



COVID-19 POLICY

Applies to: all Parramatta Mission staff including volunteers and students	Version:	3
Specific Responsibility: The Executive Leadership Team is responsible for reviewing this policy and ensuring the CCNB maintain standing agenda items for Performance, Governance, Conflict of Interest, Risk Management and Quality matters at each meeting of the CCNB. The Manager Compliance, Risk and Audit is responsible for this Policy and controlling all quality documentation to be audited from time to time by Parramatta Mission internal audit to give assurance to the CCNB.	Approval date:	8 April 2020
	Next review date:	
	Approved by:	Director of Operations
	Register in RED:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Training component:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Policy context: this policy relates to Parramatta Mission’s management of COVID-19 within Clinical and Community Services.	
Standards or other external requirements	Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019) Ethical guidelines for providing psychological services and products using the internet and telecommunications technologies (APS, 2014) Guidelines: Homelessness Accommodation and COVID-19 (DCJ, 2020) Infection Prevention and Control Novel Coronavirus 2019 (2019-nCoV) - Primary and Community Care
Legislation or other requirements	Public Health (COVID-19 Places of Social Gathering) Order 2020 under the Public Health Act 2010 Public Health (COVID-19 Gatherings) Order 2020 under the Public Health Act 2010

POLICY STATEMENT

On 30 January 2020, the World Health Organisation declared the coronavirus outbreak a Public Health Emergency of International Concern. Shortly after on 27 February 2020, the Prime Minister announced the activation of the ‘Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)’ and on 14 March 2020, the World Health Organization announced that COVID-19 is a pandemic. Parramatta Mission is monitoring the situation and taking advice from the Australian Department of Health and NSW Health.

Parramatta Mission’s overall response to COVID-19 is being managed by the COVID Response Team comprising of a number of staff from different departments across the organisation.

This policy and procedure is specifically focused on informing and directing Parramatta Mission’s Community and Clinical Services (CCS) response.

This policy and procedure will be reviewed and revised regularly as information about COVID-19 is being updated.

The overall objectives of the policy and procedure are to provide staff with guidance that:



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1. Outlines the control measures that have been put in place to minimise risk of transmission in Parramatta Mission's services
2. Reduces the risk of exposure associated with COVID-19 infection
3. Identifies and isolates people who have contracted COVID-19, to reduce transmission to contacts
4. Responds to consumers and staff who are in high risk categories including those who feel unwell
5. Provides a response to exposure to consumers, carers. or family members who might be in high risk categories, or are suspected or confirmed to have contracted COVID-19

DEFINITIONS

COVID-19 refers to the coronavirus disease 2019. The name of the disease caused by the virus SARS-CoV-2, as agreed by the World Health Organization, the World Organization for Animal Health and the Food and Agriculture Organization of the United Nations.

Close contact requires either:

- greater than 15 minutes face-to-face contact in any setting with a **confirmed case** in the period extending from 24 hours before onset of symptoms in the confirmed case, or
- sharing of a closed space with a **confirmed case** for a prolonged period (e.g. more than 2 hours) in the period extending from 24 hours before onset of symptoms in the confirmed case.

Confirmed Case is a person who tests positive to a validated specific SARS-CoV-2 nucleic acid test or has the virus identified by electron microscopy or viral culture.

Essential gathering is any activity that is defined as an essential gathering under the Public Health (COVID-19 Places of Social Gathering) Order 2020 under the Public Health Act 2010 and Public Health (COVID-19 Gatherings) Order 2020 under the Public Health Act 2010. As of 25th March 2020, attending a normal place of work is considered essential. Crisis and temporary accommodation services are also considered essential if the gathering is necessary for the normal operation of the facility.

Non-essential gathering is any activity that is defined as a non-essential gathering under the Public Health (COVID-19 Places of Social Gathering) Order 2020 under the Public Health Act 2010 and Public Health (COVID-19 Gatherings) Order 2020 under the Public Health Act 2010.

Suspected Case is a person who satisfies:

- epidemiological criteria (has travelled internationally in the 14 days before the onset of illness OR has close contact in the 14 days before illness onset with a confirmed case); AND



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- clinical criteria (fever or acute respiratory infection (e.g. shortness of breath, cough, or sore throat) with or without fever).

POLICY

1. Commitment to health and safety of consumers, carers, families, and staff

- 1.1. The health and safety of consumers, carers, and their families is paramount to Parramatta Mission. In particular, we acknowledge the impact that physical health has on mental health and the anxiety that can be experienced when a pandemic is announced. Services to consumers and carers, particularly those at high risk related to their mental illness, remain a priority for Parramatta Mission at this time.
- 1.2. The health and safety of our staff is also fundamental to Parramatta Mission. We must ensure that our staff are provided a safe physical environment to work in and that they are also supported to look after their own physical and mental health.
- 1.3. Parramatta Mission will act proactively to prevent consumers, carers, their families and staff from being exposed to COVID-19.
- 1.4. Where exposure to COVID-19 is confirmed, Parramatta Mission will act to prevent further exposure and transmission.
- 1.5. Parramatta Mission's response to COVID-19 is being informed by information from the Australian Department of Health (DoH) and NSW Health. The recommendations from DoH and NSW Health will form the minimum requirements for Parramatta Mission's response. Parramatta Mission may decide to implement additional proactive measures to respond to COVID-19.

2. Roles and responsibilities

- 2.1. Overall responsibility for Parramatta Mission's COVID-19 response sits with the Community Care Network Board and Executive Leadership Team.
- 2.2. The organisational management is being led by the COVID-19 Response Team, including a range of representatives from across the organisation. The Director of Operations and Director, People and Culture are leading this response team.
- 2.3. The CCS response to COVID-19 will be consistent with and informed by the COVID-19 Response Team and NSW Health Guidelines. Additional input is also sought from the Senior Leadership Team.



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- 2.4. The implementation of this response is led by the Director of Operations and Senior Leadership Team including the General Manager – Clinical Services, General Manager – Mental Health and Community Services, Clinical Performance and Evaluation Manager, Operations Managers, and Clinical Directors.
- 2.5. Program Managers and Team Leaders will coordinate the responses at each location, with support from the Operations Managers and Clinical Directors.

3. Prevention

- 3.1. Practising good hand and sneeze/cough hygiene is the best defence against most viruses. All staff, consumers, and visitors are encouraged to:
 - wash their hands frequently with soap and water, before and after eating, and after going to the toilet, before and after touching shared equipment or stationery (e.g. tablets, pens), after signing for and handling deliveries;
 - cover their cough and sneeze, dispose of tissues, and use alcohol-based hand sanitiser or soap and water;
 - and if unwell, avoid contact with others (stay more than 1.5 meters from people) and preferably stay home and use leave (for staff).
- 3.2. The Department of Health has made available a 30-minute online training module for health care workers, covering the fundamentals of infection prevention and control for COVID-19. This can be viewed at <https://www.health.gov.au/resources/apps-and-tools/covid-19-infection-control-training>

4. Communication

- 4.1. Updated communication is available from the NSW Health website.
- 4.2. From time to time updated emails will be sent to staff as new information becomes available or Parramatta Mission changes its procedures.
- 4.3. Staff can also email health@parramattamission.org.au with any questions or comments. This email address is actively monitored by the COVID-19 Response Team.

5. Reporting

- 5.1. All known or suspected cases of COVID-19 must be reported as an incident as per the Incident Management Policy.



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PROCEDURES

Each service is to develop a Program Specific Response Plan (PSRP) that details their unique response to risk factors related to COVID-19. The following procedures are a baseline across all CCS, with PSRPs supplementing these procedures where necessary to that specific service.

1. Facilities

1.1. Signage

All services that have consumers come on site are to have signs on the front door advising that we will be conducting a simple screen for risk of COVID-19, and if someone is identified as at risk appropriate procedures will be put in place to assist with their care.

All services that have consumers come on site will display a sign stating we apologise for possible delays in appointments and that we will endeavour to prioritise those most needing services and we hope others will understand.

All services that have consumers come on site will display signs providing information to consumers on COVID-19 symptoms and information on where to seek help should symptoms develop.

If a site needs to close to the public they will have a sign on the front door informing the public of the closure, alternative arrangements, and relevant contact details.

1.2. Safety equipment

Parramatta Mission will endeavour, where stocks allow, to provide each service with necessary hygiene and personal protective equipment (PPE) that can be accessed by consumers, carers, family members and staff when required. Services should endeavour to pool resources where possible and regularly take stock of items to minimise risk of stock depletion.

Practising good hand and sneeze/cough hygiene is the best defence against most viruses.

Parramatta Mission follows current NSW Health principles on infection prevention and control to prevent or limit COVID-19, which are:

1. Reinforcement of cough etiquette and respiratory hygiene (i.e. coughing/sneezing into tissues or inner elbow, disposing tissues, followed by washing hands)
2. Application of routine hand hygiene (i.e. washing hands with soap and water, where available, or using hand sanitiser) as a standard precaution:
 - When starting and leaving work



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- Before and after eating or handling of foods/drinks
 - After visiting the toilet
 - After handling laundry/equipment/waste
 - Before and after touching a consumer
 - Before and after a procedure (e.g. checking temperature, where this is approved)
 - After touching a consumer's surroundings
 - Before putting on gloves and after the removal of gloves
2. Following current physical distancing rules by keeping a space of 1.5m between yourself and the consumer
 3. When consumers are suspected or confirmed to be infected by COVID-19, these extra precautions should be used:
 - a. Isolating consumers in a single-person room (i.e. consult room or bedroom/unit) to prevent droplet and airborne transmission of infection
 - b. Re-arranging shared rooms so that consumers can abide by physical distancing measures (cohorting)
 - c. Maintaining a distance of 1.5 meters to consumers to prevent droplet contamination
 - d. Wearing a level 1 surgical mask or P2/N95 respirator when caring for consumers
 - e. Placing a level 1 surgical mask on consumers who are coughing to limit potential infection to others
 - f. Wearing a single-use plastic apron or gown when there is a high risk of exposure to body substances during care

Staff must be aware of how to safely use appropriate PPE before they are used. A source of online training is available here: <https://repository.netecweb.org/exhibits/show/ncov/item/688>.

Table 1 provides a summary of the guidelines above.



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Table 1

Summary of When to Use Different Precautions

Scenario	Hand hygiene	Physical distancing	Single room or cohort	Gloves (cleaning only)	Surgical / P2 (N95) Mask	Plastic apron or gown
No symptoms and no concerns	✓	✓	-	-	-	-
Suspected case	✓	✓	✓	✓	✓	*
Confirmed case	✓	✓	✓	✓	✓	*

* only when there is a high risk of exposure to body substances during care. Physical distancing is the preferred precaution

1.3. Cleaning

Additional cleaning and hygiene equipment are available at the services. Alcohol based hand sanitiser is to be available on the reception desk and in staff areas. Soap is available at basins.

The current recommendation from NSW Health is to clean hard surfaces using warm water, a detergent and disinfectant. It is also important to let the cleaned surfaces dry.

Some equipment like desks, phones, doorknobs can present an infection risk and require additional cleaning. When cleaning, staff should minimise the risk of being infected with coronavirus by wearing gloves and performing hand hygiene before and after wearing gloves.

Maintenance are to be notified if a room or area of the workplace needs to be cleaned due to a confirmed case of COVID-19 or for areas where a person in isolation has frequented. Maintenance will organise additional cleaning as per the NSW Health guidelines.

1.4. Service and preparation of meals

For services that provide meals, meal times should be staggered or rooms rearranged to enable physical distancing practices. Take away meals or delivery of meals to consumer’s rooms can also be considered to minimise risk of transmission.

Staff preparing, serving, or delivering meals are to practice routine hand hygiene as outlined in procedure 1.2 and wear gloves. Where available a level 1 surgical mask or P2/N95 respirator should be used as an extra precaution when serving meals to many people where it is unknown whether or not they are suspected or confirmed to have contracted COVID-19.



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2. Prior to a consumer and family/carers attending the service

2.1. Pre-arranged appointments

For consumers that have pre-arranged face-to-face appointments, they will either:

- receive an SMS requesting that they respond and notify staff of any fever or respiratory symptoms by phone before attending appointments.
- receive a call from staff to complete the Parramatta Mission Coronavirus Screening Checklist

For SMS, the text has been developed by the COVID-19 Response Team and will be communicated by the Program Managers. The content of the text may be updated over time, and changes will be communicated by the Program Managers.

If a consumer calls and identifies that they have been feeling unwell, staff should refer to and complete the Parramatta Mission Coronavirus Screening Checklist, including asking about:

1. Symptoms (fever, dry cough, shortness of breath)
2. Recent travel to anywhere outside of Australia
3. Contact with someone who has been diagnosed with COVID-19

If the consumer answered yes to any of the screening questions, a risk assessment should be undertaken to determine the level of mental health risk and severity to assess if consumer's mental health needs are urgent or non-urgent. The staff member should then consult with the Senior Manager equivalent (this could be the Team Leader, Program Manager, Senior Clinician, Consultant Psychiatrist) who will determine the next step.

In regard to the mental health of the consumer:

- If the consumer's mental health needs are non-urgent- an appointment will be re-booked for a minimum of two weeks away or an appointment offered by telehealth if appropriate
- If the consumer's mental health needs are urgent – the staff member will organise an appointment by telehealth if appropriate or a face to face where required.

If telehealth/phone assessment identifies the consumer as high risk, organise future care as indicated, with preference being phone/telehealth, face to face if required, or home visit where indicated – refer to section below on home visits.

3. If a consumer attends a service without an appointment (i.e. walk in)

3.1. At arrival

When a consumer attends a service, staff are to advise we are taking extra precautions for COVID-19. Advise the consumer that they will be asked a few questions. Staff must then complete the Parramatta Mission Coronavirus Screening Checklist.



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If there is a consumer at the service who meets the suspected case definition above, key actions include:

- Place a surgical mask on the consumer and isolate the consumer in a single room with door closed.
- Staff who interact with the consumer should use appropriate PPE (see procedure 1.2) to complete a risk assessment and provide appropriate intervention. The time that the consumer is on site should be kept to a minimum.
- Advise the consumer to undertake testing at the closest hospital or COVID-19 Testing Service as soon as possible.
- The room should be thoroughly cleaned once the consumer has left the service, using the NSW Health cleaning guidelines (see section 1.3)

4. Gatherings

As of 20th March 2020, the physical distancing rules for non-essential gatherings are as follows:

- Attempt to keep a distance of 1.5 metres between yourself and other people where possible.
- Allow 4 square meters of space for each person (four square metre rule).
- No more than 500 people in a single undivided outdoor space at the same time (500 person outdoor rule).
- No more than 100 people in a single undivided indoor space at the same time (100 person indoor rule).

Sections 4.1 and 4.2 describe how Parramatta Mission will align with these orders.

Where staff are attending their usual workplace, best endeavours will be made to follow the four square metre rule and distancing of 1.5 metres.

4.1. Community events and group activities

Parramatta Mission will be cancelling any non-essential community events and group activities where deemed appropriate. Any essential group activities must adhere to the Gatherings Order and Places of Social Gatherings Order, as outlined above.

4.2. Face to face meetings and training

Parramatta Mission will be postponing all face to face meetings and training where the number of people attending does not permit appropriate physical distancing in the meeting venue or training room, and offering video or phone options where appropriate.



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5. Home visits

5.1. Overview

Parramatta Mission acknowledges that there will be some situations where it is indicated to do a home visit to the consumer. Where it is safe to do so, home visits will continue, particularly in cases where high clinical risk is indicated or where discontinuing home visits may cause greater risk to consumers (e.g. in CLS and HASI programs).

5.2. Consumer is showing no symptoms of being unwell

When a home visit would normally be undertaken and the consumer is showing no symptoms of being unwell:

- Staff to undertake screen to assess risk level of conducting home visit.
- It must have been determined by the staff member and agreed by the Team Leader or Senior clinician that the service could not be able to be provided over the phone or at the service to the same effect.
- The home visit must be approved by Team Leader, Consultant, or Senior Clinician.

5.3. Consumer is suspected to have COVID-19

When a home visit would normally be undertaken and the consumer is suspected to have COVID-19:

- Staff to undertake screen to assess risk level of conducting home visit.
- It must have been determined by the staff member and agreed by the Team Leader or Senior clinician that the service could not be able to be provided over the phone or at the service to the same effect.
- Staff must have appropriate PPE (see procedure 1.2) .
- Staff must have viewed the online training for use of the PPE (<https://repository.netecweb.org/exhibits/show/ncov/item/688>).
- The home visit must be approved by Team Leader, Consultant, or Senior Clinician.

5.4. Consumer has tested positive for COVID-19

When a home visit would normally be undertaken and the consumer is positive for COVID-19:

- A home visit should only be considered when the consumer's clinical risk is high (e.g., suicidal or homicidal plans, severe self-neglect, medication monitoring necessary) and it must have been determined by the staff member and agreed by the Team Leader or Senior clinician that the service could not be provided over the phone or at the service to the same effect.
- Staff must have appropriate PPE (see procedure 1.2)
- Staff must have viewed the online training for use of the PPE (<https://repository.netecweb.org/exhibits/show/ncov/item/688>).
- Must be approved by Director of Operations or their delegate.



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6. Transportation of consumers

6.1. Necessity of transportation

Transportation of consumers by Parramatta Mission staff members should only occur if it **absolutely necessary**. Necessity should be discussed with the one-up manager before providing transportation, with the following factors considered:

- Purpose of the trip (i.e. is it essential?)
- Alternative means to achieve the outcome of the trip (e.g. if it is to pick up food or medication can this be delivered, or can it be picked up without the combination of the staff and consumer?)
- Alternative transportation options (i.e. can a consumer complete the journey via another means, such as taxi, Uber, public transport? If so, can costs be covered by service if necessary?)
- Capacity of consumer (i.e. is the consumer currently capable of using alternate means of transportation?)

If the decision is made for the transportation to go ahead, see Section 6.2.

If a consumer is suspected or known to have COVID-19 then the consumer should be in isolation as per the Australian Government guidance and transportation of the consumer by a Parramatta Mission staff member is not permitted.

6.2. Precautions when transporting consumers

If a decision has been made under Section 6.1 that transportation of a consumer is necessary, the following precautions must be adhered to in order to protect the health of staff and consumers:

- All people in the vehicle to wash or clean hands before entering and after exiting the vehicle as per the hand hygiene guidelines in this policy
- Make available in the car alcohol based hand sanitizer, tissues, and a plastic waste bag for disposing tissues and wet wipes
- Only one consumer and one staff member at a time in a vehicle. An exception to this can be made on a case by case basis where a second staff member is required to be present in the vehicle due to elevated consumer risk level (e.g. in CLS or HASI) and there is no other option. The one-up manager must approve the second staff member before the trip commences.



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- Consumer to sit in the rear passenger side to increase distance between them and staff member
- Open vehicle windows to increase air circulation and avoid re-circulation of air
- Commonly touched areas of the vehicle (i.e. handles, internal hard surfaces, steering wheel, seat belts, etc.) are to be cleaned after transportation using antibacterial wet wipes or warm water, detergent, and disinfectant, as per the manufacturer's instructions on the cleaning agent(s)

7. Remote support

7.1. Availability to provide telehealth solutions

Service Managers and Team Leaders should ensure that staff have access to a phone and/or computer to provide telehealth solutions to consumers if necessary. Before offering telehealth services to consumers, staff should check that the consumer has a working phone or access to a computer and the software required to provide telehealth services (see below for examples of authorised software).

Staff must only use Parramatta Mission provided phones to contact consumers via telephone, unless otherwise approved by their manager and IT.

If providing telehealth solutions via computer, staff must:

- Use authorised telehealth software (e.g. Teams, Skype for Business)
- Have remote access to their relevant EMR (e.g. Carelink, MasterCare, CIMS)
- Have a stable internet connection do minimise disruptions to contacts

7.2. Provision of telehealth support to consumers, carers, and family members

Where possible services should aim to minimise face-to-face contact with consumers, carers, and family members, and provide services via telehealth solutions. Staff should ensure that contact details for consumers are up to date on their files and that care plans / case plans and wellness plans are regularly updated to include accessing telehealth options, self-care strategies, and ways to keep connected while in social isolation.

Not all consumers will be suitable to receive a service using telehealth. The following factors should be considered when assessing a consumer's suitability to receive a service via telehealth:

- Capacity and interest to access technology (i.e. does a consumer have the required hardware, software, reliable internet connection, technical skills?)



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- Form, frequency, and degree of symptomatology. There may be some consumers who present with symptoms that render it unlikely they will be able to commit to a regular telehealth service. If a particular type of service or intervention is not suitable for telehealth then a discussion should be made with the consumer and the team about alternate options.
- Risk of harm to self or others

PSRPs should consider what services and interventions can be provided via telehealth and what alternative options are available if a consumer cannot or does not want to engage in telehealth services.

7.3. Deterioration of mental status while providing services over telehealth

Each service will have unique guidelines in their PSRP for managing the deterioration of a consumer's mental status during the provision of telehealth services, based on their resources and the needs of their consumer groups.

Staff should inform consumers of changes to their service's capacity to intervene if there is a crisis.

7.4. Confidentiality

The same level of confidentiality will apply to telehealth services as they do to face-to-face services.

Inform consumers ahead of time that they should have a private and quiet space available when engaging with staff through telehealth. If a consumer does not have this available at any given time during service provision, staff should be cautious of what they communicate to minimise the risk of other people overhearing any confidential information and consider postponing some of the conversation to a more appropriate time.

To protect the privacy of consumer information, communication and documentation about a consumer between staff should be made through the EMR or through video or phone conversation, rather than in email or text chat programs like Microsoft Teams.

8. Staff (including volunteers)

8.1. Staff returning from overseas

Specific requirements are in place for people who have returned from overseas as per Australian Health and Government Department advice or think they may have been in close contact with a confirmed case of coronavirus. As at 15 March 2020 all persons returning from overseas must self isolate for 14 days and follow NSW Health advice for home isolation.

Staff who are in isolation should advise their Team Leader or Manager. Depending on the type of work, and provided the employee is well, they may be able to conduct work under alternative arrangements such as working from home, or online.



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8.2. Development of symptoms

If staff develop symptoms they **must** stay home and advise their Team Leader or Manager, particularly if they have been in the workplace for any reason. Public health authorities may contact employers in the event an employee is confirmed to have COVID-19.

8.3. Staff unable to attend work

There are some scenarios where staff may be unable to attend work (e.g., if schools are closed or if their health is comprised or at risk). Staff should refer to the P&C policies for Parramatta Mission in regard to their entitlements. Any decision to stand down or alter the working arrangements of staff will be made under the authority of the Director of People and Culture in consultation with the Executive Leadership Team.

In these scenarios, Parramatta Mission will make every attempt to have a minimum number of staff on site to respond to urgent requests and offer minimum services as outlined in the Parramatta Mission COVID-19 Emergency Response Plan.

9. Students

9.1. Students currently on placements

Students will be subject to the same procedures for staff and the guidelines from their educational institution. Parramatta Mission aims to minimise disruptions to current student placements while protecting the health of students, staff, and consumers.

The Clinical Performance and Evaluation Manager must be advised by Service Managers and Team Leaders of any potential disruptions to current student placements due to changes in service provision.

9.2. Future placements

Future student placements will be minimised to protect the safety of students, staff, and consumers, and will be coordinated in line with guidance from education institutions.

10. Closing of services

10.1. Decision to close services

There might be circumstances in which one or all of our Services might be closed.



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This decision will be made by the Director of Operations, with input from the Executive Leadership Team and in consultation with funding bodies. Staff will be given as much notice as possible and provided with options to work either from another site or at home where appropriate, and will be provided information about their entitlements.

11. Visitors within accommodation services

11.1. Restriction of visitors

As of 30th March 2020, the Australian Government has placed a restriction to limit indoor gatherings to two persons only. Exceptions include:

- People of the same household going out together; and
- Family units.

Within PM accommodation services only professional visitors will be allowed for the provision of essential services. Visits will be restricted to the consumer's room or a specific area designated by the service, rather than communal areas. Staff are to conduct COVID-19 screening before the visitor attends the service and deny visitation as per the process for consumers described in this policy. All visitors are subject to the same distancing rules as specified by the Australian Government.

11.2. Screening of visitors

Staff are to conduct COVID-19 screening before the visitor attends the service and deny visitation as per the process for consumers described in this policy.



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DOCUMENTATION

Documents related to this policy	
Related policies	Incident Management Policy
Forms used with this policy	PM Services Action Plan Coronavirus Screening Checklist COVID-19 CCS Emergency Plan
Record keeping or other organisational documents	

Responsibility for reviewing and approving reviews of this policy		
Frequency	Position responsible for content review	Position responsible for quality assurance
Regularly as information changes	Manager Compliance, Risk and Audit	Manager Compliance, Risk and Audit

Policy publication and version tracking			
Version Number	Date Approved	Date Published in RED	As of 2020 policies commence at version 1.0
1.0	23/03/2020		This policy replaces all previous versions and variations whether published, approved or in draft.
2.0	26/03/2020		
3.0	08/04/2020		

Version amendment log		
New Version Number	Date Published in RED	Summary of changes
2.0		Linked to new Public Health orders. Changed title of procedure 4 and included rules from Gatherings Order and Places of Social Gatherings Order. Changed references to 'PPE' to 'appropriate PPE'. Changed references to 'mental health assessment' to 'risk assessment' Added section on transportation of consumers Split procedure 1.2 into two and added clearer guidelines
3.0		Added an exception to Procedure section 6.2. Linked to Department of Health training in Policy section 3.2. Updated signage requirements for facilities. Added Procedure section 11 for visitors in accommodation services. Changed references of 'social distancing' to 'physical distancing'. Linked to SHS guidelines for COVID-19. Added to Procedure section 7 to include guidelines for assessing a consumer's suitability for telehealth, confidentiality, and consent considerations.



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How can we improve this document?

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