



Covid-19 Pandemic Prevention and Management Policy and Procedure

Introduction

Community Abundance Inc. is responsible for the health and safety of their team members and participants. Due to the nature of the services provided, there is increased exposure to Covid-19 Virus and hence, increased risk to the safety of team members and participants.

The **Community Abundance Inc.** Covid-19 Prevention and Management Policy and Procedure outlines the strategies and procedures that are in place to prevent the transmission of infections between team members and participants.

Scope

This policy applies to all **Community Abundance Inc.** team members, students, volunteers, and contractors who work with participants.

Policy Statement

Community Abundance Inc. will continue to deliver supports to NDIS participants and prioritise providing their immediate needs.

Community Abundance Inc will ensure infection control strategies and procedures are trained to all workers involved in providing care to participants. Appropriate personal protective equipment (PPE) will be supplied, and team members will be trained in its use. **Community Abundance Inc** will ensure that infection control strategies and procedures are regularly assessed and consistent with current guidelines and standards. Any incidents raised in relation to Covid-19 will be reported to the NDIS as required.

Community Abundance Inc will maintain NDIS provider obligations in relation to;

- business continuity
- NDIS Code of Conduct
- NDIS Practice Standards
- conditions of registration
- risk management
- notifying the National Quality and Safeguards Commission of certain events including the ability to deliver ongoing supports to NDIS participants using their [Notification of event – COVID-19 \(registered provider\)](#) form.

Process



Notifying the NDIS Commission of certain events

As a condition of registration with the NDIS Commission, **Community Abundance Inc.** will notify them of changes or events that adversely affect their ability to deliver supports and services to NDIS participants. This includes any change or event that:

- significantly affects the ability to comply with conditions of registration and the NDIS Practice Standards
- seriously impairs ability to effectively conduct operations and deliver ongoing supports or services to NDIS participants
- adversely affects a person with disability to gain access to the supports or services that **Community Abundance Inc** are registered to deliver.

Notification will be made to the NDIS Commission of any changes to the scale of operations by emailing registrations@ndiscommission.gov.au, calling **1800 035 544** or completing the Notification of changes or events form – COVID19 (registered providers) on the NDIS Commission website.

Risk Management

Community Abundance Inc will undertake a risk assessment of the supports and services that are provided. This includes the degree to which NDIS participants rely on the supports and services to meet their daily living needs, and the extent to which their health and safety would be affected, should those services be disrupted.

- Understand the specific needs of each participant and how they would like to receive information. Understand how this would be impacted if changes were made to existing service and support arrangements.
- Ensure participant records are up-to-date and accessible, so that their support needs and preferences are clear, documented and available should new or temporary team members be required to support them. Records might include participants preferred means of communication, specific needs and preferences, health care plans, behaviour support plans, their representatives and information of other support providers
- If possible, understand any informal supports and services that may be available to the person with disability

Communicate effectively



Community Abundance Inc will ensure all stakeholders are aware of their roles and responsibilities under the plan. This will occur through:

- Familiarising the workforce and any third parties with the business continuity arrangements and triage points within the organisation.
- Familiarising the workforce with policies, procedures and responsibilities regarding infection control.
- Make sure clear communication channels are in place with all NDIS participants that the organisation supports. This will enable the effective communication of any changes that might be required to a participant's supports and services. Due to the current limitations on public gatherings and closure of certain facilities and businesses, exploration of alternatives for activities or supports that must be ceased or adjusted must be considered.

Outbreak management plan:

As part of business continuity planning, **Community Abundance Inc** has prepared an outbreak management plan that is proportionate to the risk of supports that are delivered, and the size of the organisation. This plan includes the following components:

- Identification of which supports are critical for the health, wellbeing and safety of a person with disability. Decisions on which services are continued, altered, or suspended are based on the assessed risk to the person with disability and in conjunction with relevant state/territory public health orders.
- Identification and risk assessment to participants and the organisation (such as financial, operational, workplace health and safety obligations), and implement controls to mitigate these where possible.
- Reviewing behaviour support strategies for people who are isolated and may display behaviours of concern
- Encouraging team members and participants, to have flu vaccinations, and maintain up-to-date records of vaccination status
- Outline workforce contingency plans in the event of an outbreak, or that team members are unwell and need to self-isolate, or are not able to work because of caring responsibilities or their own health vulnerabilities.

Strategies to prepare for potential organisational outbreak include:

- Having leave entitlements to ensure that all team members, regardless of their employment status, can access leave to allow them to self-isolate if required. Temporary changes have been made to awards (including to the Social, Community, Home Care and Disability Services Industry Award 2010) to include a minimum entitlement of 2 weeks unpaid pandemic leave
- Maintaining an up-to-date contact list of all team members, including casual or agency staff. The National Disability Insurance Agency (NDIA) has links for platforms who match providers with new or backup support workers, streamlining the on boarding of new staff to maintain health, wellbeing and safety, and avoid risk of harm.
- Establish a COVID-19 incident reporting process as part of the organisation's incident management system, and understand reporting obligations to the NDIS Commission
- Set up an outbreak management team – commensurate to the scale of the organisation or the facility. This team will be responsible for planning, coordinating, and managing logistics if an outbreak occurs, and communicating with state/territory health departments, the NDIS Quality and Safeguards Commission (NDIS Commission) and the NDIA (if required).
- Update team member training in infection control procedures, including standard precautions (hand hygiene, correct use of appropriate PPE where needed (and disposal procedures), and cough and sneeze etiquette) and transmission-based precautions (contact and droplet precautions).
- Implement standard infection control precautions throughout all workplaces.
- Establish communication channels to keep staff members informed of any updates or changes to business processes as a result of the outbreak. This includes contracted or agency team members, such as cleaners.
- Document a strategy for communicating with participants, their families or guardians/advocates. The Strategy should include the different communication formats depending on communication preferences and outline how people will be supported to understand changes to services and supports.
- Undertake a stocktake of consumables and source additional supplies if necessary. This could include compiling an 'outbreak kit' with items such as:
 - personal protective equipment
 - hand hygiene products (hand sanitiser, liquid soap)
 - cleaning supplies
 - other essential supplies such as toilet paper and food.
- Plan for increased environmental cleaning, including where additional cleaners and oversight is required.

- Identify any participants who have advance care or healthcare or support plans and keep a copy if possible. Additionally, prepare a hospital bag with things they might need for an overnight stay.
- Develop an emergency plan for participants. This should contain details of the participant's emergency contacts (e.g. family, guardian or advocate), current GP, any medical conditions as well as ongoing treatment and current medications, including dose and frequency.
- Document a visitor management policy in the event that there is a suspected/confirmed case or an outbreak
- Arrange for appropriate isolation of people who are unwell and have a suspected or confirmed case of COVID-19. This may include arranging alternative accommodation at a resident's request who has contracted COVID-19, or where other residents are at serious risk of adverse effects from a COVID-19 infection. Alternative arrangements for accommodation should always be made in consultation with the person and ensuring that adequate supports are maintained for that person should they need to temporarily relocate.
- Where in-home support is provided to participants team members should:
 - work with participants to agree on escalation processes and communication plans if their needs change. The upcoming National Individual Health Plans for COVID-19 will assist people with preparing this information
 - consider how the service would monitor their safety and wellbeing if they could not receive services temporarily
 - make a record of participants who can only be contacted by a face-to-face visit (that is, if they cannot use the phone independently)
 - give the participant and their family, guardian or advocate contact details of someone they can call if there is a change to their health condition or circumstances (such as, if they develop symptoms, are in self-isolation or have been in contact with a confirmed COVID-19 case)

Infection control procedures

Basic Principles

Infection control is the prevention of the transmission of infectious agents and managing infections if they occur. The most common forms of transmission are contact, droplet, and air borne.



High Level precautions and work practices that provide the first line approach to infection prevention, they should be adopted by all support workers working with participants.

Standard precautions include:

- Hand hygiene
- Personal protective equipment (PPE)
- Respiratory hygiene and cough etiquette
- Routine environmental cleaning
- Use of aseptic technique.

Hand Hygiene

Hand hygiene and Personal Protective Equipment are the most effective action to reduce the spread of Covid-19. It is the simple action of hand cleansing and when performed correctly results in a reduction of microorganisms on hands.

- Hands must be cleaned utilising an alcohol-based hand rub
- Alcohol based hand rub can be used where hands are visibly clean
- Wash with soap and water where hands are visibly soiled
- Wash hands before eating and after going to the bathroom
- Wash hands between care for participants

See Appendix 1 for WHO poster on how to Hand rub and how to hand wash.

Personal protective equipment

Personal protective equipment (PPE) is equipment that provides a barrier between the team member and the customer items include:

- Gloves
- Protective eyewear
- Face masks
- Plastic aprons or gowns

PPE should be utilised in every instance of supporting participants.

Gloves should be changed after every visit and in between care occurring between participants. Gloves do not replace hand washing; hand washing should be completed after removing gloves.

Glasses and goggles are reusable and can be wiped down after use.



Participant PPE

Plan and self-managed participants can purchase PPE and record and claim their purchases in the usual way. Agency-managed participants can purchase PPE through registered providers.

If participants need PPE items like face masks, face shields and gloves, and the use of these items is directly related to face-to-face daily living supports, they can use their core supports budget to purchase these items.

If participants need to purchase face coverings or masks for use outside the home, this is still an everyday expense, and NDIS funds cannot be used to pay for them. Hand sanitiser continues to be a personal expense.

Participants are expected to manage PPE purchases from their existing core supports budget. As part of the initial coronavirus (COVID-19) response NDIS made changes to my place portal so all participants, no matter how their plan is managed, can use their core supports budget flexibly to purchase the services and supports they need.

It is important to remember it is not mandatory for people to wear face coverings in their own home.

However, the Victorian government's advice is that wearing a face covering helps keep participants and others safe. Coronavirus (COVID-19) is spread through close contact with a person with coronavirus and face coverings help stop droplets spreading when someone speaks, laughs, coughs, or sneezes.

The best way to protect other people against coronavirus (COVID-19) is keeping 1.5 metres apart, wash hands often, and cough or sneeze into the elbow or tissue.

Face coverings add an additional protective physical barrier to protect participants and team members.

Respiratory hygiene and cough etiquette

Team Members should cough or sneeze into a tissue or their elbow and always wash hands after this has occurred. Covering sneezes and coughs prevents people who are infected from dispersing droplets into the air where they can spread to others.



Routine environmental cleaning

Maintain work areas in a clean condition, regularly wipe down work surfaces with disinfectant. Replace cleaning equipment after use, where possible.

Infectious Disease Outbreak Management

Team Members must not present for their shift if they suspect they may have Corona Virus. They may return to work once they are symptom free or they have a certificate of clearance from their medical practitioner. Any team members presenting with of Covid-19 will sent home by management.

Training

The **Community Abundance Inc** team will be trained in this policy and access an online training module for all support workers, including those in disability and aged care.

The training covers the fundamentals of infection prevention and control (IPC) for COVID-19, including:

- COVID-19 – what is it?
- Signs and symptoms
- Keeping safe – protecting participants and team members and Myth busting.

Definitions

PPE – Personal Protective Equipment

WHO – World Health Organisation?

Related Policies

- Please review own policy manual

References

Australian Commission on Safety and Quality in Health Care – Infection Prevention and Control Workbook, September 2019

Hand Hygiene Australia: www.hha.org.au



National Disability Insurance Scheme <https://www.ndis.gov.au/coronavirus/providers-coronavirus-covid-19>

Review

Community Abundance Inc will review each policy through internal audit processes, customer feedback, participant feedback and staff members feedback or as contextual drivers determine the need for a review.

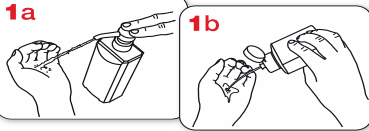
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13/ August 2020	13/08/2021			
Reviewed by/Signature:	Deng Kor			



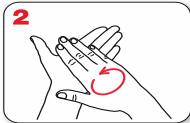
Community
Abundance Inc

Appendix 1

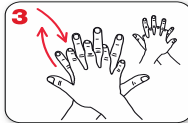
How to handrub? WITH ALCOHOL-BASED FORMULATION



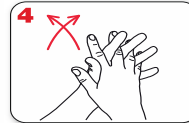
Apply a palmful of the product in a cupped hand and cover all surfaces.



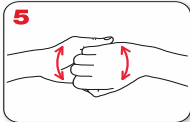
Rub hands palm to palm



right palm over left dorsum with interlaced fingers and vice versa



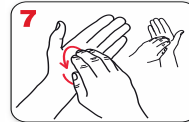
palm to palm with fingers interlaced



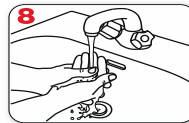
backs of fingers to opposing palms with fingers interlocked



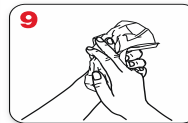
rotational rubbing of left thumb clasped in right palm and vice versa



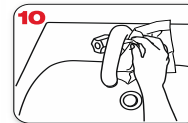
rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



rinse hands with water



dry thoroughly with a single use towel



use towel to turn off faucet



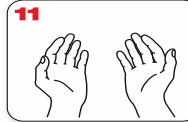
20-30 sec



...once dry, your hands are safe.



40-60 sec



...and your hands are safe.



WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.



World Health Organization

October 2006, version 1.