

Covid-19 Operations Safety Plan

Plan Owner	National Director of Field Ops – Mark Reilly
Effective Date	21 February 2022
Last Revised	
Replaces	N/A
Approved by	Chief Operating Officer – Markus Bucy

Purpose

This plan details DRA requirements to help minimise the potential for cross infection with Covid-19 in DRA Field Operations.

Scope

This plan applies to all DRA members and contractors, other volunteers and visitors under DRA supervision, throughout deployment in a DRA Operation, anywhere within Australia.

Principles

1. DRA will ensure compliance with Health Orders and recommended practices in the relevant jurisdiction.
2. When an operation is partnered or under the leadership of another response authority, any additional requirements will be agreed by DRA NDFO.
3. DRA may implement more stringent procedures from time to time
4. DRA Member are responsible to declare their own Covid health status and any close contact Covid exposure. (*EOI, Health Declaration, to DRT Manager*).
5. The EOI Process will be used as an initial declaration for Covid and DRA reserves the right to deploy members who DRA deem to be least vulnerable to Covid.
6. With careful consideration of the risks involved, DRA have mandated that full vaccination according to current ATAGI guidance must be met before deployment. Ongoing vaccination requirements will be reviewed and updated on an ongoing basis.
7. Members are required to download their proof of vaccination status to their mobile phone, or alternatively carry a printed copy, from the Australian Immunisation Registry (through MyGov) prior to deployment, and be prepared to provide this evidence when requested.

8. A Risk Assessment, recorded in a Risk Register, will be conducted before operation approval to determine Covid controls applicable to the Operation. (Refer: Risk Assessment Template).
9. Covid-19 Test results are only considered applicable for up to 48 hours in any declaration.

COVID Health Declaration – Member Compliance

Health Declarations* are required of DRA members who:

- have been in an identified Covid-19 hotspot,
- have been in close contact with a confirmed positive Covid-19 case in the previous 7 days
- are suspected of or diagnosed with Covid-19; or
- are awaiting test results; or
- have any flu-like symptoms including:
 - fever
 - chills or sweats
 - cough
 - sore throat
 - shortness of breath
 - runny nose
 - loss or change in sense of smell or taste.
 - In certain circumstances headache, muscle soreness, stuffy nose, nausea, vomiting and diarrhea
- Are otherwise unwell and regardless of a negative Covid-19 test.

Members who become unwell and/or display any of the Covid-19 symptoms above must not continue with deployment, and if already deployed:

- Immediately call the Mission Commander,
- Immediately isolate and cease operations
- Get tested by an approved Covid test facility within 24 hours
- Make plans to get home

**Health Declaration – form / database*

COVID Vaccinations

DRA encourages its members to complete the recommended regime of Covid-19 vaccinations but does not mandate vaccinations as a condition for membership.

DRA acknowledges that Health Orders in some jurisdictions mandate Covid-19 vaccinations in some working environments. Similarly, many commercial entities have mandated vaccination as a condition of entry or participation. With careful consideration of the risks involved, DRA have mandated that Covid vaccination status according to current ATAGI guidance must be met before deployment.

Testing for Covid-19

The display of Covid symptoms is used as the DRA decision point for when a Covid test is required. There is no organisational requirement for asymptomatic screening.

DRA has a strong preference for Polymerase Chain Reaction PCR Covid-19 testing as this method is well integrated into public health processes (e.g. standards, cost and traceability).

Rapid Antigen Tests (RAT) however, are variable and depend more on DRA sourcing, costs and controls. RAT tests are therefore used judiciously to confirm Covid status of someone displaying symptoms. Any member who tests positive with RAT must register this result through the local state on-line portal. Actions following RAT are:

- RAT POSITIVE: self-isolate and get PCR tested within 24 hours at an approved PCR clinic.
- RAT NEGATIVE / INCONCLUSIVE but Covid symptoms persist: self-isolate and have a PCR test as soon as possible to confirm COVID-19 infection or not.
- Different state and territories may have different recommendations for testing and for reporting positive results, based on their public health orders. Please see their [websites](#) for any local reporting requirements

If required, DRA will source RATs from the list [approved](#) by the Australian Department of Health, Therapeutic Goods Administration.

Further information on RATs is available in the [Consumer Fact Sheet](#).

PCRs are likely to show a lag of antigen presence a while after the person is no longer contagious. Therefore, follow the relevant state guidance to determine when a person may be permitted to exit isolation

Ops Precautions

The above principles always apply unless exemption is made in writing by DRA COO.

All DRA members are required to comply with the following:

1. Full and honest EOI completion, and if EOI details change before deployment, to alert DRA Mobilisation immediately of that change.
2. Deployment may be via self-drive, if reasonable journey distance / time frame (e.g. 400km in a day) or via shared DRA vehicle – in DRA vehicles, volunteers should buddy up.
3. Depending on the circumstances, periodic Covid testing may be implemented during an operation.
4. A QR code will be established at the FOB and sign-on required of all members on arrival, each morning, and on departure.
5. All volunteers are to be kept aware of current health guidance.
6. Members are required to carry proof of vaccination with them and provide it when requested to do so.
7. Wearing masks when unable to social distance – especially when interacting with public/ residents of houses. If there is no public health directive to the contrary, masks are not required when working outside.
8. Field Ops leadership will monitor ongoing Covid Status for the operation and determine trigger points, and contingency plans. Tracking will be undertaken through Gap Guardian / Verizon if required.
9. Self – isolation conditions and location will be determined and communicated to all persons deployed (E.g. Remain in single quarters if available, or a separate room assigned with necessary facilities).
10. Whilst it is acknowledged that co-mingling and camaraderie is a key aspect of the volunteer experience, teams will need to be segregated to the degree possible to keep “high risk close contacts” to a minimum. (See relevant health website for definitions).
11. A rapid demobilisation vehicle will be allocated, identifiable and always available.
12. In the event of a positive test, the following actions are to be considered:

- a. A travel plan will be developed for the infected person / close contacts to assess feasibility to return home and reduce risk of exposing others.
 - b. In event that return to home is not feasible without risk of escalating the infection, 7-day mandatory isolation and testing will be required at the FOB or nearby.
 - c. Signage and deep cleaning controls will be established and conducted.
 - d. All contacts and potentially contaminated facilities will be identified and response plans implemented (e.g. testing, isolation, deep cleaning).
13. Where handover is required between confirmed or suspected Covid infected member and another member arrangements will be required to be conducted remotely, such as by mobile.
14. A high alert status will be declared when 2 or more positive, or suspected positive cases are evident and Field Operations Leadership will determine the call for contingency and crisis planning.

NOTE: Precautions 12-14, above, require emphasis through OPORD, Joining Instructions, and briefing of IMT / MC

Workplace / Site Protocols

All Covid standards for the operation will be established and communicated by Field Ops Leadership before arrival on site. These may change from time to time, however clarity and compliance required remains with Field Ops Leadership. Such protocols include implementation of:

- Social distancing
- Mask wearing
- QR code check-in
- Cleaning* / disinfection regimes (including PPE)
- Segregation of duties / workstations.
- Food preparation and canteen
- Available cleaning and hand sanitizing kits and stations
- All Covid related signage
- Use of external services / contractors

*Cleaning in accordance with these [principles](#)

Ops Documentation and Reporting

The minimum DRA requirements for reporting of a confirmed Covid positive case are:

- Report to the local authorities as soon as possible in accordance with state health guidance.
- Report to National Director of Field Operations and the National Medical Director immediately.
- Record pertinent details in Operations Sitrep.

Validity of this Plan:

As this is an approved DRA document, it is controlled and therefore may not be edited. (A PDF version is retained).

DRA takes a risk-based approach to determine Covid-19 vaccination requirements for deployment eligibility therefore this condition may be changed over time. In that event this Covid Operations Safety Plan will be reviewed and republished.

Appendices:

1. [COVID Risk Assessment](#)
2. [EOI Vaccination guidance](#)