Department of Communities and Justice

Sector support for DCJ service providers preparing COVID-19 Management Plans

23 March 2022 Version 3

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NSW GOVERNMENT

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1. Overview of guidance

1.1 Definitions

Term	Definition
Activities	All tasks performed by a worker at a service setting (including services performed for clients)
Client	The term client is used to describe any individual, group, child or young person to whom services or programs contracted by DCJ are made available. This includes children and young people in residential out-of-home care (OOHC)
Controls	Any step taken to reduce the likelihood and severity of COVID-19 transmission
COVID-19 Management Plan	The documented approach to the management of COVID-19 which includes a risk assessment for each service setting, a business or service continuity plan, COVID-19 Safety Plan (when required by a Public Health Order), and other minimum requirements as outlined in section 2
COVID-19 Safety Plan	A plan with templates developed by the NSW Government[1] that outlines actions that can be taken by businesses and organisations to minimise the risk of a person with COVID-19 entering the workplace and spreading it to people
DCJ	The New South Wales Department of Communities and Justice, a department of the Government of New South Wales
Up to date vaccination	To have received doses recommended based on age and health needs. This may change with updated guidance – check the Australian Government website: Stay up to date with your COVID-19 vaccines
Operating environment	The method of delivering services for clients. This may be face to face, remotely, or with the provision of residential accommodation.
Public Health Orders	Public Health Orders are directions by the Minister for Health and Medical Research which are designed to protect residents from the public health risk of COVID-19 and its possible consequences. Orders can be amended frequently.
Service provider (provider)	Service providers are organisations that receive funding from DCJ to deliver services on behalf of DCJ to clients, and registered community housing providers that receive assistance from DCJ via a community housing agreement as per the Community Housing Providers (Adoption of National Law Act 2012 no 59 (NSW). It also includes workers of the service provider. For the purposes of this policy, the service provider does not include organisations that only receive grant(s) from DCJ.
Service setting	The physical workplace where activities are performed
Services	Tasks performed by a worker at a service setting specifically delivered to benefit clients
Worker	A person is considered a worker if the person carries out work (either paid or unpaid) in any capacity for the service provider. The term includes employees, contractors, sub-contractors, consultants, volunteers and students (including apprentices, trainees, and those on work experience).

1.2 Purpose and scope

Purpose

The purpose of the 'Sector support for DCJ service providers preparing COVID-19 Management Plans' (this guidance) is to provide practical guidance for DCJ service providers preparing their COVID-19 Management Plans. DCJ service providers are required to develop COVID-19 Management Plans to deliver services during the COVID-19 pandemic safely for both clients and workers.

This guidance **does not** place any additional requirements on DCJ service providers above those already communicated. This guidance **does** provide practical guidance on the key considerations for DCJ service providers when completing their COVID-19 Management Plans.

Context

This guidance has been created to support DCJ service providers manage the risks relating to COVID-19. This guidance provides more detail on DCJ's 'COVID-19 management and vaccination policy for DCJ service providers' policy (officially communicated to service providers on 13 October 2021). This policy:

- provides an overview of existing legal responsibilities, explaining how service providers must comply with existing Work Health and Safety (WHS) laws, Public Health Orders (PHO) and other directions
- provides an overview of the circumstances in which a service provider can lawfully require their workers to be vaccinated under existing laws
- sets out the DCJ requirement for service providers to develop a COVID-19 Management Plan comprising: a risk assessment, business continuity plan, and a COVID-19 Safety Plan (when required by a Public Health Order).

Plans do not need to be submitted to DCJ. DCJ will email service providers to confirm that the COVID-19 Management Plan is in place. The COVID-19 management and vaccination policy for DCJ service providers is a notified policy. This means service providers will be in breach of their Agreement with DCJ if a COVID-19 Management Plan is not in place by 22 December 2021. Any service providers who are experiencing difficulty with this timeframe should contact their contract manager.

Scope

- This guidance **applies** to providers funded by DCJ to deliver services. This guidance **does not** apply to organisations only receiving a grant(s) from DCJ.
- Health services are not funded by DCJ and will have different contractual requirements based on the funding body. It is important to note that different health orders may apply if the provider receive multiple streams of funding.
- This guidance applies to the service provider's WHS obligations relating to the risks and management of a confirmed case or of an exposure to COVID-19.
- When subcontractors are involved as part of a joint working arrangement with the provider as the primary contract manager, specific legal advice should be sought.

Objectives

Communicate practical and relevant advice to DCJ service providers to:

A. develop a robust COVID-19 Management Plan

B. consider COVID-19 risk factors and controls specific to different client groups

C. consider COVID-19 risk factors and controls specific to different operating environments.

DCJ acknowledges the rapidly changing environment of COVID-19. This guidance includes links to external websites. DCJ service providers should regularly review legislation, DCJ and NSW Health advice. This guidance will be reviewed from time to time for relevance, but the risk assessment process will not change. DCJ will monitor the situation and advise accordingly.

Legal advice

DCJ recognises that service providers may have questions regarding responsibilities under the WHS legislation and Public Health Orders (PHO). Often, these are complex legal issues with contextual nuances. As such, for many of these questions we can only provide high level considerations. More definitive answers may require specific legal advice which will depend on each provider's circumstances. Common questions from service providers are summarised in section 7.

1.3 Legal requirements

Relevant Legislation

The Work Health and Safety Act 2011 (WHS Act) requires employers to eliminate, or if not reasonably practicable to eliminate, then to minimise risks to health and safety as far as is reasonably practicable.

This means that service providers are required to identify, assess and minimise the risk of COVID-19 as much as possible.

The WHS Act makes it a general duty of employers to consult with their workers on all safety measures. Consultation is required when identifying, assessing and controlling risks, and when reviewing control measures.

Vaccination – Legal Implications

As employers, service providers can require their workers to be vaccinated where[2]:

- a specific law (such as a state or territory PHO) requires a worker to be appropriately vaccinated
- the requirement is permitted by an enterprise agreement, other registered agreement or employment contract
- it would be lawful and reasonable for an employer to give their workers a direction to be vaccinated. Determining whether requiring vaccination is lawful or reasonable can be complex. The determination should be addressed on a case-by-case basis and may require legal advice.

A risk assessment must be undertaken to determine if a direction for workers to be vaccinated is a reasonably practicable step. Considerations for a provider's WHS obligations include:

- the nature of each workplace (for example, the extent to which workers need to work in public-facing or face to face roles, whether social distancing and alternatives to face to face service delivery are possible, whether services are provided in communal settings, and whether workers work across multiple worksites)
- the extent of community transmission of COVID-19 in the location where the direction is to be given, including the risk of transmission of variants among workers, clients or other members of the community
- any PHOs in place and where the workplace is located
- each worker's circumstances, including their duties and the risks associated with their work
- whether workers have a legitimate reason (Appendix A) for not being vaccinated (for example, a medical reason), and vaccine availability and eligibility.

This means that even if a risk assessment has been completed for each service setting, concluding that vaccination is a reasonably practicable step, service providers must then consider the circumstances for each worker.

The Australian Human Rights Commission has provided information on COVID-19 vaccinations and federal discrimination law[2]. In addition, the interaction with between PHOs and work health and safety law is complex, and considerations should be made from Fair Work Ombudsman[3] and Safe Work Australia[4].

1.4 Public health requirements

Please refer to the NSW Government's Public Health Orders (PHO) website[5] for the latest information. PHOs are updated regularly. If it is unclear whether the PHO applies to services provided, the provider may wish to seek legal advice. Justice Connect may be able to provide eligible organisations with legal advice on the application of current PHOs to your organisation and workers. For further details on Justice Connect supports available, please see section 6.2.

See Appendix D for a summary of the PHOs for service providers to be aware of for workers and clients.

1.5 Structure of guidance

This guidance is structured around a framework that considers the challenges faced by individual service providers. This guidance asks providers to consider risks specific to workers, clients and operating environments, and consider controls appropriate to these risks.

The core components of a **COVID-19 Management Plan** include:

A. a risk assessment (for each service setting and an action to respond to implement controls for each risk in day-to-day business)

B. a business continuity plan (how the service provider can continue to deliver services during COVID-19)

C. a COVID-19 Safety Plan, if required by a PHO (an existing control in place as required by the NSW government).

A COVID-19 Management Plan will need to be created for each DCJ contracted provider. This guidance describes the minimum requirements for a provider to complete the COVID-19 Management Plan.

This guidance recognises that each provider is unique, serving different populations of need in different operating environments with varying levels of resources. This guidance also recognises that many providers will already have existing risk assessments, business continuity plans and COVID-19 Safety Plans.

Links to relevant websites

It is important to note that risk assessment and management is a dynamic process and should be repeated when there are significant changes to the public health and workplace environment. Links to relevant webpages have been provided throughout the document so that readers can seek out the most up to date version of the information available from the original source.

A list of commonly asked questions has been provided at the end of the document.

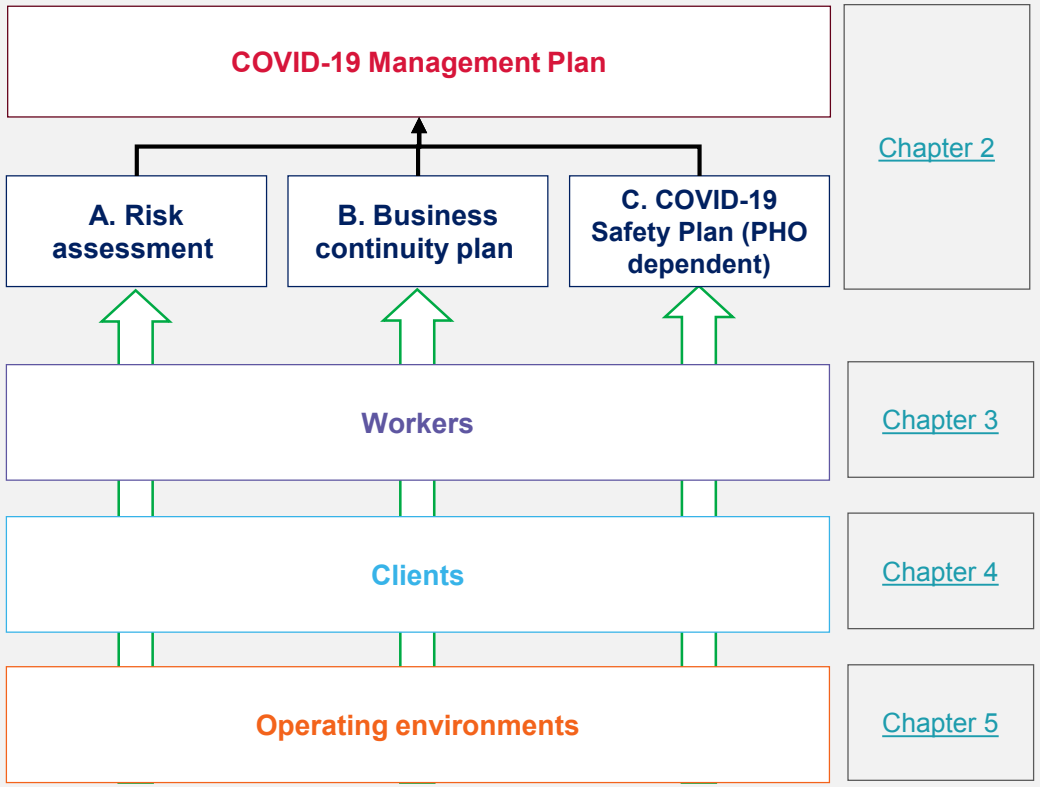


Figure 1.5.1 – Framework for developing a COVID-19 Management Plan

2. COVID-19 Management Plans

2.1 COVID-19 Management Plan

DCJ released its COVID-19 management and vaccination policy for DCJ service providers[6] on 13 October 2021. The policy outlines the requirements for service providers in relation to management of COVID-19 in the workplace.

The risks of COVID-19 have presented the need to consider comprehensive measures to:

- protect clients, noting that many are vulnerable
- protect workers and provide a safe environment for them to work together and provide services to their clients
- ensure business continuity for service providers.

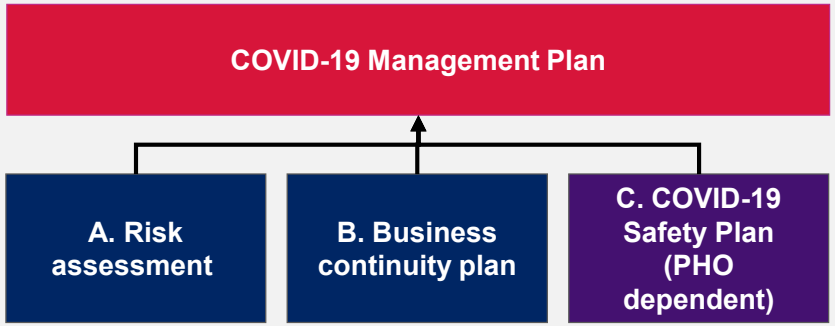
Scope

- This policy applies to service providers in respect of the services they are contracted to provide on behalf of DCJ.
- It does not apply to organisations that only receive grant(s) from DCJ.
- When preparing COVID-19 Management Plans, PHOs and requirements of other organisations such as NSW Health, Local Health Districts, other NSW departments and Commonwealth agencies must be considered.

A service provider COVID-19 Management Plan comprises of:

A. a risk assessment (for each service setting and a plan to respond to each risk in day-to-day business)
B. a business continuity plan (how the service provider can continue to deliver services if impacted by COVID-19)
C. a COVID-19 Safety Plan, if required by a PHO (the latest PHO does not mandate the COVID-19 Safety Plan for all providers. DCJ still encourages providers to develop or include a COVID-19 Safety Plan in their COVID-19 Management Plan to help manage risks).

Figure 2.1.1 – Components of the COVID-19 Management Plan



Each COVID-19 Management Plan should incorporate considerations for:

1) All workers (section 3)
2) Clients specific to the service (section 4)
3) Operating environments specific to the service (section 5).

If services already have a risk assessment, business continuity plan, and a COVID-19 Safety Plan, these documents can be considered together as the service provider COVID-19 Management Plan provided they address all the other minimum requirements (section 2.2).

This guidance contains minimum requirements checklists and examples of each plan to assist service providers with the creation of these plans. These templates are not prescriptive, and service providers are encouraged to use existing plans (if already in place) provided they meet minimum requirements.

Support available from DCJ can be found in section 6.1.

2.2 COVID-19 Management Plan checklist

DCJ requires all service providers to have a documented COVID-19 Management Plan. These plans at a minimum should include the following:

Plans

- A **risk assessment** for each service setting and a plan to respond to each risk in day-to-day business (section 2.4)
- A **business or service continuity plan** that outlines how the service provider can continue to deliver services during COVID-19 (section 2.10)
- The requirements outlined in NSW Government **COVID-19 Safety Plans**
  Note: the latest PHO does not mandate the COVID-19 Safety Plan for all providers. DCJ still encourages providers to develop or include a COVID-19 Safety Plan in their COVID-19 Management Plan to help manage risks.

If services already have a business continuity plan, risk assessment, and a COVID-19 Safety Plan (when required by a Public Health Order), **these documents can be considered together as the service provider COVID-19 Management Plan**, provided they address all the other minimum requirements listed above.

Processes and activities

Processes and activities that must be documented include:

- processes and activities to respond to someone who is a confirmed case or has been at high-risk exposure to COVID-19 in the workplace
- processes and activities for supporting a client who is unvaccinated
- processes and activities for supporting a client who is a confirmed case or has been at high-risk exposure to COVID-19
- processes for recording, monitoring compliance and managing medical exemptions if vaccination is a requirement to control COVID-19 risk
- processes for recording visitors to the workplace, including the use of check-in facilities
- processes for supporting and testing workers and clients exposed to COVID-19 in line with public health requirements.

These processes and activities should be documented and communicated to relevant workers and clients. Service providers are likely to have processes already in place or documented.

2.3 COVID-19 Safety Plans (as required by a PHO)

COVID-19 Safety Plans are only mandatory as part of the COVID-19 Management Plan if a PHO requires the business to complete one.

- The NSW Government introduced these plans in 2020 to assist organisations to fulfil their obligations under PHOs and minimise the risk of transmission of COVID-19 on their premises.
- Visit the NSW Government COVID-19 Safety Plans website[1] for access to the plans and templates for specific industries.
- Examples of some of the requirements that service providers need to review when developing their COVID-19 Safety Plans include:
  - wellbeing of workers and customers
  - physical distancing
  - ventilation
  - hygiene and cleaning
  - record keeping.
- Each of the requirements must be addressed by providing information on how the provider will put the practices into place.
- A copy of the plan needs to be provided when asked by an authorised person.

Note: You no longer need to include a COVID-19 Safety Plan in your COVID-19 Management Plan, unless you are required to have one under a PHO. However, DCJ encourages you to include or develop a COVID-19 Safety Plan in your COVID-19 Management Plan to help you manage your COVID-19 risks.

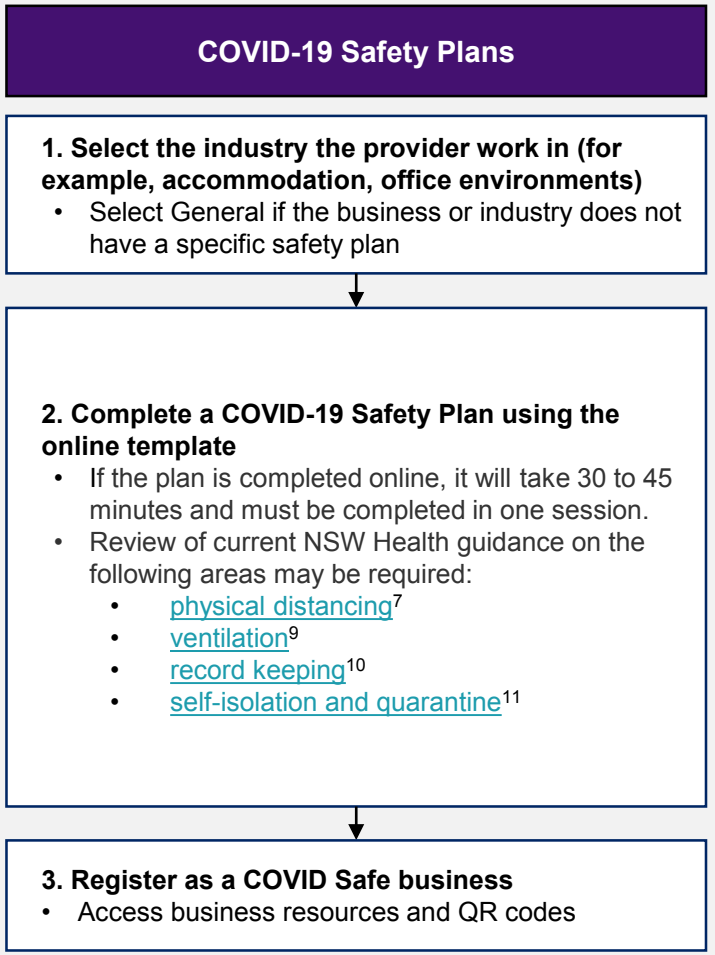


Figure 2.3.1 – COVID-19 Safety Plan Steps to Completion

2.4 Risk assessment checklist

A risk assessment should be developed for:

- **each service setting, and**
- **a plan to respond to each risk** in day-to-day business.

Each service setting means each place of work. For example, if the service runs a playgroup at multiple schools, and is administratively managed from an office, a risk assessment must be completed for each school and office.

Existing risk assessment and management procedures already in use by service providers may be used or adapted to consider risks relating to COVID-19.

Considerations when developing a risk assessment include:

- activities, for example casework, food and drink provision, cleaning, playgroups
- worker health and safety for different types of workers, for example employees, contractors, volunteers, students
- working with clients at risk, for example young people and children, people with disability, people sleeping rough or homeless. Section 4 includes further considerations on working with specific client groups
- operating environments, for example residential accommodation, remote, face to face. Section 5 includes further on working in specific service settings relating to operating environments.

Risk control measures

Control measures should correspond to the level of risk identified in the risk assessment.

These risk control measures should be considered:

- preventing COVID-19 from entering workplaces
- rapid antigen testing (RAT) if appropriate and available (refer to Appendix A.3 for more information)
- supporting workers to adhere to the public health requirements relating to self-isolation rules
- where appropriate and lawful, implementing vaccination requirements
- reduce direct contact with workers and clients (where reasonably practicable)
  - physical distancing
  - barriers/modifying workplace layouts
  - modifying shifts, hours and rosters
  - support flexible work arrangements
- reduce environmental exposure
  - inspect and review air conditioning and ventilation systems
  - cleaning and disinfection of high traffic areas
  - providing cleaning products and instruction for workspaces
  - providing instruction and amenities for personal hygiene and infection control and providing PPE.

Where applicable, ensure that the Board and/or a risk assessment committee are involved in approving the actions resulting from the risk management process

2.5 The risk management cycle

Risk management is a proactive process that helps people respond to change and facilitate continuous improvement in service delivery. It should be planned, systematic and cover all reasonably foreseeable hazards and associated risks.

This guidance summarises the risk management cycle published by SafeWork NSW. For more detail, please refer to their complete guidance[12].

Service providers are specifically required by DCJ to develop risk assessments and implement risk controls relating to COVID-19 risk, however these principles can also be applied more broadly. Specific checklists for COVID-19 considerations can be found in section 2.7 (checklist) and on the DCJ template link on the website[13] (template and examples).

The risk management cycle includes 4 key steps. They are:

1. identify hazards (risk factors)
2. assess risks
3. control risks
4. review and maintain controls.

Throughout this process, service providers must engage with workers to ensure all risks and relevant controls are captured.

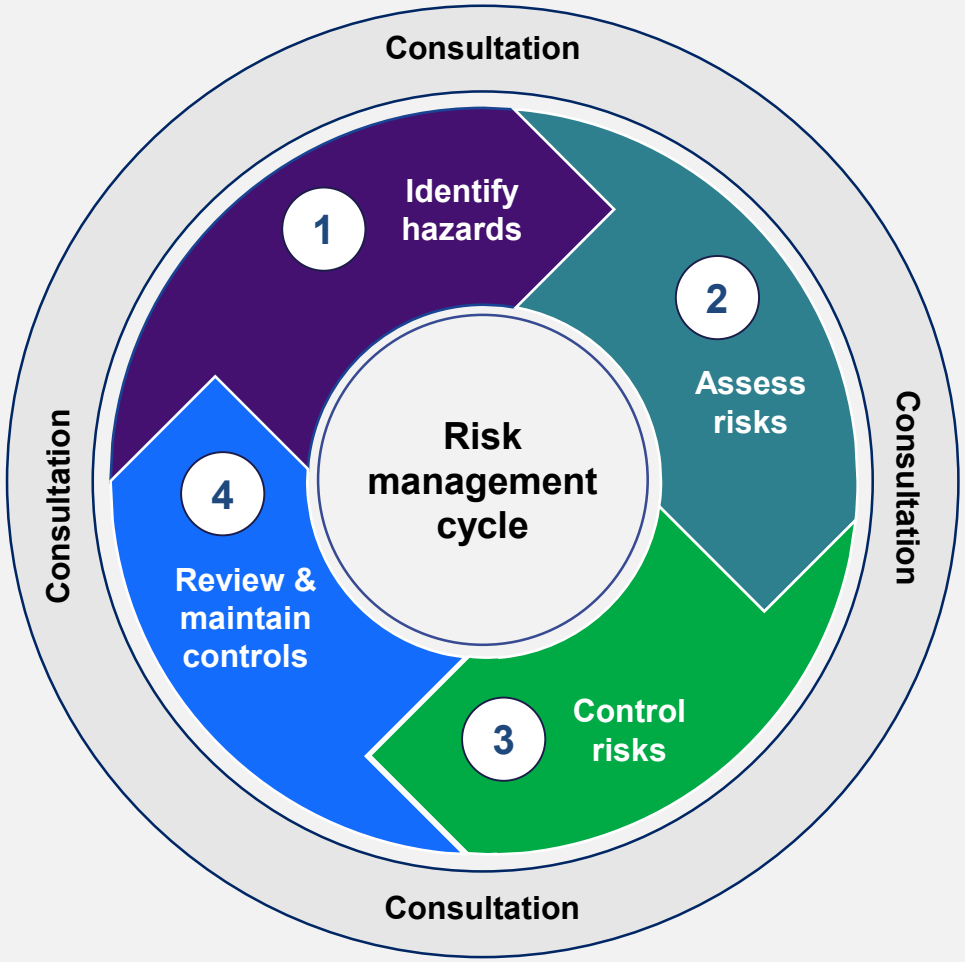


Figure 2.5.1 – Risk management cycle

2.5 The risk management cycle (1. Identify hazards)

Hazards / risk factors generally arise from the following aspects of work and their interaction:

- physical work environment
- work tasks and how they are performed
- work design and management.

The hazard of COVID-19 transmission may be influenced by:

- activity factors, for example face to face casework which takes place indoors
- psychosocial factors, for example overworked and tired workers reducing PPE adherence
- biological factors, for example, immunocompromised clients who have an increased risk of severe COVID-19 illness.

General activities and questions for consideration are listed below.

Please refer to the following sections for specific COVID-19 hazard considerations relating to:

- workers (section 3)
- clients (section 4)
- operating environments (section 5).

Identify hazards (Key Activities)	Key questions for consideration
Inspect the workplace	• Does the work environment enable workers to carry out work without risks to health and safety (for example, adequate ventilation, access to hygiene needs, space for physical distancing)? • How is work performed, including the physical, mental and emotional demands of the tasks and activities? • How do workers interact with other workers and clients? • How suitable are the tools and equipment for the task and how well are they maintained (are they cleaned regularly between uses)? • How do workers, managers, supervisors and others interact (are there mechanisms for sharing information)?
Consult workers, supply chains and networks	• Ask workers about any health and safety problems they have encountered in doing their work and any cases or exposures that have not been reported. • Talk to suppliers and partners if there are any risks that may be shared between parties with joint responsibilities.
Review available information	• Review information and advice specific to the services and peak body association. • Further support available to providers can be found here (section 6).

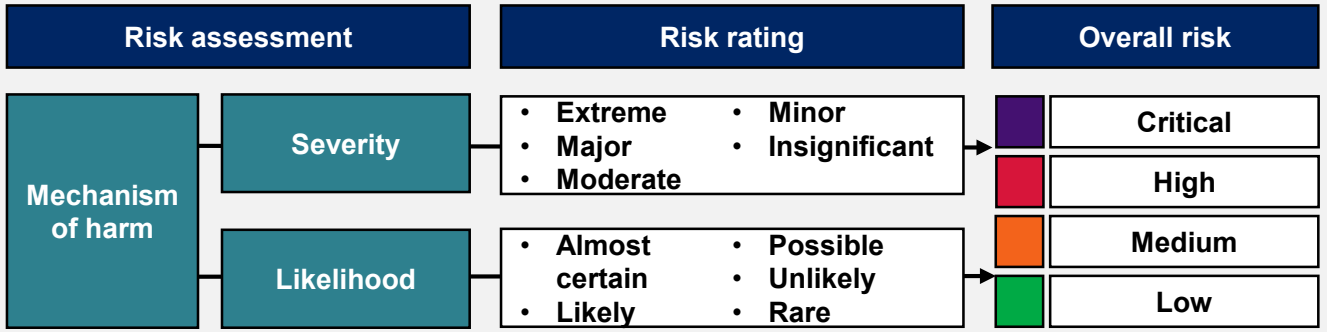
2.5 The risk management cycle (2. Assess risks)

Once risk hazards have been identified, they must be assessed for the mechanism of harm, severity of harm and the likelihood of occurrence.

This will enable service providers to grade the overall risk of a particular hazard (High / Medium / Low), and then prioritise implementation of controls.

Key questions to assist the risk assessment are listed below.

Figure 2.5.2 – The risk assessment process



Risk assessment components	Key questions for consideration
Mechanism of harm	• What is the chain of events that would lead to harm occurring? Review previous cases to understand the root cause, examine effectiveness of existing controls, how work is done (compared to written manuals and procedures). • Clients may be exposed to and infected by COVID-19 in the community. Whilst interacting with workers, clients may not wear PPE, increasing the likelihood that workers are infected by COVID-19 which then causes ill health.
Severity of harm	• What type of harm could occur (for example becoming infected by COVID-19, people experiencing issues with mental health and/or alcohol and other drugs, suffering from burnout and fatigue)? • How severe is the harm? • Could the harm cause death or serious illness?
Likelihood of occurrence	• How often are people exposed to the hazard? • How long might people be exposed to the hazard? • How effective are current controls in reducing risk? • Could any changes in the organisation increase the likelihood? • Are hazards more likely to cause harm because of the working environment? • Could the way people act and behave affect the likelihood of a hazard causing harm? • Do differences between individuals in the workplace make it more likely for harm to occur?

2.5 The risk management cycle (3. Control risks) – Hierarchy of controls

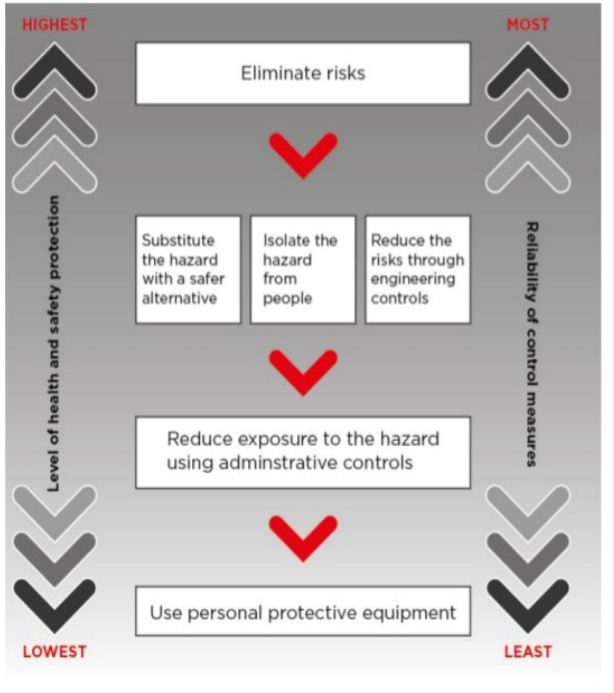
Once risks have been identified and assessed, the next step is to determine the appropriate actions that must be taken. Service providers should consider the hierarchy of controls in mitigating the apparent risk. Start with the controls with the highest level of safety and protection and reliability (elimination). If these controls aren't implementable, follow the flow down toward controls with less health and safety protection and reliability (PPE).

Hierarchy of controls	Key considerations
Elimination	• Removing existing hazards. For example, cancel face to face service provision or switch to telehealth-based services
Substitution, isolation and engineering	• Substitution: replace hazards with alternatives. For example, switch from shared to single room accommodation • Isolation: physically separate the hazard. For example, plastic barriers between clients and workers • Engineering: mechanical devices / process. For example, vaccinations, avoiding using recycled air[9] in heating, ventilation, and air conditioning systems
Administrative	• Work methods / procedures to ensure minimal exposure and safety. For example, the use of check-in facilities
PPE	• Minimise remaining risks, ensure PPE is proportionate to hazard, hygienic and working. Users should receive clear instruction, for example, use of masks, face shields and gowns

Implementing these controls may require supporting processes for example, new work procedures, training, instruction and information, supervision, and maintenance. It is important to note that controls should be 'reasonably practicable', considering:

- the likelihood of the hazard or risk concerned occurring
- the degree of harm that might result from the hazard or risk
- knowledge about the hazard or risk, and ways of eliminating or minimising the risk
- the availability and suitability of ways to eliminate or minimise the risk – suitability should include considerations around the type of environment being assessed, for example the difference between a home and a workplace
- after assessing the extent of the risk and the available ways of eliminating or minimising the risk, the cost associated with available ways of eliminating or minimising the risk, including whether the cost is grossly disproportionate to the risk.

Figure 2.5.3 – Hierarchy of controls



See DCJ's PPE matrix to help identify appropriate PPE for different work situations, for example, when to wear gloves, gowns or eye protection.

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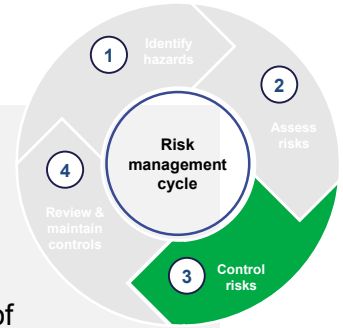

2.5 The risk management cycle (3. Control risks) – COVID-19 controls

The following table contains some COVID-19 specific controls to consider based on the hierarchy of controls. The best-case scenario is to eliminate COVID-19 risk entirely. However, if this is not reasonably practicable, move through the controls down the hierarchy. Please see the Australian College of Occupational and Environmental Medicine's COVID-19 Guidance on Workplace Risk Management[15] for more detail.

Most Effective

Least Effective

Hierarchy of controls	Controls to consider
Eliminate the hazard and associated risk	• Set up systems to proactively detect and prevent entry to the premises of potentially infectious visitors and residents. This includes symptom screening • Effective and sensitive communication to workers and clients to stay away when unwell for example, signage (in appropriate languages) at the entrance • Do not perform non-essential higher risk services • Consider cancellation or redesign of service
Substitute the hazard with something safer	• Use teleconferencing / telehealth / virtual consultations and meetings • Use non-aerosolising techniques, equipment and cleaning techniques where possible
Isolate the hazard from people and engineer controls to separate the source of harm	• Vaccination, using the current definition of up-to-date vaccinations • Review and optimise ventilation including air exchange rates, air flow and air filtration systems, temperature, and ambient humidity • Symptom and/or surveillance testing (for example, rapid antigen testing) of workers and clients during periods when community transmission is prevalent and testing is readily accessible • Physical barriers (for example, plastic screens) • Physical distancing • Reduce the number of entry points into the premises to monitor resident/visitor/worker movements and simplify visitor registration
Use administrative controls to minimize exposure to the hazard	• Siloed / staggered rostering • Limit client volume • Check-in system • Worker training and competency assessment in standard and transmission-based precautions • Have enough workers to avoid excessive workloads and ensure workers can take regular breaks • Know which workers may be vulnerable to severe COVID-19 infection and redeploy if needed • Develop policy to manage workers and others who become unwell in the workplace • Provide an employee assistance program that provides psychological support • Implement non-engineered physical distancing measures, for example card only payment When higher-risk tasks are being undertaken, restrict the number of workers in the room
Protect people using PPE	• Increase grade of PPE as required per PPE matrix • Hygiene and cleaning practices

Vaccination is considered a high order control measure against disease.

The SafeWork Code of Practice provides further information on the hierarchy of controls

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2.5 The risk management cycle (3. Control risks) – reasonably practicable

Safe Work Australia has provided guidelines[16] on the meaning of "reasonably practicable". This is an **objective** test and a duty-holder must meet the standard of behaviour expected of a reasonable person in the duty-holder's position and who is required to comply with the same duty. Determining what is reasonably practicable can be complex and may require legal advice.

A duty-holder must:

- first, consider what can be done - what is **possible** in the circumstances for ensuring health and safety
- second, consider whether it is **reasonable**, in the circumstances to do all that is possible.

Considerations for service providers are listed below.

Consideration	Description
Likelihood of the hazard or risk occurring	• The greater the likelihood of a risk occurring, the greater the significance of this factor
Degree of harm that might result from the hazard or risk	• The greater the degree of harm that might result from the hazard, the more significant this factor • Where the degree of harm that might result from the risk or hazard is high, a control measure may be reasonably practicable even if the likelihood of the hazard or risk occurring is low
Knowledge about the hazard or risk, and ways of minimising or eliminating the risk	• This must take into account what the duty holder actually knows and what a reasonable person in the duty holder's position would reasonably be expected to know
Availability and suitability of ways to eliminate or minimise the risk	• What is available and suitable for the elimination or minimisation of risk
Costs associated with the available ways of eliminating or minimising the risk	• Whether the cost of implementing a control measure is grossly disproportionate to the risk

The highest level of protection that is reasonably practicable in the circumstances should be provided to eliminate or minimise the hazard or risk.

2.5 The risk management cycle (4. Review and maintain controls)

Once controls have been implemented, service providers must monitor these controls regularly to ensure that they remain effective. A risk register identifying maintenance actions, responsibility and dates can be incorporated into the risk management plan, as seen in the Risk Assessment Template (section 2.7).

A review of controls is required:

- according to the schedule for regular monitoring and maintenance
- when new advice or legislation is released by the government
- when the control measure is not effective in controlling the risk
- before a change at the workplace that is likely to give rise to a new or different health and safety risk that the control measure may not effectively control
- if a new hazard or risk is identified
- if the results of consultation indicate that a review is necessary, or
- if a health and safety representative requests a review.

Controls review	Key considerations
Accountability for health and safety	• Accountability should be clearly allocated to managers to ensure procedures are followed and maintained
Up-to-date training and competency	• Training must be provided to maintain competencies and to ensure new workers can work safely. For example, PPE donning and doffing, having difficult conversations
Up-to-date hazard information	• Information regarding COVID-19 hazards will be updated regularly by health regulatory authorities. New technology may provide more effective solutions than were previously available. Changes to operating conditions or the way activities are carried out may also mean that control measures need to be updated
Regular review and consultation	• Regular review of work procedures and consultation with workers and their representatives may indicate new hazards, or inappropriately mitigated hazards

2.6 Stakeholder consultation (1/2)

During the risk management cycle, service providers may need to introduce major service changes that impact their workforce. Therefore, service providers should work closely with workers to ensure that they fulfil their legal requirements and protect workers' health and wellbeing.

Legal requirement

The WHS Act[17] makes it a general duty of employers to consult with their workers on all safety measures. Consultation is required when identifying, assessing and controlling risks, and when reviewing control measures.

When implementing the guidance in this document, service providers are required by the Safe Work Legislation to consult with their workers. This includes changes or considerations around:

- assessment of risks
- business continuity plan
- The COVID-19 Safety Plan (when required by a PHO).

DCJ strongly recommends that service providers refer to the complete advice contained in the SCHADS award[18] and the Safe Work Legislation[19] and note any other relevant provisions regarding work schedules, health and safety, or giving notice.

Please refer to SafeWork Australia's Code of Practice for Work health and safety, consultation, cooperation and coordination[12] for more detail on this.

Protect workers' health and wellbeing

Service providers should actively seek methods to minimise worker burnout and protect wellbeing when undertaking major service changes.

An essential element of risk assessment should be empowering workers to share their working preferences as it pertains to:

- how long they work for and how long their breaks are
- their need for respite breaks between shifts
- the circumstances where they feel comfortable working.

This can be done through regular conversations and surveys with workers to ensure they feel heard and respected. Service providers may find that as the COVID-19 situation evolves, workers may change their working preferences. Therefore, it is important to regularly check and refresh the organisation's understanding of workers' working preferences over time to build accurate contingency plans.

Service providers should also develop policies for worker protection if workers are absent due to illness/potential contact with a positive COVID-19 case. This can help to alleviate workers' anxiety before and during a period of illness and/or isolation.

2.6 Stakeholder consultation (2/2)

Service provider requirements

Service providers are to:

- assess and address, in consultation with their workers, any risks resulting from any changes to work practices, procedures or the work environment
  - ensure workers are given a reasonable opportunity to express their views and raise WHS issues in relation to the matter
  - contribute to the decision-making process
- effectively communicate with workers about these changes and risk control measures
- review and update, in consultation with their workers, the service provider's COVID-19 Management Plan, risk assessment and control measures regularly and monitor for any new risks that may emerge or as public health advice changes
- advise workers of the outcome of the consultation in a timely manner
- include the health and safety representative in the consultation if the workers are represented by one.

Methods of conducting consultations

Some workplaces establish health and safety committees (HSCs) or elect health and safety representatives (HSRs) to consult and represent safety concerns to management.

Other arrangements for consultation on health and safety matters could be through:

- regular scheduled meetings
- team meetings (where WHS is always an agenda item)
- one-off meetings
- tool-box talks
- face to face discussions
- briefing sessions.

If a procedure for consultation has been agreed with workers, the consultation must be in accordance with those procedures.

SafeWork NSW provides information on an employer or businesses' legal Duty to Consult[19]

FairWork has provided a best practice guide[20] for consultation and cooperation in the workplace

Homelessness NSW has provided survey templates[21] which may be useful when consulting with workers

2.7 Using the DCJ risk assessment template (1/2)

- Figure 7.3.1 shows the steps required to complete a risk assessment using the risk assessment template provided with this guidance (access an Excel template on the DCJ website[13]).
- The questions guide the assessor through the stages of risk assessment, but also includes specific considerations around the who, how, where and what of the risk being assessed.
- It is important to note that there are multiple ways of completing a risk assessment, and this document provides guidance on the types of considerations service providers should make.
- The COVID-19 risk assessment should be completed every 6-12 months, or when there are significant changes to the workplace or PHOs.
- DCJ has published the NGO Guide to Recovery roadmap[22] which provides useful guidance on the considerations and controls that should be taken at each stage of re-opening. Service providers should adopt reasonably practicable controls considering the overall risk rating.

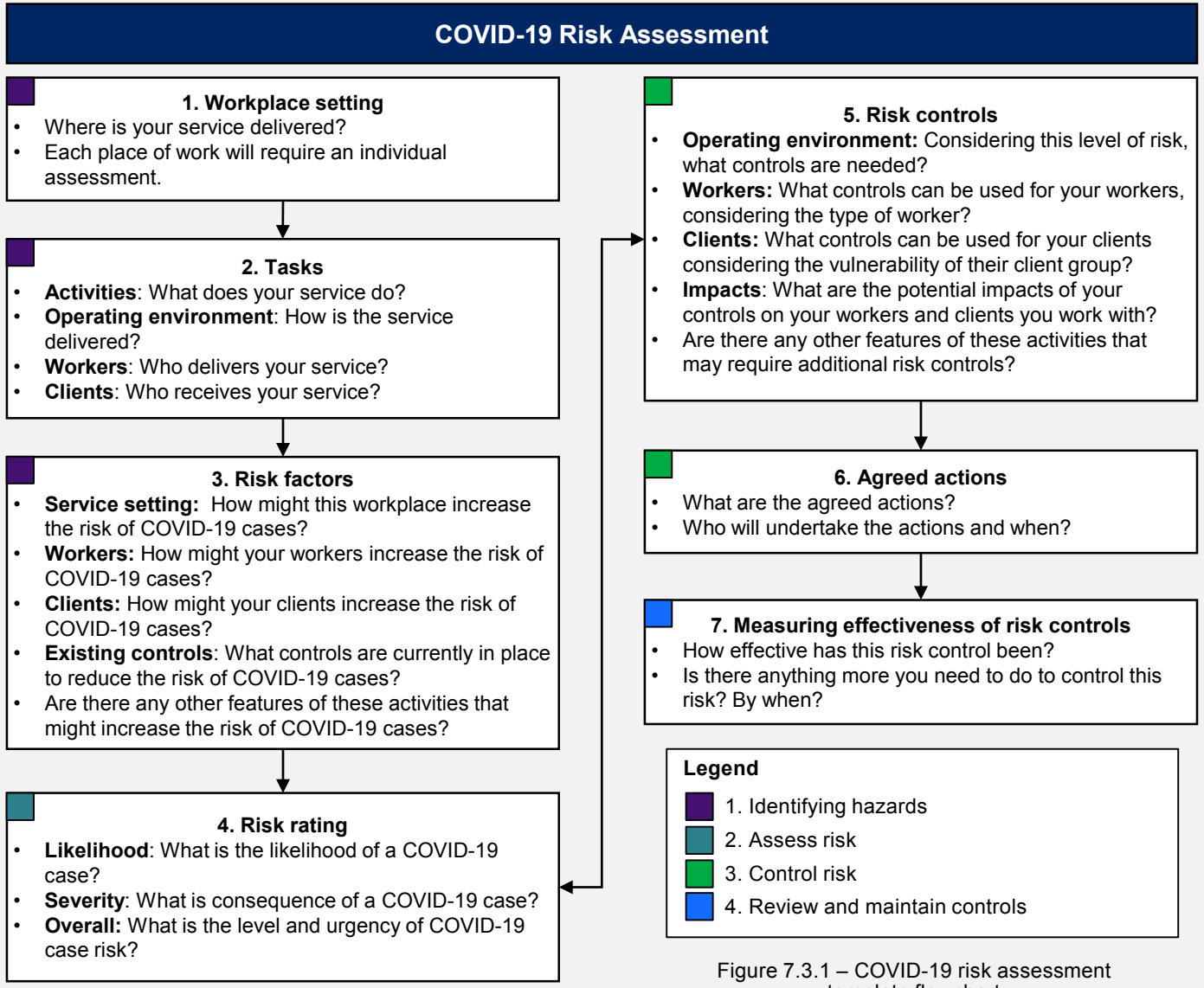


Figure 7.3.1 – COVID-19 risk assessment template flowchart

2.7 Using the DCJ risk assessment template (2/2)

This table shows how the Excel template provided by DCJ[13] is structured.

To complete a risk assessment, confirm that the provider has considered all the questions included in the risk assessment template as described below.

Assess Risk				Mitigate Risk		
1. Workplace setting	**2. Tasks**	**3. Risk factors**	**4. Risk rating**	**5. Risk controls**	**6. Agreed actions**	**7. Measuring effectiveness of risk controls**
• Where is your service delivered? I.e. the workplace in which the task occurs. • **Each service setting will require an individual assessment**	• **Activities:** What does your service do? (activities)	• **Service setting:** How might this workplace increase the risk of COVID-19 cases?	• **Likelihood:** What is the likelihood of a COVID-19 case? • **Severity:** What is would be the severity of a COVID-19 case? • **Risk rating:** What is the level and urgency of the COVID-19 case risk?	• **Operating environment:** What controls are needed for the environment?	• What are the agreed actions? • Who will undertake the agreed actions and when?	• **Effectiveness:** How effective has this risk control been? • **Additional actions:** Is there anything more that needs to be done to control this risk? By when?
	• **Operating environment:** How is your service delivered?	• **Workers:** How might the workers increase the risk of COVID-19 cases?		• **Workers:** What controls can be used for your workers?		
	• **Workers:** Who delivers your service?	• **Clients:** How might the clients increase the risk of COVID-19 cases?		• **Clients:** What controls can be used for your clients?		
	• **Clients:** Who receives your service?	• **Controls:** What controls are currently in place to reduce the risk of COVID-19 cases?		• **Impacts:** What are the potential impacts of your controls on your workers and clients?		

NCOSS' COVID-19 Vax Risk Assessment Toolkit[23] served as an important reference in the development of this template

2.8 Example of completed risk assessment template

Service Provider (Name): Multicultural Services Organisation	**Date of Risk Assessment**: 12/11/2021
Prepared by: Alex Chan	**Date Review Required**: 12/05/2022
Which workers were consulted? Client Support Officers, Care Advisors, Social Groups Team Leader, Administration	
Signed by Manager:	

Assess Risk				Mitigate Risk		
1. Workplace setting	**2. Tasks**	**3. Risk factors**	**4. Risk rating**	**5. Risk controls**	**6. Agreed actions**	**7. Measuring effectiveness of risk controls**
Primary School (Name)	**Activities:** - Targeted early intervention multicultural playgroup - Community building - Food, arts and craft, exercise, toys. **Operating environment:** Face to face in primary school. **Workers**: Social Groups Team Leader (Full time employee). **Clients**: children aged 0-5, parents, people from multicultural backgrounds, new migrants and refugees.	**Service Setting:** Schools are high population density areas with unvaccinated children, lack of masks. Education workers require vaccination. **Workers:** Workers may work at playgroups at multiple schools. May need more training, PPE and information on COVID-19 policies and procedures. **Clients**: Younger children may be at higher risk of transmitting COVID-19 due to less frequent washing of hands and unconscious touching of face / surfaces. Children 0-4 cannot currently be vaccinated. Parents may not be vaccinated. Clients may not have received appropriate communication around COVID-19 controls. It is difficult to physically distance when children play. **Existing Controls**: QR check in, communication to stay home if unwell. Masks indoors. Hand sanitiser.	**Likelihood:** Likely. Will probably occur in most circumstances. **Severity:** Major. Hospital admission required, significant time off work or substantial impact on wellbeing. **Risk rating:** High (Act today).	**Operating Environment:** Support remote alternatives where possible. Provide separate food servings. Avoid shared toys where possible, regularly clean surfaces with antibacterial wipes. **Workers:** Appropriate PPE. Workers exposed to COVID-19 to report any exposure, test and self-isolate in accordance with PHOs and organisation policies. Consider if mandatory vaccination for Social Groups Team Leaders is reasonable as working at schools with vulnerable populations. Collect children from outside of the service. **Clients:** Request clients to wear appropriate PPE and comply with the PHOs. Reduce frequency of parents or carers entering where possible. Provide culturally appropriate communications to clients on COVID-19 safe practices including hygiene and PPE. Recommend vaccination as attending schools with vulnerable populations. Arrange for interpreters to ensure messages are clearly understood. Modify pick up and drop off times to reduce peak periods. Consider how cultural diversity may impact behaviours. **Impacts:** Restrictive PPE and reduced socializing may have negative impacts on mental health and childhood development and may reduce community building.	Mandatory vaccination for workers going to primary schools. Collect children from outside of the service, modify pick up and drop off times. Recommend vaccination for parents. Appropriately and sensitively communicate information. Arrange for interpreters if needed. Existing controls otherwise appropriate.	**Effectiveness:** Not all workers wish to be vaccinated – will require time to engage. Not all parents wish to be vaccinated. **Additional actions:** Follow processes for managing unvaccinated workers and clients.

Note: This is a hypothetical example of a Risk Assessment. Please make considerations specific to your organisation, workers, clients and service settings.

2.9 Risk assessment resources

There are many examples of risk assessment guidance and templates available online.

- **Supported Accommodation and Homelessness Services Shoalhaven Illawarra Ltd** (SAHSSI) have developed a COVID-19 risk assessment[24] template with examples.
- **Platform Youth, a Specialist Homelessness Service** have provided an example risk assessment template[25] for non-vaccinated medically exempt workers.
- **NCOSS** has developed a COVID-19 Vax Risk Assessment Toolkit[23] which consists of:
    - Guide to Risk Assessment: COVID-19 management and vaccination policy
    - Vax Risk Assessment Worksheet
    - Frequently asked questions.
- **DCJ** have developed a range of useful documents in developing a COVID-19 Workplace Safety Plan, which applies risk assessment principles to the workplace. These include:
    - COVID-19 Workplace Safety Plan[26]
    - COVID-19 Workplace Safety Plan Quick Reference[27] is a guide on how to develop Workplace Safety Plans
    - Workplace blueprint[28] includes considerations for different areas in the workplace.
- **DCJ** have also provided example risk assessments. These resources have been developed for DCJ's internal use across its workplaces and are being shared because providers may find them useful. This is not a template that service providers are expected to use. Example of DCJ and District COVID-19 Risk Assessments[22].

2.10 Business continuity plans

The business continuity plan outlines how service providers can continue to operate during COVID-19

The business continuity plan needs to identify:

- the risk of the potential loss of workers, including specialist skill sets
- dependencies, such as use of third-party service providers and service level agreements, including consumables and increased cleaning requirements
- the processes or tasks that, if interrupted, could lead to serious impacts on the organisation (for example, financial, health, reputational, legal, or other impacts)
- how service delivery will be maintained in the event of potential workers absenteeism and / or clients becoming infected
- the date the business continuity plan was updated, current workers and their responsibilities, and back-up workers for key roles
- strategies to limit mobility of workers working across multiple sites.

Note: a business continuity plan will likely include activities that have already been put in place which have enabled the business to run throughout the pandemic.

If the provider already has a business continuity plan, review it and add considerations on how they will prepare, respond to and recover from COVID-19 risks identified in the risk management plan

Develop protocols to support the key aspects within the business continuity plans

These protocols can include:

- protocols for infection prevention and control procedures, including updates and worker education and audits
- protocols for quarantine
- protocols for outbreak management in specific settings and reporting of cases.
- protocols for escalation of care to other settings (for example, hospital) for confirmed and non-confirmed clients
- worker absenteeism protocols
- consumable planning.

Other practical considerations for service providers include:

- appointing a COVID-19 risk manager to be the point of contact for workers and clients to report to if they, or someone they are in contact with, has a COVID-19 infection
- briefing and educating any designated WHS officers of what to look out for and what to report to the risk manager
- reviewing business continuity insurance and any other relevant insurance policies and knowing insurance reporting obligations
- providing workers and clients with regular updates
- requiring workers to declare before each shift that they are free of COVID-19 symptoms
- ensuring workers and clients know that they are required to report, and how to report, any increased risk of infection, including if they travelled overseas or been in contact with a person with COVID-19.

2.10 Business continuity plans - responding to workforce shortages

The diagram below explains some contingency options available to service providers responding to worker shortages during cases of clients or workers. When allocating workers to support clients with a confirmed case or high-risk exposure to COVID-19, workers must have up to date vaccinations, and service providers must consider health vulnerabilities. Service providers also must ensure workers have access to appropriate PPE and training. Preemptive training of the potential workforce is therefore encouraged. In the case of residential accommodation, if NSW Health advise relocating a client to different accommodation, service providers may connect clients with their usual care workers, family and friends via phone or video call to promote continuity of care.

	Contingency option	Service provider considerations
A	**Leverage existing workforce** • Permanent workers • Part-time workers • Casual workers • Office workers • Labour hire workers	• **Co-design contingency plans with workers** – Involve workers in developing contingency worker arrangements which promote their safety and wellbeing. • Implement Individual Flexibility Arrangements (IFAs)[30] – Increases shift duration and reduce volume. Worker continuity is beneficial for clients and limits potential COVID-19 exposure. • **For Permanency Support Program, Residential Care Service and Targeted Early Intervention Service Providers, access** DCJ's COVID-19 Emergency Action Payment[30] – Available for COVID-19 related systemic worker shortages due to unplanned leave of workers for critical face to face services. • **For Specialist Homelessness Service Providers,** access additional funding for – emergency accommodation, workforce contingency payments, and other additional payments (purchase of goods and services for clients to establish or maintain their safety during COVID-19). • **Focus on essential service delivery** – Divert secondary service delivery workers to essential services.
B	**Worker sharing arrangements**	• **Train workers** – Workers should have appropriate induction training to understand the service provider's service context. • **Understand risk** – Consider the risks to be managed when engaging workers from other service providers.
C	**Access other workforces in your sector**	• **Train workers** – Workers should have appropriate induction training to understand the service provider's service context. • **Understand risk** – Consider the risks to be managed when engaging from other workforces.
D	**Access other workforces beyond your sector**	

2.11 Business continuity plan resources

- The Small Business Commissioner has developed guidance on how to build a business continuity plan[32] which, includes templates.
- An emergency management plan template and advice[33] has been developed at business.gov.au. The emergency management plan contains three sections. These are the continuity plan, emergency action plan and recovery plan.
- The Queensland Government has produced a business continuity planning template[34] that includes four key elements of the Business Continuity Planning Process. This template includes checklists on immediate responses which might be relevant.
- NCOSS has collated a list of general advice and tools[35] relating to service continuity, and a COVID-19 Service Continuity Checklist[35] which includes some preliminary questions and issues to consider in commencing continuity planning for COVID-19 impacts.

3. Considerations and controls for workers

3.1 Considerations and controls for workers – chapter contents

This chapter of the guidance covers the risk factors and controls for the workers who deliver services on behalf of providers. Risk factors, their considerations and controls may change as NSW continues to live with COVID-19 over an extended period.

The first part of this chapter provides guidance for **all** types of workers. This includes:

- general risk factor considerations (section 3.2)
- Communication about vaccinations (section 3.2).

Sections 3.3 and 3.4 provides guidance for **specific** types of workers. This is shown in the table below. Each page considers vaccination and other controls specific for different types of workers.

Worker	Controls
Staff (Employees, Contractors)	• Controls (Vaccination) (section 3.3) • Controls (Communication between service providers and contractors / subcontractors) (section 3.3) • Controls (Other) (section 3.3)
Students and Volunteers	• Controls (Vaccination) (section 3.4) • Controls (Other) (section 3.4)

3.2 All workers – general risk factor considerations

Workers refers to employees, contractors, volunteers and students (as defined in section 1.1). All service providers must identify whether their workers are performing services for clients that would fall under a PHO (as detailed on section 1.4).

Risk Factor	Consideration
Activities and the nature of each workplace	**Consider the worker's regular Tasks using Fair Work Australia's[3] COVID-19 Risk Tiers:** • **Tier 1 work:** interact with people with an increased risk of being infected with COVID-19 (for example, employees working in hotel quarantine or border control). • **Tier 2 work:** close contact with people who are particularly vulnerable to the health impacts of COVID-19 (for example, employees working in health care or aged care) • **Tier 3 work**: interaction or likely interaction between employees and other people such as customers, other employees or the public in the normal course of employment (for example, stores providing essential goods and services) • **Tier 4 work:** minimal face-to-face interaction as part of their normal employment duties (for example, working from home). Please refer to section 5.1 for more detail on operating environments in which services may be delivered.
Vaccination status	Unvaccinated workers are more likely to contract COVID-19 and experience higher severity of symptoms. Legitimate vaccination exemptions should also be taken into consideration.
Populations	• Certain populations may be more susceptible to COVID-19 infection or increased severity. • Please refer to section 4.1 for more detail on considerations about client groups.
Extent of community transmission of COVID-19	Risk of COVID-19 infection may vary depending on the current circumstances. It is important to review the latest health advice for areas of high transmission and PHOs for any requirements that may apply to workers.
Means of travel	Different transport will present different risks. For example, cars vs ridesharing vs trains.
Multiple employment or locations	Workers who work across multiple facilities or have multiple sources of employment (including with non-DCJ service providers) may experience different levels of risk (for example, cleaners) across different environments which may pose a risk to the provider's environment.

3.2 All workers – communication about vaccinations

The way in which a vaccination policy is communicated is just as important as the policy itself. This guidance summarises some principles of communication to consider when talking to workers about vaccination, particularly those with reservations or concerns. The Australian Services Union also has a useful guide on Talking about Vaccination[37] in the workplace.

Principles	Consideration
Stakeholder consultation	• Ensure workers have had the time and opportunity to voice any concerns, both for and against vaccinations • Ensure workers are consulted on any vaccination policy will likely improve buy-in and worker retention. This will also enable service providers to understand the current level of support for vaccination and consider the impacts of any policy (for example, mandatory vaccination) • Engage with any existing WHS representatives or committees • Identify vaccination advocates who can assist the implementation of this policy
Clear rationale and expectations	• Ensure vaccination policy is underpinned by a clear risk assessment that considers the workers, clients and operating environments in which the service activities are taking place. This will effectively communicate to workers the need for vaccination (for example, if Public Health Orders are in place, reasonable and practicable, etc.) and reasoning for stance (for example, optional vs recommended vs mandatory) • Emphasise that vaccination is one component of risk management including contact tracing, ventilation, PPE • Provide clear expectations if vaccination is made mandatory, including the date when one and two doses are required. Consider scenarios in which unvaccinated workers can continue to work in the same operating environment or in different ways
Clear language	• Use culturally appropriate, relevant and accessible sources of information • Avoid jargon where possible
Personal conversations	• Ensure delivery of communication is in-person, over teleconferencing or over the phone. Vaccination is a sensitive issue, and personal communication can ensure workers feel valued and considered by the organisation • Ensure email communication is part of the broader communication strategy, and not the sole means of delivery
Trusted resources	• Update internal policies and procedures to reflect the vaccination policy. Ensure workers understand their workplace rights under relevant legislation including WHS, Anti-Discrimination and Privacy • Provide workers with educational materials and up-to-date information on vaccination from trusted sources, including how to access vaccinations • Enable workers to have sufficient time to process any update to workplace policy, to consult their GPs

3.3 Staff – controls (vaccination) (1/2)

Vaccination is a high order control in the hierarchy of risk controls and should be considered.

Mandatory Vaccination

1. Service providers should first understand their obligations under the current PHOs (section 1.4 and NSW Health[5]). Mandatory vaccination is **required** if a specific law (such as a state or territory PHO) requires a worker to be appropriately vaccinated.

2. If following a risk assessment, service providers determine that mandatory vaccination is required, service providers should review their current workplace contracts.

Mandatory vaccination is **lawful** if the requirement is permitted by an enterprise agreement, other registered agreement or employment contract. Employers may wish to consider including a term in employment contracts for new employees relating to COVID-19 vaccinations.

3. If vaccinations are not required by current workplace contracts, service providers must then determine if it is **lawful and reasonable (based on a risk assessment)** to make vaccination mandatory.

If a provider mandates vaccination for employees at a particular service setting, considering the nature of workplace interactions it may be reasonable to require vaccination as a condition of entry / work for contractors / subcontractors / suppliers.

Service providers can support staff members to get vaccinated by rostering for time to be vaccinated or providing paid vaccination leave and disseminating educational materials and up-to-date information. Service providers should consider recommending vaccination even if it cannot be made mandatory. Use the principles of communication about vaccination (section 3.2).

Considerations for unvaccinated staff

- Can a vaccination officer engage with the staff member to be vaccinated?
- Does the staff member have any exemptions?
- What are the staff member's activities and level of risk?
- Is this an essential service for vulnerable people?
- Can the staff member perform the role remotely / perform a different role with lower risk?
- Will the staff member take voluntary redundancy / can the organisation resource a voluntary redundancy offer?
- How will this impact the ability to deliver services and staff retention?
- Over what timeframe should organisations allow staff to get both doses? Can staff work with a single vaccine dose before the 2nd (if not covered by a PHO)?

Note: Please refer to the latest PHOs for any changes to this advice.

Note: Booster vaccines are currently mandatory under the Public Health (COVID-19 Care Services) (No 3) Order. Consider current government requirements and advice about booster shots when determining whether it is reasonable to require workers to have a booster as part of a mandatory vaccination control.

LCSA have made their vaccination and COVID-19 safety policies[38] available to use as templates

3.3 Staff – controls (vaccination) (2/2)

DCJ FAQs[13] consider the following questions relevant to this topic:

- Do I need to check the vaccination status of my staff?
- Do service providers need to ask other people, such as contractors, if they are vaccinated when they enter service provider premises?
- Can clients request workers be vaccinated?

Justice Connect's FAQs[39] provide guidance on a number of questions around managing vaccinations in the workplace. See section 6.2 for further information on FAQs and additional support available from Justice Connect.

Flow charts[39] published by Justice Connect provide an overview of the following legal issues:

- Can you require an employee to get vaccinated?
- What can you do if an employee refuses to get vaccinated?

3.3 Staff – controls (communication between service providers and contractors / subcontractors)

Communication	Actions
Preventing a COVID-19 case	DCJ service providers should share and discuss the guidance with their subcontractors. This ensures subcontractors have access to guidance and support on responding to a COVID-19 case or exposure. Service providers should also: • brief their subcontractors on risk assessments, business continuity plans and COVID-19 Safety Plans (when required by PHO) to ensure a coordinated approach • communicate any risk management controls implemented as a result of the COVID-19 Management Plan (for example, mandatory vaccination) • keep their subcontractors up-to-date on any PHO amendments • communicate any clarifications relating to amendments issued by DCJ (relevant to their work with the provider).
During a COVID-19 case	In instances of a confirmed or high risk exposure to a COVID-19 case, service providers should: • notify subcontractors immediately • oversee the implementation of any actions required by subcontractors. If the subcontractor is case-managing with the client, the subcontractor should: • get tested for COVID-19 • follow advice and direction • notify and keep the service provider informed. Service providers should also brief subcontractors on how to respond to COVID-19 cases or exposures (including addressing client and staff needs), in line with the guidance provided in this document. Subcontractors have an obligation to report a positive case who has been on site. Service providers should request subcontractors to notify them of any disruptions to their service delivery. This enables the provider to address any issues and liaise with their DCJ contract manager if required.
Business continuity after a COVID-19 case	Service providers should notify subcontractors of any actions required (by the provider and the subcontractor) and confirm completion of any actions prior to the return of services to normal.

3.3 Staff – controls (other)

Control	Consideration
RAT for early detection	• Workplaces can consider using RATs for surveillance and early detection to manage COVID-19 in the workplace, see Appendix A.3 for more information. For residential OOHC and SHS, please refer to the public health guidance for testing and management of COVID-19 in these settings
Communication and training	• Require staff to complete mandatory online e-learning on preventing infection. NSW Health has developed Infection Control Training[40] for care sector workers • Educate all staff members to recognise the symptoms for COVID-19 and provided guidance on what to do if they develop symptoms • Maintain regular communication with staff ensuring staff do not attend work if ill • Provide training to all cleaning staff on-site before providing cleaning tasks • Train staff on proper PPE use, including masks and glove use. The Clinical Excellence Commission has developed COVID-19 Infection Prevention and Control Resources[41], which advises on the correct usage of PPE • Communicate to staff that a blame culture around contracting COVID-19 (vaccinated or unvaccinated) is not appropriate or helpful
Processes managing a confirmed case or high-risk exposure to COVID-19 (Appendix B.1)	• Develop policies for worker protection if workers are absent due to illness / potential contact with a positive case, documented in the business continuity plan, see section 2.10. • Encourage testing for symptomatic staff members • Establish a symptom alert process • Establish procedures for when a staff member shows symptoms • Having a risk management plan, business continuity plan, and COVID-19 Safety Plan (when required by a PHO), in place – see section 2 for more detail • Promoting safe hygiene practices – see section 5.2 for more detail
Rostering to ensure service continuity (refer to section 5.2 for more detail)	• Have enough staff to avoid excessive workloads and ensure staff can take regular breaks • Reduce the number of staff on-site, where possible • Reduce the number of staff who work across multiple sites
Wellbeing	• Provide an employee assistance program that provides psychological support.
Protect vulnerable staff	• Identify and relocate vulnerable staff members from frontline roles and to roles where they can work from home • Reallocate staff who are not considered particularly vulnerable into frontline roles • Avoid face-to-face interactions and use technology to ensure staff can communicate with clients • Adapt service delivery to allow vulnerable staff to work with clients via online methods

3.4 Volunteers and students – controls (vaccination)

Considerations for service providers seeking to extend the use of vaccination as a control to workers other than paid staff are listed below. Considerations for unvaccinated students and volunteers should be made regardless of whether vaccination is used as a control.

Worker	Key definition	Considerations for vaccination as a control	Considerations for unvaccinated workers
Students	People who are enrolled to achieve a qualification and are required to participate in placements as part of their learning	• Consider if a PHO applies. • Consult with educational institutions to determine student requirements may reduce the burden on service providers to require this. Service providers should examine any agreements with educational institutions to determine the ability to request mandatory vaccination. • It may be reasonably practicable to make vaccinations mandatory for students as this is less likely to negatively impact service delivery, however considerations must still be made for anti-discrimination.	• Service providers should make similar considerations for unvaccinated students as unvaccinated staff in determining if remote learning or other lower risk methods of learning can be achieved. • If practical in-person learning is required as part of education, service providers should consider the risk to clients (particularly vulnerable groups and unvaccinated people) of interacting with unvaccinated students.
Volunteers	People who willingly give their time for the common good and without financial gain	• Consider if a PHO applies. • Consult with volunteers to understand current vaccination sentiment. • It may be reasonably practicable to make vaccinations mandatory for volunteers as this is less likely to negatively impact service delivery, however considerations must still be made for anti-discrimination as well as need for volunteer support . Refer to Justice Connect's Volunteers and the COVID-19 vaccine fact sheet on their webpage[42] for further information. The Centre for Volunteering has useful resources on its website[43].	• Service providers should make similar considerations for unvaccinated volunteers as for unvaccinated staff in determining if alternative approaches to volunteering can be achieved. • Service providers should consider the risk to clients for interaction with unvaccinated volunteers (including risk of lack of services), and ensure any process to end a volunteer relationship is transparent and avoids discrimination or other reputational and legal risks.

3.4 Volunteers and students – controls (other)

Control	Consideration
RAT for early detection	• Workplaces can consider using RATs for surveillance and early detection to manage COVID-19 in the workplace, see Appendix A.3 for more information • For residential OOHC and SHS, please refer to the public health guidance for testing and management of COVID-19 in these settings
Communication and training	• Require volunteers and students to complete mandatory online e-learning on preventing infection. NSW Health has developed Infection Control Training[40] for all care sector workers • Educate volunteers and students to recognise the symptoms for COVID-19 and provide guidance on what to do if they develop symptoms • Maintain regular communication with workers ensuring volunteers and students do not attend work if ill • Train volunteers and students on proper PPE use, including masks and glove use. The Clinical Excellence Commission has developed COVID-19 Infection Prevention and Control Resources[41], which advise on the correct usage of PPE
Processes for managing a confirmed case or high-risk exposure to COVID-19 (Appendix B.1)	• Encourage testing for symptomatic volunteers and students • Establish a symptom alert process • Establish procedures for when volunteers and students shows symptoms • Have a risk management plan, business continuity plan and a COVID-19 Safety Plan (when required by a PHO), in place – see section 2 for more detail • Promote safe hygiene practices – see section 5.2 for more detail
Rostering to ensure minimal contact	• Manage people density according to level of risk and essential need. For example, can students learn remotely or reduce contact hours
Protect vulnerable volunteers and students	• Identify and relocate vulnerable volunteers and students from frontline roles to roles where they can work from home • Reallocate volunteers and students who are not considered particularly vulnerable into frontline roles • Avoid face-to-face interactions and use technology to communicate where possible • Adapt service delivery to allow vulnerable volunteers and students to work with clients via online methods • Put wellbeing policies in place to monitor mental health and provide resources and pathways to access help

4. Considerations and controls for clients

4.1 Considerations and controls for clients - chapter contents

This chapter of the guidance covers the risk factors and controls for clients whom providers deliver services to. The first part of this chapter provides guidance for **all** clients. This includes:

- general risk factor considerations (section 4.2)
- controls (Vaccination) (section 4.2)
- controls (Other) (section 4.2).

The client groups that may be considered are shown in the table below. Providers should consider:

- how COVID-19 risk may vary for different client groups
- how controls may impact these client groups.

Client group
First Nations peoples
People experiencing, or at risk of, domestic and/or family violence
Multicultural people (from culturally and linguistically diverse backgrounds)
Children and families
Young people
People experiencing homelessness
People being supported by early intervention services
People with disability
People with chronic conditions
People experiencing issues with mental health, and/or alcohol or other drugs
Older people

4.2 All clients – general considerations

All service providers must identify whether their clients are receiving services that would fall under a PHO (as detailed in section 1.4). Client describes any individual, group, child or young person to whom services or programs, that are contracted by DCJ, are made available.

Risk Factor	Consideration
Activities	**Consider Fair Work Australia's[3] COVID-19 Risk Tiers:** • **Tier 1 work:** interact with people with an increased risk of being infected with COVID-19 (for example, employees working in hotel quarantine or border control) • **Tier 2 work:** close contact with people who are particularly vulnerable to the health impacts of COVID-19 (for example, employees working in health care or aged care) • **Tier 3 work**: interaction or likely interaction between employees and other people such as customers, other employees or the public in the normal course of employment (for example, stores providing essential goods and services) • **Tier 4 work:** minimal face-to-face interaction as part of their normal employment duties (for example, working from home). Please refer to section 5.1 for more detail on operating environments in which activities may be delivered
Vaccination status	Unvaccinated clients are more likely to contract COVID-19 and experience higher severity of symptoms
Populations	Certain populations may be more susceptible to COVID-19 infection or increased severity. Please refer to section 4.2 for considerations for client groups
Extent of community transmission of COVID-19	Risk of COVID-19 infection may vary depending on the current circumstances. It is important to review the latest health advice for areas of high transmission
Means of travel	Different transport will present different risks, for example, cars vs ridesharing vs trains

4.2 All clients – controls (vaccination)

DCJ contracted service providers provide services to some of the most vulnerable people in our community. DCJ expects that service delivery will continue.

Service providers cannot require clients to be vaccinated and will need to consider controls to manage the risk unvaccinated clients may pose to workers and other clients. Service providers can encourage clients regarding the benefits of vaccination as a risk prevention measure and support clients to get vaccinated where assistance is needed. It is important to recognise that everyone's circumstances are different, and people should always discuss their situation with a healthcare professional.

Asking clients about their vaccination status

There is no legal requirement to check a client's vaccination status when providing a service. Service providers can make it a policy to ask people their vaccination status in their COVID-19 Management Plan. Asking this screening question might help providers take appropriate risk control actions in service delivery, for example reviewing what personal protective equipment might be needed for workers.

Considerations for unvaccinated clients

When considering risks related to an unvaccinated client, consider the impacts on both workers and other clients, as well as the unvaccinated client. Consider what additional risk controls may be needed to continue service provision, such as:

- distancing
- modifying service sites to create adequate space and ventilation, for example can the service be provided outdoors
- PPE
- alternatives to face-to-face delivery where practical.

Changes or restrictions to service provision for unvaccinated clients

Before making a decision about modifying or restricting any service to a client who is doesn't have up to date vaccinations, providers should consider:

- does the client need help or support to access a vaccination?
- does the client have a vaccination exemption?
- what is the client's level of risk?
- can the way the service is delivered be modified to reduce the risk? How will the client be impacted by this change?

If, after assessing the risk and possible controls, you are considering discontinuing service to an unvaccinated client, you must also consider requirements outlined in funding contracts as well as relevant WHS legislation and anti-discrimination legislation. You should also contact your contract manager to discuss service implications.

Further questions

DCJ has additional information on this topic available on its FAQs:

- do I need to check the vaccination status of my clients?
- can we mandate that clients get vaccinated to protect our workers?
- do we have to provide services to unvaccinated clients?
- what about working with children who aren't vaccinated?
- do service providers need to ask clients or other people, such as contractors, if they are vaccinated when they enter service provider premises?
- can clients request workers be vaccinated?

4.2 All clients – controls (other)

Control	Consideration
RAT for early detection	Use of RATs can be considered for surveillance and early detection to manage COVID-19 in clients, see Appendix A.3 for more information. For residential OOHC and SHS, please refer to the public health guidance for testing and management of COVID-19 in these settings. Note that service providers can ask clients to undertake a RAT before they access a service, but cannot make it mandatory. Refer to DCJ FAQs for more information.
Communicate trusted health advice	• Share brochures and information pamphlets with clients • Display posters about COVID-19 within the premises • Provide culturally appropriate materials to clients and explain information in a sensitive manner • Provide materials for people with lower literacy levels • Translate COVID-19 information and use translators for multicultural people • Provide information that is clear and easily accessible for children and young people • Show clients short videos to help explain personal hygiene measures and the need for physical distancing[21]
Share relevant health information	• The importance of following preventative measures, including social distancing, hygiene and cough etiquette • How to recognise the symptoms of COVID-19 • What to do if clients, their family or friends become unwell • Who to contact if they need assistance isolating • Where clients can access free COVID-19 testing or assessment • Where clients can find food, water, hygiene facilities, healthcare and resources if there have been local closures or changes[21]

Processes managing a confirmed case or high-risk exposure to COVID-19 (Appendix C.1)	• Develop policy to manage clients who become unwell in the workplace
	• Train employees on the symptoms of COVID-19
	• Reassure clients that they will still receive assistance if they are showing symptoms (this will lower the chance of them hiding symptoms)
	• Put processes in place for clients to immediately inform management if symptoms are consistent with COVID-19, for example:
	  • ensure key contact details are circulated, subject to consent
	  • consider capacity for providing clients with mobile phone and credit
	  • allocate a worker to review emails and messages from clients, workers and volunteers.
	• Encourage testing: service providers are encouraged to engage positively with clients about the individual and community benefits of testing – which allows for early detection of cases
	
	Homelessness NSW has provided a template[44] by The Haymarket Foundation that can be used to log client vaccination status

Update intake forms	Service providers could update intake forms to ensure COVID-19 preventative measures are discussed and clients are aware how to seek assistance if they are symptomatic or have been exposed to someone with a COVID-19 infection.

4.2 All clients – considerations for client groups

The characteristics of client groups may impact on the risks and the related mitigating controls. Providers should consider their clients when assessing the risk of transmitting COVID-19 in the workplace. These considerations are not exhaustive.

Considerations for client groups	Examples of how this consideration might affect risk factors and controls for clients
Living in a remote area	Clients may experience less service availability, including access to vaccination and treatment of potential illness.
Lower socioeconomic status	Clients may experience difficulty isolating due to the need for regular income.
Antipathy or hesitation toward vaccination	Lack of clear and sensitively communicated information may result in hesitation in seeking vaccination.
Education, communication and health literacy	Clients may not understand public health advice due to lack of clear communication. For example, information may not be accessible to people from multicultural backgrounds.
Mental health needs	COVID-19 controls may negatively impact the mental health of clients, including those already facing mental health challenges.
Welfare of clients	Welfare of clients may be at risk due to COVID-19 controls. For example, remote forms of communication may reduce provider's ability to monitor the welfare of children.
Supply of medication	Clients may require access to refill prescriptions or daily medication, which may reduce compliance with COVID-19 controls, for example, isolation.
Previous trauma	Clients with previous trauma may be less willing to engage with health services and seek vaccination.
Negative public sentiment	Public sentiment towards responses to COVID-19 may impact clients, and the community's perception of providers. For example, considering the risk of hostility towards clients and providers.
Household membership	Other people living in a client's residence may increase the risk of COVID-19 transmission as their level of risk is unknown.
Appropriate responses	Responses to COVID-19 that are not co-designed with client groups may result in controls that do not appropriately address their needs.

4.3 Resources available for specific client groups

Homelessness Services

- See the DCJ COVID-19 Guidelines for Residential Out-of-home Care (OOHC) settings and Specialist Homelessness Services (SHS)[45] for more information on Specialist Homelessness Services (SHS), including domestic and family violence services and children and young people.

People with disability

- NSW Health have developed a number of resources for disability service providers[46], including resources suitable for people with disability, and information for service providers who provide disability services.
- The Council for Intellectual Disability have developed Easy Read Information on COVID-19[47] to help people with intellectual disability understand COVID-19 and how to stay safe and healthy.
- DSC has developed a training resource[48] that provides an overview of the broader approaches to infection prevention and control in the disability sector.

First Nations peoples

- NSW Health has developed COVID-19 Aboriginal health resources[49].
- The National Aboriginal Community Controlled Health Organisation (NACCHO) provide regular COVID-19 updates and information[50].

Multicultural communities

- NSW Health has developed translated COVID-19 resources[51].
- NSW Government has developed translated COVID-19 resources[52] .
- SBS Australia provides COVID-19 news & information[53] in different languages .
- Head-to-Health details the COVID-19 supports[54] available for people from culturally and linguistically diverse communities.

Children and Families

- NSW Health has COVID-19 resources[55] for kids .

Youth

- NSW Health has COVID-19 resources[56] for young people and their parents/carers and healthcare workers, including links to digital tools and apps .

Mental health, alcohol and other drugs

- NSW Health has COVID-19 resources[57] available for people who are experiencing issues with mental health, and/or alcohol and other drugs.

5. Considerations and controls for operating environments

5.1 Considerations and controls for operating environments – chapter contents

This chapter of the guidance covers the risk factors and controls for the operating environments in which service providers deliver services. The first part of this chapter provides guidance for **all** operating environments. This includes:

- **hygiene and cleaning practices** (section 5.2)
- **physical distancing** (section 5.2)
- **records of people who enter a premises** (section 5.2).

The second part of this chapter provides guidance for specific operating environments and their different service settings. This is shown in the table below. Each page will consider general risk factors and controls for the operating environment, and then specific risk factors and controls for each service setting.

Operating environment	Definition	Examples of service settings
Face to face (provider premises)	Any services requiring in person interaction conducted at a provider controlled place of operations.	Offices, community centres.
Face to face (external premises)	Any services requiring in person interaction conducted at a place of operations not controlled by the provider.	Outdoors, transportation, outreach – high density housing/apartments, outreach – client homes, public areas (for example, libraries, hospitality, schools, hospitals).
Remote	Any services conducted over a non-physical medium.	Email / phone / video calls completed from office, home.
Residential accommodation	Any services provided in relation to accommodation.	Temporary accommodation, emergency accommodation, Residential OOHC facilities.
Shared spaces (provider premises)	Any services provided in a location where there is more than one service provider operating and different levels of risk. This can include DCJ-funded service providers and non-DCJ-funded service providers.	Some organisations at the premises are DCJ service providers. Non-DCJ organisations also operate at the premises.

Please consult the hierarchy of controls (section 2.5) when considering the types and strength of controls to manage the risk of COVID-19 in these different operating environments.

5.2 Controls for all operating environments to consider- hygiene and cleaning practices (1/3)

Encourage safe hygiene practices

- Encourage frequent handwashing with soap, or use of alcohol-based hand sanitiser.
- Provide hand sanitiser throughout the service.
- Encourage people to cough into their elbow area or cover their mouth with tissues when they cough or sneeze Dispose of the tissue in a bin after use[13].

Develop communication materials

- Display posters to remind people within the premises of infection control measures
    - Display posters in locations that are highly visible to all workers, residents and visitors.
    - Place posters in the bathroom and entrance points to encourage behaviours that prevent person-to-person transmission, for example, covering your cough, washing hands.
    - Display posters showing the proper handwashing technique by all sinks.
- DCJ has developed COVID-Safe Resources[59] to communicate these measures to clients. These include posters in different languages to help address potential language and cultural barriers.
- NSW Health has developed COVID-19 Aboriginal health resources[49] for First Nations peoples.

Implement stringent cleaning and disinfection procedures

- Enhanced cleaning refers to the additional cleaning activities undertaken to mitigate the spread of COVID-19. Areas that are used more commonly and experience a high traffic volume, such as lounge rooms and kitchens, should be cleaned weekly. Areas that do not attract as much traffic, such as external common areas, are only required to be cleaned monthly or as frequently as needed. Cleaners should clean indoor hard surface areas (including children's play areas) at least daily with detergent/disinfectant[11]. Cleaners should clean high touch surfaces multiple times a day with detergent/disinfectant[11].
- Environmental cleaning (also known as deep cleaning) refers to the additional cleaning activities undertaken in response to a COVID-19 case. It involves cleaning the client's rooms and any other shared rooms/areas at the premises. sites must be cleaned following the NSW Health Environmental Cleaning Principles[60] and undertaken as frequently as required.
- Waste management – all waste from people with COVID-19 is considered general waste and can be managed according to routine procedures.
- Service providers are responsible for making sure that subcontracted cleaners are 'COVID-19 Safe'.
- If the subcontractor is required to have a COVID-19 Safety Plan by a PHO, review and ensure the plan has clear protocols around:
    - wellbeing of workers – ensuring that workers are screened appropriately before work and follow the relevant PHO.
    - physical distancing – adjusting services appropriately hygiene and cleaning – training workers in the correct use of PPE and regularly undertake safe hygiene practices.
    - record keeping – maintaining the roster with up-to-date contact details for workers.

5.2 Controls for all operating environments to consider- hygiene and cleaning practices (2/3)

Use personal protective equipment (PPE)

- PPE is an integral part of infection control and protects people from exposure to potentially infectious substances. PPE, such as gowns, gloves, masks, and eye protection, provides a physical barrier to reduce infectious diseases.
- Additional precautions, including the routine use of masks in indoor and outdoor settings, may apply through the NSW COVID-19 PHOs[15] based on community transmission and epidemiological risks. These orders may be applicable to workers, clients and visitors.
- During times of increased COVID-19 community transmission, the PHO may require face masks to be worn in indoor common property areas of residential premises (for example lifts, stairwells and common areas). It is highly recommended that masks are worn in indoor settings where social distancing is difficult to maintain.
- While not all service accommodation services are strata buildings or community titles, NSW Health strongly encourages service workers, residents and visitors to wear masks, particularly in larger facilities such as congregate care, when using shared communal spaces, interacting with vulnerable people within the premises and when there is a lot of movement between clients and / or workers.
- Use PPE if a worker needs to have direct face-to-face interaction with a confirmed case or high-risk exposure to COVID-19. The appropriate use of PPE is dependent on the risk of transmissibility in different settings .
- If a worker is coming into contact with someone who is a confirmed case or has been at high-risk of exposure to a COVID-19 case, they should undertake contact, droplet and airborne PPE precautions. These precautions include using disposable gloves, a fluid-resistant / isolation gown, a P2/N95 respirator and eye protection .
- COVID-19 PPE Training[41] provides directions on the correct use of PPE for engagement with COVID-19 positive clients.
- If service providers have difficulty accessing PPE supplies, they should contact their DCJ Contract Manager.

5.2 Controls for all operating environments to consider- hygiene and cleaning practices (3/3)

DCJ has developed a PPE matrix[61] which provides guidance on the types of PPE (i.e., gloves, gown, eyewear, mask disposal) that should be used in various situations (e.g., COVID-19 positive client, vaccinated clients, working in apartment buildings).

NSW Health has developed the Health Care Worker COVID-19 Exposure Risk Assessment Matrix. This matrix shows the level of risk a worker has been exposed to based on the amount of contact they have had with a positive case, and the level of PPE worn by both the positive case and themselves.

Accessing funding to buy PPE

- You should be able to obtain PPE from your regular suppliers.
- If you have issues, the NSW Government has a list of PPE suppliers during the pandemic.
- DCJ funds, including COVID-19 grant funding that has been distributed, can be used to purchase PPE.

PPE tips

- Masks should be changed when wet or moist. After changing a mask clean your hands.
- For extended use, surgical masks can be worn for up to 4 hours. Eye protection can also remain on between clients. Masks and eye protection should be discarded (or reprocessed in the case of reusable eye protection) if they are moist or contaminated with blood or bodily fluids and after removal.
- Prescription glasses are not protective eyewear. Prescription safety glasses are suitable. Eye protection or face shields where reusable can be cleaned and disinfected between use.
- If wearing a hijab, surgical masks are required that tie up at the back of the head and neck. P2/N95 respirators need elastic that fits the head and back of the neck.

5.2 Controls for all operating environments to consider- physical distancing (1/2)

Encourage physical distancing within the service premises

- All people within a premises should maintain physical distancing requirements whenever possible and appropriate (1.5m spacing between people).
- Based on community transmission and epidemiological risks, density limits for indoor settings may apply through the PHOs[5]. To encourage adherence to physical distancing, space floor markings 1.5m apart in elevators and areas where clients may need to wait in line.

Reduce the congregation of workers and clients

- Limit the assembly of workers to essential purposes only. Employ electronic communication for worker meetings as much as possible and maintain physical distancing space if meeting in person is required.
- Create a staggered schedule to limit the number of people using shared facilities at the same time, including the use of bathrooms and common areas[16].

Consider the appropriateness of controls in individual settings. For example, it might not be appropriate to put certain controls in place in home-based care.

Adjust the layout of residential sites to allow for physical distancing

Rearrange all bedrooms to allow for physical distancing by:

- increasing spacing between beds so that 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.
- putting fewer clients within a room if space allows. This may involve converting common spaces to sleeping areas to allow people to physically distance.
- keeping elderly clients and clients with behavioural health conditions in familiar surroundings where possible, to minimise confusion and behavioural challenges[16].

Rearrange common areas, for example, adjust the layout of shared eating facilities to enable clients to maintain a 1.5m distance during meal times[16]

If this is not possible see section 2.5 for more COVID-19 prevention strategies.

Reduce the risk of respiratory transmission

COVID-19 particles range from larger respiratory droplets to smaller aerosols. They can be spread at short-range or in poorly ventilated or crowded indoor settings, where people tend to spend more extended periods[17]. Service providers can take active steps to reduce the risk of aerosol transmission:

- encourage physical distancing and use of masks in indoor settings[18]
- increase the indoor delivery of outdoor air as much as possible. Do not open windows and doors if doing so poses a safety or health risk (such as risk of falling, triggering asthma symptoms) to clients, workers, volunteers, or visitors using the facility[19]
- the NSW Government has developed COVID-19 Guidance on Ventilation[9].

5.2 Controls for all operating environments to consider- physical distancing (2/2)

Adjust the management of facilities based on local advice

The approach to managing facilities varies depending on the following factors:

- whether PHOs[5] are in place
- where the service is located
- where workers are located and reside.

Service providers need to ensure their service is compliant with the PHOs, and this may involve adjusting the way that the premises is managed. This could include adjustments to:

- the number of visitors allowed into the service
- the use of PPE within the premises
- deconcentrating a premises to meet density limits
- using alternative means to conduct secondary services
- adjusting rosters to reduce mobility.

Adjust the rostering and coordination of worker movement across different locations

During times of increased COVID-19 risk in the community, service providers should consider adjusting the rostering of workers and shift patterns to minimise workers' movement across different locations. These changes will decrease the risk of COVID-19.

Some key questions to consider when adjusting rosters[3] include:

Where do workers live and how will this impact their work?

How can we minimise the movement of workers across multiple service accommodation locations?

Can we stagger start and finish times to reduce the number of people on site?

How can team handovers within a day be minimised? Do handover protocols need to be modified so they can be conducted in a physically distanced way?

Do key skills need to be spread out across different rosters to reduce the risk of disruption?

Can flexible working arrangements be considered to maximise the use of workers with key skills?

5.2 Controls for all operating environments to consider- records of people who enters a premises

Establish a sign-in/sign-out book to allow people to check in and out of facilities

- QR code check-ins have previously been required during COVID-19 outbreaks. They are now only mandatory for certain premises.
- While it is not mandatory for people to check-in to facilities, it is strongly encouraged they check-in via the Service NSW App or a 'sign-in/sign-out' book when entering and exiting services
- People residing in domestic and family violence (DFV) shelters who have concerns about providing their details are to be 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 if they attend places where they need to check in with a QR code. A person can apply for the COVID-19 check-in card by calling Service NSW on 13 77 88 or by registering online at service.nsw.gov.au. More information is available on the Service NSW Website[62]

Screen people who enter the premises

- Screening is the proactive detection of potentially ill clients with infectious diseases through self-report of symptoms by clients and health assessments by service providers.
- Service providers should screen all visitors, employees, subcontractors and clients before entering the facility[16].
- Screening should ideally take place over the phone.
- Service providers should screen everyone who enters the premises at all entrances. Consider limiting entry points to reduce the burden on workers[16].
- Screening questions can include asking people:
  - can you provide evidence of COVID-19 vaccination?
  - have you had a new cough, shortness of breath, or sore throat within the last 7 days?
  - have you been exposed to someone with a COVID-19 infection the past 7 or 14 days?
  - have you recently returned from overseas?
- The answers to these questions will inform your assessment of the COVID-19 risk.
- These screening questions can also be asked ahead of time during agency engagement in the field to help manage the risk of COVID-19.
- While there is no legal requirement for testing, current advice is that service providers can implement measures, such as requesting COVID-19 tests, to minimise COVID-19 transmission.
- DCJ strongly advises that service providers not impose blanket policies, as this may engage the indirect discrimination provisions in related legislation.
- All providers need to implement COVID-19 safe measures, irrespective of whether a client has had a recent test.

5.3 Face to face (in provider's premises) – risk and control considerations

The following tables detail the considerations service providers must make in rating the risk of COVID-19 cases in their service operating environment.

The lists of controls, service settings and considerations are not exhaustive. Each service setting for this operating environment should take into account both the general and specific considerations for risk factors and controls.

General risk factors	Service setting	Risk considerations for service setting
• Shared amenities (lifts, bathrooms, kitchens etc.) provide multiple touchpoints • Multiple entry points to buildings • Indoors areas limiting ventilation	Community centres	Potentially high levels of thoroughfare, without compliance to check in / check-in system (and QR codes if applicable) / vaccinations
	Offices	• Consider social areas, where people congregate. • Consider other nearby organisations which may have different risk levels.

General controls	Service setting	Control considerations for service setting
• Adjust PPE based on PPE Matrix[61] • Physical distancing • Hygiene and cleaning practices • Physical barriers (plastic screens) • Check-in system (and QR codes if applicable) • Review and optimise ventilation including air exchange rates, air flow and air filtration systems, temperature, open windows and ambient humidity • Display conditions of entry signage at entry points • One way travel paths and tape markings for 1.5m distance	Community centres	• Limit movement within sites. For example, waiting rooms, administration office. • Self-identification when entering neighbourhood centres may be a barrier to entry for some potential users. This may be more important to consider especially for clients who may be discouraged from seeking services due to the lack of anonymity. Consider options for such clients. For example, outdoors services, information pamphlets etc.
	Offices	• Transition to remote working where possible and necessary. • Limitations on numbers of people in different spaces (for example, meeting rooms), rotate people between days. • Designate use of amenities to different teams where possible.

5.4 Face to face (external/non-provider premises) – risk and control considerations

The following tables detail the considerations service providers must make in rating the risk of COVID-19 cases or exposures in their service operating environment.

The lists of controls, service settings and considerations are not exhaustive. Each service setting for this operating environment should take into account both the general and specific considerations for risk factors and controls.

General risk factors	Service setting	Risk considerations for service setting
• Inability to control environment and physical distancing • Unknown ventilation • Unknown medical status / vaccination status of people in potentially close proximity	Outdoors	Privacy considerations if meetings are held in outdoor spaces
	Transportation	Inability to physically distance in a small space
	Outreach – high density housing/apartments	• Increased thoroughfare • Shared spaces & amenities. For example, garbage rooms, lifts, corridors • Known COVID-19 cases or exposures within the apartment – building processes
	Outreach – client homes	Household membership may be unknown
	Public areas (for example, libraries, hospitality venues, schools, hospitals)	Increased thoroughfare. For vulnerable areas such as schools, hospitals, aged care facilities consider the Public Health Orders and current COVID-19 situation.

General controls	Service setting	Control considerations for service setting
• Adjust PPE based on PPE Matrix[61] • Hygiene and cleaning practices • Physical distancing where possible	Outdoors	Select appropriate locations based on service requirements
	Transportation	Use multiple vehicles where possible. A taxi may be a suitable alternative. All should wear masks. Seat client at the back of the car. Lower windows to increase air flow. Consider PHO requirements for public transport.
	Outreach – high density housing/apartments	• Additional PPE, request client wear PPE • Convert to outdoors / remote options if possible
	Outreach – client's homes	• Additional PPE, request client wear PPE • Convert to outdoors / remote options if possible
	Public areas (for example, libraries, hospitality venues, schools, hospitals)	External premises check-in system. For vulnerable areas such as schools, hospitals, aged care facilities, consider organisational requirements for workers and clients and incorporate into provider controls.

5.5 Remote – considerations and controls

The following tables detail the considerations service providers must make in rating the risk of COVID-19 cases or exposures in their service operating environment.

The lists of controls, service settings and considerations are not exhaustive. Each service setting for this operating environment should take into account both the general and specific considerations for risk factors and controls.

General risks	Service setting	Risk considerations for service setting
Consider whether workers will only work in a remote setting, or if they will move between environments. For example, combination of working from home and the office or completely from home	Home	• Increases potential for miscommunication • More difficult to communicate the latest up to date information for workplace policies and COVID-19 remotely
	Office	Same considerations as for face to face (Provider premises)

General controls	Service setting	Control considerations for service setting
Hygiene and cleaning practices	Home	• Reduced visibility of clients compared to home visits/check-ins. May not fulfil duty of care for clients (for example, child welfare is more difficult to ascertain, and people experiencing, or at risk of domestic and family violence may not be able to safely communicate with service providers) • Training workers for recognition of hazards through remote communications • Consult with clients to understand any issues that may arise from remote services • Mental health issues for workers working remotely • Ergonomics issues for workers working from a home set up
	Office	Same considerations as for face to face (Provider premises)

5.6 Residential facilities – risk and control considerations

See the DCJ COVID-19 Guidelines for managing COVID-19 risks in Residential Out of Home Care settings and Specialist Homelessness Services for more information about these services.

The following tables detail the considerations service providers must make in rating the risk of COVID-19 cases or exposures in their service operating environment.

The lists of controls, service settings and considerations are not exhaustive. Each service setting for this operating environment should take into account both the general and specific considerations for risk factors and controls.

General risk factors	Service setting	Risk considerations for service setting
• Shared common spaces or amenities • Movement of clients between services or facilities • Not fit-for purpose sites for example, poor ventilation • Potential overcrowding of services • Potential lack of adherence to PHOs or COVID-19 controls • Difficulty in monitoring activity of residents • Dealing with COVID-19 in a home environment may result in hypervigilance, or alternatively indifference	Emergency accommodation (COVID-19 Response)	• Short term accommodation, likely that client has entered the premises recently • Client may have entered due to requiring self-isolation or deconcentration
	Temporary accommodation	• Short term accommodation, likely that client has entered the premises recently • Client may have come from another premises • Initial assistance of two nights results in high turnover
	Residential OOHC	• Separation from normal caregivers, in addition to stress related to COVID-19, may have a negative impact on mental health

General controls	Service setting	Control considerations for service setting
• Adjust PPE based on PPE Matrix[61] • Screening (temperature, symptoms) check-in system for everyone who enters a premises, QR codes (if applicable) • Hygiene and cleaning practices • Limit client volume • Physical barriers (plastic screens) • Deconcentrate (consider size of premises, ability to physical distance and if any outbreaks are currently in place) • Stagger access times for shared areas • If difficulty in monitoring and managing the activity of residents, workers may need to adjust the worker or operating environment controls • Consider client's emotional and mental health – this could range from indifference to fear and concern	Emergency accommodation (COVID-19 Response)	• Balance risk of COVID-19 transmission versus the underlying client circumstances that requires emergency accommodation • Reduce shared common spaces by providing additional amenities • Provide individual, separated accommodation upon entry where possible • Transition of services from shared to single where possible • Payments for Emergency Accommodation funding to help with additional staffing and accommodation costs
	Temporary accommodation	• Condition of receiving TA assistance that clients comply with PHOs and comply with directions from NSW Health
	Residential OOHC	• Reduce shared common spaces by providing additional amenities • Provide individual, separated accommodation upon entry prior to moving into shared accommodation • Transition of some services from shared to single

5.7 Shared spaces (provider premises)

General considerations

- Risk assessment will require the organisation to adopt an expansive definition of ‘workplace’ and consider any risks associated to shared spaces.
- Organisations in a shared workspace will likely have duties under WHS laws to consult, coordinate and cooperate with each other.
- Collect and share information with other service providers on site to gain an understanding of those service providers’ vaccination requirements or other policies.
- Use other organisation’s information in conjunction with the risk assessment to determine the appropriate risk controls.

Service setting	Risk considerations for service setting
All organisations on premises are DCJ service providers	• All DCJ service providers should have a risk assessment completed. Given this, DCJ service providers should collaborate with each other to gather information about the risks they have identified and the controls they have implemented. • This is also an opportunity to share resources and develop a coordinated approach to controls. • This may also improve the costs of implementing controls if they are shared between multiple organisations
Non DCJ organisations also operate on premises	• Consider the services performed by the other organisations on the premises. What activities do they perform? How do they deliver services? Who are their workers and clients? • Consider vaccination requirements of other organisations. For example, DCJ (the government organisation) requires vaccination for workers. Are there healthcare, education, disability or aged care services operating in close proximity?

6. Support available to service providers

Please note:

This guidance does not cover the full range of support available to service providers. The guidance is, however, relevant to how a DCJ service provider can work with a range of partners (particularly in relation to planning and coordinating approaches and responses).

6.1. DCJ support to service providers (1/2)

What is DCJ doing to support service providers develop the COVID-19 Management Plans?

DCJ has published its Guide to recovery and sector support for COVID-19 management[22]. This includes the NGO Guide to Recovery that frames milestones related to clients accessing services, service delivery across programs and the workforce.

DCJ also has FAQs[13] available for the COVID-19 management and vaccination policy for DCJ service providers. DCJ ran a series of training sessions to help service providers complete their COVID-19 management plans. Watch the recordings on the website[22].

How can DCJ support service providers in their COVID-19 preparation, prevention and response?

- DCJ supports service providers to maintain services where it is possible and safe to do so. DCJ provides regular updates, information and resources on its website[139] to assist service providers to navigate COVID-19.
- The COVID-19 Emergency Action Payment[30] is accessible for service providers to reimburse costs associated with having to take emergency action for COVID-19 cases, including systemic staffing shortages.
- The Social Sector Support Fund (SSSF)[65] helps eligible charities and not-for-profits in the social, health, disability and animal welfare sectors in NSW to continue to deliver services in the community amid increased demand during COVID-19 outbreaks. The workforce contingency[65] payment (part of the SSSF) is for organisations contracted by DCJ to be able to maintain staffing levels and continue to deliver critical social services if they have staffing issues due to COVID-19. Service providers can talk to their DCJ contract manager to find out whether they're eligible to access this payment.
- Read more information on government assistance[66]. This includes information on grants and other assistance from the NSW and federal governments i.e., DCJ, Women NSW, Service NSW, and the Australian Taxation Office.
- Service providers can contact their DCJ contract manager to discuss any needs and assistance they may require.

Who should service providers contact within DCJ?

The relevant contract manager is the single point of contact with the DCJ. It is the contract manager's role to update relevant people within the DCJ about a COVID-19 situation.

When and under what circumstances do service providers need to communicate with DCJ?

1. Confirmed case or high-risk exposure to COVID-19

- DCJ now only requires service providers to report COVID-19 positive cases for children and young people in Parental Responsibility of the Minister (PRM)[67].
- Service providers should follow the steps in Appendix B.1 and Appendix C.1. For high-risk exposure cases, service providers should support the client to get tested and isolate until test results are returned and implement their COVID-19 Management Plans as the primary response.

2. Service delivery changes

Service providers should contact their DCJ contract manager on an ongoing basis, particularly if they are required to make any changes to service delivery (for example, due to PHO or due to a confirmed case or high-risk exposure to COVID-19), including when:

- they need to scale down non-essential services to ensure essential services can continue
- they are unable to maintain essential services
- in these circumstances, service providers should contact their DCJ contract managers as soon as possible, so different service arrangements can be made.

3. Return to regular service delivery

- Service providers should notify their DCJ contract managers when a service returns to regular delivery.
- DCJ contract managers are also available to discuss the return to regular service delivery for service providers. The process for returning to regular service delivery may depend on individual circumstances including location and type of service provided.

6.1. DCJ support to service providers (2/2)

Who should service providers contact during and after business hours?

COVID-19 positive cases no longer need to be reported to DCJ. If a case involves a child or a young person in residential OOHC or similar arrangements, or where the child or young person is under PRM, please contact your contract manager. If you are a provider of such services, you will need to continue to report these cases to your district as per existing arrangements.

For queries over the Christmas period and after hours, contact the relevant staff linked on the DCJ page Reporting COVID-19 positive incidents to DCJ[67].

6.2 Justice Connect

Justice Connect is a charity and accredited community legal centre. Justice Connect's Not-for-profit Law program provides legal help to not-for-profit community organisations and social enterprises, and has resources available to support in the following domains:

Legal Advice

- Justice Connect can provide legal advice to eligible organisations with specific legal questions around the issues discussed in this guidance.
- Please visit Justice Connect's Not-for-profit Law website[68] for further information.

Webinars

Justice Connect's Not-for-profit Law delivered a series of webinars[69] to educate service providers on legal issues around COVID-19 vaccinations in the workplace:

- NSW: Managing Mandatory Vaccine Policies [140] On Demand webinar targeted at NSW organisations
- Managing Mandatory Vaccine Policies[147] On Demand webinar.

FAQs

- Justice Connect's Not-for-profit Law has a series of FAQs for service providers to reference: Managing vaccines in the workplace[39].
- We have included the main questions at the back of the guidance in section 7.

6.3 Association of Children's Welfare Agencies support to service providers (Peak Body)

The Association of Children's Welfare Agencies (ACWA) provides support in the following domains.

Legal advice

- ACWA has engaged Spark Helmore Lawyers to provide legal advice issues regarding the various obligations on service providers to appropriately respond to the risks and challenges posed by COVID-19.
- ACWA works with lawyers, the NSW Child, Family and Community Peak Aboriginal Corporation (AbSec), DCJ and member agencies, to identify the core components of providing a response to COVID-19 that meets WHS, industrial and other legal requirements. This work will consider the spectrum of challenges raised by COVID-19, including where agencies might need to take action in relation to unvaccinated workers.
- Please contact Rod Best at rod@acwa.asn.au for more information.

COVID-19 Management Plan Examples

- ACWA is has obtained examples of COVID-19 Management Plans which it is sharing with its members.
- Please contact Rod Best at rod@acwa.asn.au for more information.

Responding to workforce shortages

- ACWA supported the introduction of Individual Flexibility Arrangements (IFAs) – which increases shift duration and reduces worker volume. Worker continuity improves child/young persons behaviours and limits potential COVID-19 exposure with the worker's family. ACWA IFAs[71].
- ACWA supports co-ordination of worker sharing among service providers who express interest.
- ACWA negotiates with other sectors to tap into their suitable employees, for example PCYC.
- The contact person for accessing the PCYC workforce, is Steve Kinmond, ACWA CEO (0409 782 614).

Advocacy on emerging issues

- ACWA was involved in advocacy for issues such as RAT.
- ACWA advocated for prioritising vaccinations for workers.

Sharing lessons learnt

- ACWA held panels to support service providers and share learnings.
- Factsheets about Residential OOHC and Intensive Therapeutic Care services experiences of managing COVID-19[72] are available here.
- ACWA has also contributed to the COVID-19 Guidelines for managing COVID-19 risks in Residential Out-of-home Care Settings and Specialist Homelessness Services, which include practical and relevant advice to OOHC service providers to assist in preventing, preparing and responding to COVID-19 and returning to regular service delivery after a COVID-19 case.

6.3 NCOSS (NSW Council of Social Service) support to service providers (Peak Body)

NCOSS (NSW Council of Social Service) is available to support in the following domains:

NCOSS COVID-19 Vax Risk Assessment Toolkit

NCOSS have developed a comprehensive guide to identifying whether vaccination should be made mandatory for workplaces. This includes:

- Guide to Vax Risk Assessment[74]
- Vax Risk Assessment Worksheet[75]
- Frequently Asked Questions[76]
- Resources[77].

Note that this is currently version 1 of the toolkit, and this will be updated and refined in the future. Suggestions and questions are welcome at COVID-VAX@ncoss.org.au

COVID-19 resources and links

The NCOSS website[79] has also collated many additional resources that service providers can refer to. These include:

- service continuity tools
- funding and legal support for organisations
- specific sector support and resources.

6.3 LCSA (Local Community Services Association) support to service providers (Peak Body)

LCSA (Local Community Services Association) is available to support in the following domains:

COVID-19 Mandatory Vaccination Policy and Safety Policy

The Local Community Service Association (LCSA) has made its COVID-19 Vaccination and Safety policies[38] available as templates for other services. These are:

- LCSA Mandatory COVID-19 Vaccination Policy Template
- LCSA COVID-19 Safety Policy Template.

COVID-19 resources and links

LCSA has also collated a wide range of useful links for service providers to refer to on their website[38]. This includes links to other organisations operating in:

- Social services sector
- Food security & emergency relief
- Human resources + WHS.

6.3 Australian Services Union (ASU) support to service providers (Peak Body)

The Australian Services Union is available to support in the following domains:

Vaccination Plus: A Guide to COVID-19 Safe Workplaces

- The ASU has created a comprehensive overview[80] of vaccination in workplaces. This summarises how to conduct a risk assessment as well as providing detail around COVID-19 specific hierarchy of controls.
- The ASU has also developed the Tips for Talking about Vaccination in Community and Disability Workplaces[81], a series of communication principles that can be used to effectively improve vaccine engagement of workers.

COVID-19 in the Workplace

The ASU have also created developed guidance regarding COVID-19 safety in the workplace. This includes:

- Are you working in a COVID-19 Safe workplace?[82]
- COVID-19 Factsheets[83].

COVID-19 resources and links

The ASU's website[84] has collated multiple sources of information for service providers to refer to. This includes:

- vaccination requirements
- information on COVID-19 disaster payments
- other advocacy initiatives run by ASU and other partners. For example, greater NDIS support.

6.3 Homelessness NSW support to service providers (Peak Body)

Homelessness NSW is available to support in the following domains:

Regular community of practice

Homelessness NSW is holding regular forums[141] for members to share their experiences in managing services during the COVID-19 pandemic.

COVID-19 resource library

Homelessness NSW have developed a comprehensive resource library[85], situated in an easy-to-use portal. Specifically for the sector, Homelessness NSW have sourced useful resources from their service providers to share with the sector. These include:

- Roadmap for consultation and returning to work
- COVID-19 risk assessment
- COVID-19 return to work survey for volunteers
- Worker consultation to develop vaccine policy (word)
- Worker consultation to develop vaccine policy (presentation)
- COVID-19 management and vaccination policy (draft)

Specialist Homelessness Services COVID-19 Guidelines

Homelessness NSW also contributed to the COVID-19 Guidelines for Residential Out-of-home Care (OOHC) settings and Specialist Homelessness Services (SHS), which includes practical and relevant advice to SHS providers to assist in preventing, preparing and responding to COVID-19 and returning to regular service delivery after a COVID-19 case.

6.3 The Centre for Volunteering support to service providers (Peak Body)

The Centre for Volunteering is available to support in the following domains:

Re-engaging and Rebooting Volunteer Seminar Series

The Centre for Volunteering has developed a series of seminars[43] to help equip Volunteer Involving Organisations with the tools to navigate the difficult transition period from lockdown to emergence from COVID-19.

Restarting Your Volunteer Programs Guidance

The Centre for Volunteering has developed guidance[86] for organisations to assist in restarting volunteer programs post COVID-19 lockdown.

COVID-19 Emergency Volunteering

During COVID-19, The Centre for Volunteering launched an emergency volunteering website[87]. Members of the public can register their details through a simple sign up process and help deliver essential services to those most vulnerable in our community. If you are a community organisation or any other organisation who needs additional volunteers in relation to this emergency, then please contact The Centre for Volunteering.

COVID-19 resources and links

The Centre for Volunteering's website[43] has collated multiple sources of information for service providers to refer to. This includes:

- COVID-19 updates for volunteers
- policies, position papers and guidance on volunteering during a pandemic.

6.3 NSW Child, Family and Community Peak Aboriginal Corporation (AbSec) support to DCJ service providers (Peak Body)

AbSec is available to support in the following domains:

COVID-19 Webinars

AbSec has recorded webinars[88] available online covering the following topics:

- Risk assessment: AbSec explained the basic concepts of risk assessment (including providing examples, case studies as well as the hierarchy of controls) and the underlying legislation, including the WHS Act, regulation, code, regulator. AbSec explained key terms such as duty of care, consultation and reasonably practicable
- Legal and employment matters: AbSec explained the key legal principles that relate to workplace issues in a COVID-19 context
- Medical and Vaccinations: AbSec explained the Doherty Institute modelling and provide the sector with specific guidance around vulnerable clients.

6.4 Public Health Unit support to service providers

When should service providers contact their local PHU?

The PHU's role is to provide general advice regarding the management of COVID-19 cases and exposure. It is not necessary to notify or contact them regarding every case.

PHUs are experiencing increased demand in their services. For high-risk exposure cases, service providers should support the individual to get tested and isolate until test results are returned and implement their COVID-19 Management Plans as the primary response.

Service providers should manage cases and exposures against the current NSW Health factsheets and guidance:

- Testing positive to COVID-19 and managing COVID-19 safely at home[145]
- Information for people exposed to COVID-19[130]
- NSW Health COVID-19 self-isolation guideline and support[150]
- COVID-19 symptoms and how it spreads[150].

Residential OOHC and SHS should refer to the public health guidance for testing and management of COVID-19 in these settings, and for information on when to contact a PHU about COVID-19 outbreak.

How do service providers contact their local PHU?

Contact the local PHU by calling the state-wide number: **1300 066 055** and follow the prompts. This line operates in business hours 8.30am – 5pm and also has after hours support.

PHU details and after-hours numbers are available on the NSW Health website[89].

Note: The Department of Health is developing a claims scheme[90] to reimburse people who suffer a moderate to significant impact following an adverse reaction to an approved COVID-19 vaccine.

7. Common provider questions

7.1 Common provider questions

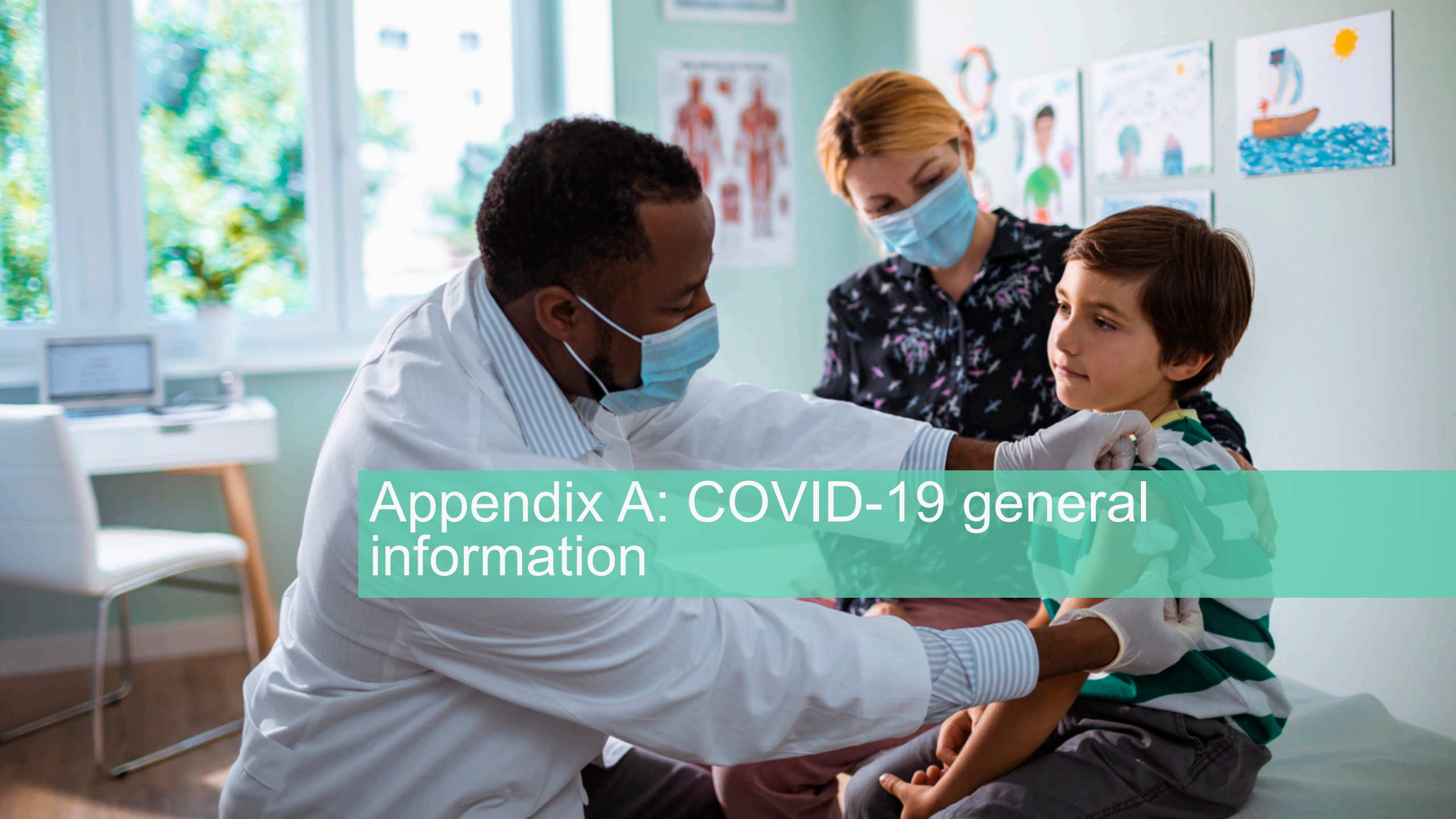
DCJ has developed FAQs[13] that seek to address common provider questions.
There are sections on implementing the policy, vaccinations, clients, service delivery continuity, information about Omicron and where to find further information.

Justice Connect has also developed a set of FAQs[39] that. There are sections on implementing the policy, vaccinations, clients, service delivery continuity, and where to find further information.

Service User FAQs include some of the following questions:

- Can an organisation refuse to provide services to an unvaccinated service user?
- Can an organisation refuse a service user's request to only be seen by vaccinated workers or only be grouped with other vaccinated service users?
- If a service user contracts COVID-19 while in an organisation's care, could the organisation be liable if it didn't require its employees to get vaccinated?

We would encourage service providers to seek legal advice specific to their unique context when making workplace policy decisions relating to COVID-19. Justice Connect can provide legal advice to eligible organisations with specific COVID-19 related legal questions. Please visit Justice Connect's Not-for-profit Law website[39] for further information (and see section 6.2 in this guidance for further details on the supports that Justice Connect can provide).



Appendix A: COVID-19 general information

A.1 COVID-19 overview

What is COVID-19?

COVID-19 is a disease caused by the virus SARS-CoV2, a new coronavirus first identified in humans in China in late 2019. Having spread globally, the World Health Organization declared COVID-19 a global pandemic on 11 March 2020.[1]

Coronaviruses are a large family of viruses. The COVID-19 virus is significantly different from the influenza virus and other respiratory illnesses[2].

Further information is available at:

- National Coronavirus health information line: 1800 020 080
- NSW Government - COVID-19[91]
- World Health Organization[92]

What are the symptoms of COVID-19?

Symptoms of COVID-19 include:

- fever (37.5ºC or higher)
- cough
- sore throat
- shortness of breath (difficulty breathing)
- runny nose
- loss of taste and / or smell
- fatigue
- acute blocked nosed (congestion)
- muscle and / or joint pain
- headache
- diarrhoea
- nausea / vomiting
- loss of appetite.

Variants such as Delta and Omicron may present slightly differently[93] to the original COVID-19 strain.

In more severe cases, infection can cause pneumonia with severe acute respiratory distress[2]. Please refer to NSW Health[33] for more information.

How is COVID-19 spread?

COVID-19 spreads from an infected person's mouth or nose in small liquid particles when they cough, sneeze, speak, sing or breathe heavily. Evidence suggests that COVID-19 mainly spreads by respiratory droplets among people in close contact with each other. Therefore, NSW Health recommends physical distancing of 1.5m and wearing a mask to decrease the chance of infection.[3]

COVID-19 can also spread after infected people sneeze, cough on, or touch surfaces such as tables, doorknobs and handrails. Other people may become infected by touching these contaminated surfaces, then touching their eyes, noses or mouths without properly cleaning their hands first.

People may be highly infectious before their symptoms show. Even people with mild or no symptoms can spread COVID-19[2].

When should an individual test for COVID-19?

NSW Health has provided information[130] on what to do when exposed to COVID-19, based on the level of exposure. This includes information on whether to be tested using RATs, PCRs, and when to self-isolate[11].

Refer to COVID-19 clinics[94] for locations of NSW Health COVID-19 clinics.

In high-risk outbreak settings (healthcare, aged care, disability care, correctional facilities), PHUs may recommend that people without symptoms be tested to inform management of the outbreak. Additional testing may also be required in particular circumstances to confirm that a person is no longer infectious with COVID-19[2].

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A.2 COVID-19 vaccines (first two doses)

Why are COVID-19 vaccines important?

Protecting individuals and the community

- Vaccination is the most effective way to protect against infectious diseases. Vaccines strengthen the immune system by training it to recognise and fight against specific infections. When a person gets vaccinated, they protect themselves and help to protect the community.

Helping reduce COVID-19 in the community

- It is unlikely that COVID-19 will be fully eradicated. The first step is to reduce the harm the virus causes and its transmission in the community.
- When enough people in the community are vaccinated, it slows down the spread of disease.
- High vaccination rates also protect vulnerable people in the community who cannot be vaccinated, e.g. young children or people who are too sick.
- Vaccines have successfully protected the community by preventing outbreaks of diseases such as influenza, diphtheria, measles and meningococcal disease.

Reducing the health, social and economic impacts of the COVID-19 pandemic

- Higher vaccination rates make outbreaks much less likely. It also reduces the need for preventive measures, such as border closures, travel restrictions and business closures.
- Higher vaccination rates reduce the health, social and economic impacts of the COVID-19 pandemic. It helps save lives and livelihoods[4].

What vaccines are available in Australia?

In Australia, vaccines are regulated by the Therapeutic Goods Administration (TGA). Vaccines that have been approved for use in Australia are listed on the TGA website[95].

The vaccine received will depend on factors including the age of the recipient, when and where the person will be vaccinated, and clinical guidelines that determine who each vaccine is safe for. The duration between the first two doses of the vaccinations varies. More information about each of the COVID-19 vaccines is available on the NSW Health website COVID-19 Vaccines[97].

For more information on how to access a vaccine, see the Vaccine Clinic Finder.

A.2 COVID-19 vaccines (boosters)

Why are COVID-19 vaccine boosters important?

Studies show that the immunity created by COVID-19 vaccines begins to wane over time. DCJ recommends that those that are eligible have a booster dose to maintain immunity against COVID-19.

A booster dose increases protection against:

- infection with the virus that causes COVID-19
- severe disease
- dying from COVID-19.

A booster dose will continue to protect individuals, their loved ones, and the community against COVID-19.

The National Centre for Immunisation Research and Surveillance has a set of FAQs on vaccination.

Eligibility

For information on the following eligibility requirements, go to the NSW Government website[149]:

- which vaccinations must be received before having a booster
- the timeframes between receiving previous vaccinations and having a booster
- the minimum age requirements of who can have a booster
- when to have a booster if one is immunocompromised
- when one should have a booster after recovering from COVID-19.

Booster doses are free for everyone[1].

What booster vaccines are available in Australia?

In Australia, vaccines are regulated by the Therapeutic Goods Administration (TGA). Booster doses that have been approved by the TGA can be found on the NSW Health COVID-19 booster vaccine advice page.

Vaccine types for booster doses

For further information on the types of vaccinations available as booster doses, go to the NSW Government website Booster vaccination. It includes the following information:

- the types of booster vaccinations that have been approved by the TGA and recommended by ATAGI as a COVID-19 boosters
- approved vaccines for people of certain age groups
- preferred vaccines based on previous vaccinations and medical reasons.

Highest priority groups

Those in high priority groups are particularly recommended to receive a booster vaccination. This includes people at greater risk of severe COVID-19 (individuals aged 50 years and older, with underlying medical conditions, residents of aged care and disability facilities, or First Nations peoples) or people with an increased risk of COVID-19 due to their occupation.

A.2 COVID-19 vaccines (further information)

Who is eligible to get vaccinated in Australia?

COVID-19 vaccines are free for everyone in Australia, as per the Australian COVID-19 Vaccination Policy. NSW Health is committed to making COVID-19 vaccines as easily accessible as possible to anyone eligible, irrespective of the person's ability to provide identification or Medicare status.

Eligibility and priority groups for vaccines are regularly changing as new health information and vaccine supplies become available. Service providers are encouraged to regularly check the COVID-19 vaccine eligibility site for more information.

Where can I get vaccinated?

Some people can access the vaccine through their workplace (for example, healthcare workers, residential aged care workers). Others can access the vaccine through general practices (that meet specific requirements), GP respiratory clinics, First Nations community controlled health services, pharmacies and state-run vaccination clinics[7]. Use the Vaccine Clinic Finder to locate a vaccination clinic.

How to communicate the importance of vaccinations in a positive way

Vaccine hesitancy exists on a continuum, ranging from demand and acceptance of vaccinations, to hesitancy, to refusal of vaccines. Vaccine hesitancy is driven by a range of factors, including cultural context and background (for example, religion and politics), individual-level factors (for example, education level and experience with vaccinations) and community norms.[8]

Encouraging people to get a vaccine is not as simple as educating people about the benefits of vaccination. Communication objectives include:

- listening and engaging with peoples' concerns around the vaccine
- providing information on eligibility and access to vaccines
- reminding people why vaccinations are important
- increasing and maintaining messaging around the risks of COVID-19, coupled with messages of the vaccine's efficacy and safety
- addressing vaccination as a routine act
- addressing common questions or new concerns
- countering misinformation
- encouraging people to discuss vaccination with their GP (where applicable)[8].

NSW Health has a range of COVID-19 vaccine resources[100] to inform different stakeholder groups about the vaccine. This includes factsheets and resources to address people's concerns about changing messaging around the risks of particular vaccines.

For information specific to vaccinations for First Nations people, please see Department of Health[101].

A.2 COVID-19 vaccines (exemptions and vaccination certificates)

Exemptions

- An exemption to vaccination requirements under a PHO will only be considered if a person is unable to be vaccinated against COVID-19 due to a medical contraindication. They will only be granted an exemption if they have medical contraindications to all the available COVID-19 vaccines. A medical practitioner will need to complete the medical contraindication form for the worker and submit it to the worker's organisation. The Australian Immunisation Register - immunisation medical exemption form (IM011) [153] is the only approved form in NSW to provide evidence of a medical contraindication to COVID-19 vaccination. No variations will be permitted. If a worker is seeking an exemption, they should lodge the required form with their organisation as soon as possible
- The only other exemption in the PHO is an exemption by the Minister for Health and Medical Research in writing and subject to conditions the Minister considers appropriate, if the Minister is satisfied it is necessary to protect the health and well-being of persons
- A temporary exemption[142] from vaccination can be granted for people who have contracted COVID-19 in the last four months, however, there is no requirement to delay vaccination[143]

Vaccination Certificates

The table below provides detail on ways in which people can access proof of vaccination, including booster doses.

Certificate	How to get it
Digital (requires a smartphone)	• Download a COVID-19 digital certificate via the Express Plus Medicare[104] mobile app or via their Medicare online account[105] through myGov. Workers can add their COVID-19 digital certificate to their Apple Wallet, Google Pay or Services NSW app - instructions are available on Services Australia[106]. • If workers are not eligible for Medicare, they can add their COVID-19 certificate to their digital wallet using the Individual Healthcare Identifiers service (IHI service) through Services Australia Individual Healthcare Identifiers[107]. • An email or other document (printed or electronic) from the Department of Home Affairs that confirms those have completed an Australia Travel Declaration and have been vaccinated against COVID-19 overseas.
Printed	• Vaccination provider can print an Immunisation history statement (with provider proof of stamp) and give it to the patient. • Call the Australian Immunisation Register[108] on 1800 653 809 (Monday to Friday 8am to 5pm) and ask for a statement to be sent to them. It can take up to 14 days to arrive in the post. • If workers are not eligible for Medicare, they can call the Australian Immunisation Register and request their certificate be mailed to them. • Print a COVID-19 digital certificate or immunisation history statement to carry as proof of vaccination status. A black and white copy is accepted.

Penalties may also apply for anyone making or presenting a fake form of proof of vaccination. When this behaviour is suspected, contact NSW Police

A.3 Testing for COVID-19

Testing for COVID-19 is an important strategy for early detection and prevention. Rapid antigen tests (RAT) can be self-administered and used instead of Polymerase Chain Reaction (PCR) tests administered by medical professionals. It is important to note that PCR testing remains available where RAT supply is low or is not practical.

When might you use rapid antigen testing?

- The RAT is quick and easy to use. It involves an oral or nasal swab that is placed into a chemical solution. A result appears within 10-15 minutes.
- NSW Health[109] has developed a factsheet to explain how RATs work.
- You can use a RAT:
    - if a person has COVID-19 symptoms
    - if a person is a household, social, workplace or education contact of a positive case
    - as surveillance testing, where people test regularly as a risk control measure where RAT kits are in good supply and there is high COVID-19 transmission in the community.
- Rapid antigen testing does not replace the usual infection control measures in place, for example, mask-wearing, hand hygiene and physical distancing rules.
- Anyone who tests positive with a RAT must[144]:
    - register their result with Service NSW
    - self-isolate and follow NSW Health advice for testing positive.

If you test positive to a RAT, follow the next steps as suggested on the NSW Government webpage.

Note: Saliva RATs have some restrictions in use (no eating or drinking for a period before taking the test), and therefore may be best utilised by workers, where taking of the test can be better managed.

Do service providers need to implement rapid antigen testing?

As part of their risk assessment, service providers may determine rapid antigen testing is an appropriate control measure to help manage their COVID-19 risks. It is not mandatory to implement rapid antigen testing.

DCJ funds, including COVID-19 grant funding, can be used to purchase RATs for use with staff and/or clients.

> Service providers wanting to incorporate rapid antigen testing as part of their COVID-19 Management Plan should consider this in the context of prevalence of COVID-19, levels of vaccination in the population and the critical business outcome it will support.

NSW Health has information available for individuals[110] and businesses[111].

- The Therapeutic Goods Administration[112] has developed guidance to help organisations understand the key considerations for the safe implementation of COVID-19 rapid antigen testing in their workplace.
- This includes the TGA developed COVID-19 Rapid Antigen Tests - Guidance and checklist for businesses[112].
- If surveillance rapid antigen testing is implemented, it should be conducted two to three times per week.

For further information

- Refer to DCJ FAQs[151] for information about the use of rapid antigen testing with clients.
- For residential OOHC and SHS, please refer to the public health guidance for testing and management of COVID-19 in these settings.

A.4 Further COVID-19 information

Where can I access the latest, trusted information about COVID-19?

- NSW Health – COVID-19 landing page[114]
- NSW Health – COVID-19 frequently asked questions[81]
- NSW Health – COVID-19 vaccination information[115]
- NSW Health – COVID-19 rules[116]
- NSW Health– Where and how to get your COVID-19 vaccination[152]

Where can I find accessible information about COVID-19 for people with disability?

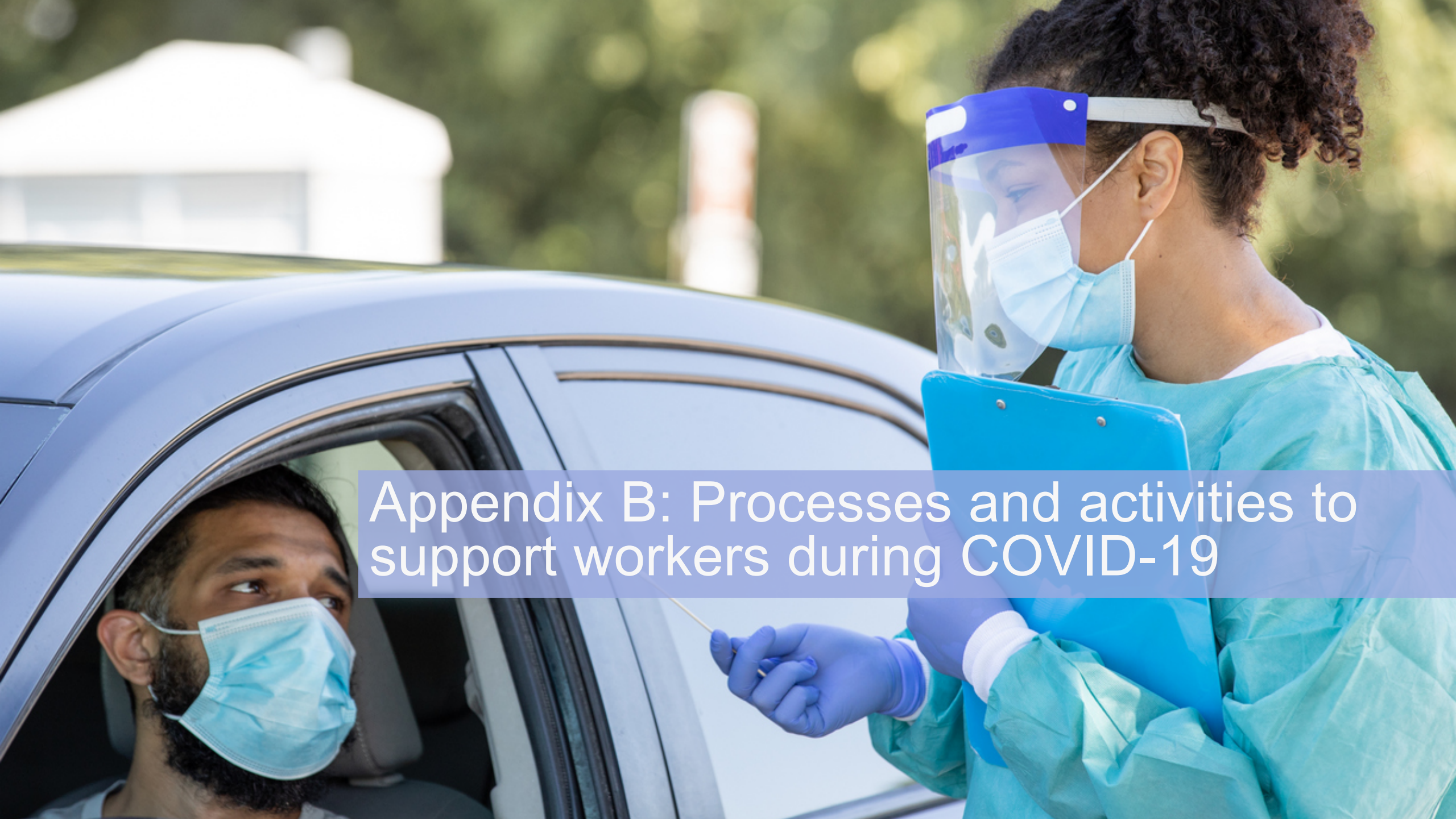
- COVID-19 information for people with disability[119]
- Council for Intellectual Disability easy read information on COVID-19[47]
- Guidelines on the rights of people with disability in health and disability care during COVID-19[120]
- Healthcare rights for people with cognitive impairment[121]
- Coping with COVID-19[123]

Where can I find accessible information about COVID-19 for children and young people?

- NSW Health – COVID-19 Resources for young people, their parents/carers and healthcare workers[56]
- NSW Health – Resources for kids[55]
- COVID-19 social story[117]
- Vaccine activity book[118]

Where can I access information about COVID-19 in other languages?

- NSW Health – COVID-19 resource language list[124]
- NSW Health – COVID-19 vaccine information in your language[125]
- NSW Health – COVID-19 translated resources[126]
- NSW Health – COVID-19 resources translated by topic[51]
- NSW Health – COVID-19 stay at home fact sheets (translated)[127]
- Multicultural NSW – YouTube channel[128]



Appendix B: Processes and activities to support workers during COVID-19

B.1 Workers with symptoms, high risk of exposure or a confirmed case of COVID-19 (1/4)

What happens if a worker shows COVID-19 symptoms?
If a worker develops any COVID-19 symptoms, they must get a test, self-isolate and follow the NSW Health advice. The process of isolating may change so monitoring of NSW Health updates is required.

If this disrupts staffing levels and/or service delivery, please contact the relevant DCJ contract manager to discuss available options.

Regardless of the results, the cleaning protocols from NSW Health are the same. If someone is presenting as unwell, thorough cleaning of contact areas with a disinfecting detergent should be completed[13].

What happens if a worker was at high risk of exposure to a COVID-19 confirmed case?

NSW Health's Information for people exposed to COVID-19 outlines the necessary response for workers that have low, moderate, and high-risk exposures to COVID-19 positive cases

Workers must follow the self-isolation advice for those at high risk of exposure to a COVID-19 case. When isolating, workers must stay at home, except when seeking medical care or obtaining a COVID-19 test. They need to also follow the Information for people exposed to COVID-19 on specific testing and isolation requirements.

Please tell workers and clients to notify medical providers that they have COVID-19 symptoms before seeking medical care.

Service providers may have reporting requirements to other funding bodies to consider and act upon.

Critical worker close contacts may be exempt from self-isolation

See Appendix B.2 for more information on exemptions for critical workers.

What happens if a worker tests positive to COVID-19?

The worker must self-isolate immediately and follow the advice from NSW Health. Ensure the safety of the workplace and workers, for example by cleaning and disinfecting all areas used by the person who tested positive for COVID-19.

Assess how much contact other workers had with the person who tested positive for COVID-19 while that person was infectious in the workplace. Use the Managing COVID-19 contacts in the workplace factsheet and any industry-specific guidance to help with this assessment. If you need assistance with this process, call SafeWork NSW on 131 050.

Assess the workplace risk, guided by the NSW Health contact risk assessment matrix, to determine if workers have had high, moderate and low risk exposures. In this situation, direct the workers to the NSW Health advice in the Managing COVID-19 contacts in the workplace factsheet and the information for people exposed to COVID-19.

Advise workers and contractors of the situation in your workplace. Consult with workers about the identification and management of any remaining health and safety risks.

B.1 Decision tree: Workers who have had high risk exposure to a COVID-19 positive case (2/4)

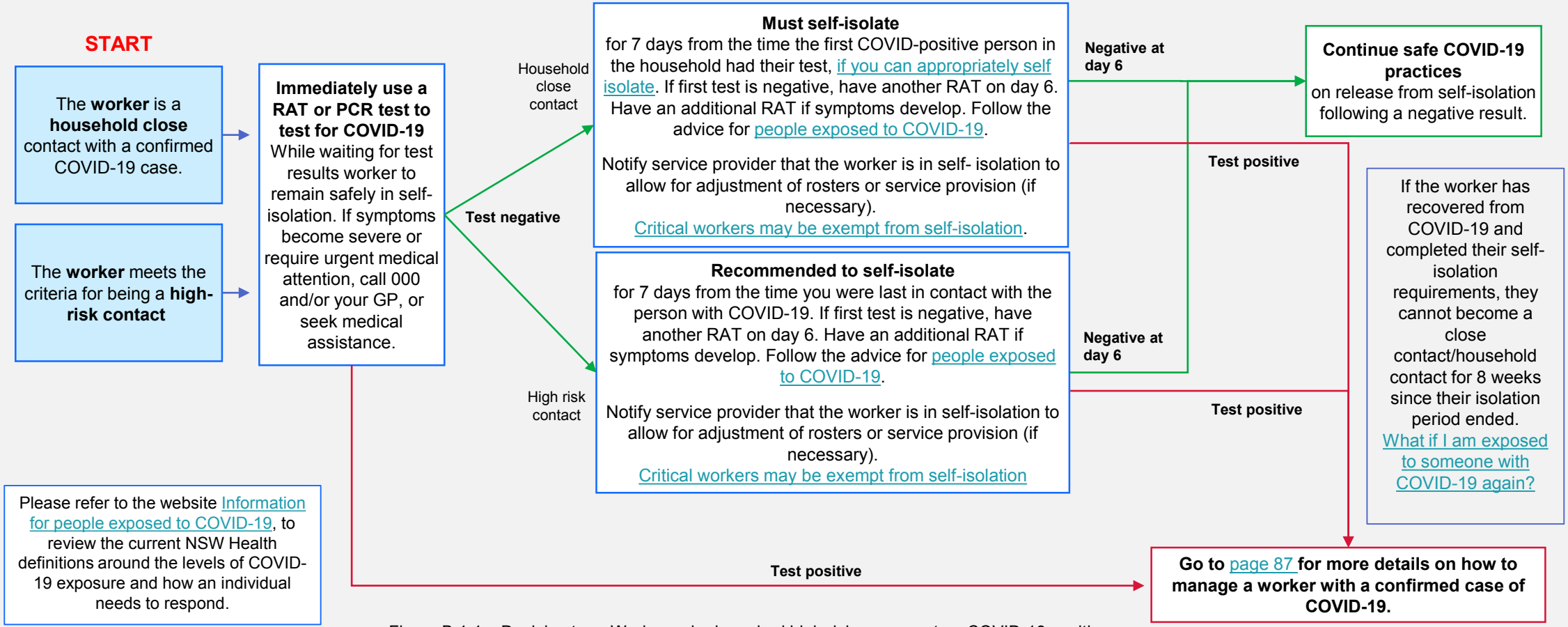


Figure B.1.1 – Decision tree: Workers who have had high risk exposure to a COVID-19 positive case

Source: NSW Health and the Department of Communities and Justice

B.1 Decision tree: Workers who have had moderate or low risk exposure to a COVID-19 positive case

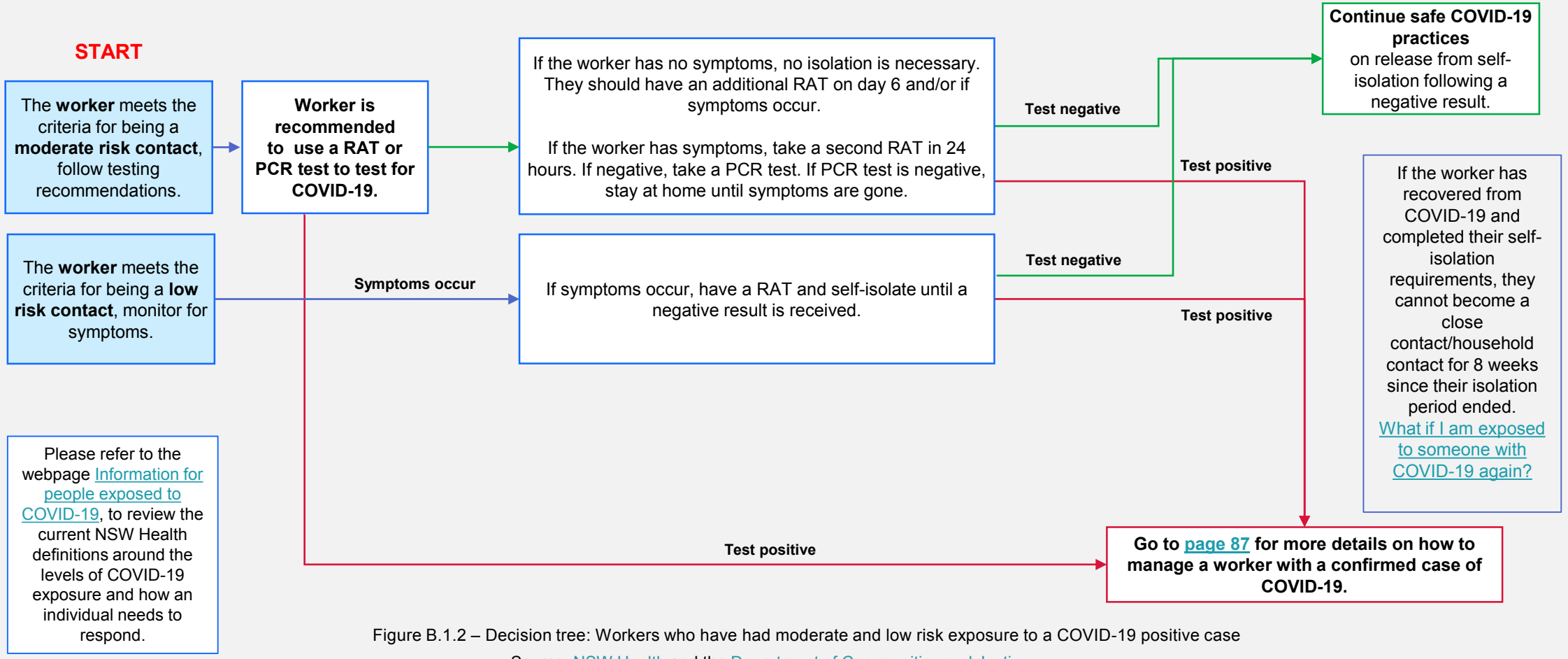
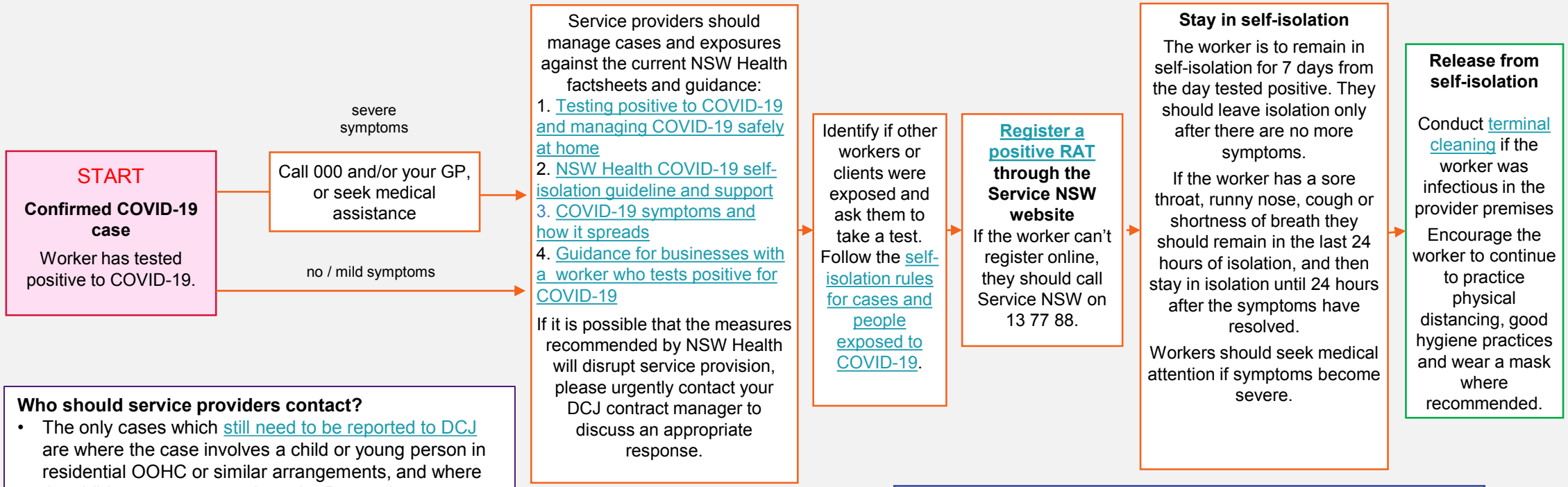


Figure B.1.2 – Decision tree: Workers who have had moderate and low risk exposure to a COVID-19 positive case

Source: NSW Health and the Department of Communities and Justice

B.1 Decision tree: Workers with a confirmed case of COVID-19 (4/4)



Who should service providers contact?

- The only cases which still need to be reported to DCJ are where the case involves a child or young person in residential OOHC or similar arrangements, and where the child or young person is under Parental Responsibility of the Minister[10]. For urgent matters to report to DCJ after hours, contact the relevant staff.
- Contact SafeWork NSWif there a worker is hospitalised or dies where COVID-19 was contracted at the workplace.

Where there are multiple workers and / or clients who test positive within a short period, follow the public health guidance for testing and management of COVID-19 cases in Residential Out of Home Care (OOHC) settings and Specialist Homelessness Services (SHS)

Figure B.1.3 – Decision tree: Workers with a confirmed case of COVID-19

Source: NSW Health and the Department of Communities and Justice

B.2 Critical worker close contact self-isolation exemption

In order to be eligible to be exempt from isolating when deemed a close contact, workers must be:

1. Considered a critical worker
2. From certain sectors or in particular roles.

1. A critical worker

Employers may determine a worker is a critical worker if:

- the person's absence from the workplace poses a high risk of disruption to the delivery of critical services or activities, and
- the person is unable to work from home.

2. Sector or roles

For the health care and social assistance sector, workers must be:

- a person employed or engaged by DCJ to provide housing or homelessness services, or child protection services
- a community housing provider
- a person employed or engaged to provide:
  - family violence and sexual assault services, or
  - drug and alcohol services.

If the employer has deemed the worker is exempt from self-isolation as a close contact, in order to come back to work, they must agree to:

1. wear a mask
2. travel directly to and from their place of residence and their workplace
3. take regular RATs for a period of 7 days from when they last had contact with the diagnosed person and notify their employer of each result, and
4. comply with risk management strategies put in place by their employer.

What happens if the close contact critical worker then tests positive or develops symptoms?

- If the critical worker tests positive for COVID-19 following the RAT they must immediately self-isolate for 7 days.
- If the critical worker develops symptoms of COVID-19 and has a negative RAT, they must immediately self-isolate and only return to work with evidence of a negative PCR test taken after the onset of symptoms.

Note:

The critical worker exemption is current as of 22 February 2022. It is subject to change. Always check the PHO for current exemption status.

Health risks associated with close contacts remain real and must be managed by the employer

Steps for employers to consider in managing these risks within the workplace:

- all people in the workplace should wear masks
- close contacts should use separate facilities, and
- close contacts should be given work that involves minimal interaction with others, or is in a well-ventilated area.

Key message:

- Exemption of worker from self-isolation is an option for providers, not a requirement
- Providers must decide whether it is appropriate to provide exemptions based on their own risk assessments

B.3 All workers – Returning to work after experiencing COVID-19

When can a worker return to work after recovering from COVID-19?

Workers can return to work 7 days after their positive test, only if they no longer have symptoms. Workers will receive an SMS from NSW Health after 7 days if they have had a PCR or registered their positive RAT, but do not have to wait for this SMS to leave self-isolation if 7 days has passed.

Reducing COVID-19 stigma in the workplace:

Employers can help reduce COVID-19 stigma around workers returning from precautionary isolation or illness due to COVID-19. Actions include:

- prohibit workers from making determinations of risk based on race or country of origin, or stereotypes about the behaviours of certain ethnic or cultural groups
- maintaining confidentiality regarding positive workers
- inviting workers to privately discuss any concerns about COVID-19
- advising workers that it is safe for their colleagues to return to work once their isolation period is completed[32].

How can service providers improve their response to confirmed COVID-19 worker cases in the future?

- After a worker has recovered from COVID-19, it is important to communicate with them and learn how the service response can be improved in the future.
- Workers often interact closely with other workers and children/young people, so it is important to ensure that processes and protocols surrounding positive cases are robust.
- Service providers should ask workers whether they felt adequately supported and how communications could be improved in the future.
- Service providers should identify if improvements are needed in their protocols and response.

How can service providers support workers to rejoin a service after recovering from COVID-19, and in the future?

Short-term support

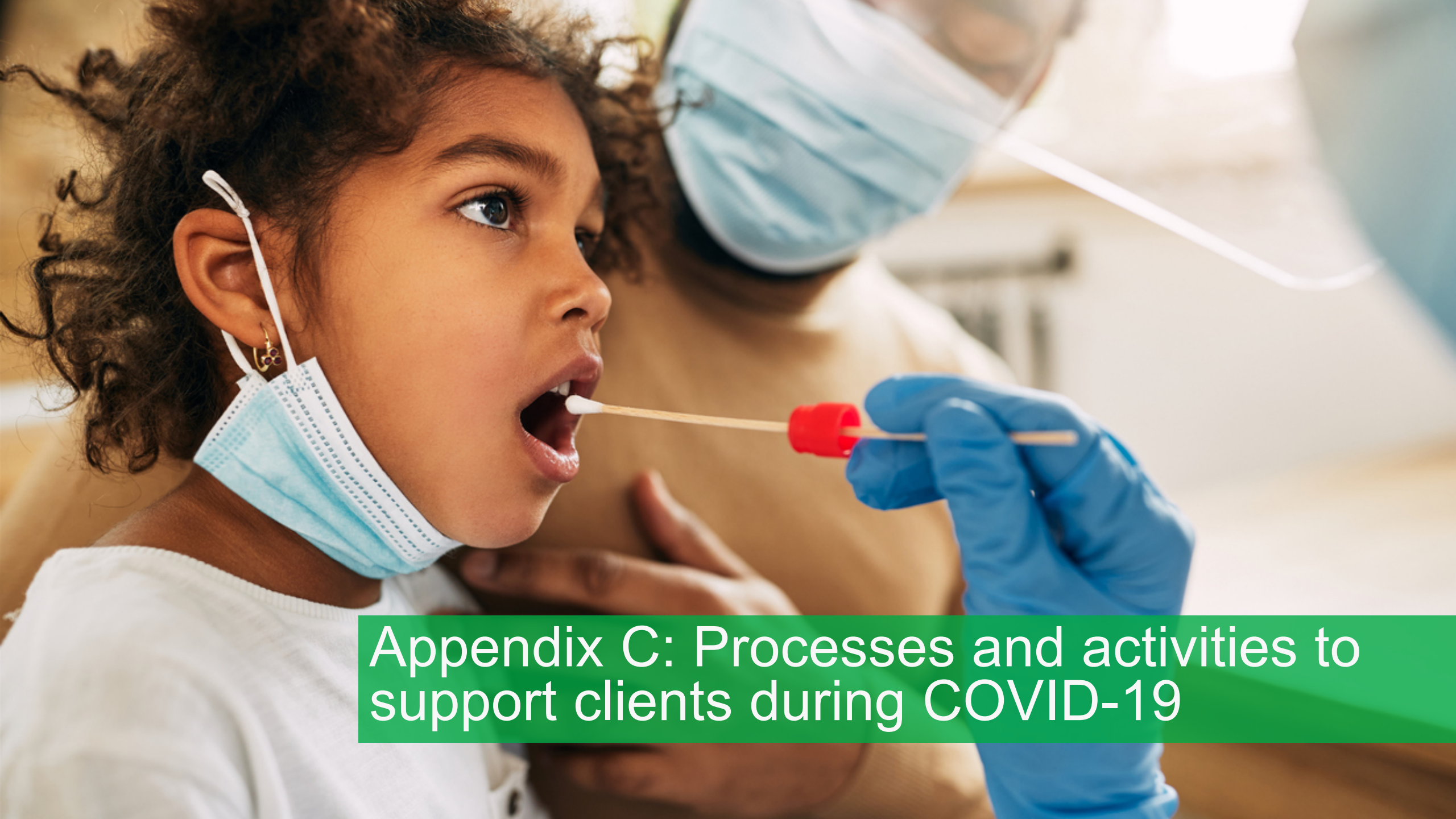
People recovering from COVID-19 may face significant physical and mental health issues. Consider reviewing any working practices and make changes where appropriate to support worker's physical and mental health while they are recovering from COVID-19[39].

Many people have increased anxiety when returning to work following a period of absence, especially in the current health crisis. For employees who are very anxious about returning to work, ensure that a thorough health and safety risk assessment is carried out. This will support both the business and the worker in ensuring the environment is a safe place to work[39].

Long-term support

'Long COVID-19', also known as 'post-COVID-19 syndrome', is a form of COVID-19 with prolonged symptoms after infection. It can be continuous or relapsing in nature[30]. It is not known how long the illness can last, and recovery time varies between individuals[31].

Organisations should consider how they can support workers who have recovered from COVID-19 in the long term, especially for those who suffer from long COVID-19. Consider flexible work arrangements and role adjustments to allow workers with long COVID-19 to continue to work.



Appendix C: Processes and activities to support clients during COVID-19

C.1 Clients with symptoms, high risk of exposure or a confirmed case of COVID-19 (1/5)

It is important for services to maintain regular contact with clients who have had a high risk of exposure or are confirmed cases. They should encourage open communication to ensure that clients are comfortable to communicate about their symptoms and any messages or results they may receive from NSW Health in response to COVID-19 tests.

What happens if a client shows COVID-19 symptoms?

If a client develops any COVID-19 symptoms, they must self-isolate immediately and follow the NSW Health advice.

SHS service providers may be eligible for funding to assist in providing emergency accommodation (EA) for clients impacted by COVID-19.

Regardless of the results, the cleaning protocols from NSW Health are the same. If someone is presenting as unwell, a thorough cleaning of contact areas with a disinfecting detergent should be completed[19].

What happens if a pregnant client shows COVID-19 symptoms?

For more information about COVID-19 and pregnancy, visit the NSW FAQ page for pregnant women and new parents.

What happens if a client is exposed to someone who is a confirmed COVID-19 case?

They should follow the advice based on their level of exposure, as outlined on the webpage Information for people exposed to COVID-19

The Haymarket Foundation has produced a Log Template that can be used to compile client information during COVID-19.

C.1 Clients with symptoms, high risk of exposure or a confirmed case of COVID-19 (2/5)

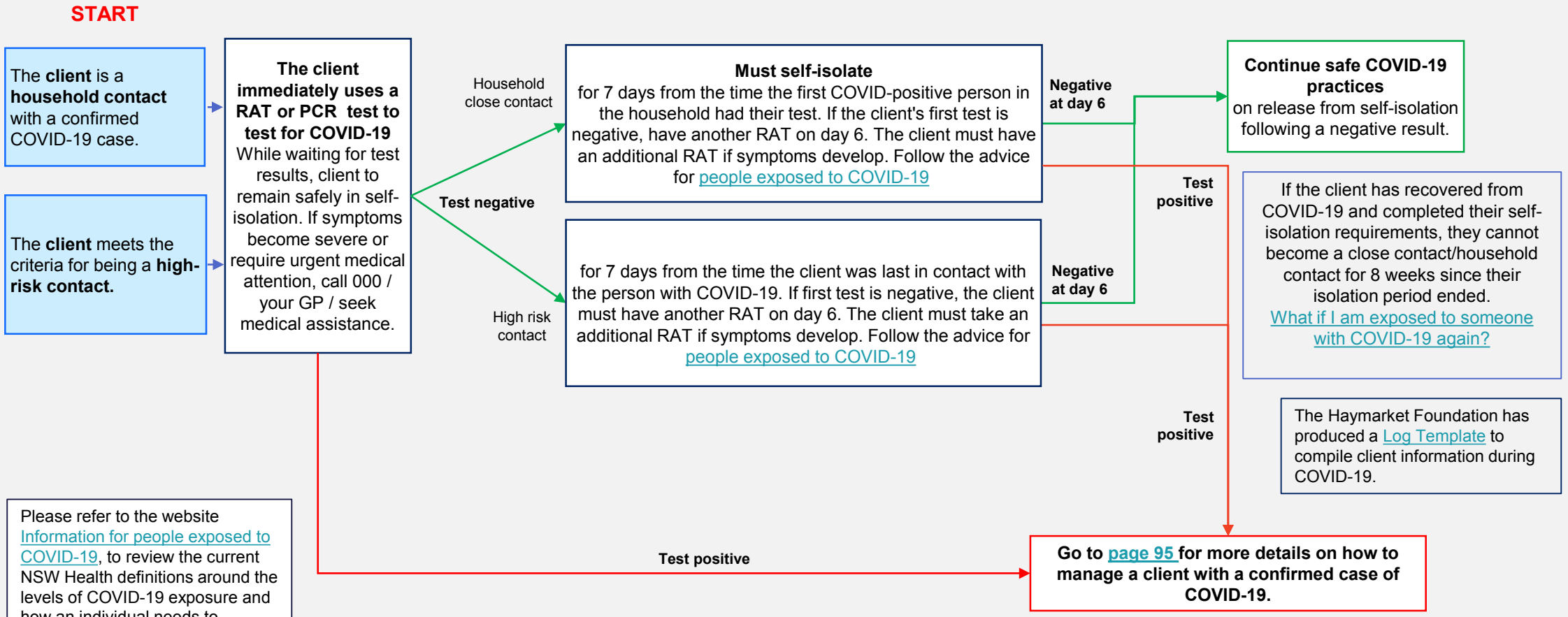
What happens if someone in residential accommodation tests positive or is required to self-isolate?

Service providers should follow NSW Health advice on self-isolation.

If the person with COVID-19 is a child or young person in residential OOHC or a similar arrangement, or if they are under PRM, the case will need to be reported to the DCJ contract manager. This will include working with DCJ Community Services if the client is a child under the care of the Minister.

- If a person is required to self-isolate offsite, it is likely that the service provider will be required to source emergency accommodation. Please note that temporary accommodation is not suitable for children under 16 years of age.
- Contact the relevant DCJ contract manager if additional funding is required.
- There may be some instances where a child or young person aged between 16-17 years may be able to be placed in temporary accommodation, depending on their support needs.

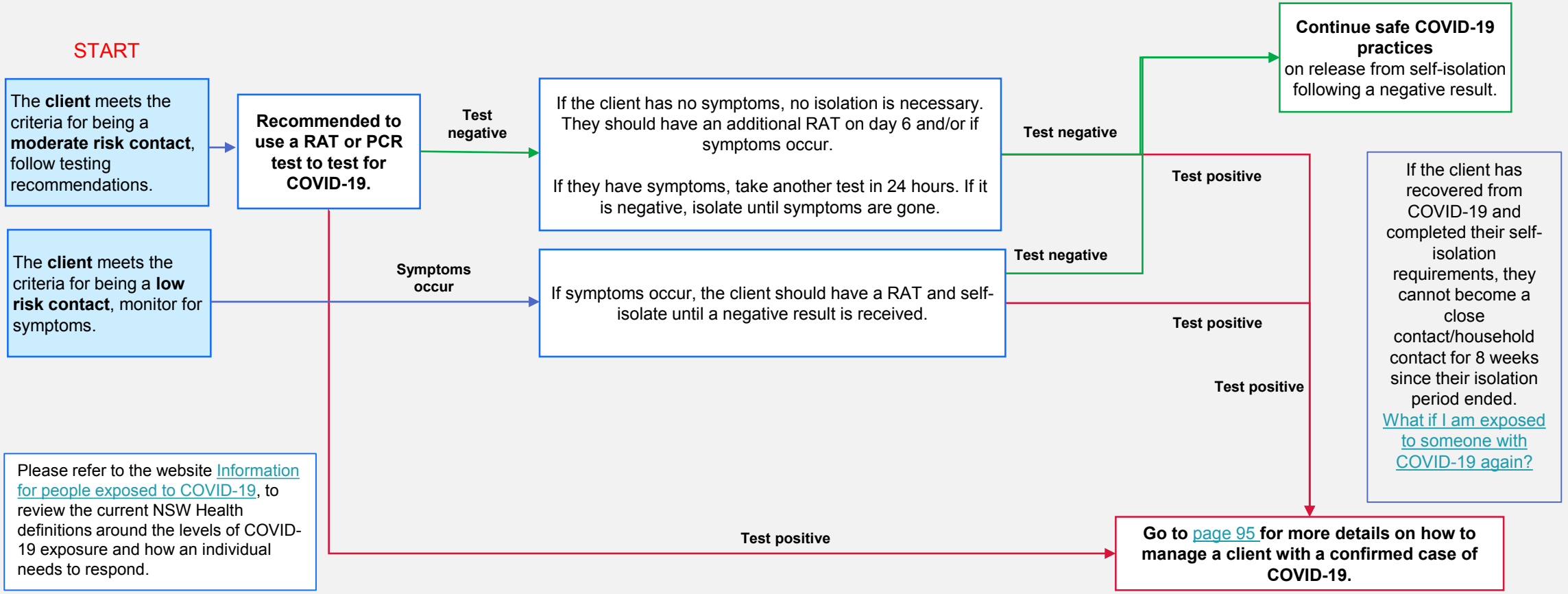
C.1 Decision tree: Clients who have had high risk exposure to a COVID-19 positive case (3/5)



C.1.1 – Decision tree: Workers with a high-risk of exposure to COVID-19

Source: NSW Health and the Department of Communities and Justice

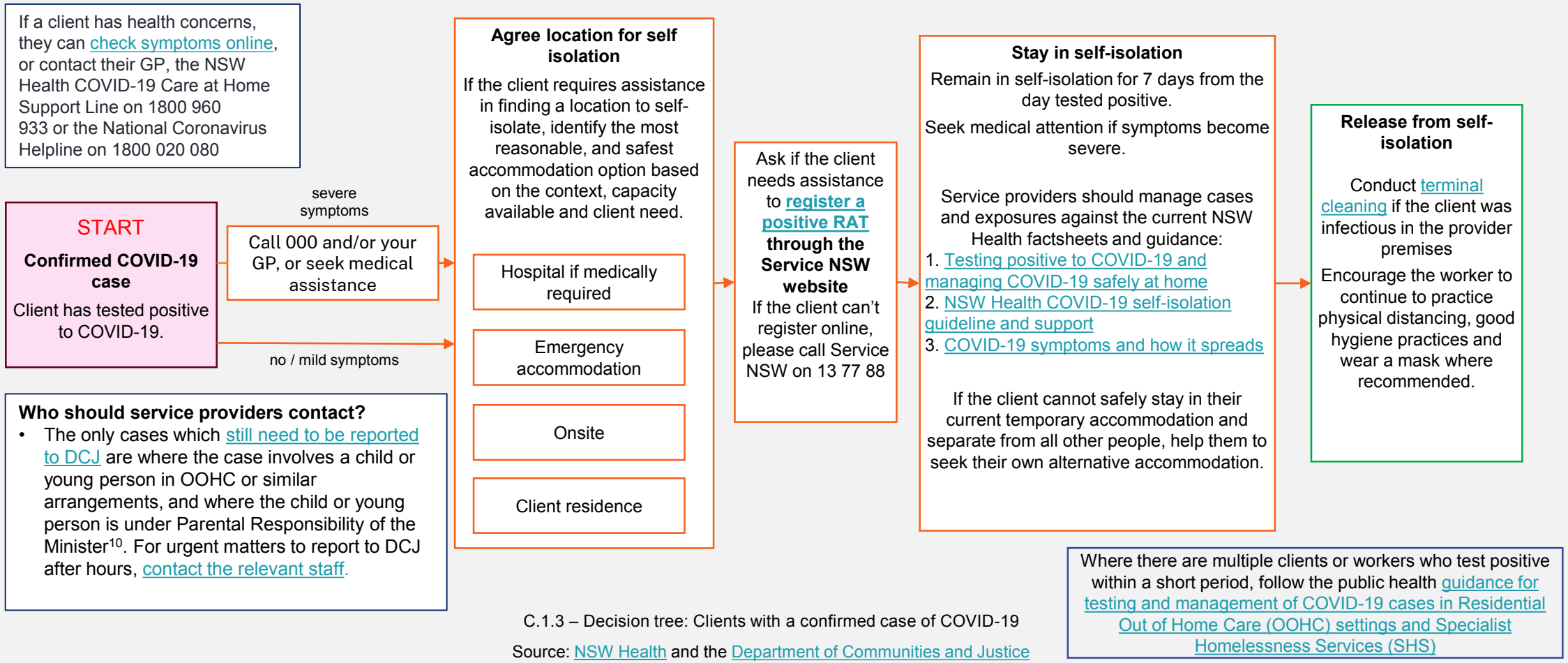
C.1 Decision tree: Clients who have had moderate or low risk of exposure to a COVID-19 positive case (4/5)



C.1.2 – Decision tree: Workers with a high-risk of exposure to COVID-19

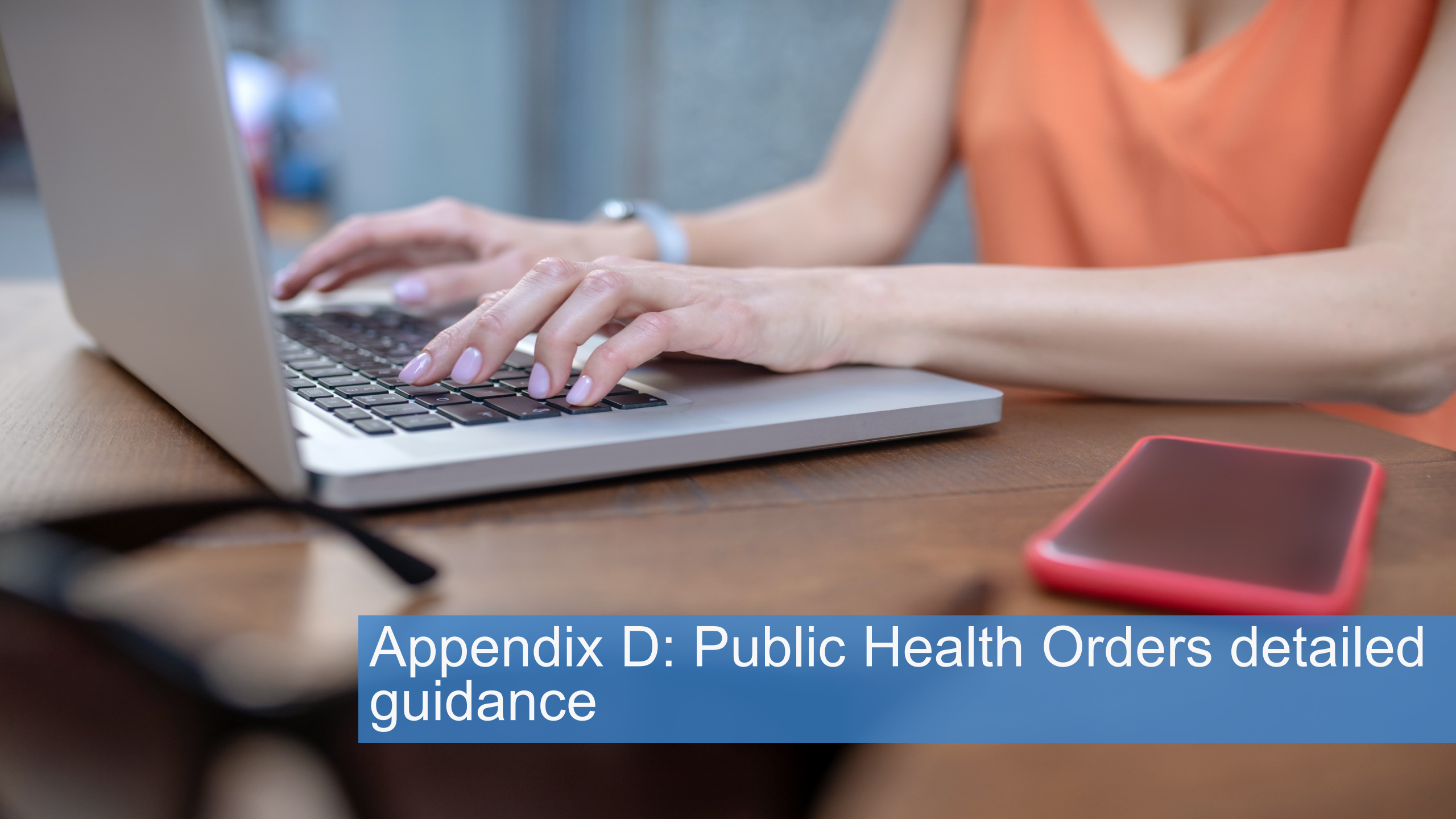
Source: NSW Health and the Department of Communities and Justice

C.1 Decision tree: Clients with a confirmed case of COVID-19 (5/5)



C.1.3 – Decision tree: Clients with a confirmed case of COVID-19

Source: NSW Health and the Department of Communities and Justice



Appendix D: Public Health Orders detailed guidance

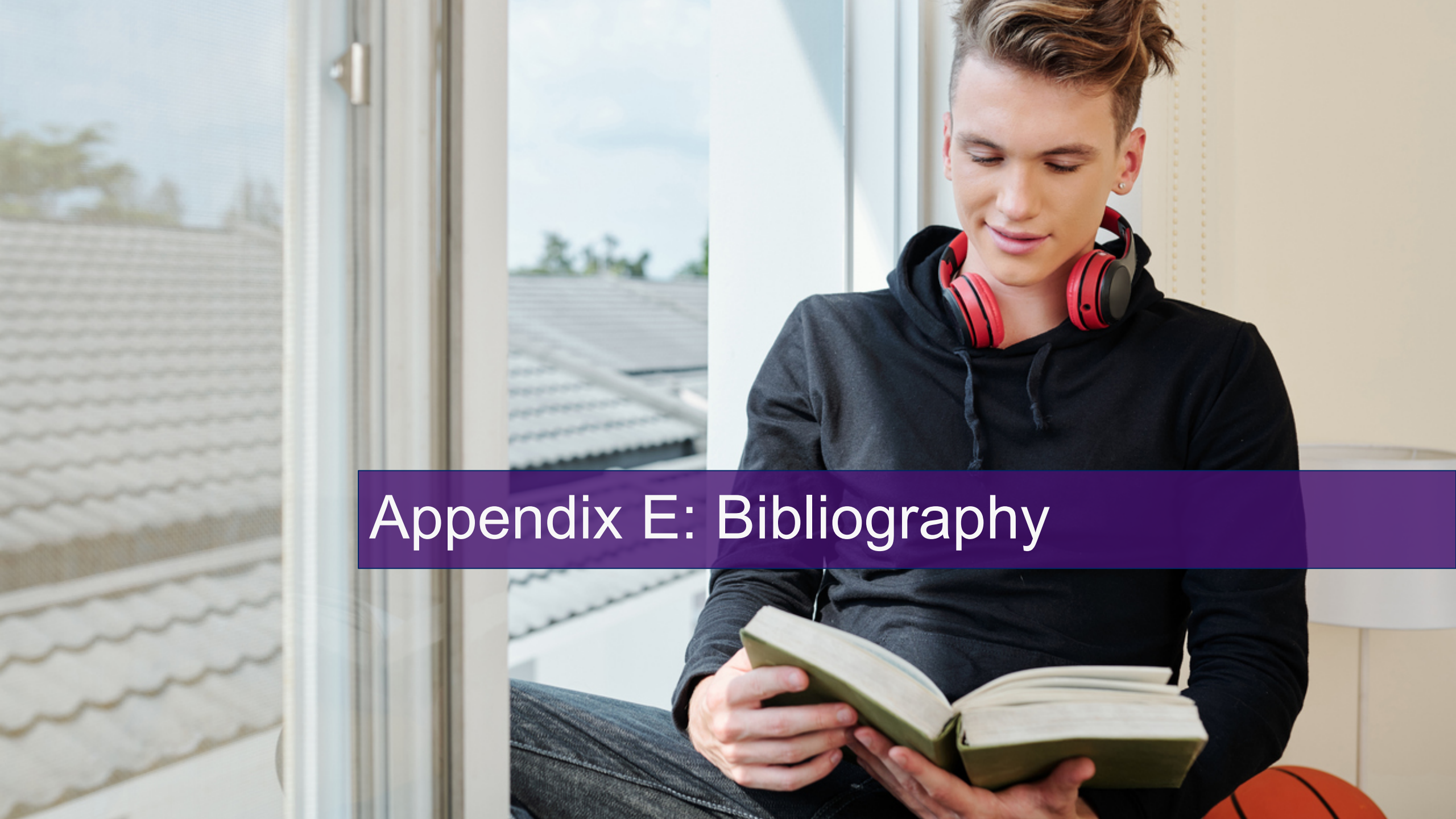
D.1 Public Health Order detailed guidance (1/2)

Please refer to the NSW Government's Public Health Orders (PHO) website[5] for the latest information. PHOs are updated regularly.

Public Health Order	Worker Definition		Requirements
Public Health (COVID-19 Vaccination of Health Care Workers) Order (No 3) (23 December 2021)	A stage 1 health care worker is: • in the public sector: a) a person who does work, including as a member of staff of the NSW Health Service, for a public health organisation, the Health Administration Corporation or the Ambulance Service of NSW, b) a member of staff of the Ministry of Health • in the private sector: a) a person who does work at a licensed private health facility, being a licensed private hospital or licensed day procedure centre b) a registered paramedic whose work involves transporting, or assessing whether to transport, persons to and from a public or private health facility • a person who does work for an organisation pursuant to either of the following in accordance with NSW Health Policy Directive PD2019_013) a) Ministerially approved grant under the Non-Government Organisations Program, b) a Program Grant, if the work involves the provision of a health service within the meaning of the Health Services Act 1997 • another person, or a person belonging to a class of persons, who does work specified by the Chief Health Officer as the work of a health care worker for this Order in a notice published on the website of NSW Health.	A stage 2 health care worker is someone in one of these categories who is not a stage 1 health care worker: • a person employed in a Public Service executive agency related to the Ministry of Health • a person employed in the Health Care Complaints Commission Staff Agency • a person appointed by the Governor or the Minister to an office under the Cancer Institute Act 2003, the Health Administration Act 1982, the Health Care Complaints Act 1993, the Health Practitioner Regulation National Law (NSW), the Health Services Act 1987, (vi) the Mental Health Act 2007, the Mental Health Commission Act 2012. This includes members of local health district boards and health professional council members • registered health practitioners • unregistered health practitioners who are subject to the code of conduct for unregistered health practitioners. • a person who does work in connection with the provision of a heath service by a registered health practitioner or an unregistered health practitioner at the premises • another person, or a person belonging to a class of persons, who does work specified by the Chief Health Officer as the work of a stage 2 health care worker for this Order in a notice published on the website of NSW Health.	• A stage 1 health care worker must not do work as a health care worker unless the worker has received at least 2 doses of a COVID-19 vaccine, and • A stage 2 health care worker must not do work as a health care worker unless they have received their first dose of a COVID-19 vaccine by 31 January 2022 and their second dose by 28 February 2022.

D.1 Public Health Order detailed guidance (2/2)

Public Health Order	Worker Definition	Requirements
Public Health (COVID-19 Care Services) (No 3) Order (amended 25 February 2022)	The Order applies to deals with the vaccination of aged care and disability services workers, and applies to: • workers in a residential aged care facility • In-home and community aged care workers • workers providing disability services • residential / in-home disability care, disability day programs, supported employment, training programs, community-based disability support services • services to a person with a disability; whether or not that person provides services in a disability specific program • services funded or provided by: a) the National Disability Insurance Scheme, b) the Assisted School Travel Program.	• The Order requires certain workers in aged care and disability to be appropriately vaccinated in order to work. • Appropriately vaccinated means that the worker must have received 3 doses of an approved vaccine. The due date for a worker's booster vaccine is 13 weeks after they received their second dose. Workers will still be considered appropriately vaccinated if they've received 2 doses of an approved vaccine and it is before 12 April 2022, or if it's 6 weeks from the due date for their third dose, whichever is later.
Public Health (COVID-19 Vaccination of Education and Care Workers) Order (No 2) (23 December 2021)	The worker definition includes: • teachers and other workers at government and non-government schools, early education and care workers • family day care workers, anyone providing a disability support service in person to a child at school or childcare, contractors engaged by schools or childcare facilities, vocational education and training providers working on school and early education and care facility sites, NSW TAFE teachers and assessors that work on school and early education and care facility sites, university practicum students, disability support workers working on school or early education and care facility sites.	• The Order requires education and care workers to be vaccinated with 2 doses of a COVID-19 vaccine in order to work.



Appendix E: Bibliography

D

Bibliography (1/9)

1. NSW Government (2021) COVID-19 Safety Plans. Retrieved from COVID-19 Safety Plans
2. Australian Human Rights Commission. Retrieved from Australian Human Rights Commission COVID-19 vaccinations and federal discrimination law
3. Australian Government - Fair Work Ombudsman (2020) COVID-19 vaccinations: workplace rights and obligations. Retrieved from COVID-19 vaccinations: workplace rights & obligations - Fair Work Ombudsman
4. SafeWork NSW (2020) National COVID-19 safe workplace principles. Retrieved from National COVID-19 safe workplace principles | Safe Work Australia
5. NSW Government (2021) Public Health Orders. Retrieved from COVID-19 related legislation - NSW legislation
6. NSW Government Department of Communities and Justice (2021) Service provider COVID-19 management and vaccination policy. Retrieved from Service provider COVID-19 management and vaccination policy | COVID-19 (coronavirus) response (nsw.gov.au)
7. NSW Government. (2021). Physical Distancing (COVID-19 dashboard). Retrieved from https://www.nsw.gov.au/covid-19/rules/changes/social-distancing
8. NSW Government. (2021). Square Metre Rule (COVID-19 dashboard). Retrieved from Square metres rules | NSW Government (archived)
9. NSW Government (2020) Ventilation: a guide to reducing risk of COVID-19 transmission. Retrieved from Ventilation: a guide to reducing risk of COVID-19 transmission - COVID-19 update (nsw.gov.au)
10. NSW Department of Health (2021) Setting up electronic check-in and QR codes (COVID-19 dashboard). Retrieved from Setting up electronic check-in and QR codes | NSW Government
11. NSW Department of Health (2021) Self-isolation Rules (COVID-19 dashboard). Retrieved from Self-isolation rules | NSW Government
12. NSW Government (2019) Code of Practice: How to manage work health and safety risks. Retrieved from Code of practice – how to manage work health and safety risks (nsw.gov.au)
13. NSW Government Department of Communities and Justice (2021) Frequently asked questions - COVID-19 management and vaccination policy for DCJ service providers. Retrieved from FAQ - COVID-19 management and vaccination policy for DCJ service providers | Family & Community Services
14. Service NSW (2021) Supporting NSW during COVID-19 (COVID-19 Dashboard). Retrieved from Supporting NSW during COVID-19
15. Royal Australasian College of Physicians (2020) COVID-19: Guidance on Workplace Risk Management. Retrieved from covid-19-workplace-on-workplace-risk-management.pdf
16. Safe Works Australia (2018) Interpretive Guideline - Model Work Health And Safety Act The Meaning Of Reasonably Practicable. Retrieved from interpretive_guideline_-_reasonably_practicable.pdf
17. NSW Government (2021) Work Health and Safety Act 2011 No 10 (NSW Legislation). Retrieved from Work Health and Safety Act 2011 No 10 - NSW Legislation

NSW GOVERNMENT

D

Bibliography (2/9)

18. Australian Government - Fair Work Ombudsman (2010) Social, Community, Home Care and Disability Services Industry Award 2010. Retrieved from MA000100: Social, Community, Home Care and Disability Services Industry Award 2010
19. Safe Work NSW (2021) Duty to Consult. Retrieved from Duty to consult | SafeWork NSW
20. Australian Government - Fair Work Ombudsman (2020) Consultation and Cooperation in the Workplace. Retrieved from Consultation and cooperation in the workplace | Fair Work Ombudsman
21. Department of Community and Justice (2021) Resources shared from SHS Services to help with Covid. Retrieved from Latest COVID Updates from Homelessness NSW updated 22.02.02 - Templates & resources for services from SHS providers
22. NSW Government Department of Communities and Justice (2021) Guide to recovery and sector support for COVID-19 management. Retrieved from Guide to recovery and sector support for COVID-19 management | COVID-19 (coronavirus) response
23. NSW Council of Social Services (2021) NCOSS COVID-19 Vax Risk Assessment Toolkit. Retrieved from NCOSS COVID-19 Vax Risk Assessment Toolkit - NCOSS - NSW Council of Social Service
24. Supported Accommodation and Homelessness Services Shoalhaven Illawarra Ltd (2020) COVID-19 Risk Assessment Template. Retrieved from P1NOdLHSXW1ozVfp-COVID19%20Risk%20Assessment%20All%20Sites.pdf (articulateusercontent.com)
25. Platform Youth (2019) Risk Assessment – COVID-19 Non Vaccinated/Medically Exempt Staff. Retrieved from Latest COVID Updates from Homelessness NSW updated 22.02.22 - Templates & resources for services from SHS providers
26. NSW Government Department of Communities and Justice (2021) COVID-19 Workplace Safety Plan. Retrieved from COVID-19 Workplace Safety Plan
27. NSW Government Department of Communities and Justice (2021) COVID-19 Workplace Safety Plan Quick Reference. Retrieved from Risk Assessments – Quick Reference
28. NSW Government Department of Communities and Justice (2021) COVID-19 Workplace blueprint. Retrieved from Workplace blueprint
29. Australian Government- Fair Work Ombudsman (2020) Individual Flexibility Arrangement. Retrieved from Individual flexibility arrangements | Fair Work Ombudsman
30. NSW Government Department of Communities and Justice (2021) Additional Information for Specific DCJ Programs. Retrieved from Additional information for specific DCJ programs | COVID-19 (coronavirus) response (nsw.gov.au)
31. Department of Communities and Justice (2021) Important information about COVID-19 for SHS providers. Retrieved from Specialist homelessness services COVID-19 additional payments

NSW GOVERNMENT

D

Bibliography (3/9)

32. Small Business Commissioner, Prepare for the unexpected; Build a Business Continuity Plan. Retrieved from Prepare for the unexpected
33. Business Australia (2021) Develop an emergency management plan. Retrieved from Develop an emergency management plan
34. Queensland Government (2013) Business Continuity Plan Template. Retrieved from Business Continuity Plan Template
35. NSW Council of Social Services (2021) Service continuity – general advice and tools. Retrieved from Service continuity – general advice and tools
36. NSW Council of Social Services (2021) Service Continuity Checklist. Retrieved from COVID-19 Service Continuity Checklist
37. Australian Services Union, Talking about your Vaccination. Retrieved from Vaccination Tips for Employers in Community and Disability Services
38. Local Community Services Association (2021) COVID-19 Information & Resources. Retrieved from COVID-19 Information and Resources.
39. Justice Connect (2021) Managing Vaccines in the workplace. Retrieved from Managing vaccines in the workplace
40. Australian Government Department of Health (2021) COVID-19 infection control training. Retrieved from COVID-19 infection control training
41. Clinical Excellence Commission (2021) Education, training, posters and videos. Retrieved from Education, training, posters and videos
42. Justice Connect (2021) Volunteers and COVID-19. Retrieved from Volunteers and COVID-19
43. The Centre for Volunteering (2021) COVID-19 Portal. Retrieved from COVID-19 Portal
44. The Haymarket Foundation, COVID-19 Response Log. Retrieved from Homelessness NSW Latest COVID Updates from Homelessness NSW updated 22.02.22
45. Department of Communities and Justice (2021) COVID-19 Guidelines for Residential Out-of-Home Care (OOHC) Settings and Specialist Homelessness Services (SHS). Retrieved from the DCJ Coronavirus microsite
46. Retrieved from NSW Health (2021) Disability service providers. Retrieved from Disability service providers
47. Council for Intellectual Disability (2021), Our Easy Read information about COVID. Retrieved from Council for Intellectual Disability COVID
48. DSC (2021) Supporting People to Stay Infection Free. Retrieved from Supporting People to Stay Infection Free
49. NSW Health (2021) COVID-19 Aboriginal health resources. Retrieved from COVID-19 Aboriginal health resources
50. Aboriginal Community Controlled Health Organisations (2021). The COVID-19 Virus. Retrieved from The COVID-19 Virus
51. NSW Department of Health (2021) COVID-19 translated resources by topics. Retrieved from COVID-19 translated resources by topics - COVID-19 (Coronavirus)
52. NSW Government (2021) COVID-19 information in languages other than English. Retrieved from COVID-19 information in languages other than English
53. SBS Australia (2021) Coronavirus (COVID-19) information in your language. Retrieved from SBS Language | Coronavirus Vaccine and COVID-19 updates in your language
54. Australian Government Department of Health (2019) COVID-19 support for people from culturally and linguistically diverse backgrounds. Retrieved from Head-to-Health

NSW GOVERNMENT

D

Bibliography (4/9)

55. NSW Department of Health (2021) COVID-19 Resources for kids. Retrieved from Resources for kids - COVID-19 (Coronavirus)
56. NSW Department of Health (2021) COVID-19 Resources for young people their parents/carers and healthcare workers. Retrieved from COVID-19 Resources for young people their parents/carers and healthcare workers - Communities of practice
57. NSW Department of Health (2021) Your Room: COVID-19 Support. Retrieved from COVID-19 Support
58. Australian Government Department of Health (2021). Coronavirus (COVID-19) advice for people with chronic health conditions. Retrieved from Coronavirus (COVID-19) advice for people with chronic health conditions
59. NSW Government Department of Communities and Justice (2021) COVID-Safe Resources. Retrieved from COVID-Safe resources | COVID-19 (coronavirus) response
60. NSW Government Department of Health (2021) Coronavirus (COVID-19) Environmental cleaning and disinfection principles for health and residential care facilities. Retrieved from Coronavirus (COVID-19) Environmental cleaning and disinfection principles for health and residential care facilities
61. NSW Government Department of Communities and Justice (2021) Personal Protective Equipment (PPE) matrix. Retrieved from Personal Protective Equipment (PPE) matrix Community Services & Housing
62. Service NSW (2021) (2021COVID-Safe Check-in (Businesses) (COVID-19 Dashboard). Retrieved from COVID Safe Check-in (businesses) – FAQs | Service NSW
63. NSW Government (2021) premises where check-in is required. Retrieved from Mandatory electronic check-in
64. NSW Department of Health (2021). COVID-19 Screening in NSW Healthcare Facilities. Retrieved from COVID-19 screening at NSW healthcare facilities - COVID-19 (Coronavirus) (archived)
65. NSW Government Department of Communities and Justice (2021) Social Sector Support Fund. Retrieved from Grant streams and eligibility for them - Social Sector Support Fund | COVID-19 (coronavirus) response
66. NSW Government Department of Communities and Justice (2021) Government assistance. Retrieved from Government assistance
67. NSW Government Department of Communities and Justice (2021) Reporting COVID-19 positive incidents. Retrieved from Reporting COVID-19 positive incidents to DCJ | COVID-19 (coronavirus) response
68. Justice Connect (2021) Legal Advice. Retrieved from Legal Advice
69. Justice Connect (2021) Webinars. Retrieved from Webinars | Not-for-profit Law @ Justice Connect
70. Association of Children's Welfare Agencies (2021) Risk Assessment Seminar. Retrieved from Risk Assessment Seminar
71. Association of Children's Welfare Agencies (2021) Residential OOHC Sector COVID-19 Emergency Staffing Options. Retrieved from Residential OOHC Sector COVID-19 Emergency Staffing Options - Association of Children's Welfare Agencies Limited

NSW GOVERNMENT

D

Bibliography (5/9)

72. Association of Children's Welfare Agencies (2021) Residential out-of-home care and Intensive Therapeutic Care services experiences of managing COVID-19. Retrieved from COVID-19-Lessons-Learned-Fact-Sheet.pdf
73. NSW Government Department of Communities and Justice (2021) COVID-19 Guidelines for Residential Out-of-home Care Settings. Retrieved from COVID-19 Guidelines for Residential Out-of-home Care Settings | COVID-19 (coronavirus) response
74. NSW Council of Social Services (2021) Guide to Risk Assessment: COVID-19 management and vaccination policy. Retrieved from Guide-Vax-Risk-Assessment-3Nov2021-.pdf
75. NSW Council of Social Services (2021) Vax Risk Assessment Worksheet. Retrieved from Vax Risk Assessment Worksheet
76. NSW Council of Social Services (2021) Vax FAQ Attachment to the Guide – Vax Risk Assessment. Retrieved from Vax FAQ Attachment to the Guide – Vax Risk Assessment
77. NSW Council of Social Services (2021) Resources Attachment to the Guide – Vax Risk Assessment. Retrieved from VAX-Resources-_3Nov21.pdf
78. NSW Council of Social Services (2021) Training & Events. Retrieved From Training & Events. (archived)
79. NSW Council of Social Services (2021) COVID-19 Community Sector Resource. Retrieved from COVID-19 Community Sector Resource
80. Australian Services Union (2021) Vaccination Plus: A Guide to Covid-19 Safe Workplaces. Retrieved from Vaccination-Plus-ASU-Guide-web.pdf
81. Australian Services Union (2021) Tips for Talking about Vaccination in Community and Disability Workplaces. Retrieved from Tips for Talking about Vaccination in Community and Disability Workplaces
82. Australian Services Union (2021) Are you Working in a COVID-19 Safe Workplace. Retrieved from COVID-Workplace-Checklist-5.pdf
83. Australian Services Union (2021) Information for ASU members about your workplace rights. Retrieved from COVID-19 Information for ASU members about your workplace rights.
84. Australian Services Union (2021) COVID-19 Information for ASU members. Retrieved from COVID-19 Information for ASU members
85. Homelessness NSW (2021) Resources shared from SHS Services to help with Covid. Retrieved from Latest COVID Updates from Homelessness NSW updated 22.02.22 - Templates & resources for services from SHS providers
86. The Centre for Volunteering (2021) Returning volunteer programs and volunteers during COVID-19. Retrieved from NSW Returning Volunteer Programs and Volunteers during COVID-19.pdf
87. The Centre for Volunteering (2021) COVID-19 Emergency Volunteering. Retrieved from COVID-19 Emergency Volunteering
88. AbSec (NSW Child, Family and Community Peak Aboriginal Corporation) (2021) COVID-19 Webinar Series. Retrieved from COVID-19 - AbSec | NSW Child, Family and Community Peak Aboriginal Corporation

NSW GOVERNMENT

D

Bibliography (6/9)

89. NSW Department of Health (2021) Contacts Details for Public Health Units. Retrieved from Contact details for Public Health Units - Infectious diseases
90. Australian Government Department of Health (2021) COVID-19 vaccine claims scheme. Retrieved from COVID-19 vaccine claims scheme
91. NSW Government (2021) COVID-19 general information. Retrieved from COVID-19
92. World Health Organization (2021) Coronavirus disease (COVID-19). Retrieved from Coronavirus disease (COVID-19)
93. Australian Government Department of Health (2022). COVID-19 disease, symptoms and variants. Retrieved from COVID-19 disease, symptoms and variants
94. NSW Government Health (2021) COVID-19 clinics. Retrieved from COVID-19 clinics.
95. Therapeutic Goods Administration (2021) COVID-19 vaccine: Provisional registrations. Retrieved from COVID-19 vaccine: Provisional registrations provisional registrations
96. Australian Government Department of Health (2021) Vaccine Clinic Finder. Retrieved from Vaccines Clinic Finder
97. NSW Government Health (2021) COVID-19 vaccines. Retrieved from COVID-19 vaccines
98. Australian Government Department of Health (2021) Australian Technical Advisory Group on Immunisation (ATAGI) recommendations on the use of a booster dose of COVID-19 vaccine. Retrieved from atagi-recommendations-on-the-use-of-a-booster-dose-of-covid-19-vaccine.pdf
99. Australian Government Department of Health (2021) Coronavirus (COVID). Retrieved from Coronavirus (COVID-19)
100. NSW Government (2021) COVID-19 vaccination in NSW. Retrieved from COVID-19 vaccination in NSW
101. Australian Government Department of Health (2021) COVID-19 vaccination information for Aboriginal and Torres Strait Islander people. Retrieved from COVID-19 vaccination information for Aboriginal and Torres Strait Islander people
102. NSW Government Health (2021) Public Health Orders and restrictions. Retrieved from Public Health Orders and restrictions
103. NSW Department of Health Retrieved. COVID-19 Vaccine Medical Contraindication from covid-19-vaccine-contraindication.pdf (archived)
104. Services Australia (2021) Express Plus Medicare mobile app. Retrieved from Express Plus Medicare mobile app
105. Services Australia (2021) Medicare online account. Retrieved from Medicare online account
106. Services Australia (2021) How to get proof. Retrieved from How to get proof
107. Services Australia (2021) Individual Healthcare Identifiers. Retrieved from Services Australia
108. Services Australia (2021) Contact the Australian Immunisation Register. Retrieved from Phone us
109. NSW Health Pathology (2021) How to Collect an Anterior Nasal Swab for COVID-19 Rapid Antigen Testing (RAT). Retrieved from How to Collect an Anterior Nasal Swab for COVID-19 Rapid Antigen Testing (RAT)

NSW GOVERNMENT

D

Bibliography (7/9)

110. NSW Department of Health (2021) Rapid antigen self-tests for individuals. Retrieved from Rapid antigen self-tests for individuals | NSW Government
111. NSW Department of Health (2021) Rapid antigen Testing information for Businesses. Retrieved from Rapid antigen testing information for businesses | NSW Government
112. Australian Department of Health. COVID-19 Rapid Antigen Tests - Guidance and checklist for businesses. Retrieved from COVID-19 Rapid Antigen Tests - Guidance and checklist for businesses | Therapeutic Goods Administration (TGA)
113. Australian Department of Health. COVID-19 test kits included in the ARTG for legal supply in Australia. Retrieved from COVID-19 test kits included in the ARTG for legal supply in Australia
114. NSW Health. COVID-19 (Coronavirus) landing page. Retrieved from COVID-19 (Coronavirus)
115. NSW Department of Health (2021). COVID-19 Vaccination in NSW. Retrieved from COVID-19 vaccination in NSW
116. NSW Department of Health (2021). COVID-19 Rules. Retrieved from COVID-19 rules | NSW Government
117. Sunnyfield disability services (2021) COVID-19 Social Story. Retrieved from COVID-19 Social Story
118. Children's Hospital of Philadelphia Vaccine Education Center (2018) My Vaccine Activity Book. Retrieved from Vaccines Activity Book
119. NSW Health (2021) COVID-19 information for people with disability. Retrieved from COVID-19 information for people with disability
120. Australian Human Rights Commission (2020) Guidelines on the rights of people with disability in health and disability care during COVID-19 (2020). Retrieved from Guidelines on the rights of people with disability in health and disability care during COVID-19 (2020)
121. Australian Commission on Safety and Quality in Health Care (2020). About healthcare rights for people with cognitive impairment – Easy English Guide Retrieved from About healthcare rights for people with cognitive impairment – Easy English Guide
122. Scottish Commission for People with Learning Disabilities (2020) COVID Guided Self-help Booklet Series. Retrieved from COVID Guided Self-help Booklet Series (archived)
123. Beyond Words (2021) Coping with Coronavirus. Retrieved from Coping with Coronavirus
124. NSW Government (2021) COVID-19 information in languages other than English. Retrieved from COVID-19 information in languages other than English
125. Australian Government Department of Health (2021) COVID-19 vaccine information in your language. Retrieved from COVID-19 vaccine information in your language
126. NSW Health (2021) COVID-19 translated resources. Retrieved from COVID-19 translated resources
127. NSW Health (2021) COVID-19 translated resources: Stay at home. Retrieved from COVID-19 translated resources: Stay at home (archived)

NSW GOVERNMENT

D

Bibliography (8/9)

128. NSW Government (2021) Multicultural NSW video playlist. Retrieved from Multicultural NSW
129. NSW Department of Health (2021) People with COVID-19 symptoms Fact Sheet. Retrieved from People with COVID-19 symptoms - Fact sheets
130. NSW Department of Health (2022) Information for people exposed to COVID-19. Retrieved from Information for people exposed to COVID-19
131. NSW Department of Health (2022) Information for people exposed to COVID-19 Fact Sheet. Retrieved from Information for people exposed to COVID-19 Fact Sheet
132. SafeWork NSW (2021) Notify SafeWork. Retrieved from Notify SafeWork | SafeWork NSW
133. NSW Department of Health (2021) Guidance for businesses with a worker who tests positive for COVID-19. Retrieved from Guidance for businesses with a worker who tests positive for COVID-19 | NSW Government
134. NSW Health (2021) Health Care Worker COVID-19 Exposure Risk Assessment Matrix for FULLY VACCINATED staff. Retrieved from Health Care Worker COVID-19 Exposure Risk Assessment Matrix for FULLY VACCINATED staff
135. NSW Health (2022) Frequently asked questions about COVID-19 for pregnant women and new parents. Retrieved from Frequently asked questions about COVID-19 for pregnant women and new parents
136. NSW Government (2021) COVID-19 Safety Plans. Confirmed Cases of COVID-19. Retrieved from Confirmed cases of COVID-19 - Fact sheets
137. Australian Government Department of Health, Therapeutic Goods Administration (2021) TGA approves booster doses of the Moderna COVID-19 vaccine, SPIKEVAX. Retrieved from https://www.tga.gov.au/covid-19-vaccine-spikevax-elasomeran
138. NSW Health (2022), Booster vaccination – frequently asked questions. Retrieved from Booster vaccination - frequently asked questions
139. Department of Communities and Justice (2021) Service Providers. Retrieved from COVID-19 (coronavirus) response, Service Providers
140. Justice Connect (2021) Managing Mandatory Vaccine Policies – FREE webinar. Retrieved from Managing Mandatory Vaccine Policy for NSW-based Community Organisations
141. Homelessness NSW (2022) Responding to COVID-19 Community of Practice. Retrieved from Homelessness NSW Industry Partnership, Responding to COVID-19 Community of Practice
142. ATAGI (2022) ATAGI expanded guidance on acute major medical conditions that warrant a temporary medical exemption relevant for COVID-19 vaccines. Retrieved from ATAGI Expanded guidance on temporary medical exemptions for COVID-19 vaccines
143. Australian Government Department of Health (2022) Additional clinical considerations for COVID-19 vaccination. Retrieved from Additional clinical considerations for COVID-19 vaccination

NSW GOVERNMENT

D

Bibliography (9/9)

144. NSW Government (2022) Rapid antigen tests for COVID-19. Retrieved from Rapid antigen tests for COVID-19

145. NSW Government (2022) What if I am exposed to someone with COVID-19 again? Retrieved from Testing positive to COVID-19 and managing COVID-19 safely at home

146. NSW Government (2022) Information for people exposed to COVID-19. Retrieved from Information for people exposed to COVID-19

147. Justice Connect (2022) National Webinar: Managing Mandatory Vaccine Policies - FREE webinar. Retrieved from Managing Mandatory Vaccine Policies

148. NSW Health (2022) NSW Health COVID-19 self-isolation guideline and support. Retrieved from NSW Health COVID-19 self-isolation guideline and support

149. NSW Government (2022) Booster vaccination. Retrieved from NSW Government Booster vaccination

150. NSW Government (2022) Symptoms of COVID-19 and how it spreads. Retrieved from Symptoms of COVID-19 and how it spreads

151. DCJ (2022) Frequently asked questions – COVID-19 management and vaccination policy for DCJ service providers. Retrieved from Frequently asked questions – COVID-19 management and vaccination policy for DCJ service providers

152. NSW Health (2022) Where and how to get your COVID-19 vaccination. Retrieved from Where and how to get your COVID-19 vaccination

153. Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011). Retrieved from Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011)

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Please contact PartnershipSupport@facs.nsw.gov.aufor further information or if you have any questions

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