

Plan of Management

For the Operation of ‘The Glen for Women’ Drug and Alcohol Rehabilitation Facility

Property:

Lot 21 DP 869123
253 Yarramalong Road, Wyong Creek

Applicant:

Gulgul Nyugang Aboriginal Corporation

Date:

16th June 2020

“When you see your grandchildren drinking and drugging – it’s just dreadful. For something to change, would be wonderful” – Cheryl Bailey – The Glen for Women Board of Directors

1.0 Introduction

1.1 PURPOSE OF THE PLAN

The purpose of this Plan of Management is to outline the nature of the operations and the operational procedures at The Glen for Women Drug and Alcohol Rehabilitation Facility', which aims to provide drug and alcohol rehabilitation services to vulnerable women utilising a holistic treatment model that addresses physical, mental, cultural and spiritual needs. The facility's goal is to empower the residents, to address their issues and the underlying trauma and then return them to their families and the community as active and positive members.

1.2 WHO IS THE GLEN?

The Glen for Women will be based on a male drug and alcohol rehabilitation facility called 'The Glen' which is operated by an organisation which is related to the proponent.

The Glen is an Aboriginal Community Controlled organisation that has been in existence since 1994 and is proud to take male residents from all over NSW and Australia and help them get well, recover and return to their family and communities as active and positive members. The Glen has an Aboriginal Board, Indigenous and Non-Indigenous 'Advisors to the Board' and many other Indigenous and Non-Indigenous supporters.

The Glen's purpose is to help Indigenous and Non-Indigenous people who can benefit from using The Glen's services. The Glen does not discriminate on any basis and is happy to help anyone who can benefit from our program if they satisfy our intake requirements, or alternatively we refer them to a more suitable service. The Glen is proud to say that it is a very culturally appropriate program with Aboriginal culture as a major part of its services offered.

The Glen is an accredited health service under the QIC Community Health Standards. This Accreditation is independent recognition that an organisation meets the requirements of governing industry standards.

2.0 Key Management Policies

2.1 GOVERNANCE

Gulgul Nyugang Aboriginal Corporation is an Aboriginal Community Controlled Health Organisation which will operate The Glen for Women. Gulgul Nyugang means “strong women” in the local Darkinjung language.

The Board of Directors of the organisation is made up of Indigenous people (all long-time board members of the entity which operates The Glen). The current board members have all been touched on a personal basis with loved ones lost through incarceration or death to the disease of addiction. There is proven health, drug and alcohol, management, leadership and Governance qualifications within the board members. The board is joined by the ex-CEO of The Glen as an Executive Director and interim CEO which is in part to allow a focus on the establishment and delivery of The Glen for Women project at Wyong Creek.

The Board of Directors is supported by non-voting advisors who include people who offer special skill sets, including the ex-Head of Financial Services, KPMG, the former CEO of Yerin Medical Service, the current Chief Investment Officer of a major Funds Manager, and current and retired lawyers who have worked at some of the largest law firms in Australia.

The Glen is strongly supported by a range of Government departments and bodies, multinational corporations, local businesses and also other Not for Profit organisations and works closely with these to support communities and vulnerable people within them.

The Glen for Women will have its own CEO expected to be recruited in mid-late 2021 and will have an on-boarding process of at least 6 months before the facility accepts any residents. This time will allow the CEO to work with ‘The Glen for Women Operational Committee’, finalise operational procedures and to recruit and train the remaining staff required to run the facility.

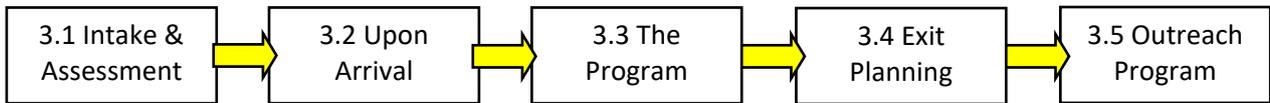
The CEO will be responsible for the day to day operations of the facility and will work with a management team that includes a Program Director and a Mental Health Nurse. The CEO will report to the Board at least every two months and have mentoring and support from the Executive Director.

The management team will be part of a daily changeover meeting for all staff (rostered on) at the facility. These meetings will be held between 7:15am-8am each morning and look at the following (not exhaustive):

- How did the day shift go yesterday?
- How did the night shift go yesterday?
- Is any resident showing any signs of being unwell?
- Are there any behavioural concerns re residents?
- Are there any WHS issues?
- Intake Update (who is looking to come into the facility and when?)
- Pre-Rehab program update. Are applicants participating in the remote opportunities offered?
- Post-rehab program update. Are any former residents in need of any help?
What’s the plan for today (staff will speak through the days planned activities)

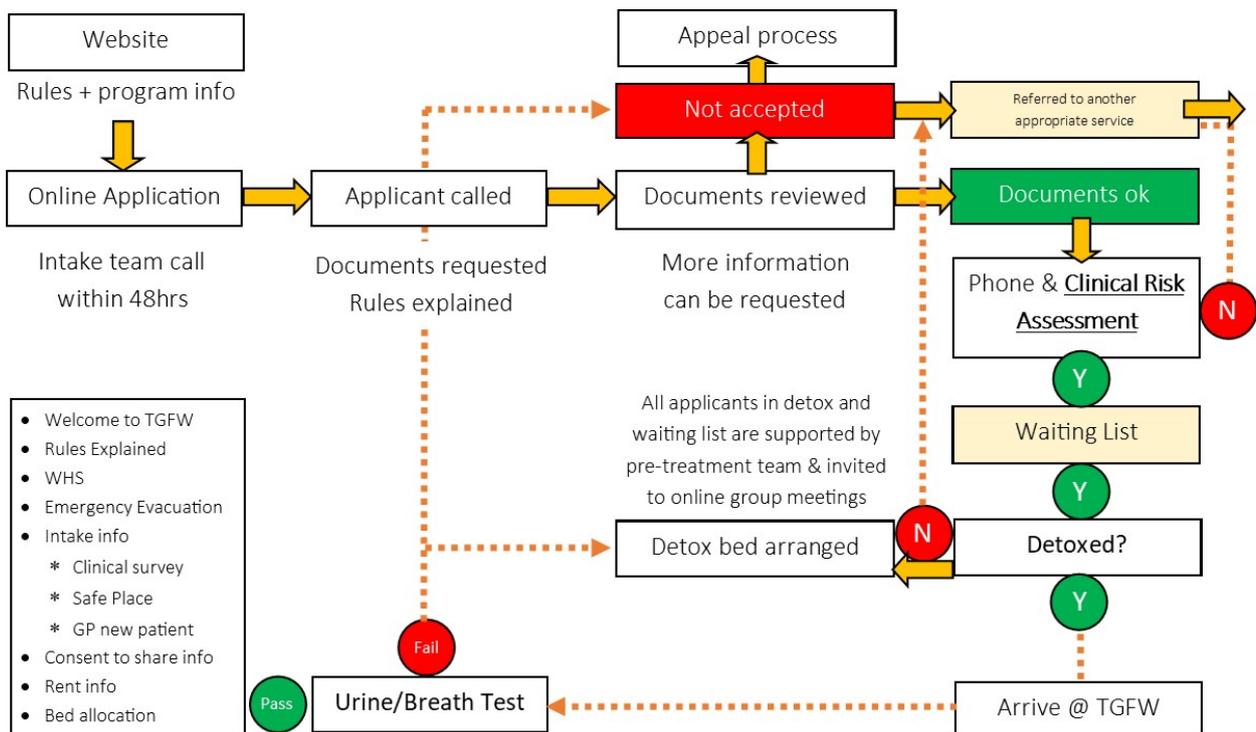
3.0 Support Procedures

We have summarised below the five key phases of the support provided to each resident during their stay at the facility.



3.1 INTAKE & ADMISSION

A thorough intake process exists to ensure residents are suitable before they are offered a place in the facility and arrive for admission fully detoxed from all substances including alcohol.



The intake and assessment process for someone to enter the facility is a process that starts with an online application.

- The applicant will then be contacted by the intake team within 48 hours and a phone assessment will be booked or take place.
- The applicant will be asked detailed questions and to supply supporting documentation, for example: criminal history (See Section 3.1.3 for details), medical history, etc.
- The applicant will be asked to participate in the Pre-treatment program.
- A decision will be made on the applicant’s suitability according to the admission criteria. If they are not suitable for this facility, then we will try and provide other options (referrals). The applicant will also be advised of the appeal process.
- If the applicant is considered suitable, we will place them on the waiting list while we help them get into a detoxification facility. The applicant will be offered a date to enter our facility straight from the detoxification facility. If they are already detoxed, then we will offer them a date to enter our facility.

The whole process of applying and then entering the facility will usually take between 14-28 days (where positions are available). The intake and assessment process for people applying to come into the facility

will include a conversation and planning about a safe discharge process if they want to leave the program or if they are asked to leave the program at any time during their stay. This process will feed into how, and when, people are discharged from the facility to make sure all discharges are done in a safe manner for the individual and also the community.

The intake staff are supported by an Intake Committee which meets regularly and discusses applications. The Intake Committee is made up of management, clinical staff and the intake staff. If a decision is made to deny an application to enter the facility, there is an opportunity to appeal this decision. The Intake Committee also monitors the balance of the residents within the facility at any one time, taking into account the following considerations:

- Age of residents
- The amount of residents who may have an AVO in place to protect them
- The amount of residents suffering from diagnosed mental health conditions
- The mix of residents on prescribed Schedule 8 medication (<https://www.health.nsw.gov.au/pharmaceutical/Pages/drugs-of-addiction-sch8.aspx>)
- The amount of residents who are part of a diversion program

These considerations may affect the timing of an invitation to the facility, but they will not be used to deny an application to the facility.

3.1.1 Admission Times

Admissions are scheduled for weekdays, at prearranged times between the hours of 9:00am and 12:00pm. No admissions will occur outside these hours.

3.1.2 Compulsory Pre-Admission

The following are the compulsory pre-admission requirements for potential residents:

- Referred by self or General Practitioner, Social Worker, Specialist or Psychologist with referral letter, past discharge letters, account of previous treatments;
- Suitability of admission will be determined through extensive telephone assessment, with further assessment to be conducted by intake staff upon arrival before a resident is offered a place in the program;
- Residents are drug tested via urine sample and breath tested on arrival; and
- Resident safe place is identified before residents arrive.

The amount of residents with AVOs and PVOs in place will be monitored, and the amount of residents under current order will be limited.

3.1.3 Admission Criteria

The process of applying to come into the program and then being assessed for suitability of the program to meet the resident's needs is quite an involved process. It is anticipated most referrals for intake at the facility will be made through other services, including detox centres, solicitors and courts and residents self-referring.

During the initial application process, potential residents will be added to the pre-program support straight away to start engaging in treatment and to also understand what the facility will be like when they arrive. Each potential resident must provide a copy of their full criminal history. A full telephone assessment to consider suitability will not take place until a criminal history is received and approved.

The following are the admission criteria for potential residents:

- Age 18 years or older;
- Female only;
- Must be recovering from drug or alcohol dependency;
- Must be sober and chemically free for a minimum of 5 days;
- Must comply with preliminary assessment criteria, including criminal record restrictions.

The facility will not accept residents who have a history of the following offences:

- Malicious wounding;
- Assault or robbery involving a weapon of any description;
- Sexual or indecent assault;
- Arson;
- Murder or manslaughter;
- Drug Supply / Trafficking.

If an applicant is assessed as suitable and offered a place in the facility, then they are asked to arrive for admission fully detoxed from all substances including alcohol.

3.2 UPON ARRIVAL

Applicants will need to submit to and pass a urine test and breath test upon arrival at the facility. A positive result means they will be declined a place in the program and offered support for referral into a detox facility. If they are suitable to enter the facility, they will be inducted into the facility by a staff member and a peer (another resident).

They are welcomed in and explained the rules with clear expectation of what is expected in regard to standards of behaviour to maintain their place in the facility. This is provided through a booklet that is read through with the new residents to make sure they understand the expectations and the do's and don'ts allowed in the facility.

3.2.1 Resident numbers

No more than 20 residents will stay within the facility at any one time. Each resident will stay for up to 90 days (or as required). Acceptance to the facility is strictly in accordance with the intake and admission process listed above.

The facility is expected to open at 50% capacity and then slowly increase to 100% capacity within the first 3 months of operation. It is expected to run at an average of 80% capacity from then on.

3.3 THE PROGRAM

3.3.1 Rules applying to Program

The program will take an 'abstinence based' approach to treatment, meaning the facility will be 'drug and alcohol free' at all times. There will be regular testing of residents to ensure this rule is adhered to.

The rules of the facility will be continually reinforced to residents:

- Rules are available on the website (where the majority of applications come through)
- Rules are verbally read to the applicant as part of their assessment
- Rules are sent to and agreed to (by signature) by the applicant
- Rules are read out and agreed to by the applicant upon admission / arrival (with a counsellor)
- Rules are read out daily before the Group Therapy sessions

Residents are also told why the rules are in place and there is regular conversation with the residents about the rules. Staff and residents regularly review the rules.

There is a system in place to make sure that all of the rules are adhered to and there is warning for minor breaches of the rules. These warnings come with an explanation as to why it is important to follow the rules and are considered an opportunity for a conversation regarding behaviours. If there are continual minor breaches or a major breach, such as being under the influence of drugs or alcohol, then a resident will lose their place in the program and be discharged safely according to their discharge plan.

3.3.2 Elements of the Program

The program duration is up to 90 days (or as required) for each resident. Program elements include (but are not limited to):

- Individual case management;
- Individual counselling;
- Specialised counselling;
- Physical exercise and therapy;
- Group activities/therapy sessions;
- Daily provision for leisure activities.

All residents are constantly seen by staff throughout each day, (including in therapy sessions) where residents are expected to contribute and be part of. This daily participation is compulsory to maintain a place in the facility. This constant interaction between staff and residents enables staff to monitor residents and, if needed, to provide an early intervention as required.

All residents will see the Case Manager within the first week of residing in the facility and a Case Management plan will be adopted that outlines what the resident would like to achieve, what issues they would like to help addressed and what their plan is for when they complete the program. There are scheduled Case Management appointments for all residents as they progress through the program to make sure that they are supported in working towards achieving their goals.

All clinical staff write case notes at the end of each shift about individual residents and how they are progressing at the facility. All intake and assessment information gathered, case notes, and case management activities are recorded in an online digital database that monitors all residents and their compliance with the program. Case notes are read by all clinical staff in shift reports each day and they are discussed at the daily changeover (if required). If there is a resident in need of an intervention, a plan will be put in place and it will be actioned either internally with staff from the facility or it could mean a referral to a supporting organisation which works with residents.

3.3.3 Interaction with Neighbours

The Glen prides itself on enjoying an incredibly positive and supportive relationship with its neighbours at Chittaway which include 17 residential houses in the nearby vicinity. The semi-rural setting of the Wyong Creek property has been selected as the new facility will have minimal impact on its neighbours, but a similar approach to building a strong and positive relationship with its neighbours will apply.

The daily activities of the facility will be conducted so that there is no unreasonable interference with, or material affect upon, the amenity of the neighbourhood. The therapeutic environment within the facility means that we are always conscious of how what we are doing can affect others regarding noise and keeping this to a reasonable level at all times.

The facility will be staffed 24/7 with a staff member always on site and available to talk to neighbours if required. The staff member who sleeps overnight is in the secure area of the accommodation building next to the residents so they are easily accessible if needed.

There will also be an answering machine and online mechanisms in place for neighbours to contact the management of the facility through the website as required.

3.3.4 Design Elements

The facility has been designed with two elements of the security of the site in mind:

- The safety of the vulnerable women who are the residents of the facility. See Section 4.4 for the operational procedures of this issue. When designing this facility, the elements listed below were included to deal with this issue.
- The security of our neighbours and their property. While the expectation of any such risk occurring is very low (due to the strong intake and other operational procedures of the facility detailed in this document), when designing this facility, a number of the elements listed below were included to deal with this issue.

The design of the facility included the following elements to deal with the above issues:

- The entry to the site will be signposted and identify areas that are private property (i.e. adjoining residences) and areas of restricted entry within the site
- The entry gates will be maintained and kept closed and locked at all times with CCTV surveillance at the entry to record/monitor who is accessing the facility
- Signage at the start of the driveway will reinforce that the site is private and access is by those authorised to do so and by appointment only
- Directional signage will be provided throughout the site which clear, legible and useful, to aid way-finding throughout the site (particularly around the entry and car parking areas)
- All visitors will be required to report to the administration building and sign on/off
- Separation of residential areas from the communal and public areas which are secured area at night to ensure safety and peace of mind for the residents
- The areas along the boundaries to the neighbouring dwellings will be off limits to residents unless involved in a supervised maintenance program
- Placement of the residential building on the site ensures significant physical distance between the facility and neighbours. This provides acoustic separation and allows for passive surveillance around the buildings of anyone entering or exiting the facility.
- Some visual screening from neighbouring dwellings will be installed
- A maintenance plan will be developed for the site. Maintenance of the grounds and vegetation will ensure that areas for concealment are minimised and managed
- Landscaping will not block sight lines between the buildings or provide concealment and entrapment opportunities

- Lighting will be located around the immediate buildings, carpark and pathways between buildings where access is likely at night
- Other buildings which may not be used at night will have sensor lights installed to help monitor for unauthorised access
- The accommodation building will be locked as a secured area at night
- Location of the staff sleepout and counsellors office adjacent to the entry to the residential building for passive surveillance during the day
- High windows to bedrooms to reduce opportunity for unwanted vision into bedrooms and as a deterrent from physical entry.
- Duress alarms will be available to residents and staff

3.3.5 Daily activities

Most programs will be delivered on-site, but there will be some trips to shops, doctor’s clinic and community events. The engagement with the community is an important reason for why The Glen works which will be replicated at this facility. It is about people connecting with each other and building trust again.

Indicative Weekly Routine

	Monday	Tuesday	Wednesday	Thursday	Friday
7:00:00 AM	Breakfast + chores	Breakfast + chores	Breakfast + chores	Breakfast + chores	Breakfast + chores
8:30:00 AM	Group therapy	Group therapy	Group therapy	Group therapy	Group therapy
Morning	Purposeful Work	Tutoring Food Safety/Handling Purposeful Work	Computer Tutoring Art Therapy Cooking Class Purposeful Work	Community work Purposeful Work	Music Lesson Yoga/Acupuncture
	Individual counselling	Individual counselling	Individual counselling	Individual counselling	Individual counselling
12:00:00 PM	Lunch + chores	Lunch + chores	Lunch + chores	Lunch + chores	Lunch + chores
Afternoon	Shopping	GP clinic	Employment Services	Goal-setting & Motivational	Case Management review
	Touch Footy	Indoor sports	Volleyball	Personal Training	Tennis/Badminton
3:00:00 PM	Basket weaving/knitting	Pilates / Walking	Dance classes	Barre / Walking	Dance Class
5:00:00 PM	Dinner + chores	Dinner + chores	Dinner + chores	Dinner + chores	Dinner + chores
7:00:00 PM	Group therapy	Group therapy	Group therapy	Group therapy	Group therapy

Work period includes gardening, cooking and cleaning.

Individual counselling includes relationship counselling, psychologists, tutoring.

Several activities throughout the week are offsite as required (such as Indoor sports, volleyball, tennis, shopping and GP clinic). Group therapy includes counselling groups led by staff and other specialists (such as psychologists, family therapists, gestalt therapists)

The program is about learning healthy lifestyles and include, but are not limited, to the following activities:

Intellectual Health	Emotional Health	Physical Health	Social/Family Health
Psychology groups	Psychologist	Sport & Recreation	Community sport
Psychotherapy	Grief counselling	Nutrition Talks	Parenting Skills
Gambling counselling	Yoga & Meditation	Cooking classes	12-step meetings
Art therapy	Lifeline talks	On-site GP	Sporting matches
Motivational talks	Talent shows	Sexual Health/Liver clinic	Relationships Australia
Literacy tutoring	AOD Counselling	Personal Training	Community events
Relapse Prevention	Support meetings	Smoking Cessation	Outreach program
Music therapy	Anger Management	Community sport	

Community Health	Environmental Health	Financial Health	Work/Purpose
Youth Education talks	How-to-do Chores	Financial Counselling	House Rules
Yarns with Elders	Kitchen hygiene talks	On-site Centrelink	Routine & Structure
Dance crew	Waterway clean-ups	WDOs	Work program
Cultural site visits	Seek private housing	Budgeting skills	Licences / qualifications
Charity fundraising		Financial planning	Employment pathways
		Numeracy tutoring	

3.3.6 Service delivery partners

The Glen for Women will work closely with local services to deliver the program. Examples below are some of the services with which The Glen at Chittaway currently has working relationships and which will be available for The Glen for Women:

Central Coast Local Health District	Relationships Australia
Mariners Medical Centre	Lifeline
State Debt and Recovery Office	The Wellness Collective
Community Support and Outreach Services Central Coast	The READ clinic
Coast Community Connections	Bungree Housing
Aboriginal Employment Strategy	Matchworks Employment
Central Coast Primary Care	

These relationships will be assessed for suitability and finalised during the on-boarding process prior to the opening of the facility.

The Glen for Women has several organisations involved in the operational planning of the facility:

Aboriginal Health & Medical Research Council	Gudjagang Ngara li-dhi (GNL)
Women's Justice Network	Department of Justice
University of Technology Sydney	Bungree Housing
Central Coast Women's Health Centre	CatholicCare
Waminda South Coast Women's Health	The Wollatuka Institute
Central Coast Local Health District	

3.3.7 Chores & Life Skills

The facility includes a kitchen and laundry. All meals will be prepared in the kitchen by residents and staff. The laundry is designed to provide full laundry services for 20 residents.

Household chores are done daily to build structure and develop positive habits around general cleaning and hygiene. Residents are allocated to a chores and cooking roster so they can develop life skills and positive habits.

3.4 EXIT PLANNING

All residents are free to leave the facility according to their established exit plan at any time. The vast majority of residents will leave in a planned way and their place will be allocated to someone coming into the facility on the waiting list who meets the admission criteria.

A resident will ask a staff member to help with this exit process and it is coordinated with the intake team.

Residents will be given a thorough exit plan when leaving the facility. The exit plan includes:

- Review by staff to ensure the resident is aware of all local support services;
- Physical and psychological health services are offered to residents through referral to community providers, as needed; and
- Staff will confirm that the resident has transport and lodgings organised before leaving the facility.

The exiting resident will also be invited into the Outreach program, which includes ongoing support meetings (online), the ability for case management support and to attend group outings.

3.4.1 Discharge Process

Residents will be asked to leave the facility if they display any of the following:

- Drug and alcohol use;
- Threats of violence or actual physical violence;
- Abusive behaviour;
- Thieving; and
- Non-participation in the program.

The discharge process will involve:

- The execution of the exit plan, with the resident support/transported to their safe place;
- If there is an immediate risk to safety, then police/ambulance will be called, and the facility placed into lock down.

Discharges are scheduled for weekdays, at prearranged times between the hours of 9:00am and 3:00pm. No planned discharges will occur outside these hours.

Residents who leave the facility as they are discharged from the program will not be allowed to walk from the facility. They will either have a lift pre-arranged with family or friends or will be taken by a staff member to a safe place identified in their exit plan as part of the assessment process.

3.5 OUTREACH PROGRAM

When a resident chooses to leave the facility, they will be offered a place in the Outreach program where they will be offered continuing support via case management and counselling remotely.

4. Operational Procedures

4.1 USE OF EXTERNAL AREAS

The use of external areas for activities will mainly occur between 7:00am and 7:00pm (See section 3.3.5 for an indicative timetable). Emphasis will always be on maintaining peace and tranquillity for the wider enjoyment and therapeutic benefit of individual residents, as well as not to cause unreasonable impact upon the amenity of surrounding properties.

4.2 TRANSPORT ARRANGEMENTS

All transport to and from the facility for the residents will be provided by staff or by family and friends of residents. No residents will have their own vehicles onsite.

The facility will own vehicles including two 12-seater vans for transporting residents to appointments, activities or outings as required.

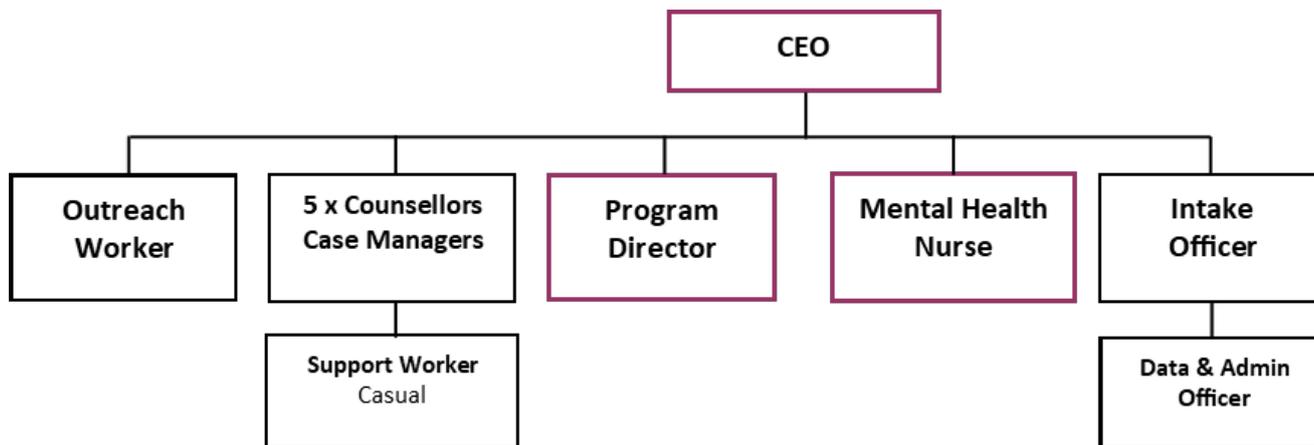
There will be vehicles coming to and from the facility, primarily during non-peak times:

- We expect approximately 8 staff members arriving at 7am and leaving at 3pm every weekday
- 1 staff member will arrive at 1pm and 1 staff member arrives at 3pm
- Between 2 to 5 service delivery partners and volunteers will come on-site on weekdays during program hours
- Gas truck is fortnightly
- Fruit, vegetables and meat deliveries 3 days per week: Monday, Wednesday and Friday (during program hours)
- Fresh bread deliveries twice a week: Monday and Thursday
- Commercial dried goods: Once per week
- Supermarket delivery of small dry goods: Once per week

4.3 STAFF

Staff will be present at the facility 24 hours a day / seven (7) days a week or will be contactable by phone if out with residents. Staff will include the following:

- One (1) CEO;
- One (1) Program Director;
- One (1) Mental Health Nurse;
- Five (5) Counsellors / Case Managers;
- One (1) Intake officer;
- One (1) Data & Admin Officer;
- One (1) Outreach worker;
- One (1) Support Worker.



Management comprises the CEO, Program Director and Mental Health Nurse. Management will be onsite Monday-Friday 7am-3pm and will also be on call outside of these hours. Counselling staff will rotate between three (3) shifts seven (7) days a week being:

- 7am-3pm (day shift);
- 1pm-8pm (afternoon shift);
- 3pm-11pm (night shift) with one staff member sleeping in accommodation on site until 7am.

The majority of the program is offered during the day at the facility and that is why there is a higher staff/resident ratio during the days. The night time program is more relaxed and there is no need for more than 1 or 2 staff on at night time to support the residents.

4.4 SAFETY AND SECURITY

The following operational elements will apply at the facility to deal with safety and security:

- Security will be provided to the facility in a manner similar to a standard residential home, to secure the premises, staff and residents from theft, burglary, vandalism and unauthorised access.
- Security will include a lockable front gate and security cameras at the front of the property and some throughout. Sections of the property will have the ability to securely lock down in case of an intruder.
- Medications will be securely stored and strictly dispensed in the facility with a limit on what medications are available while in the facility. The prescribed Schedule 8 medications that will be allowed will be closely monitored. There will be no medication of addiction kept on-site.
- Site orientations to the facility and its emergency plans will be provided to residents on admission.

Further detail of the safety and security elements of the design of the facility is included in section 3.3.4.

4.5 COMPLAINTS HANDLING

In regard to managing any stakeholder issues that may arise, consultation mechanisms will be established in accordance with the recommendation contained within the Social Impact Assessment dated June 2020 prepared by AIGIS Group. The facility will have a website (www.theglenforwomen.org.au) with a “Contact Us” page with direct communication to the CEO.

The facility will establish and maintain a complaint register in which all complaints shall be recorded. An opportunity shall be provided to the complainant to meet with the onsite manager to explain the nature of the complaint, who shall use their best endeavours to resolve any reasonable complaint. The onsite manager is to take reasonable steps (in accordance with organisational grievance procedures) to advise the person making the complaint of action carried out in respect of the matter.

4.6 VISITORS

The driveway into the facility will have clear signposting stating “All Visitors are to report to The Office” as people enter the facility. The office is the first building that visitors will approach upon arrival to the facility. The car parking at the facility has been designed to reinforce the need for visitors to report to the office. The induction process for visitors to the facility is to sign in and to get a tour of the facility (if they have not been to the facility before). There will also be clearly marked signs indicating emergency evacuation procedures.

Residents in the program will not have regular visitations from family. Any family visitations are limited and by appointment only.

Other visitors to the facility may include service providers such as psychologists, cooking teachers, gestalt therapists, art and music teachers, yoga instructors and community Elders who would attend during office hours on a scheduled (weekly, fortnightly, or monthly) basis.

4.8 PARKING

14 parking spaces are available onsite, which is more than adequate for staff and visitors. No parking is required for residents, as they will not have a vehicle onsite.

4.13 ISOLATION PLAN

The Glen for Women will have in place an Isolation Plan that requires at least 1 weeks inventory in stock at all times. This includes food, water, petrol, gas and medical supplies.

If the site is isolated, there will be some staff members who stay on-site to deliver a modified program and roster with no visitors coming in. Other staff and service delivery partners will use teleconference and video facilities where applicable, to ensure a quality program continues to be delivered.

There will two generators on-site and all staff will be trained on how to access and use them if required. A maintenance calendar and checklist will be implemented to ensure there is available petrol or diesel to fuel the generators.

No intake of new residents will take place during isolation.