Insurance Council of Australia

Image courtesy of DFES

Supporting Australian Communities: Insurance Industry Covid-19 Action Plan

October 2021

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Contents

Objectives 3
Our member brands 4
Executive Summary 7
Introduction 10
Impact of natural disasters 13
Supporting economic recovery 16
Policy & operational framework 18
Current State-based arrangements 19
Principles of a national approach 24
Mandatory vaccination regime 26
Appendix 1 27
ICA Members 27
Appendix 2 28
Insurance Industry Covid-19 Disaster and Recovery Deployment Plan v.3.1 28

Objectives

What

Establish a nationally consistent framework for the deployment across state and territory borders of insurance catastrophe responders involved in community rebuilding and reconstruction following a natural disaster, and ensure those personnel are fully vaccinated against Covid-19.

Why

Families, businesses and communities rely on insurance catastrophe responders from interstate or overseas in the aftermath of natural disasters – without them, recovery is delayed with significant personal, social, and economic flow-on impacts.

How

The principles of a national approach should be agreed at National Cabinet through the Federal Government's National Coordination Mechanism.

About this document

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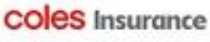
Our member brands



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DEFENCE
SERVICE HOMES

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EBM | RentCover

fastcover
Travel Insurance made simple

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Fifty
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FM Global

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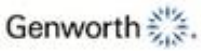
INSURANCE


Genworth

GIO

goinsurance
travel

GUY CARPENTER

Hollard

IAG
Insurance Australia Group

InsureMyRide

ibuyeco
insurance that saves
more than just money

Insurance Manufacturers
of Australia
*No logo or website available

Latitude

Lawcover

LLOYD'S

LFI
Group

Lumley
Insurance

MDA National

MSIG

MIGA
The Medical Insurance Group

Munich RE

mips

NTI

NRMA
INSURANCE

nib travel

OAMPS
INSURANCE BROKERS

online
travel
insurance

Ozicare
INSURANCE

PROGRESSIVE
DIRECT

PACIFIC
INTERNATIONAL

PetSure

petsy

QBE

QANTAS ASSURE.

RAA

INSURANCE

RACT INSURANCE
RACQ
RACV
rapid SOLUTIONS
real INSURANCE
Resilium
RYNO INSURANCE
SGIC
SGIO
SOMPO JAPAN
Sunderland Marine
SPORTSCOVER
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WorldNomads.com keep travelling safely
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Executive Summary

The general insurance industry is worth an estimated $54.3 billion (Gross Earned Premium), is responsible for writing 43 million business and household policies each year, and is on the frontline of the nation's response to natural disasters.

Border restrictions have been put in place for sound public health reasons, but as we enter the period where natural disasters are more likely new arrangements are required to properly support those Australians who will feel their impact in coming months.

General insurers are calling on the Commonwealth and state and territory governments to agree the following measures as a matter of urgency:

The establishment and adoption by National Cabinet of a Protocol that provides exemptions from state and territory border restrictions for insurance catastrophe responders participating in the community recovery and repair process following natural disasters declared Insurance Catastrophes or Significant Events as determined by the ICA.

Insurers will continue to prioritise local personnel and the use of remote activity where possible, but where this is not possible the Protocol will cover insurance catastrophe responders who perform the following functions in relation to recovery from natural disasters and other extreme weather events:

- Assessors
- Loss adjusters
- Engineers
- Claims specialists
- Builders and tradespersons

Insurance catastrophe responders covered by the Protocol will be fully vaccinated against Covid-19, have returned a negative Covid-19 test result in the 72 hours prior to deployment, comply with all Covid-19 health and safety requirements including the implementation of a Covid-19 safety plan, and will not be from or have travelled to a declared hotspot within the period prescribed by state or territory health orders.

Insurers will take responsibility for compliance with these Covid safety measures.

Having met Covid safety requirements, insurance catastrophe responders will be exempt from hotel quarantine requirements on return to their home jurisdiction but may be subject to other measures depending on their place of deployment and the public health measures in place in their home state at that time.

The Protocol will apply uniformly to all states and territories and supersede existing arrangements governing the movement of personnel in insurance catastrophe responder roles.

The Federal Minister for Emergency Management and National Recovery and Resilience will have the authority to amend the Protocol, including at the request of state and territory leaders.

Overseas personnel who meet professional, Covid-19 and vaccine status requirements of the Protocol and are part of community repair and recovery from natural disasters will be afforded entry into Australia under existing 482 visa arrangements and in compliance with existing quarantine requirements for international arrivals.

The vaccination status of staff or contractors not deployed across state or territory borders is a matter for individual insurers based on the needs of their customers, their staff, their business, and the law.

The vaccination status of insurance staff or contractors deployed from within a state or territory to support community repair and recovery from natural disasters and other extreme weather events is governed by the public health orders of that jurisdiction.

The Protocol will have a short implementation period in order to ensure compliance with its principles.

The Protocol will expire once the aims of the National Plan to Transition Australia's National Covid-19 Response have been met and border restrictions are no longer in place or remain a policy option.

Key reasons

Impact of natural disasters

- Insurers have paid out more than $6.1 billion in natural disaster claims since the 2019-20 Black Summer bushfires.
- The BoM says widespread flooding, coastal flooding and erosion, tropical cyclones, and marine heatwave are all more likely in coming months.
- Insurers collectively deploy up to 500 insurance catastrophe responders following a natural disaster.
- Post-disaster stresses, including challenges rebuilding, can contribute to mental health problems for those recovering from a natural disaster.

Covid-19 restrictions will hamper recovery efforts

- States and territories have border arrangements in place which are restricting the ability of insurers to provide immediate help following a natural disaster.
- Border restrictions differ between jurisdiction, are not always followed in practice, and take time to adhere to which delays placing insurance catastrophe responders on the ground.
- Insurers need immediate and streamlined access following a natural disaster and in the weeks and months after an event.

Resource shortage

- With the construction economy at full capacity insurers need labour mobility to fulfil our obligations to customers.
- Covid stimulus measures are steering trades away from repair work to major projects and housing construction and shortages of timber and other building material are also exacerbating repair times.
- Without access to interstate resources customers' claims experience are likely to be further delayed, increasing cost to repair and placing further stress on customers.

Enabling freer flow of labour will support wellbeing and reduce additional economic loss

- Insurers inject an average of $43 million per week into disaster zones from day one – any delay getting funds to customers increases the risk of consequential damage.
- If Cyclone Debbie occurred now and insurance responders were delayed by Covid border restrictions by seven days, a total economic shortfall of $687 million would result over the eight weeks following the event.
- National arrangements are in place for other sectors, demonstrating that a consistent, national approach is possible.

Mandatory vaccination regime underpins community confidence and safety

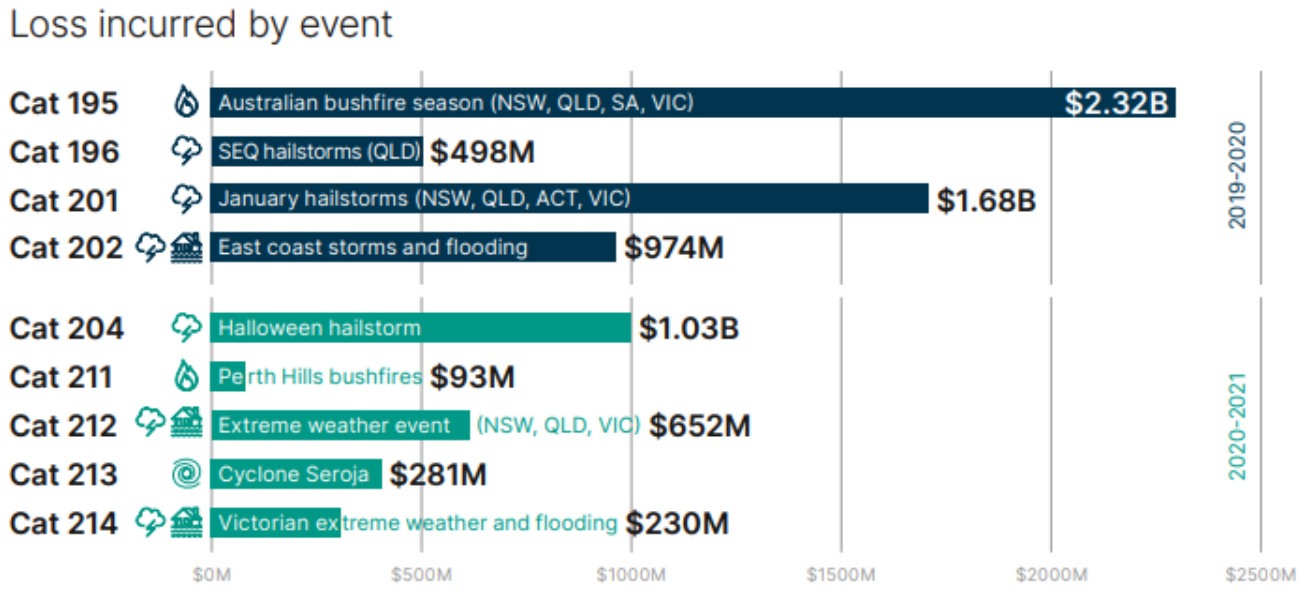
- The rapid uptake of vaccines demonstrates a shift in community attitudes.
- Insurers' guarantee of mandatory vaccination for insurance catastrophe responders who cross borders supports community safety and confidence and makes border restrictions redundant.

Introduction

Responding to natural disasters is in our DNA. To pull together and help each other rebuild and recover are celebrated characteristics of being Australian.

Resilience is not just a current policy trend, it's a national attribute.

But over the past 12 months many communities across Australia have had that resilience sorely tested. Since October 2020 there have been five declared Insurance Catastrophes which have given rise to 136,000 claims totaling $2.34 billion. The previous 'Black Summer' saw four declared Insurance Catastrophes give rise to 304,000 claims totaling a staggering $5.47 billion.



(Insurance Catastrophes are numbered using the year and order in which they occur. As the Halloween Hailstorm was the fourth natural disaster declared an Insurance Catastrophe in 2020 it is known as Cat 204, the Perth Hills bushfire was the first natural disaster for 2021 so is known as Cat 211, and so on.)

But as if fire, flood, storms, cyclones, and hail were not enough, thousands of Australians are trying to recover from these events within the context of border restrictions and lockdowns put in place by governments in response to the Covid-19 pandemic.

Over the last decade, insurers have worked hard to develop a world class response to natural disasters. Because of this, thousands of claims related to the devastating Black Summer bushfires were settled faster than ever before.

Insurers always prioritise the use of local trades, however natural disasters usually result in a surge of claims beyond the capacity of local workforces to respond. The reason claims are being settled faster is that Australian insurers rapidly mobilise specialist expertise and trades to locations of need from across the country and across the world. Depending on the location and nature of the disaster, this surge of support and expertise can number up to 500 people per event across all insurers.

In some cases, these insurance catastrophe responders are there to provide the basics when everything is gone: money to buy food and clothing or to rent a car. They also assess damage, help customers lodge a claim, facilitate works to secure property or prevent further damage, and act as a vital channel between an insurer and a customer in their time of most desperate need.

Because insurers have been able to mobilise support and specialist expertise from other locations to support their customers, families, businesses and communities affected by natural disaster are on the path to recovery quicker with all the social and economic benefits that provides.

In response to the pandemic, the Insurance Council of Australia negotiated with state governments border travel exemptions for insurance catastrophe responders to enable cross-border travel for declared insurance catastrophes and other extreme weather events. This process worked effectively during the summer of 2020-21 to enable industry to respond to a series of declared catastrophe events across the country.

Since the emergence of the Covid-19 Delta strain, however, state and territory governments have adopted more risk averse strategies to border restrictions with no consistency across jurisdictions. This means that exemptions need to be negotiated every time a border is closed and in some cases are being declined. This has meant uncertainty, delays and setbacks for families and businesses just trying to get their lives back on track.

On 31 October 2020 the community of Springfield Lakes in south-east Queensland was hit by a devastating hailstorm. The storm lasted just minutes yet caused more than $1 billion in damage to roofs, solar panels, cars, and the contents of many homes through water damage.

Queensland's border arrangements made bringing in claims assessors difficult, meaning the start of the claims process for thousands of families was delayed. Border arrangements also meant builders and tradespeople could not or were reluctant to be deployed to Springfield Lakes. Compounded by a lack of overseas labour and already high demand in the building and renovation market, this left a critical shortage of qualified tradespeople available to repair homes.

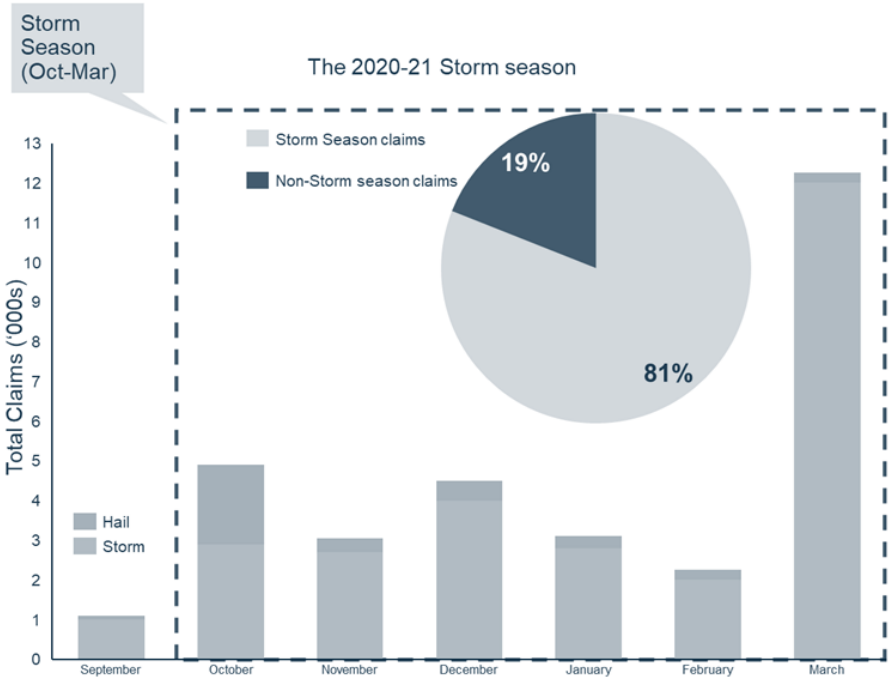
In Western Australia, the clean-up from Tropical Cyclone Seroja in April 2021 and an unusual number of subsequent extreme weather events put local tradies and builders under pressure. WA's ongoing border restrictions have meant that until recently insurers were unable to bring in extra help from eastern states.

Construction shutdowns in Victoria and New South Wales left insurers scrambling to ensure they could continue to undertake essential repairs, processes that took days and caused unnecessary delays.

Insurers are now racing against the seasonal clock as the threat of natural disasters returns with the warmer weather. Because in this land of drought and flooding rains it is an absolute certainty that in coming months communities somewhere across this country will again be impacted by nature's extreme forces. Victoria has already experienced an earthquake that as of 8 October 2021 has resulted in over 10,000 home damage claims and an estimated $140 million in incurred losses.

The Bureau of Meteorology in its Seasonal Outlook has said widespread flooding, coastal flooding and erosion, tropical cyclones, and marine heatwave are all more likely for the period to April 2022, with bushfire risk increased for parts of Queensland and New South Wales.

Natural disasters do not respect state borders or vaccination timelines, and often impact our most vulnerable communities. As it is likely that some restrictions will remain in place for the remainder of 2021 and into 2022, it is essential that a national framework is agreed now so border restrictions do not unnecessarily add to the pain of those devastated by a natural disaster this spring and summer.


Storm Season (Oct-Mar)
The 2020-21 Storm season
Storm Season claims
Non-Storm season claims
19%
81%
Total Claims ('000s)
0
1
2
3
4
5
6
7
8
9
10
11
12
13
Hail
Storm
September
October
November
December
January
February
March

Impact of natural disasters

The insurance industry is uniquely placed to understand the impact of natural disasters on Australian communities. Insurance catastrophe responders are there as soon as the flood waters recede or the fires are extinguished, providing emergency support and helping our customers take the first important steps to getting their lives back on track.

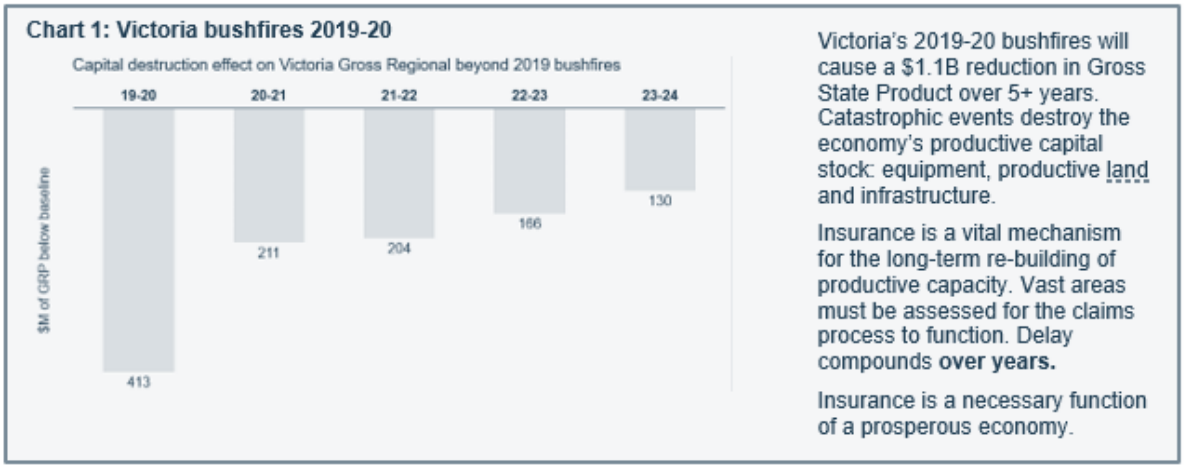
Australian insurers write 43 million business and household policies each year and pay out more than $166 million in claims every working day. Insurance is a key component of any economy, but especially in a country like Australia where natural disasters are a regular reminder of the challenges we all face to protect our communities, assets and our livelihoods.

The last three years have driven home just how devastating natural disasters can be. Insurers have paid out more than $8.9 billion in natural disaster claims over that period, with more than $6.1 billion paid out since the 2019-20 bushfires.

It's estimated that more than nine million Australians have been impacted by a natural disaster or extreme weather event over the last 30 years, and Australians are five times more likely to be displaced by a natural disaster than someone living in Europe.

According to a 2017 report commissioned by some of Australia's largest corporations and the Red Cross, the total economic cost of natural disasters in Australia over the decade to 2016 averaged $18.2 billion per year, equivalent to 1.2 percent of GDP. The same report found that by 2050 the total cost of natural disasters in Australia is forecast to more than double in real terms to $39 billion per year.

At a local level damage from disasters take years to rectify. The Black Summer bushfires of 2019-20 destroyed vital capital and infrastructure which is estimated to reduce Victorian GSP by $1.1 billion over five years. Rectification takes years not days. Insurance responders need physical access to disaster sites over weeks, months and years to rebuild communities.



Rectification takes years, not days. Insurance responders need physical access to disaster sites over weeks, months and sometimes years to rebuild communities.

Mental health has traditionally been the uncounted cost of natural disasters, but it is the unvalued asset of resilient communities.

According to a February 2020 paper by the Black Dog Institute, *Mental Health Interventions Following Disasters*, in the immediate aftermath of a disaster it is normal for many people to experience intense stress reactions.

> "While most people eventually recover over time, a sizeable proportion will experience mental health problems in the months or even years after the initial event. The most common mental health conditions reported across a range of disaster events are post-traumatic stress disorder (PTSD), depression, anxiety, substance abuse, and complicated grief. Some may also experience heightened suicidal risk, intense negative affect, acute stress, physical health or somatic concerns, and poor sleep quality.
>
> "Women, children, those with greater exposure to the disaster, and those with low or negative social support, and prior mental health conditions have been found to be at higher risk of post-disaster mental health problems.
>
> *"Ongoing post-disaster stressors, such as rebuilding challenges as well as social and economic disruption, can also contribute to mental health problems.* (Our emphasis)
>
> "The psychological impacts of major disasters can be long lasting and widespread. Long term studies after the Ash Wednesday bushfires in South Australia showed that the mental health impact could still be detected in the children of affected families twenty years after the fires."

There is a vast, hidden pool of mental stress lying underneath the surface of each natural disaster event, and a lack of recognition of what contributes.

For example, government policies encourage people to buy homes because we recognise owning your home has huge emotional, social and financial benefits. We invest significantly in helping people to achieve home ownership, through first homeowners grants, stamp duty discounts and other incentive programs. But we have in place policies that can inadvertently compound the emotional or social impacts caused by a home being destroyed.

Insurers welcome the work being undertaken by the National Mental Health Commission to develop a national framework to guide a coordinated approach in Australia to psychosocial and mental health issues in the context of national disasters. This issue should not be made worse by the unintended consequences of Covid-19 restrictions.

Disaster response occurs across days and weeks with multiple teams involved

		First Responders	Insurance responders	Other responders
	Includes	– Disaster management – State emergency service – Fire, ambulance, police – ADF members	– Loss adjuster – Claims assessor – Claims processing – Liaison teams – Engineers – Builders – Specialist trades	– Charities – Faith groups – Other volunteers – Mental health teams – Government welfare agencies
	Phase			
Day 1	Emergency response	– Emergency Rescue – Emergency medical – Law and order	– Liaison with government agencies: priority of care, logistics – First boots on ground to manage critical assessments and make safes, and to conduct community outreach	– Liaison with government agencies: priority of care, logistics
Week 1	Urgent relief	– Protect infrastructure – Clear roads/bridges – Triage medical care	– Co-ordinate with disaster management on priority customers for support – Co-ordinate logistics for incoming responders – Make-safe on critical property – Significant ramping up of assessment and make safe capacity targeting necessary operating capacity by week 3	– Mental health first aid – Family support services – Clean-up support
Weeks 2-8	Commence recovery	– Provide support to reconstruction efforts	– Target operating capacity achieved – Damage assessment and prioritisation – Loss assessing – Claims processing – Co-ordinating rebuild	– Trauma counselling – Family services – Clean-up support
Week 8+	Recover and repair	– Resume BAU tasks	– Claims assessing – Continue rebuild	– Trauma counselling – Family services

Supporting economic recovery

As a significant part of Australia's financial services sector insurers understand the impact that Covid lockdowns and restrictions are having on customers, communities, and the economy. The current arrangements which are locking down the two largest states and constraining economic activity and community interaction are not sustainable, and are causing secondary consequences the impact of which may not be understood for years.

The insurance industry supports the National Plan to Transition Australia's National Covid-19 Response as the only credible policy response out of the pandemic. An economy firing on all cylinders; free movement around the country; travel and trade with our region and beyond; a community unburdened from the mental and physical toll of lockdowns, isolation, and economic uncertainty; social engagement unmediated by screens; children back in school and visiting grandparents – these are all desirable outcomes towards which insurers are fiercely striving.

Underpinning this is the insurance industry's expectation that governments will remain true to the intention of their agreement and support the measures in the vaccination consolidation phase (phase C) of the National Plan, when 80 per cent of Australians aged over 16 are fully vaccinated.

Insurers are doing everything practical to support the National Plan, but factors are limiting our ability to fully support economic and community recovery.

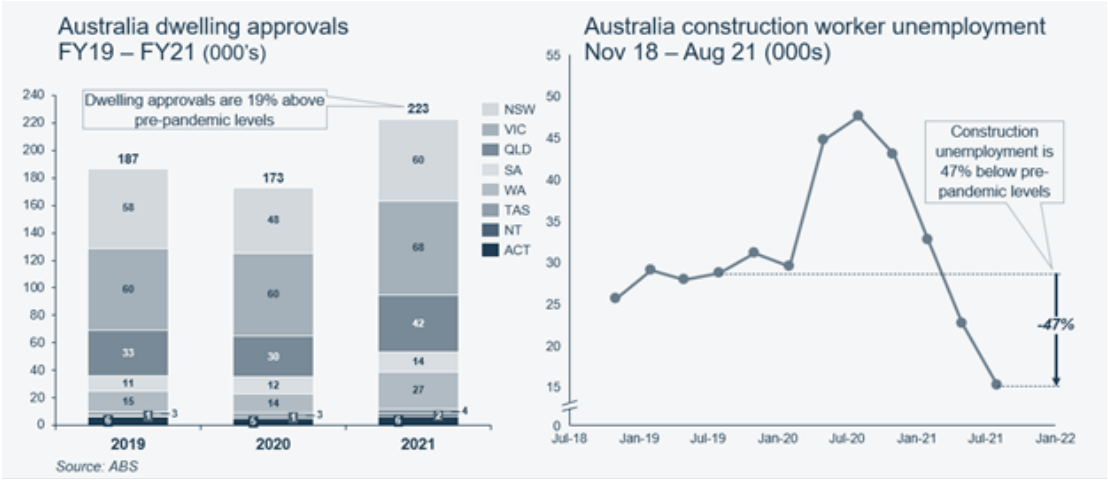
Australian insurers and the contractors who undertake work on our behalf deploy builders and tradespeople to locations of need from across the country and across the world. For example, paintless dent repairers responding to large hailstorm events often require additional specialist personnel from Brazil and Europe to assist with repairing large volumes of damaged vehicles. In September 2021, engineers from New Zealand were called upon to provide specialist advice following the Victorian earthquake. At the time of publication insurers are still considering whether New Zealand specialists are required on the ground to support assessment and recovery.

The current construction economy is at full capacity. In the event of a national disaster, insurers depend on labour mobility to fulfil our obligations to our customers.

> *"Insurers rely on national providers to respond to events. They use local resources first but draw on resources from across the country. An immediate response is simply not achievable if the only Insurance responders available are state-based."*
>
> Queensland Claims Coordinator, National Insurer

Several factors are driving up demand and limiting supply, restricting capacity in the event of a disaster response. Demand is being driven by low-interest rates, the Homebuilder program, families spending money on home improvement instead of holidays, record rises in house prices and record levels of state and Federal government infrastructure funding. Supply is being limited by the elimination of skilled worker migration, shipping delays and disruption in importing building materials, and record employment levels in the construction industry.

> *"The building industry is continuing to attract workers from across the economy as it experiences the most significant skill shortage since 2004"*
>
> Angela Lillicrap, HIA Economist

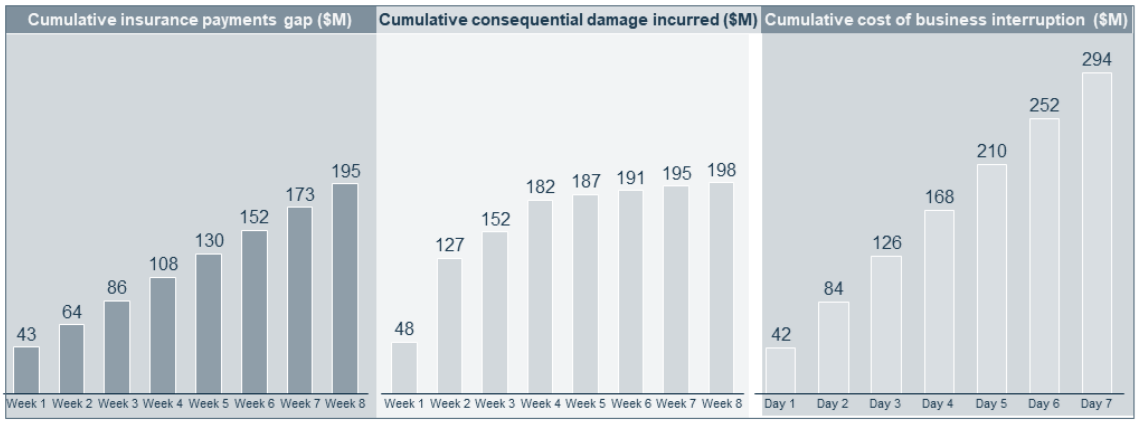


Reference 1 highlights the significant increase in dwelling approvals and the dramatic fall in construction worker unemployment

Analysis by Kearney has found that insurers inject an average of $43 million per week into disaster zones with insurance responders releasing payments from day one. Delaying these funds prolongs suffering, increases consequential damage and delays the resumption of commercial and personal activity.

Insurance catastrophe responders unlock immediate resources to support devasted communities in a manner that is targeted based on physical assessment, including authorising make-safe works to diminish significant subsequent damage, providing instant payments for essential food, shelter, transport, communications, and other vital services. Insurance catastrophe responders provide a physical presence that reassures those in need that the claims process is progressing with priority and help is being provided

If an event the size of Cyclone Debbie (2017) occurred now and insurance catastrophe responders were delayed by border restrictions by seven days, Kearney estimates a deficit of $195 million in payments from insurers would manifest over the eight weeks following the event. Consequential damage of up to $198 million would occur, and the cost to business of a one-week delay in the resumption of trading would exceed $294 million. A total economic shortfall of $687 million would result during the eight weeks after the event that would have been avoided had there been insurance catastrophe responders present on the ground from day one.



Source: Kearney analysis

Policy & operational framework

As outlined in earlier sections, state and territory border restrictions have constrained the deployment of insurance catastrophe responders across state borders while national border closures have almost entirely closed off access to international workers, leading to delays in repairs and rebuilding following recent natural disasters.

All Australian states and territories currently have in place different arrangements to allow those classified as essential to travel across state borders to undertake recovery and rebuilding tasks. As we approach the 2021-22 natural disaster season it is clear the patchwork of state-based arrangements is not fit for purpose and in coming months will only add to the misery and frustration of those who will be affected by the next natural disaster.

Arrangements are in place for other sectors, demonstrating that a consistent, national approach is possible. The Protocol agreed for freight movements, published in August 2021, is a comprehensive and measured approach that appropriately balances the needs of freight to continue with community safety requirements.

Similarly, arrangements have been agreed to allow foreign workers in the agricultural sector to enter Australia under certain conditions. There is no reason why similar arrangements cannot be applied to foreign insurance catastrophe responders.

Insurers have been advocating for a nationally consistent policy response that allows us to continue to provide our essential service to the community even as some states continue to restrict movements across their borders. To date these efforts have not been successful, with state and territory governments and their agencies maintaining the regimes they have in place are appropriate and do allow for movement across borders when required.

In practice these arrangements do not work. They take days and sometimes weeks of negotiation to obtain permission to travel, include arbitrary determinations about the category of role that is covered, are ambiguously drafted leading to confusion and fear of breaching of public health orders, and are activated without consultation.

In addition, even where there are arrangements for personnel to enter a state to respond to a disaster, there are few arrangements that allow those same personnel to return to their home state once their deployment has finished. This is a significant disincentive to deploying staff as they are concerned they will be locked out of their home state or will be forced into hotel quarantine.

In the event insurance catastrophe responders are travelling from within their home state, they should refer to state regulations and guidance from their relevant health authority and are not subject to this recommended provision.

The following table outlines the key measures currently in place restricting access into, out of and within states and territories, and insurers' and the Insurance Council's practical experience of these measures:

Current State-based arrangements

JURISDICTION	KEY BORDER MEASURES	IN PRACTICE
NSW	The Public Health (Covid-19 Interstate Travellers) Order (No 3) Personnel entering NSW from an area of concern must isolate for 14 days, however they are permitted to leave isolation for work. Personnel that have been in an area of high concern must not enter NSW if they are a close contact of a confirmed case. They may enter if they are only a casual contact and have tested negative to Covid-19 before entry. Casual contacts must isolate for 14 days and cannot leave isolation for work. There is no exemption for disaster recovery workers or frontline insurance personnel. However, the minister may grant exemptions to border restrictions if the minister considers it appropriate.	NSW does not have a dedicated arrangement for disaster management workers (including insurance responders) to enter the state but its Covid restrictions allow travellers entering NSW from areas of high concern to leave isolation for the purpose of work. However, in practice it takes significant time for NSW Health to provide any written confirmation that interstate insurance responders can deploy to disasters in NSW. During the March floods, this delay resulted in insurance responders deploying from Queensland to Port Macquarie having to isolate in hotel rooms for several days until NSW Health confirmed they could work. This delayed industry's ability to support the disaster-affected community. NSW residents are currently permitted to return home from visiting an area of high concern. There is no specific process for NSW residents returning home after deploying to an interstate disaster.
Victoria	A Specialised Worker Permit scheme allows essential personnel to enter Victoria for an undertaking that is involved in … national disaster response recovery and relief; or an essential service worker required for essential infrastructure and essential services for health, safety and wellbeing.	Victoria does not have a dedicated arrangement for disaster management workers (including insurance responders) to enter the state to respond to a disaster. ICA is currently in the process of seeking urgent confirmation from the Victorian Government for frontline insurance personnel to enter Victoria in response to recent earthquakes. However, it is taking considerable time for Government to provide written confirmation to industry that the Specialised Worker Permit applies. This may cause delays to the insurance recovery process. There is no specific process to ensure Victorian residents can return home from deploying to an interstate disaster. This disincentivises disaster recovery specialists residing in Victoria from deploying to assist with interstate disasters.

JURISDICTION	KEY BORDER MEASURES	IN PRACTICE
Queensland	Disaster recovery specialists are permitted to enter under the Disaster Management Worker Operational Protocol.	Queensland is the only jurisdiction with a formal protocol for disaster management workers. This protocol is intended to apply to including insurance assessors, essential builders and trades. However, there is confusion about which Queensland Government agency can issue endorsement for these workers. In practice this will cause delays of 3-7 days for industry's disaster management workers to enter Queensland. In respect to disaster management workers responding to an interstate disaster, the Operational Protocol allows workers to return to Queensland and undertake home quarantine. However, despite the wording of the Protocol, Queensland Health has advised the ICA it will not endorse disaster management workers returning to Queensland after deploying to Victoria for earthquake recovery activities. This disincentivises disaster recovery specialists residing in Queensland from deploying to assist with interstate disasters because they may be prevented from re-entering Queensland or be forced to undergo 14 days hotel quarantine. Industry acknowledges that remote and isolated communities in Queensland are more vulnerable to Covid risks. Industry will work with the Queensland Government before deploying first responders to these communities to ensure covid transmission risks are minimised.
Western Australia	Disaster recovery specialists *may* be granted 'time critical specialist' exemptions to respond to a disaster in Western Australia. If the specialist is deploying from a low or medium risk state, strict modified quarantine restrictions are imposed.	Although there is a mechanism to allow industry to deploy insurance responders under modified quarantine arrangements, there is inconsistency in how restrictions apply or when exemptions are granted. For example, although industry was able to quickly deploy insurance responders during the Wooroloo Fire, we were delayed by nearly one month in deploying insurance responders during the TC Seroja recovery. This creates uncertainty and disincentivises disaster recovery specialists from deploying to Western Australia.

JURISDICTION	KEY BORDER MEASURES	IN PRACTICE
		There is no specific process for Western Australian residents to return home after deploying to an interstate disaster. If these workers have been in a COVID hotspot, they may be prevented from returning home or will have to enter hotel quarantine. This disincentivises disaster recovery specialists residing in Western Australia from deploying to assist with interstate disasters. Industry acknowledges that remote and isolated communities in Queensland are more vulnerable to Covid risks. Industry will work with the Queensland Government before deploying first responders to these communities to ensure covid transmission risks are minimised.
South Australia	Frontline insurance personnel *may* be considered specialist workers in an essential sector under Schedule 3, Division 2 or the Emergency Management (Cross Border Travel (General No 2) Direction if: (i) the service is time critical; and (ii) the appropriate skills are not available in South Australia or the low community transmission zone; and (iii) the provision of the service requires that the person be physically present in South Australia. *(Requires confirmation from SA Govt)*	Although insurance responders may be able to enter South Australia under the existing arrangements in the event of a disaster, the lack of a standing agreement between Government and industry creates uncertainty and will delay industry's ability to deploy essential insurance responders. Insurers also rely on the South Australian workforce to respond and manage claims in Broken Hill, NSW. This is because it is impractical to service the community from Greater Sydney. However, South Australia's strict border arrangements prevent industry from responding adequately to disasters in Broken Hill, leaving this community vulnerable. Industry acknowledges that remote and isolated communities in South Australia are more vulnerable to Covid risks. Industry will work with the South Australian Government before deploying first responders to these communities to ensure covid transmission risks are minimised. There is no specific process for South Australian residents to return home after deploying to an interstate disaster. This disincentivises disaster recovery specialists residing in South Australia from deploying to assist with interstate disasters.

JURISDICTION	KEY BORDER MEASURES	IN PRACTICE
Tasmania	Category 4: Specialist skills critical to maintaining key industries or businesses is the notional provision for entering disaster workers. This category of Essential Traveller is for the roles defined below: a. Any specialists required for industry or business continuity and maintenance of competitive operations where the appropriate skills are not available in Tasmania, where the service is time-critical and where the provision of the service requires that the person be physically present in Tasmania; and b. b. Any person who, in the carriage of their duties, is responsible, while in Tasmania, for critical maintenance or repair of infrastructure critical to Tasmania.	Although insurance responders may be able to enter Tasmania under the existing arrangements in the event of a disaster, it requires insurance responders to meet 12 criteria to be granted an exemption under Category 4. This is likely to cause significant and unnecessary delays in deploying personnel following a disaster. Additionally, the lack of a standing agreement between Government and industry creates uncertainty and will delay industry's ability to deploy essential insurance responders. There is no specific provision for returning Tasmanians other than the general quarantine requirements (14 days hotel or home quarantine). This disincentivises disaster recovery specialists residing in Tasmania from deploying to assist with interstate disasters.
Northern Territory	Disaster recovery specialists are permitted to enter the Northern Territory under Covid-19 Directions for Territory border restrictions (No. 8)	The Northern Territory is one of the few jurisdictions to confirm in writing that insurers will be able to deploy essential personnel from interstate to respond to a disaster within the Territory. This agreement ensures industry will be able to respond quickly and effectively should an event occur during Covid restrictions. Industry will mitigate Covid transmission risk via its Covid Deployment Plan and by working closely with Government. Industry acknowledges that remote and isolated communities in the Northern Territory are more vulnerable to Covid risks. Industry will work with the NT Government before deploying first responders to these communities to ensure covid transmission risks are minimised. There is no specific process for Northern Territory residents to return home after deploying to an interstate disaster. This disincentivises disaster recovery specialists residing in Tasmania from deploying to assist with interstate disasters.

JURISDICTION	KEY BORDER MEASURES	IN PRACTICE
ACT	There is no specific provision for disaster workers. There is a general process for applying for exemptions under the following circumstances: • essential workers in healthcare, government, maintenance and repair of critical infrastructure, education, and members of parliament and staff • compassionate grounds such as attending the funeral of an immediate family member or visiting a family member receiving palliative care • urgently requiring a service only available in the ACT • entering for child access or critical care arrangements • requiring to attend court or legal proceeding • moving permanently to the ACT.	No specificity in the exemptions and have not been tested. No specific provisions for returning Territorians other than the general quarantine requirements (14 days hotel or home quarantine) There is no specific process for ACT residents to return home after deploying to an interstate disaster. This disincentivises disaster recovery specialists residing in ACT from deploying to assist with interstate disasters.

Principles of a national approach

The practical experience outlined on the previous pages demonstrates the clear need for a nationally agreed and consistent approach.

The general insurance industry, responsible for writing 43 million business and household policies each year and with deep experience in responding to natural disasters, has agreed the following regime should be put in place as a matter of urgency:

The establishment and adoption by National Cabinet of a Protocol that provides exemptions from state and territory border restrictions for insurance catastrophe responders participating in the community recovery and repair process following natural disasters declared Insurance Catastrophes or Significant Event as determined by the ICA.

Insurers will continue to prioritise local personnel and the use of remote activity where possible, but where this is not possible the Protocol will cover insurance catastrophe responders who perform the following functions in relation to recovery from natural disasters and other extreme weather events:

- Assessors
- Loss adjusters
- Engineers
- Claims specialists
- Builders and tradespersons

Insurance catastrophe responders covered by the Protocol will be fully vaccinated against Covid-19, have returned a negative Covid-19 test result in the 72 hours prior to deployment, comply with all Covid-19 health and safety requirements including the implementation of a Covid-19 safety plan, and will not be from or have travelled to a declared hotspot within the period prescribed by state or territory health orders.

Insurers will take responsibility for compliance with these Covid safety measures.

Having met Covid safety requirements, insurance catastrophe responders will be exempt from hotel quarantine requirements on return to their home jurisdiction but may be subject to other measures depending on their place of deployment and the public health measures in place in their home state at that time.

The Protocol will apply uniformly to all states and territories and supersede existing arrangements governing the movement of personnel in insurance catastrophe responder roles.

The Federal Minister for Emergency Management and National Recovery and Resilience will have the authority to amend the Protocol, including at the request of state and territory leaders.

Overseas personnel who meet professional, Covid-19 and vaccine status requirements of the Protocol and are part of community repair and recovery from natural disasters will be afforded entry into Australia under existing 482 visa arrangements and in compliance with existing quarantine requirements for international arrivals.

The vaccination status of staff or contractors not deployed across state or territory borders is a matter for individual insurers based on the needs of their customers, their staff, their business, and the law.

The vaccination status of insurance staff or contractors deployed from within a state or territory to support community repair and recovery from natural disasters and other extreme weather events is governed by the public health orders of that jurisdiction.

The Protocol will have a short implementation period in order to ensure compliance with its principles.

The Protocol will expire once the aims of the National Plan to Transition Australia's National Covid-19 Response have been met and border restrictions are no longer in place or remain a policy option.

Mandatory vaccination regime

The rapid uptake of Covid-19 vaccines across the community has seen a shift in community, and customer expectations on the issue of Covid safety. Insurers are reporting that customers are expressing a strong preference for vaccinated staff to assess their claim or repair their property. Insurers are doing everything they can to meet this very reasonable expectation, however The vaccination status of staff or contractors not deployed across state or territory borders remains a matter for individual insurers based on the needs of their customers, their staff, their business, and the law.

There are sound public health reasons for ensuring insurance personnel who come into regular contact with members of the public are fully vaccinated. Now that Covid vaccines are available across the country it is unsurprising that state and territory governments with border restrictions and other local controls in place would require visitors from interstate to be fully vaccinated against Covid-19.

The Action plan is not advocating for office-based personnel who do not come into contact with the public to be required to be vaccinated. That is a matter for the individual insurance companies to determine in line with broader corporate and government policies for office workers and the general public.

Insurers have committed that insurance catastrophe responders will be fully vaccinated against Covid-19, and will take responsibility for compliance with this measure.

This will provide a common standard across the industry, give greater confidence to the public and protect communities when they are most vulnerable in the aftermath of a natural disaster.

Insurance catastrophe responder roles to be included in this industry mandate are:

- Claims assessors
- Loss Adjusters
- Engineers
- Claims specialists
- Builders (when carrying out essential work on behalf of insurers)
- Tradespersons (when carrying out essential work on behalf of insurers)

Appendix 1

ICA Members

AAI Limited	AIG Australia Limited
Aioi Nissay Dowa Insurance Company Australia Pty Ltd (Adica)	Allianz Australia Insurance Limited
Allianz Australia General Insurance Limited	Ansvar Insurance Limited
ANZ Lenders Mortgage Insurance	AonBenfield Limited
ArchLMI	Assetinsure Pty Limited
Auto & General Insurance Company Limited	Avant Insurance Limited
Berkshire Hathaway Specialty Insurance Company	Catholic Church Insurance Limited
Chubb Insurance Australia Limited	Commonwealth Insurance Limited
Credicorp Insurance	Defence Service Homes Insurance Scheme
Domestic & General Insurance PLC	Employers' Mutual Limited
Eric Insurance Limited	Factory Mutual Insurance Co.
General Reinsurance Australia Limited	Genworth Financial Mortgage Insurance Pty Limited
Guild Insurance Limited	Guy Carpenter & Company Pty Limited
Hallmark General Insurance Company Limited	HDI Global Specialty SE
Hollard Insurance Company Pty Limited, (The)	Insurance Australia Group Limited
Insurance Manufacturers of Australia Pty Limited*	Lawcover Insurance Pty Limited
LFI Group	Lloyd's Australia Limited
MDA National Insurance Pty Limited	Medical Insurance Australia Pty Limited
MIPS Insurance Pty Limited	Mitsui Sumitomo Insurance Limited
Munich Holdings of Australasia Pty Limited	NTI Limited
nib Travel	Pacific International
PetSure Australia	QBE Insurance (Australia) Limited
RAA Insurance Limited	RAC Insurance Pty Limited
RACQ Insurance Limited	RACT Insurance Pty Limited
Sompo Japan Insurance Inc	Swiss Re Asia Pte Ltd
Tokio Marine & Nichido Fire Insurance Co Limited	Virginia Surety Company Inc
Willis Reinsurance Australia Limited	XL Insurance Company SE
Youi Pty Limited	Zurich Financial Services Australia Limited

Appendix 2

Insurance Industry Covid-19 Disaster and Recovery Deployment Plan v.3.1 (separate document)

Insurance Council of Australia

Insurance Industry COVID-19 Disaster and Recovery Deployment Plan v.3.1

October 2021

insurancecouncil.com.au

Contents

1. Overview 4
   - Key terms 4
2. General COVID-19 Infection Control 5
   - Practice good hygiene 5
   - Keep your distance 5
   - Cough Etiquette 5
3. Employer obligations 6
4. Personnel responsibilities 7
   - Wearing face masks 7
5. Deploying Personnel from Declared Hotspots 8
6. Accommodation, transport and meals for Deployed Personnel from a Declared Hotspot 9
7. Additional obligations for Deployed Personnel from a COVID-19 Hotspot 10
   - Symptoms During Deployment 10

Appendix A - COVID-19 HYGIENE GUIDE 11

Appendix B – FACE MASK HANDLING PROCEDURES 12
   - How to put on a face mask 12
   - How to remove a face mask 12

About this document

This Insurance Industry COVID-19 Disaster and Recovery Deployment Plan (“DRD Plan”) sets out the minimum safety measures that insurers and service providers are to employ to minimise the risk of COVID-19 transmission when deploying employees and contractors in response to disasters.

Penalties may apply for breaching health requirements imposed by relevant State Health Authorities to minimise COVID-19 risk, including failure to comply with this document if required by a State Government. Insurers and service providers should independently consider the relevant regulations and how they apply to your organisation. The ICA bears no liability for any insurer or service providers failure to comply with this DRD Plan or any other Government requirements.

This document is subject to change based on evolving Government requirements in response to the COVID-19 pandemic. At all times, employers, employee and/or contractors are to adhere to all current State Authorities health requirements to where they are deployed. The ICA will endeavour to update this document in a timely manner to reflect these changes, however it is the responsibility of the individual to ensure their own understanding and compliance with current health advise.

Version History

Version	Effective Date	End Date
1.1 (draft)	18 December 2020	17 January 2021
2.1 (final)	18 January 2021	17 October 2021
3.1 (final)	18 October 2021	

1. Overview

The purpose of the DRD Plan is to provide a model plan for measures and effective COVID-19 infection control for deploying personnel across state and territory borders in response to a disaster.

The fundamental principles of this DRD Plan are common sense and vigilance. COVID-19 infection prevention and control measures are only effective when accepted and complied with by all individuals. Insurers, service providers and deploying personnel should actively engage in familiarising themselves and ensuring compliance with these COVID-19 Safe requirements and any additional requirements imposed by the State Health Authority.

If there is a conflict between the DRD Plan and State Health Authority guidelines or public health directions, the State Health Authority guidelines or public health directions takes precedence.

Key terms

Deployed Personnel	Any person employed or contracted by an insurer and physically deployed to a disaster-impacted community
Declared Hotspot	Any locality listed as a Declared COVID-19 Hotspot (or equivalent categorisation denoting heightened risk of COVID-19 transmission) by the relevant State Health Authority
ICA	Insurance Council of Australia
State Health Authority	The relevant State Health Authority that has jurisdiction over the area impacted by the disaster

2. General COVID-19 Infection Control

The Australian Department of Health has developed guidelines to help stop the spread of COVID-19. On deployment, these guidelines should always be adhered to as should any other measures required by State Health Authorities. The Government guidelines state:

Practice good hygiene

- Wash your hands often with soap and water. This includes before and after eating and after going to the toilet
- Use alcohol-based hand sanitisers when you can't use soap and water
- Avoid touching your eyes, nose and mouth
- Regularly clean and disinfect 'high touch' surfaces such as benchtops, desks and doorknobs
- Clean and disinfect objects you use often such as mobile phones, keys, wallets and work passes
- Use tap and go instead of cash where possible
- Increase the amount of fresh air by opening windows or turning on air conditioning units

Keep your distance

- Maintain physical distancing of 1.5 metres from others wherever possible
- Avoid physical greetings such as handshaking, hugs and kisses
- Use tap and go instead of cash where possible
- Practise extra care if you are using public transport
- Avoid crowds – if you see a crowded space do not enter
- Avoid large public gatherings

Cough Etiquette

- Cough or sneeze into your elbow or cover your mouth and nose with a tissue. Put tissues in the bin immediately
- Wash hands with soap and water or use a hand sanitiser

Vaccination

- Getting vaccinated has many benefits, including protection against severe illness and death from COVID-19 and protecting people who can't be vaccinated due to medical conditions.

3. Employer obligations

If deploying personnel to a disaster, insurers and service providers are to:

1. Ensure Deployed Personnel are aware of this COVID-19 Plan and agree to adhere to the agreed principles contained in this DRD Plan including the requirement to be fully vaccinated against COVID-19.
2. Abide by any COVIDSAFE plan in effect at recovery hubs, insurance hubs, community centres and disaster assistance points, as well as follow the directions of any lead government agency. If there is conflict between this DRD Plan and the COVIDSAFE plan in effect at that location, the higher level of precautions apply.
3. Where possible, arrange appointments or meetings with customers in advance. When making appointments, ask customers health screening questions to ensure they are not currently unwell or have visited a Declared Hotspot.
4. Develop systems to maintain a log of all close contacts with Deployed Personnel. The log must include contact information for close contacts and is to be provided to the relevant Health Authority if required for the purpose of contact tracing.
5. Provide all Deployed Personnel with enough PPE for a minimum of 14 days, including single use disposable surgical face masks and alcohol-based hand sanitiser, for personnel on the outbound leg of their deployment and sufficient spare PPE.
6. Ensure deploying personnel are given suitable instruction and training on how to use face masks and other PPE appropriately. (See Appendix B)

4. Personnel responsibilities

All personnel deployed by their employer are subject to this Plan and are responsible for:

1. Their own hygiene and safety.
2. Complying with this DRD Plan and the procedures of any other COVIDSAFE plan in relation to evacuation centres, recovery hubs, community meetings or other assistance point – the directions of the lead government agency.
3. Completing full COVID-19 vaccination protocols prior to deployment.
4. Maintaining physical distancing of a minimum 1.5m distance from all other persons.
5. Carrying and using COVID-19 specific PPE and consumables when physical distancing is not possible, where directed by the State Health Authority.
6. Immediately escalating breaches of COVID-19 safe principles to their manager.
7. At all times, holding and carrying relevant and valid official identification, or evidence that confirms their identity and vaccination status.
8. Where available, use the Australian Government's COVIDSafe app or relevant app for that state or territory record all movements.
9. Keeping records of all close personal contacts for a 14-day period commencing on the date of the deployment. These records are to be provided to a manager and must be kept for 28 days. Personal information must be handled in accordance with the employer's privacy policy.
10. Self-isolating and notifying their manager if they become unwell while deployed or in the 14-day period proceeding their return.

In the event they are diagnosed with COVID-19 or are experiencing symptoms, immediately notifying their employer.

Wearing face masks

If required by the State Health Authority or at the direction of a lead government agency, Deployed Personnel are to wear a face mask to minimise COVID-19 transmission risk. This includes wearing a face mask where physical distancing cannot be maintained, if required by the State Health Authority or other lead government agency.

Masks are to be, at a minimum, single use surgical face masks that are responsibly disposed of after use. Reusable face masks are not to be worn. Appendix B contains correct procedures for donning, removing and disposing of masks.

If personnel have deployed from a Declared Hotspot, single use surgical masks are to be used when not in self-quarantine, unless otherwise instructed by the State Health Authority.

5. Deploying Personnel from Declared Hotspots

Insurers are to avoid deploying personnel from a Declared Hotspot unless the person provides a critical service that cannot be fulfilled by any other personnel located outside of a Declared Hotspot.

A person is from a Declared Hotspot if they reside in or have visited in the last 14 days a postcode declared as a Declared Hotspot by the State Health Authority.

Personnel should only be deployed from a Declared Hotspot if they are fully vaccinated against COVID-19, have not attended a COVID-19 exposure site in the last 14 days, and have tested negative to COVID-19 within 72 hours of the deployment (or as required by the State Health Authority).

The insurer must keep a register of all deployed personnel (whether from a declared Hotspot or not), including service providers. The ICA may from time to time request this list to support engagement with Government and the deployment process.

Before deploying personnel from a Declared Hotspot, an employer must:

1. Confirm the essential need for deploying personnel from a Declared Hotspot to the disaster-affected community.
2. Complete all relevant applications for exemptions to quarantine and/or border crossing restrictions.
3. Ensure personnel required to deploy are fully vaccinated, undertake COVID-19 testing and self-isolate between taking the test and deploying. Personnel must not deploy unless they have been tested and returned a negative result for COVID-19.
4. Ensure personnel do not deploy until confirmation has been received from the State Health Authority that they are approved to be deployed to the disaster.
5. On becoming aware of any Deployed Personnel being diagnosed with COVID-19 within 14 days of their return from deployment, the insurer or service provider must notify the ICA and the State Health Authority, as well as cooperate with subsequent investigations and contact tracing.

6. Accommodation, transport and meals for Deployed Personnel from a Declared Hotspot

When personnel are deployed from a Declared Hotspot, insurers and service providers are to ensure the risk of COVID-19 transmission is mitigated by minimising contact between residents and the deployed personnel.

- Personnel deployed from a Declared Hotspot are to be co-located in the same hotel unless impractical due to the circumstances of the disaster. Personnel are to be provided individual rooms, unless impractical.
- Personnel are to self-quarantine at their accommodation when not fulfilling critical function for 14 days of arrival or until their departure, whichever occurs earlier.
- Personnel are to only travel by private or hire motor vehicle and should not carry any passengers. Personnel are not to travel on public transport.
- Personnel are to avoid any gatherings of people including restaurants, bars and supermarkets unless unavoidable.
- Meals should be consumed at the person's accommodation utilising delivery services if available.

Notwithstanding the above, large disasters pose significant challenges and restrictions to accessing services, accommodation and amenities.

If accommodation, transport and food services are limited, Deployed Personnel are to use common sense to take the most appropriate action to minimise the risk of COVID-19 transmission.

7. Additional obligations for Deployed Personnel from a COVID-19 Hotspot

If deployed from a Declared Hotspot, personnel are to:

1. Abide by the principle of self-isolation at their accommodation other than when directly fulfilling their critical function – unless instructed otherwise by the State Health Authority.
2. Wear PPE, including facemask when outside of their accommodation.
3. Maintain physical distancing and avoid close contact with any person for 14 days from deploying or until returning home, whichever is sooner.
4. Submit to any COVID-19 tests required by the State Health Authority.
5. Keep a log of movements and close contacts by either keeping notes and utilising apps such as the Australian Government's COVIDSafe app.

Symptoms During Deployment

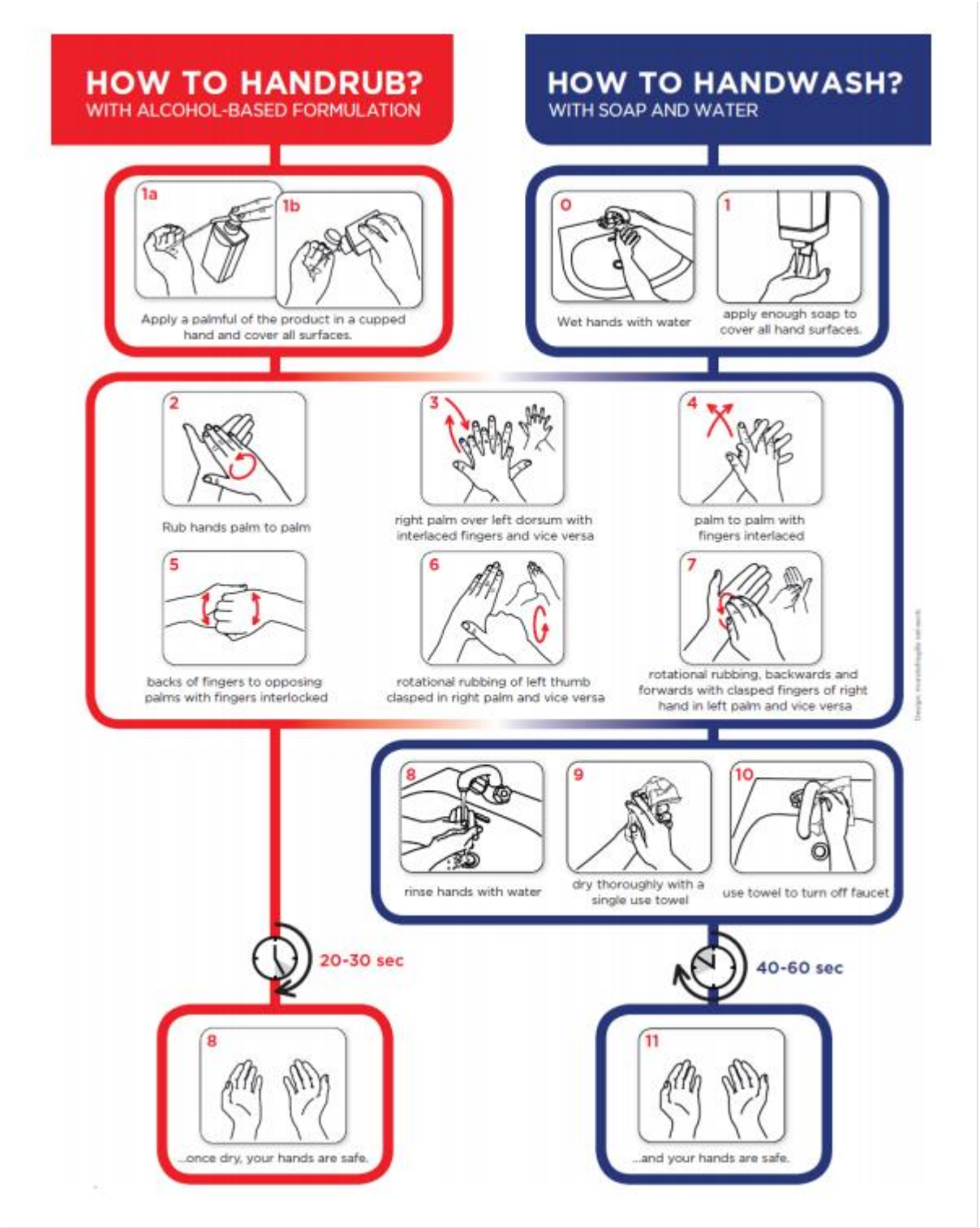
Symptoms of COVID-19 include:

- fever (37.5 ° or higher)
- cough
- sore throat
- shortness of breath (difficulty breathing)
- loss of taste
- loss of smell.

Other reported symptoms of COVID-19 include fatigue, runny nose, muscle pain, joint pain, headache, diarrhoea, nausea/vomiting and loss of appetite. If any personnel develop any of the above symptoms at any stage of the deployment, they must immediately inform their manager and isolate themselves from other personnel. Insurers and service providers are to have plans to manage confirmed or suspected cases of COVID-19.

If symptoms develop once deployed, the symptomatic person and any close contacts must be isolated as soon as possible, and the matter reported to the ICA and the State Health Authority. The State Health Authority will give directions for the management of the incident in accordance with the relevant jurisdiction procedures.

Appendix A - COVID-19 HYGIENE GUIDE



Appendix B – FACE MASK HANDLING PROCEDURES

How to put on a face mask

1. Clean your hands thoroughly with soap and water (for a minimum of 20 seconds) or hand sanitizer prior to touching the clean mask or removing it from its packaging. Dry your hands and make sure you do not touch any surfaces before you handle the mask.
2. Remove the mask from its packaging and make sure the mask has no obvious tears, holes or faults. Avoid touching the front of the mask especially once donned.
3. Identify the top of the mask (generally it has a stiff bendable edge that will mould to the shape of your nose) and the front of the mask (normally a mask is coloured on the front) with the white side towards your face.
4. If your mask has ear loops, hold the mask by the ear loops and place a loop around each ear. If your mask has ties bring the mask to nose level and place the ties over the crown of your head and tie with a bow (leave the bottom set of ties at this time).
5. If your mask has a band, hold the mask in your hands with the nose piece or top of the mask at your fingertips, the headbands will hang loosely below your hands, then bring the mask to your nose level and pull the top strap over your head to rest on the crown of your head, then pull the bottom strap all the way over your head to rest at the nape of your neck.
6. Pinch the stiff nose piece to the shape of your nose.
7. If your face mask has ties take the bottom ties (one in each hand) and tie at the nape of your neck with a bow.
8. Adjust the bottom of the mask over your mouth and under your chin.

How to remove a face mask

1. If you are wearing gloves you should remove your gloves and wash your hands before removing your mask. See our information on Gloves for how to remove your gloves.
2. Clean your hands thoroughly with soap and water (for a minimum of 20 seconds) or hand sanitizer before touching the mask. Dry your hands and avoid touching the front of the mask.
3. Do not touch the front of the mask, you will contaminate your hands. Only touch the ear loops, ties or bands.
4. If your mask has ear loops hold both of the ear loops and gently lift and pull the mask away from you and away from your face.
5. If your mask has ties untie the bottom bow first (at the nape of your neck), then untie the top bow and pull the mask away from your face as the ties are loosened.
6. If your mask has bands lift the bottom strap over your head first, then pull the top strap over your head and pull the mask away from you and away from your face.
7. Dispose of the face mask into a bin.
8. Clean your hands thoroughly with soap and water (for a minimum of 20 seconds) or hand sanitiser.

Insurance Council of Australia

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The Insurance Council of Australia is the representative body for the general insurance industry of Australia. Our members represent approximately 95% of total premium income written by private sector general insurers, spanning both insurers and reinsurers.

General insurance has a critical role in the economy, insulating individuals and businesses from the financial impact of loss or damage to their insured assets.

Our work with our members, consumer groups and all levels of government serves to support consumers and communities when they need it most.

We believe an insurable Australia is a resilient Australia – and it's our purpose to be the voice for a resilient Australia.