a confirmed case.
Take precautions to limit risk of spread such as - suspending non-essential visitors for 14 days - arranging for professional cleaning of the residence and increased frequency of cleaning and disinfection - where your workers work across multiple outlets, or providers, work with those workers to determine if you can provide the level of work they require within your organisation to limit them working across multiple outlets. You may be able to collaborate with other providers to achieve this outcome.	Notify the NDIS Commission by completing and submitting the COVID-19 Notification of event form at https://www.ndiscommission.gov.au/providers/notice-changes-events/notification-covid-19

	Take precautions to limit risk of spread such as - suspending non-essential visitors for 14 days - arranging for professional cleaning of the residence and increased frequency of cleaning and disinfection - where your workers work across multiple outlets, or providers, work with those workers to determine if you can provide the level of work they require within your organisation to limit them working across multiple outlets. You may be able to collaborate with other providers to achieve this outcome.

GENERAL - APPLIES REGARDLESS OF WHO IS INFECTED
Stop visitations and erect infection signage at all entries.
Establish PPE access stations with sufficient stocks and Contact and Droplet Precautions posters.
Initiate lockdown process and place out Infectious signs.
Cease all non-essential support activities.
Review client schedule and cancel any non-urgent visits where able and appropriate, in consultation with clients and their families
Cohort staff to individual locations. Priorities rostering those who have been vaccinated, if they agree, to outbreak location.
No staffing agency to be used. Follow instructions from PHU who may organise additional support staff.
General Manager letter to clients and families and staff notifying of change to daily operations.
Shifts of remaining staff extended where possible. Unfilled shifts remain unfilled.
Continue to engage with the local Public Health Unit and the Department of Health for support and guidance.

Monitoring

General Manager to liaise daily with PHU and assigned administrator.

Staff Impact

Risk HIGH and SEVERE

Impact on clients

Loneliness, boredom Risk is HIGH and SEVERE

Communication Plan - Content by General Manager	
Target audience	**Time frame**
Clients, family and representatives (see letter to families filed on Sharepoint)	Immediate
Staff	Immediate
Stakeholders (see letter to families filed on Sharepoint, amend as required)	Immediate
Public Health Unit	Immediate
NDIA, NDIS Commission	Immediate
Industry Peak Bodies	Within 1 hour

Pandemic MAJOR Event

Risk Assessment

Possible cause(s)	1. Due to Covid-19, supply chain interruptions significantly impact operations 2. Due to widespread infection or self-isolation of individuals, elements of the centralised functions such as payroll, IT and accounts payable do not have the staff to deliver on their activities 3. Due to widespread infection or self-isolation of individuals, elements of the health infrastructure are unable to deliver services (e.g. allied healthcare services, GPs)
Initial implications	1. Insufficient supplies and services created shortages of goods that are integral to the provision of accommodation or care of clients / clients 2. Staff or suppliers do not get paid and refuse/limit their work or provision of supplies/goods/services 3. Medical or allied health provision is limited or restricted

Risk Rating	Likelihood	Consequence	Rating	
	Probable	Severe	High	

Mitigation strategies	1. Maintain close working relationships with key suppliers
	    o Identify alternate supply/resources
	    o Where required in outbreak circumstances, source supplies from the Department of Health
	    o Maintain currency of information regarding supply chain via Beaumont Procurement and Government Departments
	2. Understand what planning has been undertaken in centralised functions to safeguard the delivery of services
	3. Identify alternate providers for allied health services or reduce the delivery of items such as physiotherapy. Utilise the public health system in place of GPs

Contingency plan	• As above
Responsibility	General Manager and CMT

Business Impact Analysis

Critical Activity	Description	Trigger / Maximum Acceptable outage	Priority	Impact of loss
Accommodation & service provision	Catering service interruption	0-2 hrs	High	Unable to provide a catering service for an extended period. Difficulty in providing nourishment to clients
Accommodation & service provision	Cleaning services	0-2 hrs	High	Inability to maintain cleaning standards with direct impact on clients, staff, visitors.

Accommodation & service provision	Electronic documentation system failure	0-2 hrs	High	Inability to access participant health records, or Excel or Proda.
Accommodation & service provision	Electronic communication system failure	0-2 hrs	High	Inability to access Pharmacy and General Practitioners
Accommodation & service provision	Telephony failure	0-2 hrs	High	No email or fax access to communicate with GP, Pharmacy and other service providers.
Accommodation & service provision	Food Shortage	0-2 hrs	High	No food deliveries
Accommodation & service provision	Laundry service	0-2 hrs	High	Failure of the laundry service. Unable to wash and dry heavy linen and personal participant laundry to the required standard.
Accommodation & service provision	Water failure	0-2 hrs	High	No drinking, washing, toilet flushing
Management	Failure to pay suppliers	No interruption	High	Suppliers will refuse to provide goods and services
Management	Failure to pay staff	No interruption	High	Staff may be reluctant to come to work. Staff unable to pay their household bills, mortgage, purchase food
Management	Failure to provide IT systems support	No interruption	High	Inability to source / retrieve customer information and therefore impacting on the delivery of care, dispensing of medication, billing of clients
Accommodation & service provision	Limited access to allied health professionals and GPs	No interruption	Moderate	Service provision interruption for non-care critical delivery. clients may have to travel to seek GP support

Initial and Ongoing Response Plan

Actions required	Timing	Responsibility
Contact the relevant supplier to remedy performance (e.g. food services, communication system)	0-45 minutes	General Manager /Food Services Manager / HRM Manager
Contact alternate worksites to draw on resources	15-60 minutes	Operations Manager
Contact relevant agency / alternative supplier to supplant primary supply (e.g. food services)	30-90 minutes	General Manager /Hospitality Manager / HRM Manager
Escalate within Australian Quality Care / external providers / agencies	30 – 90 minutes	General Manager

Critical Activity Recovery Plan

Critical activity	Recovery actions required	Resources required	Recovery time Objective	Responsibility
Accommodation & service provision	Electronic documentation system failure: • Maintain a paper-based system for vital information. • Seek guidance from the Department of Health. • Determine whether primary supply will be recovered • Determine timing. • Ensure enough alternate supply until recovery.	Facility staff	As soon as possible	General manager and Accommodation Manager
Accommodation & service provision	Electronic communication system failure: • Maintain alternate communications channels (mobile phone, NDIS systems) • Leverage alternate proximate worksite(s),	Facility staff	As soon as possible	General manager and Accommodation Manager
Accommodation & service provision	Food shortage • Determine whether primary supply will be recovered. • Determine timing. Ensure enough alternate supply until recovery	Facility staff	As soon as possible	General manager and Food Services Manager
Accommodation & service provision	Water failure • Determine whether primary supply will be recovered. • Determine timing. Ensure enough alternate supply until recovery	Facility staff	As soon as possible	General manager and Maintenance Manager
Management	Activate functional business continuity plan		As soon as possible	General Manager and CMT

Target audience	Time frame	By whom
Client, family and representatives	Immediate	General Manager
Staff	Immediate	General Manager and Service Manager
Stakeholders	At time of critical tipping point and thereafter on an ongoing basis until staffing situation has stabilised	General Manager
Queensland Department of Health - Public Health Unit	At time of critical tipping point and thereafter on an ongoing basis until staffing situation has stabilised	General Manager
Australian Government Department of Health	At time of critical tipping point and thereafter on an ongoing basis until staffing situation has stabilised	General Manager
NDIS Quality and Safeguards Commission	At time of critical tipping point and thereafter on an ongoing basis until staffing situation has stabilised	General Manager & Quality Officer
Industry Peak Bodies	At time of critical tipping point and thereafter on an ongoing basis until staffing situation has stabilised	General Manager
National Disability Insurance Agency	At time of critical tipping point and thereafter on an ongoing basis until staffing situation has stabilised	General Manager and Quality Officer

Post Event and General Activities

Overview

Following any activation of this plan, a full investigation shall be carried out by individuals nominated by General Manager.

After the investigation, the plan shall be revised as required.

Where required, trauma counselling shall be provided to personnel affected by the emergency to the extent that such counselling is required. Refer the individual to confidential EAP Counselling.

Debriefing the Event

Depending upon the nature and severity of the event, critical debriefing may be required and, where necessary, should be offered to anyone affected by the event. This may include staff, family members, clients and members of the public that may have been involved in or witnessed the event.

Business Continuity Plan testing

After plan development, a test of some of the scenarios should be undertaken to check the effectiveness of the Plan. A sample selection of plans that require different action should be chosen for testing.

Test date	Details of test, including specific plans tested	Gaps identified & adjustments made to plan(s)	General Manager approval

Business Continuity Plan review

Regular review

A full plan review will be undertaken every twelve months.

After plan review

A review will be conducted after every event to determine what learning can be derived from all aspects of the management of the event and to identify where/if improvements could be made to the plan.

Emergency contact details

Each Site to add to this plan a list of all EMERGENCY contact numbers including suppliers.

Non-Australian Quality Care Resources

Various States and Federal links

- Coronavirus Disease 2019 (COVID-19) Outbreaks in Residential Care Facilities https://www.health.gov.au/resources/publications/cdna-national-guidelines-for-the-prevention-control-and-public-health-management-of-covid-19-outbreaks-in-residential-care-facilities-in-australia

- Coronavirus (COVID-19): Outbreak preparedness, prevention and management https://www.ndiscommission.gov.au/document/2076

- COVID-19 Outbreak Management Preparing and responding — Guidance for Residential Aged Care Facilities in Queensland https://www.health.qld.gov.au/__data/assets/pdf_file/0025/1004677/racf-covid19-outbreak-management-guidelines.pdf

- Department of Health https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert

- Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) https://www.health.gov.au/resources/publications/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19

- Coronavirus (COVID-19) resources for health professionals, including aged care providers, pathology providers and healthcare managers https://www.health.gov.au/resources/collections/coronavirus-covid-19-resources-for-health-professionals-including-aged-care-providers-pathology-providers-and-healthcare-managers?utm_source=health.gov.au&utm_medium=redirect&utm_campaign=digital_transformation&utm_content=covid19-health-professionals

Coronavirus Disease 2021 (COVID-19)

- The Communicable Diseases Network Australia (CDNA) Coronavirus (COVID-19) guidelines for outbreaks in residential care facilities https://www.health.gov.au/resources/publications/coronavirus-covid-19-guidelines-for-outbreaks-in-residential-care-facilities

A separate list of external stakeholders such as the local Public Health Units, key Department of Health contacts and NDIS Quality and Safety Commission contacts is being maintained.