

Skymac
Business Continuity
Coronavirus Emergency Management
Plan

Skymac Pty Ltd

ABN 33 110 787 285

Po Box 1640, Carindale Qld 4152

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| Overarching Policy | This Business Continuity Coronavirus Emergency Management Plan (BCEMP) compliments current Infection Control Policy included in Skymac'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 BCEMP 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 BCEMP applies to all staff, contractors and volunteers working at Skymac Pty Ltd worksites. |
| Effective date | Updated 30/06/2021 |

Business Continuity Coronavirus Emergency Management Plan

Skymac worksites

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| Avalon Village - Level 3 Accommodation | 712 Creek Road, Mount Gravatt East Q 4122 |
| Thornfield Cottages - Level 3 Accommodation | 300 Richmond Road, Cannon Hill Q 4170 364 Richmond Road, Cannon Hill Q 4170 366 Richmond Road, Cannon Hill Q 4170 660 Creek Road, Mount Gravatt East Q 4122 |

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 Skymac 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 <ul style="list-style-type: none"> - 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 |

| | |
|--|--|
| | <p>Take precautions to limit risk of spread such as</p> <ul style="list-style-type: none"> - 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) | <ol style="list-style-type: none"> 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 | <ol style="list-style-type: none"> 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 | <i>Likelihood</i> | <i>Consequence</i> | <i>Rating</i> | |
| | Probable | Severe | High | |
| Mitigation strategies | <ol style="list-style-type: none"> 1. Maintain close working relationships with key suppliers <ul style="list-style-type: none"> ○ Identify alternate supply/resources ○ Where required in outbreak circumstances, source supplies from the Department of Health ○ 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 | <ul style="list-style-type: none"> • 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. |

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|-----------------------------------|---|-----------------|----------|---|
| 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 Skymac / 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 |
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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-Skymac 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.
