

Developing a Business Continuity Plan in Response to COVID-19

Guide for NDIS Support Providers

March 2020



Using this Guide

This is a time for sharing resources and collaboration. This free DSC guide is designed to support organisations to plan for 'business continuity', a fancy way of saying making a plan to ensure you continue to provide services to the people who need them most, while also making sure your organisation survives so you can continue to provide those services.

Some people with disability are more at risk of developing a serious infection and many people are worried about being able to access essential disability and medical services. It's critical at this time for disability support providers to have a plan in place about how they will continue to provide essential supports.

Planning for business continuity can never be a 'one size fits all' approach. This guide provides suggestions and prompts for your planning. Some of the ideas will fit your organisation more readily than others. Some suggestions will have the wrong wording for your needs or you may not have the job titles the guide refers to. This is only a guide, every organisation needs to develop its own unique approach to business continuity.

Team DSC would like to acknowledge the role that Karina & Co played in inspiring the creation of this Guide after they kicked off the conversation online by generously sharing their own Business Continuity Plan.

The guide is designed to walk providers through the process of developing their own Business Continuity Plans with prompting questions. We try to help you think about what you need to do, what might go wrong, what might be needed now and in the near future.

Don't let the absence of answers or data stop you from doing this plan now, this is a crisis and some areas will just need to go unanswered until you can source the information you need later. If the area is relevant and you do not have an answer, just note that you are 'currently sourcing the answer' and keep on developing your plan.

The suggested Business Continuity Plan structure in this guide is as follows:

- Introduction
- Phase One: Preparation & Planning
- Phase Two: Limiting Opportunities for Exposure & Spread
- Phase Three: Quarantine & Enforced Lockdowns
- Phase Four: Recovery
- Resources

Please note this document does not provide medical advice. If you are concerned about a health related matter please seek medical attention or contact the Australian Government's National Coronavirus Helpline on 1800 020 080.

Developing this plan may seem an overwhelming task. Just make a start and keep on going with a sense of urgency. Your commitment will make a real difference in peoples' lives. The plan is likely to be a 'work in progress' long after the virus is no longer a threat.

Introduction

The introduction of your Business Continuity Plan should include the following:

Plan Purpose

For example, to:

- Provide service and business continuity
- Provide reassurance to Participants and staff

Objectives

For example, to:

- Provide timely and accurate information to our Participants and staff
- Be as prepared as possible
- Identify all risks and mitigation strategies
- Reduce the risk of serious illness and death
- Reduce the emergence/spread of a potential COVID-19 outbreak at our service, to the extent this is possible
- Maintain continuity of Participant support for as long as possible
- Enable Participant support to resume as soon as possible

Service provider profile

Examples of profile categories:

- Number of staff
- Number of Participants
- Number of service sites
- Number of people – Participants and staff at each of the service sites
- Profile of Participants, primary disability:
 - Physical
 - Intellectual
 - Psychosocial
 - Acquired Brain Injury
 - Neurological
 - Sensory
 - Restrictive practices
- For day programs and community-based supports:
 - Where Participants live (e.g. alone in the community; in a family home; in a supported accommodation service)
 - How the majority of Participants are supported at home (e.g. by family, service provider, other)
- For supported accommodation providers:
 - Supports that could be available during the day if Participants could not attend day programs or community activities

Some of the numbers in this plan may need to be noted as *'approximate, exact numbers are difficult to access in this crisis'*. **If you cannot answer anything now, note it and move on.**

Phase One – Preparation & Planning

Sub-headings	Suggested Inclusions
Who is responsible for leading this phase?	<ul style="list-style-type: none"> • ‘Business Continuity Management Team’ (see below): may include CEO, General Managers, Human Resource Manager, Corporate Manager, maybe a Board Representative, Risk Manager. Small organisations might have one person in many of these roles. Ensure you have loud voice/s from frontline service provision to keep it real.
Who is responsible for supporting implementation?	<ul style="list-style-type: none"> • The people who will make the plan happen, such as key staff from head office, team leaders and house supervisors. Leaders are everywhere, it’s the people you know who will get stuff done.
What are the key activities?	<ul style="list-style-type: none"> • Establish ‘Business Continuity Management Team’ with a clear articulation of member roles • Undertake comprehensive risk assessment which will assist in mitigating risk and understanding priority for risk management actions. The first cut can be as simple as: What is the risk? What is its likelihood of happening (low medium high). What is the impact if it happens? (low medium high). How do we try and stop it happening? What are our priorities? • Develop Business Impact Plans to assist in identifying strategic priorities and assist in preparing for effective recovery • Monitor and comply with government directives • Review NDIS Quality & Safeguards Commission Coronavirus Information For Providers - 9 March 2020. • Monitor World Health Organisation alerts • Keep people informed • Contingency planning • Update records and plans to ensure information is clear and current • Increase hygiene awareness • Increase cleaning frequency
What are the risks?	<ul style="list-style-type: none"> • Inability to provide support services • Limited contingency options available • Lack of compliance from Participants, families and staff (due to capacity or willingness) • Government directives do not adequately support Participant population.
What documentation do we need?	<ul style="list-style-type: none"> • Up-to-date Participant support plans, emergency plans, contact details, medication lists etc. • List of critical supplies • List of suppliers • Business Continuity Log

Key Planning Considerations Phase One

PARTICIPANTS & FAMILIES

Which Participants are at heightened risk?

- Consider health needs; high physical support needs; cognitive or behavioural issues; mental health issues that may heighten anxiousness; and those without informal supports.
- What can we put in place to safeguard more vulnerable Participants?

Continuity of support

- Do we have simple and succinct Participant profiles to support the provision of services by emergency services, alternative providers or unfamiliar staff?
- Do we understand our staff/Participant ratios well enough to know when we may need to reduce service capacity or close?
- In a reduced capacity scenario, on what basis will we prioritise Participants to continue receiving service?
- Have we considered high-risk activities and how changes to these activities will impact Participants?
- Do we understand whether families are able to support Participants who may not be able to attend the service?

Communication and reassurance

- How will we provide information to our Participants in a way they will understand (e.g. additional hygiene measures)?
- Are we sharing information prepared by the NDIS or other agencies to support Participants (see resources)?
- How will we communicate early and with reassuring information about our response and planning?
- How will we ensure Participants and families can contact us with their enquiries?
- How do we reassure Participants and families who might be feeling anxious?
- If we have changed our visitor policy, how do we communicate this to Participants and their families?

OUR ORGANISATION

Organisational planning

- Which staff provide functions that could be performed at home?
- Which staff must remain on-site?
- How many casual/ on-call staff do we have? Do we understand the industrial impacts of ceasing their employment?
- Have we begun engagement with our IT suppliers to identify the mechanics of work from home scenarios for large numbers of staff?
- What is our current cash position? Do we need to consider bringing all billing up-to-date?
- Have we contacted our partners to understand their response and develop a collective position in relation to NDIS billing, payment of tax etc.?

Communication and reassurance

- How will we communicate early and with reassuring information about our response and planning?
- Do we provide clear information to staff regarding expected hygiene practices or changes to visitor protocols?
- Who will be responsible for communicating to families?

EXTERNAL

Visitors

- Will we continue to allow all/some visitors on site? Under what circumstances?
- Consider offering alternatives for Participants, families and their friends if isolation has been recommended by authorised medical officer
- Is our information accessible to all? Do we need to consider CALD groups and using easy English? (is this in the right place?)
- Will we expect visitors to comply with additional hygiene measures – how will this be monitored?
- Will we ask visitors to self-declare their medical status? Recent travel? Possible exposure?

Suppliers

- What supplies are most essential to continue to provide safe and effective services?
- What is our current store of these supplies (e.g. one week, two months)?
- Have we considered pre-ordering to avoid a potential shortage? Do we have the funds to pre-order?
- Do we understand what measures our suppliers are putting in place to ensure no interruption to services?

Phase Two – Limiting Opportunities for Exposure & Spread

Sub-headings	Suggested Inclusions
Who is responsible for leading this phase?	
Who is responsible for supporting implementation?	
When does this phase start?	<ul style="list-style-type: none"> • Increased local transmission • Government directives • Industry best practice recommendations • Concern from management that rapid escalation within the service is likely
What are the key activities?	<ul style="list-style-type: none"> • Increased focus on hygiene activities • Increased education and communication • Limiting exposure, risk-avoiding close contact and reconsidering public and community events and outings • Following public health recommendations regarding self-isolation based on risk factors
What are the risks?	<ul style="list-style-type: none"> • Measures are implemented too late • Lack of compliance from Participants, families and staff (due to capacity or willingness) • Government directives do not adequately support Participant population
What documentation do we need?	<ul style="list-style-type: none"> • Operational plan • Up-to-date Participant support plans, emergency plans, contact details, medication lists etc. • List of critical supplies • List of suppliers

Key Planning Considerations Phase Two

PARTICIPANTS & FAMILIES

Reducing risk

- Do we need to consider cancelling all community and group events? What is the current advice?
- How do we restructure individual plans and implement new activities where community activities need to be suspended?
- Do we monitor the movement of Participants between different places/ sites?

Communication and reassurance

- How will we provide information to Participants in a way they will understand, particularly regarding compliance with additional hygiene and social distancing measures?
- Do we have the staff ratios to support Participants to comply with these measures?
- How do we reassure Participants and families who might be feeling anxious?
- What is our plan for regular communication with families? Do we need to agree on a specific schedule?
- If we have changed our visitor policy how do we communicate this to Participants and their families?
- What is our best mechanism for communication? E.g. Social media, email, phone or SMS?
- How does this consider complex communication needs?

OUR ORGANISATION

Organisation planning

- What is our work from home policy?
- Should non-essential staff now be required to work from home?
- Do we control the movement of staff between sites?
- Do we understand what the impact might be on annual/ sick leave and WHS?
- What will be the financial impact on the organisation?
- What is our organisation's position on sick leave for staff who are required to self-isolate?
- What incentives do we need in place to ensure unwell staff do not present at work for financial reasons?
- Do we need to increase cleaning frequency?

Communication and reassurance

- Do staff require additional infection control and hygiene training?
- How do we reassure and support our staff concerned about providing support in a pandemic environment?
- How do we monitor and support a remote workforce?
- What online communication tools can we utilise to stay connected?

EXTERNAL

Visitors

- What will be the impact on Participants if visitors are no longer allowed?
- Impact needs to be considered in relation to both well-being (Participants regular outings with mum on a Saturday no longer going ahead) and safety (speech therapist not able to attend for swallowing assessment)?
- What alternatives can be put in place? FaceTime? Video conferencing?
- What measures will be put in place where essential services are required?

Suppliers

- Are our current suppliers able to ensure supply continuity?
- Have we identified alternative suppliers for essential items?
- Are additional equipment/supplies required to protect staff and Participants not previously required – for example, face masks?
- Have suppliers been identified and supplies ordered?

Phase Three – Quarantine & Enforced Locked Down

Sub-headings	Suggested Inclusions
Who is responsible for leading this phase?	
Who is responsible for supporting implementation?	
When does this phase start?	<ul style="list-style-type: none"> • Government/public health directive • Infection within the service • Significant spread within similar community groups • Participants or staff choosing to self-isolate
What are the key activities?	<ul style="list-style-type: none"> • Enabling remote service provision • Reviewing and updating rosters • Establishing designated quarantine spaces, and processes (where required for accommodation settings) • Developing capacity of families to support service provision • Managing NDIS Quality and Safeguard provisions
What are the risks?	<ul style="list-style-type: none"> • Participants physical health and well-being at risk due to: <ul style="list-style-type: none"> ○ Lack of staff available or unfamiliar staff ○ Lack of specialist support ○ Social impact of quarantine and isolation measures • Potential outbreak at a site • Lack of essential supplies
What documentation do we need?	<ul style="list-style-type: none"> • Operational plan • Up-to-date Participant support plans, emergency plans, contact details, medication lists etc. • Site emergency plan • Lockdown protocol • List of critical supplies • List of suppliers

Key Planning Considerations Phase Three

PARTICIPANTS & FAMILIES

Continuity of support

- How will Participants be supported if regular staff are no longer available?
- How will Participants be supported (both physically and emotionally) if required to remain at home for extended periods?
- What additional measures will be required for Participant's displaying behaviours of concern?
- How will our organisation respond if Participants or families request limits on the number of staff attending the service?
- Do we understand the willingness and capacity of families to support Participants?
- Will some Participants be able to remain/return to the family home?
- What contingencies will be required for Participants who can no longer be supported by the organisation and do not have alternative supports available?

Communication and reassurance

- How will we communicate lock-down and quarantine procedures with our Participants and families?
- Have we developed mechanisms to stay in contact with Participants and families no longer accessing services? E.g. how do we provide updates, check on well-being etc.?

OUR ORGANISATION

Organisation planning

- When staff are required to work from home, will this be in the same roles and with the same salaries?
- What impact will this have on our organisation's finances if revenue drops due to reduced service delivery?
- What will be the financial impact on our organisation where sick leave is required?
- What is the organisation's position on the use of agency staff?
- What are the industrial relation requirements in terms of shifts/breaks etc. if staff who are well are required to take on additional shifts?
- Could we arrange for a small group of staff to provide support to limit exposure?

Communication and reassurance

- How do we monitor and support a remote workforce?
- What online communication tools can we utilise to stay connected?

EXTERNAL

Visitors

- Under what circumstances will visitors be allowed?
- How will this be communicated and implemented?

Suppliers

- Are we running out of essential supplies?
- Have we registered our needs/shortages with relevant health and government agencies?
- Are alternatives available in a supply shortage?

Phase Four – Recovery

Sub-headings	Suggested Inclusions
Who is responsible for leading?	<ul style="list-style-type: none"> • Business recovery team – particularly in large organisations
Who is responsible for supporting implementation?	
When does this phase start?	<ul style="list-style-type: none"> • Official advice regarding end of quarantine and enforced lock down
What are the key activities?	<ul style="list-style-type: none"> • Planning for service re-opening – Participant and staffing numbers & timelines/frames • Strategies to maintain vigilance to minimise ‘second wave’ • Emotional support for Participants, families and staff – particularly in the event of loss of life • Calculating the financial “start-up” costs and how these will be met • Provide report summarising response for Board
What are the risks?	<ul style="list-style-type: none"> • Participants and staff may be reluctant to reengage • The organisation may no longer be financially viable
What documentation do we need?	<ul style="list-style-type: none"> • Recovery plan • Up-to-date Participant support plans • List of critical supplies • Up-to-date supplier list

Key Planning Considerations Phase Four

PARTICIPANTS & FAMILIES

Continuity of support

- Do individual plans need to be reviewed?
- Do Participants require specialist assessments before they can return? How soon can these be arranged?
- Have Participants missed any assessments that need to be rescheduled?
- Will Participants require medical clearance before returning?
- Will all Participants return on “day one” or will a staggered start be more appropriate?
- If staggered, what criteria will be used to determine who commences first?

Communication and debriefing

- Do we understand how people have fared during the quarantine phase? What are their health and emotional needs?
- Were any Participants or family members lost? How will they be acknowledged?
- How will staggered starts be communicated if relevant?

OUR ORGANISATION

Organisation planning

- What is the financial position of the organisation?
- How quickly will services be able to return to ‘normal’?
- Will our organisation take a position on the acceptance of new Participants (e.g. a three-month consolidation phase before accepting new Participants)?
- Are all original staff available to return to work? If not, how will recruitment and training be managed?
- Will staff require additional/refresher training before recommencing?

Communication and debriefing

- How will the organisation review and debrief its response?
- How will learnings be recorded for future events?
- How have staff fared emotionally during quarantine?
- What supports will be put in place in the short and medium-term?

EXTERNAL

Visitors

- What is our current policy on visitors?
- Where Participants require rescheduling of appointments/assessments will they occur onsite or remotely?

Suppliers

- Are all original suppliers available? If not, have alternative suppliers been sourced?
- Does the organisation have all essential supplies in stock? If not, has the delivery time been determined?
- How will supplies impact on when the organisation can re-open?

Resources

List relevant resources

About DSC

NDIS is our world, not just a job. We care, or we wouldn't be here.

Not only are our consultants NDIS experts – armed with a plethora of PhDs, MBAs, ex-disability CEO and NDIA Director positions under their belts - most also have lived experience of disability. This makes us uniquely positioned to 'get' challenges and opportunities from every which way; leadership, workforce, Agency, sector, participant and family perspectives.

Across the hugely varied consulting and training work we do with organisations across Australia, all the challenges, the complexities, the opportunities, the sleepless nights, can be distilled down to one fundamental theme: We want better outcomes for people with disability.

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