Model COVID-19 Safety Plan for SHS Sector

Residential Facility

**INSTRUCTIONS:**

1. Replace IP logo with your service’s logo. Remove “Model” from the title of this document. Rename “Office Premises” to your location.
2. Review all “Actions” to ensure that each statement reflects the activities that you’re doing at your facility. Where there is a gap between what is stated and what is taking place at your premises, you can decide whether that is something you should consider implementing at your facility, and leave the statement in, or you can delete the statement.
3. Should you have Actions that you leave in this plan, which are not yet implemented at your facility, highlight these and include them in a short action plan with an appropriate timeframe and accountability for implementation.
4. Any statement in red requires further detail that is specific to your premises. Again, these Actions can be deleted if you do not wish to include the statement in your plan.
5. We have provided comment bubbles to prompt you to think about certain aspects or situations. Suggest you save this Model template and then create a duplicate to customise to your service. In your customised version, delete the comment bubbles so that they don’t show up when you print.
6. In your customised version, ensure the name and version number are captured correctly in the footer.
7. In your customised version, ensure the Version History table at the bottom of this plan reflects how you’ve introduced the plan in your service and relevant changes you’ve made.
8. Ensure those with relevant accountability for implementation and oversight of your plan are listed in the table below.
9. Delete these instructions after you tailor this plan to your service.

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| **Authorised By** | Name:  Title: | Date:  Email address: |
| **Reviewed by** | Name:  Title: | Date:  Email address: |

**[service provider’s] operational working environment includes staff, contractors, residents and visitors working in or visiting the following [service provider] workplaces:**

* Office premises (i.e. office building, generally a shared premises with other tenants)
* Residential facility (i.e. transitional and crisis accommodation)
* Client residence and/or remote community (i.e. client home visits, including travel to and from)
* Public area or community premise (i.e. parks and community centres, including travel to and from)
* Employee home

While the above is a list of the various [service provider] workplaces, this COVID-19 Safety Plan captures the services provided at our residential facilities, such as, transitional and crisis accommodation.

Staff, contractors, residents and visitors working at or visiting another [service provider] workplace, or a non-[service provider] workplace, will follow the relevant site specific COVID Safety Plan that should be available at that location.

Staff working from home, or at a site where there is no COVID-19 Safety Plan should follow [NSW Health Guidance](https://www.health.nsw.gov.au/) and our [COVID-19 Safety Procedure and Working from Home Policy].

This Plan was consulted on [with our Health and Safety Representatives (HSRs)] and updated on advice from Homelessness NSW’s health and safety advisor as restrictions and public health advice changed.

The aim of this Plan is to help slow the spread of COVID-19 and reassure workers (staff, contractors, volunteers), residents and visitors that they can work in a COVIDSafe workplace.

If any changes are requested by workers, residents or visitors they will be considered by informing [name of person].

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| **Business Details** |  |
| Service Provider name: |  |
| Plan Completed by: |  |
| Approved by: |  |

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| **GUIDELINES** | **ACTIONS** |
| **Wellbeing of Staff and Visitors** | |
| Exclude staff, volunteers and visitors who are unwell | 1. [service provider] has a phased approach to returning to full workforce capacity and services:    * Phase 1 – work from home    * Phase 2 – return to premises    * Phase 3 – resume flexible working 2. [service provider] commenced Phase 1 in [date] and Phase 2 on [date]. Phase 3 will commence [date] and this Plan will be further updated on that date. 3. Directing workers to go home if they present COVID symptoms is done by [name of role / direct manager]. 4. Immediate or timely updates (i.e. change in NSW restrictions, or COVID outbreaks) are provided to All Staff via CEO, including a reminder to ‘self-isolate and get tested immediately’ if any of the criteria is present upon self-assessment. 5. [COVID safety information](https://www.health.gov.au/sites/default/files/documents/2020/06/advice-for-homeless-shelters-and-people-working-with-homelessness-in-covid-19-pandemic.pdf) is provided to residents via [service provider’s medium of communication with residents]. 6. Intake forms for new residents are updated to include COVID-19 preventative measures so that residents are aware how to seek assistance if they are symptomatic or become a close contact. 7. A Business Continuity Plan is in place for dealing with a COVID-19 infected worker or resident, including advising workers, residents, or a close contact, of another worker or resident who has tested positive to COVID-19, to ensure those workers remain away from the workplace as directed by NSW Health or [service provider]. 8. If a resident tests positive to COVID-19 or is suspected of testing positive (i.e. waiting for test results) they are provided with self-isolation facilities, either onsite, with another service provider, or through DCJ Emergency accommodation (COVID-19 Response). 9. Verbal communications to “All Staff” via [name of meeting, email, or other medium i.e. intranet], and to residents via [service provider’s medium of communication with residents] is conducted when there are any changes to the controls in this plan. 10. Funding through SHS COVID-19 additional payments is available to SHS providers to:     * provide emergency accommodation (EA) to support SHS clients required to self-isolate as a result of Public Health Orders     * provide workforce contingency (WC) to SHS providers that may incur extraordinary costs due to taking emergency measures to respond to COVID-19     * to support SHS maintain their existing service model, including administrative and staff expenses, brokerage and other costs where not covered under other stimulus packages that are available. |
| Provide staff with information and training on COVID- 19, including when to get tested, physical distancing, mask wearing, and cleaning protocols. | 1. The [platform or medium for communicating to staff] provides up to date information to staff including:    * How [service provider] will assess and communicate with workers about a positive COVID-19 case at the workplace.    * When to get tested:      + suspect they have had close contact with a confirmed case of COVID-19, or      + have symptoms that are consistent with COVID-19 and have been in close contact with a confirmed case and/or advised to undergo testing by a medical practitioner    * Symptoms of alcohol and other drug withdrawal to help staff distinguish, where possible, residents who might be suffering from COVID symptoms as opposed to alcohol and other drug withdrawal.    * Requirements for check-in, including record keeping.    * The arrangements in the premises to assist in physical distancing.    * Hygiene protocols such as mask wearing, including restrictions on public transport and any other public health requirements, hand washing, and cleaning protocols. 2. Employee and contractor inductions include all of the above information. 3. Training for staff is provided in:    * 4 COVID categories of prevention and mitigation, including (where applicable):      + exclude those who are unwell (i.e. COVID-19 symptoms, controls used by the service for screening including check in requirements and alternative check in arrangements and record keeping).      + ventilation (the benefits of natural ventilation, ventilation controls used by the service for ventilation) to use Co2 monitors,      + physical distancing (controls used by the service for maintaining physical distancing)      + hygiene & cleaning (i.e. controls used by the service for hygiene and cleaning, [COVID-19 Infection Control](https://www.health.gov.au/resources/apps-and-tools/covid-19-infection-control-training) delivered online from Australian Dept of Health, COVID safe cleaning and hygiene guidelines for the premises and [proper, safe use of COVID PPE](https://www.cec.health.nsw.gov.au/keep-patients-safe/COVID-19/education-training-posters-videos), including mask and glove use).    * High and low order controls amongst the 4 COVID categories.    * How to deescalate residents or visitors who exhibit challenging behaviours and non-compliance to Public Health Orders, or COVID related issues.    * Information on hygiene protocols are available at hand washing basins, reception, and via employee induction and contractor inductions via [name of online system for logging in contractors and visitors].    * Cleaning protocols are available for download in pdf via [location of where these are kept] that provide instructions for meeting rooms, communal areas.    * Updates to the plan. 4. [Training for residents](https://www.health.gov.au/resources/apps-and-tools/covid-19-infection-control-training) is provided in:    * Personal hygiene measures and the need for physical distancing via [learning day / short videos / other means]. 5. COVID signage and information provided to workers and residents is culturally appropriate and explained in a sensitive manner and in various languages where relevant. Translators for culturally and linguistically diverse people are available through the Department of Communities and Justice (DCJ). |
| Display conditions of entry including requirements to stay away if unwell and record keeping. | 1. The Service NSW QR code check-in was implemented on [date] and will continue as a requirement of entry. This enables ease of registration for workers (including staff, contractors and volunteers), residents and visitors when attending our workplace and also provides a self-assessed check of any related COVID-19 or flu-like symptoms and exposure to high-risk situations. 2. Screening activities will include:    * Signage on display at reception / foyer reminding workers, residents and visitors not to enter the premises if they:    * **Have tested positive for COVID-19 or have been tested and are awaiting results**    * Have COVID-like or f**lu-like symptoms, a high temperature, or are otherwise feeling unwell**    * Have been in contact with anyone that is confirmed to have COVID-19 or they reasonably suspect may have COVID-19    * Have been confirmed as a close contact by NSW Health or have been advised by [role within the service provider – i.e. HR] that they may be a close contact of a person in the workforce who tested positive.    * Temperature checks for visitors and contractors before entering the facility.    * Where possible, screening will take place over the phone. |
| Encourage staff to access COVID-19 vaccination | 1. A Mandatory Worker Vaccination Policy is in place that requires all workers (includes staff, contractors and volunteers) to be vaccinated. Vaccination is not mandatory for residents, but information is provided to residents on the benefits of vaccination. Children under 16 years of age are not required to be vaccinated, as per NSW Gov Business Rules. 2. CEO has sent emails to “All Staff” to inform staff about mandatory vaccination and reinforced the Premier & Cabinet position of encouraging public sector employees to consider the case for vaccination. 3. Vaccination records of residents will also be maintained by [area/department/role]. Monitoring worker vaccination will be conducted by [role / title / area]. Worker vaccination and/or exemption records will be requested before coming back to work and maintained with [area/department/role]. 4. Contractors and visitors have been advised of mandatory vaccination via [medium for communicating to visitors and contractors]. 5. “COVID Leave” is provided for staff to isolate if they are too sick to work or cannot work from home). |

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| **GUIDELINES** | **ACTIONS** |
| **Physical distancing** | |
| Ensure 1.5m physical distancing, where possible including:   * At points of mixing or queuing (i.e. counters or service desks) * Between seated groups (i.e. lunchrooms) * Between staff | 1. Monitoring of capacity limits and physical distancing will be done by [title or role of person]. 2. The Executive Leadership Team (ELT) continues to support and promote flexible working arrangements. Staff may continue to work from home during Phase 2, and Phase 3 (hybrid working - work in the office with some time working from home) will be in accordance with pre-existing Flexible Working Policy.Refer to *Capacity must not exceed 1 person / 2 sqm of space of the premises.* 3. Reception area allows 1.5m distancing for staff as well as visitors / residents / deliveries. Decals and signage reinforce physical distancing requirements. 4. Shift handover to occur via email and phone. 5. Communal areas have guided signage with physical distancing and capacity numbers displayed clearly, including in kitchen, lounge area and communal bedrooms. 6. Space has been increased between beds, including:    * Positioning beds so they are at least 2m apart.    * Arranging beds so that individuals lay head-to-toe or toe-to-toe to increase the space between faces.    * If space allows, fewer clients are put within a room. This may involve converting common spaces to sleeping areas to allow people to physically distance.    * Where possible, elderly clients and clients with behavioural health conditions are kept in familiar surroundings to minimise confusion and behavioural challenges. 7. [service provider] transportation of residents to essential appointments is provided in vehicle with Perspex installed between deliver and passenger(s). Both drivers and clients must wear masks. Where a resident requires medical assistance, an ambulance will be called. |
| Avoid congestion of people in specific areas where possible. | 1. Refer to *Ensure 1.5m physical distancing*. 2. Flexible working arrangements are encouraged and supported by a Flexible Working Policy, and this enables autonomy for breaks and working from home where possible, and staggering start times. 3. All invoicing is emailed, and deliveries are contactless with the delivery driver sending a picture of the delivery to reception. During phase 2 return to work premises, deliveries may be dropped at reception so long as delivery is contactless. |
| Have strategies in place to manage gatherings that may occur immediately outside the premises. | 1. There are currently no limits to the number of vaccinated people for outdoor gatherings or recreation in NSW. However, a separate COVID-19 Safety Plan will be developed by [service provider] if an outdoor gathering is planned for more than 1000 people as per NSW Gov restrictions. 2. If a queue emerges outside the facility, decal and signage will be used to identify safe physical distancing. |
| Singing and dancing by unvaccinated adults is not allowed in indoor areas (excluding at a place of residence, an educational establishment; a performer who is performing or rehearsing; a person who is instructing or being instructed in singing or dancing; or at a small funeral or memorial service or a small wedding service). | 1. Information on COVID restrictions is communicated to residents via [service provider’s medium of communication]. |

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| **GUIDELINES** | **ACTIONS** |
| **Ventilation** | |
| Review the ‘COVID-19 guidance on ventilation available at [www.nsw.gov.au](http://www.nsw.gov.au)  Consider which measures are relevant to your premises | 1. Guidance from NSW Govt, Safe Work Australia and British Occupational Hygiene Society (BOHS) reviewed in consultation with [person responsible for building management, building maintenance or business services]. 2. As per “[tableau public](https://public.tableau.com/app/profile/occupation.and.industry.analysis/viz/COVID19OccupationRiskAssessmentTop200EmployingOccupationsbyIndustry/Dashboard1)”, community workers are consider a “high risk” occupation. As such, advice was sought from occupational hygienist and recommended the use of portable fans, and air purifiers with HEPA filter for communal areas where there is an increased level of discussion. Quality of indoor ventilation will be monitored by CO2 monitors to ensure recommended consistent indoor air concentration of less than 800 parts per million (ppm). 3. Discussions with Building Management [service provider location] on the adequacy of ventilation systems and advice provided by occupational hygienist were held on [date]. Building Management provided evidence of current HVAC system meeting applicable building standards and COVID related controls that have been implemented. |
| Use outdoor settings wherever possible. | 1. Residents are encouraged to use outdoor areas for eating whilst maintaining physical distancing. 2. Staff may seek an outdoor setting during breaks as frequently as desired in accordance with Flexible Working Policy. |
| In indoor areas, increase natural ventilation by opening windows and doors where possible | 1. Doors to remain open where possible to ensure good ventilation in the facility. Door stops provided. Where possible, windows should be lowered to increase ventilation. 2. Staff and residents are encouraged to leave high ceiling windows (i.e. windows located at ceiling height that are inaccessible to crawl through) open if safe to do so. |
| In indoor areas, increase mechanical ventilation where possible by optimising air conditioning or other system settings (such as maximising intake of outside air and reducing circulation of air) | 1. Ventilation systems provide 50% fresh air across the floor every hour, as reported by Building Management 2. Fans are kept on limited oscillation and turbulence and aimed towards the ceiling or floor, not people. 3. Exhaust fans in restroom facilities are functional, operating continuously and at full capacity when the building is occupied. Restroom fans exhaust directly outdoors and away from windows and air intake systems. 4. Fans and portable air cleaners/purifiers are used in areas with single occupancy only, not in areas where more than one person is present, unless there is adequate outdoor air exchange (such as through a window) and measures in place to minimise air blowing from one person directly to another. |
| Ensure mechanical ventilation systems are regularly maintained to optimise performance (eg. filter cleaning / filter changes) | 1. Documentation provided by Building Management demonstrates a COVID Safe preventative maintenance regime (i.e. a risk assessment was conducted to determine a COVIDSafe maintenance program) to support a high-risk environment such as [service provider location]. |
| Consider consulting relevant experts such as building owners or facility managers, ventilation/mechanical engineers, and occupational hygienists to optimise indoor ventilation. | 1. Discussions with occupational hygienist were held on [date]. |

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| **GUIDELINES** | **ACTIONS** |
| **Hygiene and cleaning** | |
| Face masks must be worn by staff and customers in indoor areas, unless exempt. | 1. “All Staff” comms and signage on display in the premises for workers, residents and visitors has consistently reinforced the wearing of masks on the premises and on public transport and cough etiquette. Signage is considered culturally appropriate and explained in a sensitive manner and in various languages where relevant. 2. Face masks are required to be worn in communal areas on the premises until 15 December 2021, except in one’s own room or in a communal bedroom.Children aged 2 to 12 years don’t have to wear a mask but are encouraged to wear one where practicable. Children under 2 years are not required to wear masks as they’re a choking and suffocation risk. 3. Records will be kept of staff members and residents who are exempt from wearing masks with relevant exemption paperwork. 4. Closed bins are provided for tissues and masks. |
| Adopt good hand hygiene practices. Have hand sanitiser at key points around the venue. | 1. Hand-sanitiser is provided upon entry, and at multiple locations throughout the premises, including communal areas. 2. Staff to be provided with their own pens, pencils and stapler to limit contact between staff. 3. Residents are given their own cup, plate, bowl and cutlery to maintain in a clean state. 4. Staff and residents to use separate fridges to limit contact. 5. Hygiene protocols are communicated via signage near hand washing basins and food service or food preparation areas and via [intranet or another online / electronic medium]. |
| Ensure bathrooms are well stocked with hand soap and paper towels or hand dryers | 1. Bathrooms are stocked with hand soap, paper towels and hand dryers. 2. Signage is displayed in the washrooms with instructions on how to good hygiene practices for washing hands. |
| Clean frequently used indoor hard surface areas (including children’s play areas) at least daily with detergent/disinfectant.  Clean frequently touched areas and surfaces several times per day. | 1. Cleaning protocols are documented and conducted according to the following schedule:    * 3 times / day – High touch surfaces are cleaned with detergent / disinfectant.    * Daily – indoor hard surfaces (including children’s play areas) and toilets and wash basins are cleaned at least daily with detergent / disinfectant.    * Weekly – areas that are commonly used and experience high traffic volume, such as lounge rooms and kitchens and reception including computer equipment if shared by staff.    * Monthly / as frequently as needed – areas that do not attract as much traffic, such as external common areas. 2. Appropriate disinfectant is provided. |

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| **GUIDELINES** | **ACTIONS** |
| **Record keeping** | |
| Use the NSW Government QR code system to collect an electronic record of the name, contact number and entry time for all staff, customers and contractors. | 1. Refer to *Display conditions of entry including requirements to stay away if unwell and record keeping.* 2. Those without access to a smartphone are encouraged to apply for the [COVID-19 check-in card – NSW](https://apply.service.nsw.gov.au/covid-checkin-card/), or sign in manually using the sign in register at the designated check-in area. |
| Processes must be in place to ensure that people provide the required contact information, such as by checking phones for the green tick to confirm they have checked in (keeping 1.5m physical distance between staff and patrons).  QR codes should be clearly visible and accessible including at entrances to the premises. | 1. Check-in by visitors, contractors and residents, and proof of vaccination will be monitored by [area or role]. 2. Once phased return to work commenced on [date], [department or area monitor for check-ins] assumed a monitoring role for QR Code check-in and increased signage at entry. 3. The site-specific Service NSW QR code is displayed at a suitable height for people with limited mobility, using wheelchairs, or youth. |
| If a person is unable to provide contact details, for example due to age or language barriers, another person may provide contact details on their behalf.  If it is not possible for check-in to occur, keep a record of the name, contact number and entry time for all staff, customers and contractors for a period of at least 28 days.  These records must be provided in an electronic format such as spreadsheet as soon as possible, but within 4 hours, upon request from an authorised officer. | 1. [department or area monitor for check-ins], including anyone at reception, can assist persons unable to utilise QR Code check-in at any time. 2. Anyone 16 and younger does not need to check-in, but they need to provide contact details of someone on their behalf. 3. Domestic and family violence (DFV) residents who have concerns providing their details for QR codes are encouraged to use the contact number for the refuge, or to sign in manually. Alternatively, they may apply for and use a COVID-19 check-in card. 4. Records of check-ins will be scanned on a daily basis and maintained electronically and through measures that are secure due to the capturing of personal details. |
| Other types of venues or facilities within the premises must complete COVID-19 Safety Plans where applicable, including any play centres.  If contact details are captured electronically upon entry to the main premises on the relevant day, additional collection of contact details via electronic methods may not be required if there is no other public access to the sub-premises.  However, additional contact details and time of entry must be captured where these sub-premises are gyms, entertainment facilities, hospitality venues, nightclubs and retail premises. | 1. A building / property COVID Safety Plan has been developed in consultation with [service provider]. 2. [service provider] consulted with building owner re: multiple QR codes for the building given the number of tenancies. It was agreed that all tenancies, in addition to the building owner, establish a unique QR code to best facilitate contact tracing. 3. All workers (staff, contractors, volunteers), visitors, and residents are required to check-in with the [service provider] QR code upon entry to the tenancy. 4. Entry points to [service provider] are limited to the primary building entrance at [street address]. 5. COVID-19 Safety Plans are collected from services providers to ensure they are conducting work safely within the facility. |

A copy of this COVID-19 Safety Plan will be kept at the [service provider] premises.

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| **VERSION HISTORY** | | |
| **Version** | **Approved By (First & Last Name, Role)** | **Summary of Changes** |
| Draft v1 |  | Draft version 1 produced |
| Version 1 |  | Original Version 1 produced |
| Version 2 |  | Removal of:   * any physical distancing or mask wearing NSW Health requirements. * NSW Gov COVID-19 Test and Isolate payment. * Amend transporting vehicles to include installing Perspex in vehicle to facilitate physical distancing.   Addition of #13: Training for Staff |
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