



Family and Disability Services (FaDS) COVID 19 Response Plan

Version 2.2 (December 2021)

Proudly representing

Blue Care | Lifeline | ARRCs | The Wesley Hospital | Buderim Private Hospital
St Stephen's Hospital | St Andrew's War Memorial Hospital

Contents

1.	Introduction.....	4
1.1	Background.....	4
1.2	Purpose	5
1.3	Scope	5
1.4	Related documents.....	5
1.5	Exercise, maintenance and review.....	5
1.6	Document information.....	5
2.	Authority to activate	6
3.	Roles and responsibilities	6
4.	Communications.....	9
5.	Infection Control	10
5.1	Personal Protective Equipment (PPE).....	10
5.2	Isolation of a confirmed, suspected or probable case.....	11
5.3	Influenza Vaccination.....	11
5.4	Talking to Child and Young People in Out of Home Care.....	12
5.5	Talking with People with a Disability.....	12
5.6	Talking with Young Children.....	12
5.7	Access to Designated Areas	13
5.8	Infectious Outbreak Cleaning in a Residential Homes.....	13
5.9	General Cleaning in Office and Service Environments.....	13
6.	Suspected and Confirmed Infection.....	14
6.1	Domestic Violence and Homelessness Residential Services	14
6.2	Out of Home Care Services	16
6.3	Supported Independent Living	19
6.4	Community Based Client and Customer	21
6.5	Staff – All staff.....	24
6.6	Outbreak notification	24
7.	Finance and supply	24
7.1	Procurement	25
7.2	Other pandemic related expenditure	25
7.3	Supply Chain Management.....	25
8.	Workforce management	25
8.1	Flexible work arrangements and worksites.....	25
8.2	Staff obligations	26
8.3	Leave management	26
8.4	Support mechanisms	26
8.5	Education and Training	27
9.	Response stages.....	27
10.	FaDS Response Team Actions	29
	Appendix 1: Check Lists Residential Services	33

Service Leader Preparation Checklist.....	33
Service Leader Client COVID-19 Positive Checklist	35
Service Leader Staff COVID-19 Positive Checklist	36
Appendix 2: Check List Supported Independent Living.....	37
Service Coordinator Preparation Checklist	37
Service Coordinator Client COVID-19 Positive Checklist.....	39
Service Coordinator Staff COVID-19 Positive Checklist.....	40
Appendix 6: Scenario Planning.....	41
UnitingCare Overall Response	41
Residential Services scenario one:.....	45
Residential Services scenario two:	46
Disability Supported Independent Living Services scenario one:	47
Disability Supported Independent Living Services scenario two:.....	48
Community/Home Visiting Based Services, Retail and Child Care Scenario one:.....	49
Community/Home Visiting Based Services, Retail and Child Care Scenario two:	50

WARNING: This plan may be varied, withdrawn or replaced at any time. Printed copies of this plan or part thereof are regarded as uncontrolled and should not be relied upon as a current reference document. It is the responsibility of the staff member printing the plan to always refer to UCQ Intranet Page for the latest version. Compliance to this plan is mandatory.

1. Introduction

1.1 Background

The novel coronavirus outbreak represents a significant risk to UnitingCare. It has the potential to cause high levels of morbidity and mortality and to disrupt our community socially and economically.

Viral respiratory diseases have the greatest potential to cause pandemics and the key threat of new pandemic virus strains lies at the human–animal interface. (Australian Government Department of Health 2020). Coronavirus (COVID-19) is a respiratory illness caused by a new virus that has not previously been identified in humans.

COVID–19 is spread from person to person most likely through:

- Close contact with an infectious person;
- Contact with droplets from an infected person’s cough or sneeze; or
- Touching objects or surfaces (such as door knobs or tables) contaminated by cough or sneeze droplets from a person with confirmation COVID-19 Infection, and then touching your mouth or face.

Possible risk factors for progressing to severe illness include, but are not limited to:

- older age;
- underlying chronic medical conditions such as:
 - lung disease
 - cancer
 - heart failure
 - cerebrovascular disease
 - renal disease
 - liver disease
 - diabetes and immunocompromising conditions.

[The Communicable Disease Network Australia Guidelines National Guidelines](#) for Public Health Units summarises interim recommendations for surveillance, case definitions, infection control, and laboratory testing and contact management for coronavirus disease (COVID-19).

The [Queensland Whole-of-Government Pandemic Plan](#), the [Australian Health Sector Emergency Response Plan for Novel Coronavirus](#) and the [Australian Government Department of Health Operational Plan for People with Disability](#) are designed to guide the Australian health and community service sector response. The UnitingCare Pandemic Plan has been developed in the context of the Australian Health Sector Emergency Response Plan for Novel Coronavirus and has been informed by detailed scenario planning ([Appendix 1](#)) within UnitingCare. This document supplements the UnitingCare Pandemic Plan by outlining the practical implementation of the response at the operational level specifically for Family and Disability Services. (FaDS)

1.2 Purpose

This document outlines the pandemic operational response for FaDS to:

- Minimise transmissibility, morbidity and mortality;
- Minimise the burden on/ support care / service delivery systems; and
- Inform, engage and empower our staff and clients.

1.3 Scope

This plan does not include:

- Strategic crisis management arrangements as outlined in the UnitingCare Crisis Management Plan;
- Whole of UnitingCare pandemic response arrangements as outlined in the UnitingCare Pandemic Plan;
- Restoration activities for a loss of services that are covered in Group and Service Business Continuity Plans; and
- Emergency response procedures covered in Fire and Evacuation Plans (FEP).

The actions contained in this document have been tailored to reflect the most current intelligence provided by the Australian Government and World Health Organisation (WHO). During a pandemic, this plan will remain flexible to respond to changes in planning assumptions and severity.

1.4 Related documents

- UnitingCare Crisis and Incident Management Policy
- UnitingCare Crisis Management Plan
- UnitingCare Business Continuity Management Policy
- UnitingCare Business Continuity Management Manual
- UnitingCare Pandemic Plan

1.5 Exercise, maintenance and review

This document will be exercised, maintained and reviewed on an annual basis in accordance with the UnitingCare Business Continuity Management Policy and Manual.

Debriefing should be conducted within 14 days of the declaration to stand down and/or returning to normal business. Refer to the Business Continuity Management Manual regarding debriefing and for Post Event Report Templates.

1.6 Document information

Version	Date	Amendment	Author
1.0	March 2020	Initial Draft	Donna Shkalla
1.7	April 2020	Final Consultation GM's FaDS	Donna Shkalla
1.8	May 2020	Amend/Re-formatted Draft	Donna Shkalla
2.0	May 2020	Final Draft for Endorsement	Donna Shkalla

2.1	August 2020	Update – inclusion Riskman Covid application for lodging COVID testing and outcomes Update – remove Bio-security detail Update – rename appointed service lead to Outbreak Lead Update – outdated links	Donna Shkalla
2.2	Dec 2021	Update – New Family services roles Update – virtual platform to Zoom Update – communication plan Update – Roles Remove Child Care centres Update Links	Donna Shkalla
Document location:		<i>UCQ Intranet</i>	
Document Owner:		<i>GM Practice Improvement and Development</i>	<i>Donna Shkalla</i>
Authorised by:		<i>GE FaDS</i>	Original Signed
Distribution:		<i>ALL Family and Disability Services Staff and Volunteers</i>	

2. Authority to activate

The Group Executive FaDS or the General Management Practice Improvement and Development are authorised to activate this plan. The triggers to activate this plan will be:

- Activation of the UnitingCare Pandemic Plan;
- Declaration of a pandemic by the World Health Organisation (WHO);
- Advice from a credible source that sustained community transmission of a novel virus with pandemic potential has occurred; or
- Notification from the Australian, State or Territory Government Department of Health of the emergence of a novel virus with pandemic potential in Australia or overseas.

3. Roles and responsibilities

Where possible, during a pandemic the business as usual management process and hierarchy structures and reporting should be maintained unless the matter is pandemic response related.

Entity	Roles and responsibilities
The Department of Health	The Australian Government develops and maintains a national health sector plan to prepare for and respond to pandemics. The Australian Government will coordinate the allocation of available resources required for clinical care. The Department of Health via their website (www.health.gov.au) will make available a collection of resources (fact sheets, posters etc.) for the general public, health professionals and industry about the pandemic

	<p>influenza. These resources should be used to ensure consistency and accuracy of information.</p> <p>The National Medical Stockpile (NMS) provides a national reserve capacity of medicines, vaccines and equipment that can be rapidly deployed in the event of a pandemic. The Australian Government Department of Health is responsible for maintenance and deployment plans relevant to the NMS.</p>
The Queensland Department of Health	The Queensland Department of Health is the functional lead agency for a pandemic in Queensland and is responsible for implementing national and state plans to ensure a coordinated, whole-of-health response in Queensland.
UnitingCare Crisis Management Team (CMT)	<ul style="list-style-type: none"> • Strategic management and decision-making authority • Direct and track recovery progress and associated costs • Analyse risks and consequences • Represent service stream operational groups and recovery teams and report progress, as agreed • Internal and external communication lead
UnitingCare Operational Management Team	<ul style="list-style-type: none"> • Provide Subject Matter Expert advice and support in accordance with the business capability they deliver • Execute and coordinate the response on behalf of the CMT • Perform additional tasks as directed by the nominated Operations Team Lead or CMT Controller

FaDS Response Team	
Position	Roles and responsibilities
Executive Lead	<p>Responsible for command and control of the crisis including:</p> <ul style="list-style-type: none"> • Report to UnitingCare Crisis Management Team • Chair FaDS Bi-weekly General Manager/SLT Team • Appoint the FaDS Operations Team Advisor • Assessing wider strategic issues and consequences • Requesting additional subject matter experts to support the operational response • Review and advise on media statements and other communication • Establish and make known emergency delegations
FaDS Operations Team Advisor	<ul style="list-style-type: none"> • Represent FaDS on the UnitingCare Operations Team • Facilitate scenario planning to inform development of action plans • Relay information to and from the UnitingCare Group Executive, General Manager/SLT FaDS Team, Extended Senior Leadership team group and SMEs including logistical, intelligence and operational related information

FaDS Response Team	
Position	Roles and responsibilities
	<ul style="list-style-type: none"> • Manage and direct members of the FaDS General Manager/SLT Team, SMEs and Extended Senior Leadership team group as required • Set up and manage the issues log – collated from the communications and expenditures logs • Communicate incident issues • Gather intelligence reports from Logistics and Operations
FaDS Practice and Quality Advisor	<ul style="list-style-type: none"> • Development of required procedures/work instructions in response to changing regulatory, reporting or legal requirements • Develop tools, practice information and communication as required • Undertake planning and response activities (as required)
Family and Disability Government and Peak Body Liaison	<ul style="list-style-type: none"> • GE and GM's in FaDS to engage with relevant peak bodies, Queensland Health and UCA raising emerging concerns and contributing to resources • Provide appropriate communication to the FaDS Operations Team Advisor and FaDS Practice and Quality Advisor <p><i>Note: Operational relationships continue to be maintained by GMs</i></p>
FaDS Operational Response Team SME's	Coordinate activities on behalf of the FaDS Operations Team Advisor and the FaDS COVID-19 Pandemic Response Plan.
FaDS GM and Extended Disability Services Mangers and Service Coordinators/ Retail Business/Operations Managers and Store Manager and Families Statewide Managers and Service Leaders	<ul style="list-style-type: none"> • Communicate the key messages and issues for the day • Understand key challenges and concerns from a service perspective • Monitor and assess resource requirements and allocations • Manage the response for areas of responsibility for the duration of the pandemic period • Provide information and report issues in a timely manner • Manage the incident log of client and staff cases • Identifying, acquiring and distributing the required support services and equipment
All practice and operational staff	<ul style="list-style-type: none"> • Follow the actions outlined in this plan accordingly. • For Out of Home Care Residential services/Supported Living Accommodation, Homelessness residential and DFV residential Services Leaders and Service Coordinators should assess special circumstances for visitors on a case by case basis. In particular for those visiting children in care. • Have a heightened level of suspicion of cases with symptoms and history compatible with the case definition for COVID-19. • Consistent urgent notification following the appropriate process of suspected or confirmed cases of COVID-19 in accordance with this plan.

4. Communications

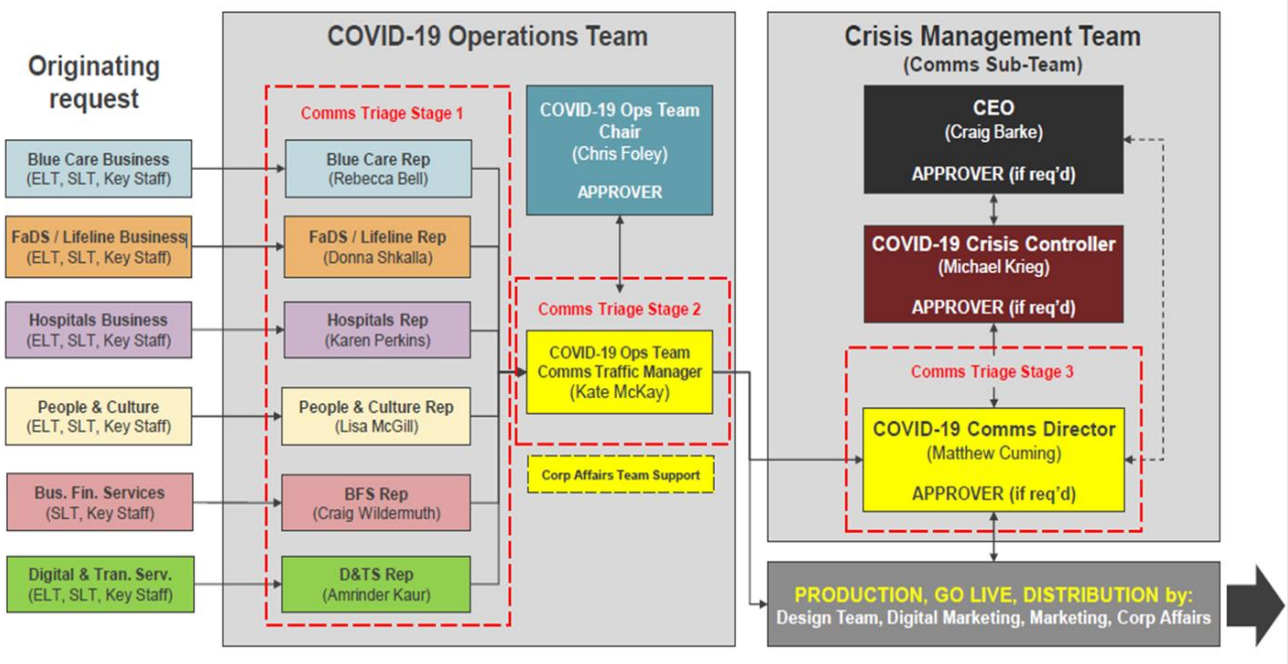
Communications across the team/s shall be maintained either through telephone calls or through the Digital and Transactional Services (D&TS) preferred method –Zoom. If you do not have access to Zoom, notify the line manager and they will co-ordinate a bulk request with the COVID-19 FaDS Operations Team Advisor. Instructions for using Zoom have been provided in the D&T Website.

All communications across the organisation in relation to COVID-19 requires approval as per the process below. All staff are requested **not to design their own COVID-19 communication material or guidance** for their team or wider. Should communication be required please speak to your line manager who will ensure the FaDS Operations Team Advisor works with your through the approval process.

COVID-19 Crisis Communication Development & Approval Process



Applies to all COVID-19 external (customer and stakeholder) and internal (employee and volunteer) communications



The below table outlines the communication and reporting processes during a pandemic:

<p>Queensland Health</p>	<p>State legislation sets out the responsibilities for reporting and managing outbreaks of communicable diseases. Their aim is to improve infectious disease control through improved disease notification procedures. Services are responsible for becoming familiar with and adhering to the relevant State legislation.</p> <p>Note: Specific reporting requirements for confirmed differs according to the funding body and regulations pertaining to the service.</p> <p>If is a FaDS service is contacted by Queensland Health, any requests for information or assistances should be communicated through the General Manager and the FaDS Operations Team Advisor to the UnitingCare Operations Team.</p> <p>Refer to FaDS reporting requirements unitingcareqld.com.au/COVID19 for additional information.</p>
<p>Funding bodies and regulators</p>	<p>Government funding bodies and regulators have contractual and legislative reporting requirements for critical incidents, including outbreaks during a</p>

	<p>pandemic. Where the funding body or regulatory request is part of the services business as usual process, the service is to respond accordingly. Where a service receives a request from a funding body or regulator around the pandemic and/or reporting mechanisms, they should escalate the request through to the FaDS Operations Team Advisor.</p> <p>Specific reporting requirements of confirmed cases can be found on COVID Intranet pages and FaDs Intranet unitingcareqld.com.au/COVID19</p>
Media Spokesperson	Identified by the UnitingCare Crisis Management Team as the appointed media point of contact in addition to the Head of Corporate Affairs.
The UnitingCare Operations Team	Coordinates and approves all pandemic communications across external (customer and other stakeholders) and internal (staff and volunteer) for all business channels.
FaDS Operations Team Advisor	Responsible for identifying communication requirements, drafting content, including information and resources for external and internal FaDS audiences and providing to Operations Team Communications Advisor for review and distribution. Refer to Communication Plan Appendix 2.
UnitingCare Intranet Site unitingcareqld.com.au/COVID19	A UnitingCare Micro Site provides the central point of truth for all information and resources as it relates to the pandemic.
Riskman	<p>Staff and Client Incidents and COVID testing/outcomes are to be recorded in the Riskman system and managed in accordance with UCQ policy.</p> <p>Riskman COVID application to record all suspected, probable and confirmed COVID 19 case for clients and staff (see Riskman COVID module guidance unitingcareqld.com.au/COVID19)</p>

5. Infection Control

Minimising disease transmission is the ultimate aim of pandemic planning. In the absence of an effective vaccine, good infection control practices are the most effective way of reducing the spread of disease and offer a level of protection to staff and the community during a pandemic.

Good infection control practices should be reinforced in all FaDS settings. All staff should be made aware of and adhere to recommended personal and organisational practices, specifically:

- UnitingCare Vaccination Policy (insert link) unitingcareqld.com.au/COVID19
- hand washing / hygiene and personal hygiene;
- respiratory hygiene / cough etiquette;
- standard and applicable additional precautions;
- any special service requirements (e.g. cleaning and disinfecting surfaces/workstation areas and equipment such as keyboards, mouse, door handles); and
- social distancing: staff and clients are reminded that they must maintain the following physical (social) distancing: 2.00m indoors and 1.5m outdoors.

5.1 Personal Protective Equipment (PPE)

Use the [COVID- 19 Personal Protective Equipment Matrix – \(unitingcareqld.com.au/COVID19\)](https://unitingcareqld.com.au/COVID19) to determine what PPE should be utilised in what scenario. If you are not ill or looking after someone who is not ill then you do not need to wear a mask. There limitation on PPE stock so we advise that people use masks wisely. Business as Usual use of PPE is expected to continue as per usual requirements.

5.1.1 PPE when treating a suspected or confirmed case

Staff should use personal protective equipment (PPE) when looking after residents or clients who are confirmed to have, or suspected of having, COVID-19.

5.1.2 Donning PPE

The correct process for fitting PPE is as follows (Training Video can be found on Saba Learning and Development site or on the UnitingCare COVID 19 Families and Disability Services panel: unitingcareqld.com.au/COVID19)

- Perform hand hygiene;
- Put on fluid resistant gown. Fasten the back of the gown at the neck and waist;
- Put on surgical mask. Secure the ties of the mask at the middle of the head and neck. Fit the flexible band to nose bridge and ensure mask is fitted snug to face and below the chin;
- Put on protective eyewear/face shield; and
- Put on gloves. Extend to cover wrist of long-sleeved gown.

5.1.3 Doffing PPE

The correct process for removing PPE is as follows (Training Video can be found on Saba Learning and Development site or on the UnitingCare COVID 19 Families and Disability Services panel: unitingcareqld.com.au/COVID19) or access via SABA learning and development platform:

- Staff should not remove PPE until they have exited the area;
- Remove gloves being careful not to contaminate bare hands during removal. The outside of the gloves is contaminated;
- Perform hand hygiene;
- Remove protective eyewear/face shield. The outside of protective eyewear/face shield is contaminated. Remove eyewear/face shield by tilting the head forward and lifting the head back or ear pieces. Avoid touching the front surface of the eyewear/face shield;
- Perform hand hygiene;
- Remove surgical mask. Do not touch the front of the surgical mask. Remove the surgical mask by holding the elastic straps of ties and remove without touching the front;
- Perform hand hygiene; and
- PPE should be disposed into a sealed waste bin.

5.2 Isolation of a confirmed, suspected or probable case

People who are confirmed, suspected or probable cases of COVID-19 need to be isolated from other members of the community or clients living in the household until they no longer pose a risk of transmission. Where a person with suspected or confirmed COVID-19 does not require hospitalisation, they can be isolated in their usual place of residence if it is safe to do so. General Manager to discuss isolation plan with Group Executive and Operations Team Advisor – Hospital SMEs will provide advice in respect to the safety and risk levels associated with the isolation plan.

5.3 Influenza Vaccination

From 1 May 2020, those working in a FaDS are strongly encouraged to have an up to date influenza vaccination, this included staff, contractors and volunteers to protect themselves and vulnerable clients. Those with a genuine medical reason for declining do not need to provide a medical certificate.

All staffs and volunteers will be offered an influenza vaccination through several channels. These include, on site clinics and accessing a pharmacy. Those that nominate to visit a General Practitioner will be reimbursed the vaccine fee only, not the gap General Practitioner fee.

5.4 Talking to Child and Young People in Out of Home Care

Access information about how to talk to children and young people about the situation to allay fears. Resources include the following:

- [How to talk to your child about coronavirus disease 2019 \(COVID-19\): 8 tips to help comfort and protect children](#), a resource developed by UNICEF targeted to parents;
- [How teachers can talk to children about coronavirus disease 2019 \(COVID-19\): Tips for having age appropriate discussions to reassure and protect children](#), a resource also developed by UNICEF targeted to teachers, but which can be easily adapted for use by other professional groups;
- [Talking with children about Coronavirus Disease 2019: Messages for parents, school staff, and others working with children](#), a useful description of the principles to be observed by a wide range of adults when talking with children and young people, produced by the United States Center for Disease Control and Prevention;
- [Talking to Children About Coronavirus \(COVID19\)](#), that contains more useful advice from the American Academy of Child and Adolescent Psychiatry;
- [Talking to Children about COVID-19 \(Coronavirus\): A Parent Resource](#) produced by the United States National Association of School Psychologists, with links included to other useful resources;
- [Tips for Families: Coronavirus](#) produced by Zero to Three's with advice and resources specifically targeted to children aged 3 or below; and
- Don't like reading? Then go the [Child Mind Institute website](#), watch the [Talking to Kids about the Coronavirus](#) video and share the link with children.

Explain what social distancing means and why it is important, and implement it as far as possible, for example not sharing clothes or using another person's phone.

Communicate clearly and regularly (including the use of visual prompts) with children and young people about good hygiene, handwashing practices and social distancing.

5.5 Talking with People with a Disability

Access information about how to talk to people with a disability and their families about the situation to allay fears. NDIS Resources include the following:

- [Easy Read - Coronavirus \(COVID-19\) information \(PDF 3MB\)](#)
- [Easy Read \(text only\) - Coronavirus \(COVID-19\) information \(DOCX 50KB\)](#)
- Auslan Link - <https://www.ndis.gov.au/coronavirus/participants-coronavirus-COVID-19>
- Easy Read Person Centred Emergency Planning document for all NDIS participants https://collaborating4inclusion.org/wp-content/uploads/2020/07/2020-07-01-Person-Centred-Emergency-Preparedness-Planning-for-COVID-19_AUST_EASY-READ_FINAL_3.pdf - To be completed with the people we support as practical.

Explain what social distancing means and why it is important, and implement it as far as possible, for example not sharing clothes or using another person's phone.

Communicate clearly and regularly (including the use of visual prompts) with participants and their families about good hygiene, handwashing practices and social distancing.

5.6 Talking with Young Children

Access information about how to talk to children about the situation to allay fears. Resources include the following:

- [How to talk to your child about coronavirus disease 2019 \(COVID-19\): 8 tips to help comfort and protect children](#), a resource developed by UNICEF targeted to parents;

- [How teachers can talk to children about coronavirus disease 2019 \(COVID-19\): Tips for having age appropriate discussions to reassure and protect children](#), a resource also developed by UNICEF targeted to teachers, but which can be easily adapted for use by other professional groups;
- [Talking with children about Coronavirus Disease 2019: Messages for parents, school staff, and others working with children](#), a useful description of the principles to be observed by a wide range of adults when talking with children and young people, produced by the United States Centres for Disease Control and Prevention;
- [Talking to Children About Coronavirus \(COVID19\)](#), that contains more useful advice from the American Academy of Child and Adolescent Psychiatry;
- [Talking to Children about COVID-19 \(Coronavirus\): A Parent Resource](#) produced by the United States National Association of School Psychologists, with links included to other useful resources;
- [Tips for Families: Coronavirus](#) produced by Zero to Three's with advice and resources specifically targeted to children aged 3 or below;
- Don't like reading? Then go the [Child Mind Institute website](#), watch the [Talking to Kids about the Coronavirus](#) video and share the link with children;
- Explain what social distancing means and why it is important, and implement it as far as possible, for example not sharing clothes or using another person's phone; and
- Communicate clearly and regularly (including the use of visual prompts) with children about good hygiene, handwashing practices and social distancing.

5.7 Access to Designated Areas

Government Bio-Security Regulations – access to remote or discrete Aboriginal or Torres Strait Islander community (a designated area).

Requirement applies to Domestic and Family Violence Services situated within Aboriginal and Torres Strait Islander remote or discrete location or services entering any designated remote or discrete Aboriginal or Torres Strait Islander communities.

5.8 Infectious Outbreak Cleaning in a Residential Homes

All current procedures must be followed. At this time there is no difference in cleaning as an infectious outbreak control using a detergent and disinfectant daily and managing frequent touch point.

For the room of a resident who is has a suspected or confirmed case of COVID-19, the preferred cleaning process involves:

- Using a yellow colour coded microfiber or disposable microfiber cloth and keeping equipment disinfected between cleaning rooms;
- Cleaning and disinfecting frequently touched surfaces, such as doorknobs, bedrails, tabletops, light switches, resident handsets, in the residents' room daily. Using the types of chemical products outlined below;
- Performing terminal cleaning of all surfaces in the room (as above) plus floor, ceilings, walls and blinds after the resident is has left the house is recommended – seek support from your General Manager to initiate this deep cleaning process. Funding options may be available for NDIS participants see: <https://www.ndis.gov.au/providers/housing-and-living-supports-and-services/housing/supported-independent-living>.

5.9 General Cleaning in Office and Service Environments

Where staff or contractors undertake cleaning duties, they should use usual household products. Frequently touched surfaces should be cleaned several times a day, and also if visibly soiled. Cleaning is an essential part of disinfection. Cleaning reduces the soil load, allowing the disinfectant to work.

Removal of germs such as the virus that causes COVID-19 requires thorough cleaning followed by disinfection.

Further information is available in the toolbox talk for [cleaning of cars and devices](#) providing information for infection control cleaning of cars and devices.

6. Suspected and Confirmed Infection

6.1 Domestic Violence and Homelessness Residential Services

It is essential that we all adopt an approach that continues service delivery as far as possible, while keeping clients and staff in a safe environment. Of particular importance is ensuring support for clients continues to be delivered in a respectful way, ensuring safety is maintained. Keeping service delivery going may be difficult for staff who are also feeling stressed and vulnerable, where possible alternative ways of engaging/communicating with clients in the residential services should be found, to support both continuity of connection and intervention with clients and the safety of staff delivering services.

[Considerations prior to outbreak \(see: Appendix 2 - Check List preparation activity\)](#)

For clients who have experienced trauma, including homeless clients, social distancing and isolation may impact their mental health and behaviours. Staff should reflect on their key practice principles to ensure their practice continues to meet the needs of vulnerable people.

Ensure all people understand what they need to do if they start to feel unwell (e.g. make staff aware, stay away from other people and staff in the residential, etc.), and ensure all staff know what to do if clients are reporting symptoms of the virus.

Ensure clients know where they can get appropriate information of their own about the virus.

Ensure clients have access to telephone/mobile to provide ongoing communication.

Where clients are often absent from the residence, ensure they have access to appropriate contact numbers and procedures for accessing medical attention and advice if they begin to feel unwell outside of the residential service.

Restrict access to service by all non-essential visitors and establish other ways of engaging with essential visitors to minimise access (such as tele-appointments where appropriate).

Remodel the Homelessness Hub environment to ensure safe service delivery in the context of COVID-19 health and governmental guidance and restrictions. Consider rostering of activities to reduce spread of possible infections e.g. use of shared spaces.

Stop group activities as directed by latest health authority advice.

[COVID-19 Suspected/Positive Response: \(see: Appendix 2 - Check List Positive COVID-19\)](#)

Each client continues to be responsible for monitoring their own health. FaDS staff have a duty of care to support the client through their health incidents.

The following checklist should be used in the event of a client suspecting they have become infected with the COVID-19 virus.

Clients

- Immediately self-isolate (including those people who have been in close contact with the client);
- Follow Queensland Health Guidelines, seek medical testing or admission to hospital if required; and
- Inform your line manager that there is a suspected case and that they are self-isolating.

Homelessness and Domestic and Family Violence Staff

- Take appropriate precautions when dealing with suspected clients (physical distancing, hand washing, PPE), utilise the PPE Kit provided during all contact with the client who is suspected of

having COVID-19 or confirmed as having COVID-19. Refer to the PPE Matrix to ensure correct equipment is used. <https://www.unitingcareqld.com.au/COVID19>;

- Ensure the client/s are safe and isolated in their room/s.
- Support the client to access medical services (If client requires support to be transported to the doctor, in the case of a suspected COVID-19 case utilise adequate PPE from the PPE Kit for both the staff member and the client. Maintain social distance at all times, increase hand washing if PPE is not available);
- For suspected COVID-19 cases – whilst awaiting test results provide close monitoring of the client, provide the client with contact numbers to access support should this be required;
- Provide instructions to the client to report testing outcome to the staff/manager on site; and
- Using your regular lines of management reporting contact your **General Manager** and notify them you have a suspected or confirmed COVID-19 case in the Homelessness or DFV residential service and follow the procedure. (Riskman COVID 19 module, Notification to regulatory body) Your General Manager will notify the Group Executive and the FaDS Operations Team Advisor.

Lead Outbreak Manager (assigned by General Manager)

If COVID-19 case confirmed – the Service Leader/Local Service Manager/Statewide Manager will be appointed by the General Manager as the lead in the management of all engagement with the General Manager and Operations Team Advisor. The lead manager will be responsible for ensuring the directions of the GM and Operations Team Advisor are delivered.

This will include actions such as:

- Complete Riskman COVID 19 Module and required Department reporting requirement;
- Ensuring clients on site are notified of a confirmed COVID-19;
- Support Queensland Health in the management of contact tracing activity;
- Ensure a plan is in place to support other clients who may have had contact with COVID-19 client to self-isolate and be tested in accordance with the QLD Health guidelines and advice; <https://www.unitingcareqld.com.au/COVID19>;
- Identify potentially impacted staff should COVID-19 be suspected – initiate locational rostering to minimise further spread of infection;
- If confirmed COVID-19– instruct staff identified as being in close contact to self-isolate follow People and Culture procedures.
- Identify staff able to support clients in self-isolation or the client who is COVID-19 positive and been discharged for care in the community;
- Consider alternative accommodation arrangements for isolated clients or the client who is COVID-19 positive and been discharged for care in the community; and
- Contacting authorities if self-isolation rules are not being adhered to.

FaDS General Manager

- Appoint a lead manager for confirmed COVID-19 cases;
- Report suspected COVID-19 case to Central Crisis Management Team via the FaDS Operations Team Advisor;
- Report suspected COVID-19 Case to the FaDS Operations Team Advisor and ensure Riskman COVID 19 Module is completed
- Report confirmed COVID-19 case to Group Executive and FaDS Operations Team Advisor – this information will be shared with the Central Crisis Management Team;
- Communicate position with all FaDS impacted residential services staff, the Group Executive and Operations Team Advisor - through daily status update;

- Support residential care staff as required; and
- Ensure all communications, safety and practice processes are adhered to in a timely way.

6.2 Out of Home Care Services

It is essential that all we adopt an approach that continues service delivery as far as possible, while keeping children and young people, and staff in a safe environment. Of particular importance is ensuring support for children and young people continues to be delivered in a trauma-informed, therapeutic way. This may be difficult for staff who are also feeling stressed and vulnerable.

Requirements prior to outbreak (see: Appendix 3 - Check List preparation activity)

For children and young people who have experienced trauma, social distancing and isolation may impact their mental health and behaviours. Staff should reflect on the principles of the CARE, TCI and the Hope and Healing Trauma Informed Therapeutic Framework for Residential Care to ensure their practice continues to meet the needs of vulnerable children and young people. Prior to an outbreak:

- Ensure all children and young people understand what they need to do if they start to feel unwell (e.g. make staff aware, try to stay away from other children and young people and staff in the house, etc.), and ensure all staff know what to do if children and young people are reporting symptoms of the virus;
- Ensure children and young people know where they can get age appropriate information of their own about the virus. Reach out to Create Foundation for additional support;
- Consider what essential items children and young people may need if self-isolation is required e.g. medication;
- Consider additional needs of children and young people with mental health or drug and alcohol impacts and how these can be managed. What extra supplies might be needed? What management strategies may need to be employed if a child or young person exhibits withdrawal symptoms? Are there plans in place if access to mental health services is more difficult;
- Ensure children and young people have access to mobile phones and credit to provide ongoing communication;
- Where children and young people are often absent from their placement, ensure they have access to appropriate contact numbers and procedures for accessing medical attention and advice if they begin to feel unwell outside of the residential care service;
- Consider any additional measures you may need to take for high risk children and young people who are often absent from their placement;
- Restrict access to service by all non-essential visitors and establish other ways of engaging with essential visitors to minimise access (such as tele-appointments where appropriate);
- Consider rostering of activities to reduce spread of possible infections e.g. use of shared spaces;
- Stop group activities;
- Consider travel needs of children and young people and how to minimise risk of infection e.g. minimise use of public transport;
- Ensure there are communication protocols in place with the Department of Child Safety and other residential care services should a child or young person be diagnosed with the virus and the residential care service needs to be locked down; and
- Work with children and young people in the residential care service to prepare an outbreak management plan to help staff and children and young people identify, respond to and manage a potential outbreak; protect the health of staff and children and young people, and reduce the severity and duration of outbreaks if they occur. (Draw a map of the house and consider how isolation areas could be created) This should include making sure everyone is aware of what they need to do in terms of cleaning, isolating and using PPE if someone starts feeling ill or they find out they have been in contact with someone who is diagnosed with the virus.

*in the case of foster care placement – staff to provide support to foster carer to ensure the above preparation work is in place.

COVID-19 Suspected/Positive Response: (see Appendix 3 - Check List Positive COVID-19)

Each child or young person continues to be responsible for monitoring their own health and reporting to staff if they feel unwell in any way. FaDS staff have a duty of care to support each child or young person through their health incident.

Children and Young People

- Child or young person to be supported to immediately self-isolate until medical support can be accessed (including those people who have been in immediate contact with the child or young person);
- Follow Queensland Health Guidelines, seek medical testing or admission to hospital if required;
- Consider the need to self-isolate all children or young people in the residential house or placement;
- Inform OOHC management team/staff that there is a suspected case and that they are self-isolating.

Residential Care and Placement Support Staff

- Take appropriate precautions when dealing with children/young people suspected of being having COVID-19 (physical distancing, hand washing, PPE), utilise the PPE 3 day Kit provided during all contact with the client who is suspected of having COVID-19 or confirmed as having COVID-19. Refer to the PPE Matrix to ensure correct equipment is used. <https://www.unitingcareqld.com.au/COVID19>;
- Ensure the child/ren or young people are safe and isolated in their room/s and have enough activities to support their isolation time;
- Support the child or young person to access medical services (If child or young person requires support to be transported to the doctor, in the case of a suspected COVID-19 case utilise adequate PPE from the PPE Kit for both the staff member and the child or young person. Maintain social distance at all times, increase hand washing if PPE is not available);
- For suspected COVID-19 cases – whilst awaiting test results provide close monitoring of the child or young person;
- Use the regular reporting lines through your manager to contact your **General Manager** and notify them you have a suspected or confirmed COVID-19 case in the OOHC residential/placement. (Riskman COVID 19 module, Notification to Department of Child Safety) Your General Manager will notify the Group Executive and the FaDS Operations Team Advisor; and
- Working with the Lead Manager support the child or young person as per the agreed individual support plan.

Lead Outbreak Manager (assigned by General Manager)

If COVID-19 case confirmed – the Service Leader/Local Service Manager/Statewide Manager will be appointed by the General Manager as the lead in the management of all engagement with the General Manager and Operations Team Advisor. The lead manager will be responsible for ensuring the directions of the GM and Operations Team Advisor are delivered and each child or young person has an agreed upon support plan during their period of illness and/or isolation.

The plan, developed in conjunction with the Department of Child Safety, will include consideration of:

- Contact with other children and young people – considering other ways to support children and young people to remain in contact with their friends and family such as Skype, FaceTime and Zoom;
- Family contact – update family members about any measures the residential care service is taking to ensure the ongoing health of children and young people and discuss with the department how ongoing family contact should be supported (e.g. Skype, FaceTime and Zoom);

- Engagement with Community Visitors – contact the Office of the Public Guardian to discuss appropriate options for ongoing engagement;
- Strategies for the management of stress and trauma related behaviours that may surface and diversionary approaches to ensure calm recovery spaces and reduce anxiety; and
- Activities to keep children and young people occupied and engaged to reduce the temptation for young people to leave the residential care service.

The Lead Manager will be responsible for ensuring:

- Completing Riskman COVID 19 Module and Department reporting requirements;
- Ensuring those accessing the site, including children and young people living in the house are notified of a confirmed COVID-19 case;
- Supporting Queensland Health in the management of contact tracing activity;
- Ensuring a plan is in place to support other children and young people who may have had contact with a COVID-19 positive child or young person - self-isolate and are tested in accordance with the QLD Health guidelines and advice. <https://www.unitingcareqld.com.au/COVID19>;
- Identify potentially impacted staff should COVID-19 be suspected – initiate locational rostering to minimise further spread of infection;
- If confirmed COVID-19– instruct staff identified as being in close contact to self-isolate follow People and Culture procedures.
- Identify staff able to support clients in self-isolation or the child or young person who is COVID-19 positive and been discharged for care in the community;
- Initiative your pre-prepared house isolation plan or consider alternative accommodation arrangements for isolated child or young person or the child or young person who is COVID-19 positive and been discharged for care in the community. This may include the identification of alternative foster care or residential placements; and
- Contacting authorities if self-isolation rules are not being adhered to.

FaDS General Manager

- Appoint a lead manager for confirmed COVID-19 cases;
- Report suspected COVID-19 case to Central Crisis Management Team via the FaDS Operations Team Advisor;
- Report suspected COVID-19 Case to the FaDS Operations Team Advisor ensure Riskman COVID 19 Module is completed.
- Report confirmed COVID-19 case to Group Executive and FaDS Operations Team Advisor – this information will be shared with the Central Crisis Management Team;
- Engage in any complex communication with key stakeholders;
- Communicate position with all FaDS impacted residential services staff, the Group Executive, Operations Team Advisor and Department of Child Safety - through daily status update;
- Support residential care staff and placement staff as required;
- Ensure all communications, safety and practice processes are adhered to in a timely way; and
- Ensure all licencing requirements are maintained throughout.

*in the case of foster care placement – some elements of the above will relate to our role in supporting foster carers to achieve the above in placement. Foster care staff maybe required to work with the Department to source alternative placement arrangements for children and young people to support isolation or community care.

6.3 Supported Independent Living

COVID-19 presents a significant and unprecedented challenge for many people with disability, including children and young people, the people who support them, and the disability sector as a whole. Some people with disability are more likely to be vulnerable to the effects associated with COVID-19 including impacts which continue following the pandemic period. It is essential that we all adopt an approach that continues service delivery as far as possible, while keeping participants and staff in a safe environment. Of particular importance is ensuring support for participants continues to be delivered in a respectful way, ensuring safety is maintained. Keeping service delivery going may be difficult for staff who are also feeling stressed and vulnerable, where possible alternative ways of engaging/communicating with participants in the community (social support) should be found, to support both continuity of connection and intervention with participants and their family and the safety of staff delivering services.

The response must be delivered in line with NDIS Commission regulations updated regularly: at the site below: <https://www.ndiscommission.gov.au/resources/coronavirus-COVID-19-information>

This plan should be read in conjunction with the Australian Department of Health – *Management and Operational Plan for People with a Disability* a copy can be found at the following link: <https://www.health.gov.au/sites/default/files/documents/2020/04/management-and-operational-plan-for-people-with-disability.pdf>

Considerations prior to outbreak (see: Appendix 4 - Check List preparation activity)

- Social distancing and isolating may impact on participant's mental health and behaviours. Staff should reflect on their key practice principles to ensure their practice continues to meet the needs of vulnerable people.
- Ensure all people understand what they need to do if they start to feel unwell (e.g. make staff aware, stay away from other people and staff in the home etc.), and ensure all staff know what to do if participants are reporting symptoms of the virus.
- Ensure participants and their families know where they can get appropriate information of their own about the virus.
- Consider what essential items children and young people may need if self-isolation is required e.g. medication.
- Consider additional needs of participants with mental health or drug and alcohol impacts and how these can be managed. What extra supplies might be needed? What management strategies may need to be employed if a participant exhibits withdrawal symptoms? Are there plans in place if access to mental health services is more difficult?
- Ensure participants and their families have access to telephone/mobile to provide ongoing communication or an alternative means of raising concerns if participants are not able to use or access a telephone/mobile.
- Ensure participants are checked before the end of each shift and at the beginning of each shift – this review should include checking on the person's emotional well-being and their physical health. This information should be recorded.
- Where participant/s are often absent from the home/hostel, ensure they have access to appropriate contact numbers and procedures for accessing medical attention and advice if they begin to feel unwell outside of their home.
- Support restricted access to home by all non-essential visitors and establish other ways of engaging with essential visitors to minimise access (such as tele-appointments where appropriate).
- Consider rostering (locational rostering) to reduce spread of possible infections across participant/s homes.
- Stop group activities as directed by latest health authority advice.

- Consider travel needs of participants and how to minimise risk of infection e.g. minimise use of public transport.
- Ensure there are communication protocols in place with the NDIS and Quality Safeguarding Commission and other disability homes/services should a participant be diagnosed with the virus and the home needs to be locked down.
- Work with participants and families to prepare an outbreak management plan to help staff and participants identify, respond to and manage a potential outbreak; protect the health of staff and children and young people, and reduce the severity and duration of outbreaks if they occur. (Draw a map of the house and consider how isolation areas could be created) This should include making sure everyone is aware of what they need to do in terms of cleaning, isolating and using PPE if someone starts feeling ill or they find out they have been in contact with someone who is diagnosed with the virus.
- Establish Client profiles to ensure participants vulnerability and health conditions are known.

COVID-19 Suspected/Positive Response: (see: Appendix 4 - Check List Positive COVID-19)

Each participant continues to be responsible for monitoring their own health where they can or are supported by a staff member to monitor their health (including their temperature) every day. FaDS staff have a duty of care to support the participant through their health incidents.

The following checklist should be used in the event of a participant suspecting they have become infected with the COVID-19 virus.

Participants (with family or staff support)

- Immediately self-isolate (including those people who have been in close contact with the participant);
- Follow Queensland Health Guidelines, seek medical testing or admission to hospital if required; and
- Inform line manager (lead practitioner or service coordinator) that there is a suspected case and that they are self-isolating.

Disability Services Staff

- Take appropriate precautions when dealing with suspected participants (physical distancing, hand washing, PPE), utilise the PPE Kit provided during all contact with the participant who is suspected of having COVID-19 or confirmed as having COVID-19. Refer to the PPE Matrix to ensure correct equipment is used. <https://www.unitingcareqld.com.au/COVID19>;
- Ensure the participant/s are safe and isolated in their room/s;
- Support the participant to access medical services (If participant requires support to be transported to the doctor, in the case of a suspected COVID-19 case utilise adequate PPE from the PPE Kit for both the staff member and the participant. Maintain social distance at all times, increase hand washing if PPE is not available);
- For suspected COVID-19 cases – whilst awaiting test results provide close monitoring of the participant provide the participant with contact numbers or ways to access support should this be required;
- Provide instructions (utilise communication support tools as required) to the participant to report testing outcome to the staff on site; and
- Using your regular lines of management reporting contact your **General Manager** and notify them you have a suspected or confirmed COVID-19 case in the Disability service and follow the COVID-19 Reporting Procedure (Riskman COVID Module, Notification to regulatory body) Your General Manager will notify the Group Executive and the FaDS Operations Team Advisor.

Lead Outbreak Manager (assigned by General Manager)

- If COVID-19 case confirmed – the Disability Services Manager or Service Coordinator will be appointed by the General Manager as the lead in the management of all engagement with the General Manager and Operations Team Advisor. The lead manager will be responsible for ensuring the directions of the GM and Operations Team Advisor are delivered.
- This will include actions such as:
- Complete Riskman COVID 19 module and required NDIS and Quality Safeguarding Commission reporting requirements <https://www.ndiscommission.gov.au/resources/coronavirus-COVID-19-information>;
- Ensuring participants on site are notified of a confirmed COVID-19;
- Support Queensland Health in the management of contact tracing activity;
- Ensure a plan is in place to support other participants who may have had contact with COVID-19 participant (and family) to self-isolate and be tested in accordance with the QLD Health guidelines and advice. <https://www.unitingcareqld.com.au/COVID19>;
- Identify potentially impacted staff should COVID-19 be suspected – initiate locational rostering to minimise further spread of infection;
- If confirmed COVID-19 – instruct staff identified as being in close contact to self-isolate, follow People and Culture procedures
- Identify staff able to support participant/s in self-isolation or the participant who is COVID-19 positive and has been discharged for care in the community;
- Consider alternative accommodation arrangements for isolated participant/s or the participant who is COVID-19 positive and been discharged for care in the community; and
- Contacting authorities if self-isolation rules are not being adhered to.

Disability Services General Manager

- Appoint a lead manager for confirmed COVID-19 cases;
- Report suspected COVID-19 case to Central Crisis Management Team via the FaDS Operations Team Advisor;
- Report suspected COVID-19 Case to the FaDS Operations Team Advisor – complete client/participant tracker (insert link);
- Report confirmed COVID-19 case to Group Executive and FaDS Operations Team Advisor – this information will be shared with the Central Crisis Management Team;
- Communicate position with all directly impacted Disability Services staff;
- Provide daily status update to the Group Executive and Operations Team Advisor;
- Support disability care staff as required;
- Ensure all communications, safety and practice processes are adhered to in a timely way; and
- Ensure all NDIS regulations are met, including the application of behaviour support plans and restrictive practice guideline. Note guidance for restrictive practice and behaviour support can be found here: The NDIS Quality and Safeguards Commission has published a [COVID-19 behaviour support and restrictive practices fact sheet](#) to assist NDIS providers with practical guidance for NDIS participants.

6.4 Community Based Client and Customer

Community Based services (this includes all services delivering interventions in the community or home setting) and Lifeline Retail services will continue to operate unless directed by the Group Executive. The decision to close or temporarily suspend services will be informed by the Department of Health, funding bodies and Government COVID regulations. The delivery of all services in the community

must adhere to the requirements to hand wash and maintain social distancing where it is possible to do so.

In the event of a community outbreak, services delivering in that location will be notified and actions plans will be put into place to ensure the protection of staff, customers and clients. Unless the client/family is considered highly vulnerable and requires continued service provision, service provision may during the period of infection be suspended. If the client/family is assessed as vulnerable and requires a continued service during isolation a risk assessment, PPE usage plan and service support plan will be developed. The Plan must be endorsed by the General Manager following approval from the Covid 19 Operations Team.

In March 2020 the following services were designated Essential Services, ensuring risk assessments are undertaken prior to engaging in home visiting. [A Client Contact Risk Assessment](#)

Essential Services include but are not limited to the following:

- Childcare Services;
- Disability Services;
- Licensed Residential Care Services;
- Homelessness Services;
- Services that respond to the safety needs of women and children who are at risk of or experiencing domestic and family violence including Men's Behaviour Change Services;
- Services that support families and individuals experiencing vulnerability to meet the safety needs of children;
- Family law services;
- Service that work directly with Child Safety to increase the safety of children in or at risk of coming to the attention of the child protection system;
- Elder Abuse Services;
- Lifeline Crisis Support Services;
- Community Recovery; and
- Financial Resilience Services.

Non-Essential Services include:

- Convening events;
- Attending events;
- Face-to-face group training;
- Large meetings or group-based interventions where social distancing cannot be assured;
- Playgroups; and
- Community Education.

Essential Service Delivery requirements:

- **Office-based individual counselling** will continue if social distancing (4m² between each person indoors) can be maintained. If possible, counselling rooms should be reviewed to support this and hand sanitisers made available. [A Client Contact Risk Assessment](#) should be completed prior to the appointment. Clients should be asked to advise if they or a member of their household is unwell. In such cases, visits should be rescheduled or alternative means of contact (by phone or video call) should be arranged. QR Code, where available, should be used to record the names and addresses of all clients accessing the office locations.
- **Home visiting** will continue if social distancing can be maintained. [A Client Contact Risk Assessment](#) should be completed before home visiting. Clients should be asked to advise if they or a member of their household is unwell. In such cases, visits should be rescheduled or alternative means of contact (by phone call or video call) should be arranged.
- **Group Work** programs and group counselling – should be adapted and COVID plans in place to ensure the safety of all participants. Alternative methods for the delivery of group programs should be initiated including working individually with group members or utilising approved video

conferencing tools where required. QR Code, where available, should be used to record the names and addresses of all clients/staff accessing the office locations.

- All **out-of-home care, disability services, homelessness, Early Childhood Education and Care (ECEC) and telephone-based services**, to operate as normal, with social distancing and good hand hygiene practises in place unless directed otherwise. Additional cleaning requirements for ECEC and homelessness services are to be maintained.
- **Remote Early Childhood Education and Care services (ECEC)** - with the exception of playgroups – to operate in line with contracted deliverables. A Client Contact Risk Assessment should be completed prior to the delivery of services to families [insert hyperlink]. Families should be asked to advise if they or a member of their household is unwell. In such cases, visits should be rescheduled or alternative means of contact (by phone or video call) should be arranged. Additional cleaning requirements for ECEC services are to be maintained. Playgroups should be postponed until further notice.
- **All staff** delivering services in the community are required to check restrictions in place relating to entering Aboriginal and Torres Strait Islander communities, before travelling.
- **All physical meetings and gatherings** (both internal and external) should be avoided as much as possible. If a physical meeting is absolutely necessary, please ensure social distancing is adhered to (4m2 in an enclosed space). Meetings should be moved online wherever possible. Physical attendance at non-essential meetings (such as sector networking meetings) should be cancelled.
- **Project Search, Beyond Borders Travel, Lifeline Retail Events** (e.g. Bookfests) require Group Executive approval to deliver following the implementation and approval of a full risk assessment.

Lead Outbreak Manager (assigned by General Manager)

If COVID-19 client case confirmed – the Service Leader/Local Service Manager/Statewide Manager will be appointed by the General Manager as the lead in the management of all engagement with the General Manager and Operations Team Advisor. The lead manager will be responsible for ensuring the directions of the GM and Operations Team Advisor are delivered and each client/family has an agreed upon the PPE and support plan during their period of illness and/or isolation.

The plan, developed in conjunction with the clients and/or Funding Body, will include consideration of:

- Contact with vulnerable clients and household members – considering other ways to support the client to remain in contact such as Skype, FaceTime and Zoom;
- Support the engagement of designated visitors/services who can support the family and/or client; and
- PPE usage plan and training plan for staff and clients if required. This must be agreed with the General Manager with the support of the Operations Team Advisor.

The Lead Manager will be responsible for ensuring:

- Reporting and tracking case outcomes as required
- Completing Riskman COVID module and Department reporting requirements;
- Supporting Queensland Health in the management of contact tracing activity;
- Ensuring a plan is in place to support clients/family units who may have had contact with a COVID-19 positive client and required a continued service.
- Undertake a risk assessment and develop a service delivery plan for clients/family units who maybe in isolation.
- Identify staff able to support clients in self-isolation as required; and
- Contacting authorities if self-isolation rules are not being adhered to.

FaDS General Manager

- Appoint a lead manager for confirmed COVID-19 cases;

- Report suspected COVID-19 case to Central Crisis Management Team via the FaDS Operations Team Advisor;
- Report suspected COVID-19 Case to the FaDS Operations Team Advisor – complete Riskman COVID module
- Report confirmed COVID-19 case to Group Executive and FaDS Operations Advisor – this information will be shared with the Central Crisis Management Team;
- Engage in any complex communication with key stakeholders;
- Support staff as required, ensuring staff do not engage with positive COVID 19 in the home or office setting. If clients are deemed highly vulnerable and require an intervention in the home a clear risk assessment and PPE usage plan to be developed in conjunction with the FaDS Operations Team Advisor; and
- Ensure all communications, safety and practice processes are adhered to in a timely way.

6.5 Staff – All staff

- All staff are to follow the instructions outlined in the UnitingCare COVID-19 website and related communication – <https://www.unitingcareqld.com.au/COVID19>;
- Staff **must not** come to work if they are feeling unwell;
- Staff must notify their line manager immediately. Your line manager will ensure the information is shared with your General Manager (who will share information with the Group Executive and FaDS operations manager for confirmed cases); and
- Staff who are suspected (those undergoing testing) or who are positive for COVID 19 **must not come to work or attend any UnitingCare workplaces.**

All managers must complete the Riskman (COVID 19 module) for all cases where staff member's absence (suspected or positive case) is linked to COVID-19 Federal, State or UnitingCare guidance.

6.6 Outbreak notification

If a provider has a confirmed or suspected case or outbreak of COVID-19, it is critical that they report to their Public Health Unit and also inform the Commonwealth Department of Health of confirmed cases and potential and/or confirmed outbreaks. A Health departmental officers will be in contact to offer case-by-case assistance and support to help you manage the case or outbreak. This is the fastest pathway to access State and Commonwealth support.

Assistance available ranges from accessing more staff if you have staff off work being tested for COVID-19 or in isolation due to infection, to accessing PPE if you have an outbreak or an incident. Refer to [FaDS Reporting Requirements](#) for services for additional information.

7. Finance and supply

The UnitingCare Operations Team will conduct financial and revenue modelling which includes establishing a process to understand the financial implications related to the pandemic. The processes for reporting revenue losses or purchasing additional items to support our clients and staff through this time have been updated. These updates will also create opportunities for service streams to better respond to the events and identify funding opportunities or changes that are required.

A pandemic expense is a typical purchase or increase in expenditure that your service would not have otherwise incurred prior to the pandemic commencing.

Similarly, pandemic revenue loss refers to the financial impact of any fee-for-service that has been reduced or terminated outside of normal service trends. This may include reduced site hours or service provisioning, and the cancellation of activities or events.

For expenses that will be invoiced and paid for through the normal accounts payable process, please note that specific cost centres, sub-codes and service classifications will be created to capture pandemic expenses.

7.1 Procurement

During a pandemic, the supply stream will be severely impacted. Procurement of items such as Personal Protective Equipment (PPE) will be coordinated through the Operations Team.

7.2 Other pandemic related expenditure

The UnitingCare Operations Team will develop an online tool to clearly capture pandemic related expenditure that does not follow the processes mentioned above. This includes purchases made with petty cash and/or procurement cards. This process will be in addition to complying with normal process such as Promaster and petty cash reconciliation where it is mandated that transaction descriptions include the identified title, for example: "pandemic expense". UnitingCare Business Units should update the online tool on a daily basis. An example of the online tool can be found at: <https://form.jotform.com/200768340889870>

7.3 Supply Chain Management

Existing channels for ordering products are to be leveraged in the first instance using the current procurement process.

Service areas need to monitor and redistribute resources (including PPE resources). If unable to redistribute stock or there is risk of unacceptably low stock levels, General Managers are to escalate orders through the FaDS Operational Team Advisor for review and further escalation to procurement.

For cleaning chemicals and paper goods consumables (e.g. toilet paper), Services are to place orders through the normal procurement process. An up to date stocktake should be completed weekly and monitored site managers/residential care staff. This will be used to identify services with critical stock levels. These sites will be prioritised and provided with stock. All other sites will then be supplied with stock.

If unable to redistribute stock or there is risk of unacceptably low stock levels, General Managers are to escalate orders through the FaDS Operational Team Advisor for review and further escalation to procurement.

8. Workforce management

Existing employment and management legislation, industrial relations agreements, policies and practices in relation to salaries, wages and conditions continue to apply and are enforceable, unless varied through appropriate processes. Particular care should be taken to ensure breaks, shift changes and rest periods continue to be observed, to offset the risk of fatigue compromising the quality of services.

People and Culture have conducted staff profiling utilising the Better Impact application to inform workforce planning decision during a pandemic.

People and Culture Business Partners will support all General Managers response to the closure or extension of FaDS services: this may include redeployment, the stand down of staff teams, remodelling staffing requirements.

8.1 Flexible work arrangements and worksites

An appropriate risk assessment must be undertaken for temporary work sites. Arrangements may not be ideal but should not present an unacceptable level of risk to clients, staff, volunteers or visitors.

During a pandemic, the Australian Government will recommend all Australians who can work from home, should do so, where practical. Based on this, staff who can work from home without negatively impacting their ability to conduct their daily duties, will do so.

Working from home arrangements for staffs must be prior-approved by the staff's Senior Leadership Team (SLT) member.

Home sites should be secure, appropriate and kept separate from daily living. Managers and staff should have established timings for regular contact both individually and collectively by email, phone or conference call and maintain appropriate work process.

In order to support everyone working from home, staff are required to use Citrix to deliver critical functions will be identified and able to continue to do so.

Staff that do not need to use Citrix, please use other forms of access (e.g. Webmail).

Staff that require documents remotely, will be advised to download these BEFORE going home. Only copy the files you need.

In addition to this, each business unit and corporate support function will nominate a 'digital concierge' person who can access the majority of files stored on UnitingCare servers for their team, in the event they need to be accessed remotely.

Resources to support staff working from home will be available from the microsite however staff are reminded to print these resources prior to working from home as the microsite can only be accessed through Citrix.

During a global pandemic it is likely that the UnitingCare My Service Desk will be impacted. For this reason, staff will be reminded that the My Service Desk team should only be contacted for widespread, high impact, critical urgency. All other requests are to be logged via My Service Desk Portal.

All managers and leaders are to keep track of any hardware assets that staffs take home for remote working during the pandemic period.

8.2 Staff obligations

Symptomatic staff will be excluded from work and referred directly to a fever clinic or medical practitioner for assessment, diagnosis and advice about safe return to the workplace.

All staff will be reminded of their obligations in regards to not working if unwell.

Child Care, Out of Home Care and Disability Services will implement a system to screen staff for possible symptoms prior to entering the workplace/commencement of shift.

8.3 Leave management

Leave resources will be available through the established [UnitingCare Pandemic Intranet Site](#):

- Leave Management Guide
- Leave Decision Tree

8.4 Support mechanisms

The following mechanisms are in place to support UnitingCare during and outside of a pandemic:

- Our Chaplain: missionteam@ucareqld.com.au
- Staff Assistance Programs: Benestar 1300 360 364
- Lifeline: 13 11 14 for crisis intervention

8.5 Education and Training

In addition to the stand infection control training conducted, during a pandemic staff will be required to complete the online SABA, Open Futures and Winx site training packages developed as they relate to infection control practices, hygiene, and Personal Protective Equipment (PPE). All staff are expected to complete the core suite of Infection control, Hand Hygiene and Donning and Doffing PPE training.

9. Response stages

The Queensland Health response activities reflect the Australian Health Management Plan for Pandemic Influenza (AHMPPI) response stages which are:

- Prevention
- Preparedness
- Response and
- Recovery.

Additional stages are added for a Pandemic within the Response stage.

Once response activities are completed arrangements will return to the Preparedness stage, to monitor for any future novel coronavirus outbreaks; maintain plans and response agreements; and ensure resources are available and ready for a rapid response.

STAGE	SUB STAGE	ACTIVITIES
Prevention	Prevention	<p>No novel strain detected or emerging strain under initial investigation.</p> <ul style="list-style-type: none"> • promote good personal hygiene measures to health care workers and the general public e.g. hand hygiene, respiratory etiquette (cover coughs/sneezes, use of disposable tissues) staying away from others whilst sick • to establish communication systems to keep updated on developments overseas and within Australia • to refine policies and processes for identification and management of suspected cases of pandemic influenza • to advise staff and consumers of symptoms to be aware of • to maintain high levels of infection control • to monitor the epidemiology and aetiology of the disease overseas and update infection control advice accordingly • to enhance practices and behavior to minimise the risk of transmission
	Preparedness	<p>No novel strain detected or emerging strain under initial investigation.</p> <ul style="list-style-type: none"> • to develop, review, maintain and test the FaDS Pandemic Response Plan • to raise awareness of this plan and the key strategies to respond to a pandemic • to strengthen awareness and understanding of staff and volunteers, consumers and families about FaDS preparedness for a pandemic, and what actions they should take • to further build awareness within external audiences of FaDS plans for an influenza pandemic, and assure FaDS has taken all possible known precautions to protect and care for consumers and staff

STAGE	SUB STAGE	ACTIVITIES
Response	Standby	Sustained community person-to-person transmission overseas.
	Initial Action	<p>Activate the Uniting Care Crisis Management and Pandemic Response arrangements.</p> <p>Action is divided into two groups of activities:</p> <p><i>Initial (when information about the disease is scarce)</i></p> <ul style="list-style-type: none"> • Minimise transmission • Prepare and support system needs • Manage initial cases and contacts • Identify and characterise the nature of the disease within the Australian and Queensland / Northern Territory context • Provide information to support best practice care and to manage the risk of exposure and • Confirm and support effective governance arrangements. <p><i>Targeted (when enough is known about the disease to tailor measures to specific needs)</i></p>
	Targeted Action	<ul style="list-style-type: none"> • Ensure a proportionate response • Support and maintain quality care • Communicate to engage, empower and build confidence in the organisation and our community and • Provide a coordinated and consistent approach.
	Stand Down	<ul style="list-style-type: none"> • Support and maintain quality care • Cease activities that are no longer needed, and transition activities to normal business or interim arrangements • Monitor for a second wave of the outbreak • Monitor for the development of resistance to any pharmaceutical measures (if being used) • Communicate to support the return from emergency response to normal business services.
Recovery	Recovery	<p>Virus no longer presents a major public health threat</p> <ul style="list-style-type: none"> • Contribute to community recovery and restoring business as usual operations • Conducting post event debriefing and evaluating systems, revising plans and procedures • Advise external stakeholders about changes to services as they return to business as usual operations • Re-supply stores including PPE.

10. FaDS Response Team Actions

	Activities	Responsibility	Resource
Pandemic planning and coordination	Identify FaDS Response Coordinator	Executive Lead	
	Activate FaDS Response Team and Operations and Working Groups	Executive Lead and Operations Team Advisor	FADS COVID-19 Response Plan
	Cancel all non-essential travel	UnitingCare Management Team Crisis	
	Reduce or close functional areas/ non-essential services as required to temporarily redeploy staff to priority areas	Executive Lead	
	Ensure currency of contingency arrangements to provide continuity of essential services during a pandemic	FaDS GMs and Service Leadership (RM/SL/DSM/SC/LL Operations Managers)	FADS COVID-19 Response Plan
	Implement and monitor management of suspected and confirmed staff cases	UnitingCare Management Team Crisis	
	Implement and monitor suspected and confirmed cases	Operations Team Advisor FaDS GMs - Informed by Service Leadership (RM/SL/DSM/SC/LL Operations Managers)	Riskman Reports
	Add suspected and confirmed case definitions to Riskman	UnitingCare Management Team and Response Coordinator Crisis	Riskman Reports
	Develop and deploy process guide for Riskman	Operations Team Advisor and Practice and Quality Advisor	
	Maintain records and report on numbers of infected staff and consumers	Operations Team Advisor and Government and Peak Body Liaison	
	Monitor staff wellbeing and business activity	FaDS GMs and Operations Team Advisor	
	Liaise with State and Federal departments and report information through GM and Extended SLT Meetings	Executive Lead, FaDS GM and Cluster Operations Team Advisor, Communications Lead.	

	Daily review of federal and state requirements and impacts based on public health advice	Operations Team Advisor, Government and Peak Body Liaison, and Communication Liaison	Daily Round Up email to Operations Team Advisor and FaDS SLT
	Managing changes between delivered and contracted outputs	Business Performance Manager and FaDS GMs	
	Regular check for information on government response and recovery efforts, including any assistance packages that may be available	Executive Lead, Business Performance Manager, FaDS GMs	
	Communicate regularly with other UnitingCare services and Crisis Team	Executive Lead	FaDS COVID-19 Response Plan
	Liaise with CSIA and other Peak Bodies on surge capacity issues	Executive Lead and Operations Team Advisor	
Care	Continue monitoring service delivery quality, safety and presenting risks for both staff and clients.	FaDS GMs, Practice and Quality Lead and Operations Team Advisor	
Infection control	Continue education for clients on the correct use of surgical mask, cough etiquette and hand washing	Operations Team Advisor Service Leadership (RM/SL/DSM/SC/LL Operations Managers)	
	Review and update policies and processes as required to ensure the prompt identification, isolation and medical assessment of clients and with influenza-like illness	Practice and Quality Lead and Operations Team Advisor	Risk Assessment Guidelines Reporting Guidelines Temperature Check process Safe Use of Video conferencing with clients
	Review vulnerability profile of community clients and prioritize support for most at risk cohort.	FaDS GMs and Service Leadership (RM/SL/DSM/SC/LL Operations Managers)	Client Profiling
	Explore options for use of technology to keep families and clients connected	Practice and Quality Lead and Operations Team Advisor	Safe Use of Video conferencing with clients
WH&S	Identify staff who have recovered from illness to support recovery process as these staff may have immunity in the event of a second or third wave	FaDS GMs and People and Culture Advisor	

	Development of resources to assist managers and staff	UnitingCare Operational Management Group	Leader Guide UnitingCare Latest Staff Update COVID-19 Leave and Quarantine Decision Tree COVID-19 Leave Guide
	Initiate workforce policies and processes for school and child care closures	UnitingCare Operational Management Group	Leader Guide
	Reinforce availability of pastoral, counselling and staff assistance programs	UnitingCare Operational Management Group	FaDS COVID-19 Response Plan UnitingCare Pastoral Toolkit
Training	Develop working from home processes and risk assessment	UnitingCare Operational Management Group	Work from home checklist
	Reinforce education package for consumers on the correct use of surgical mask, cough etiquette and hand washing	UnitingCare Operational Management Group and Operations Team Advisor	Resident and client letters Education Packages
	Deploy additional resources as developed to support staff	Practice and Quality Lead and Operations Team Advisor	On Line Training Packages
	Ensure completion of training	FaDS GMS	Staff Certification of completion reports
Communication and reporting	Obtain latest information from Commonwealth and State health departments and communicate it to response team, including updates on legislation impacting client services and retail services.	Practice and Quality Lead, Operations Team Advisor and Communication Liaison	Daily Round Up email to SLT
	Establish regular briefings on developments: - Regular documented teleconferences with GMS (and SME's)	Executive Leader Operational Team Advisor	
	Develop and implement communication plan	UnitingCare Operational Management Group and Operations Team Advisor	Communication Plan
	Provide access to practice information and resources released by key departments:	Practice and Quality Lead and Operations Team Advisor UnitingCare Operational Management Group	Resource Library on UCQ Dox COVID -19 Communication Plan

Procurement	Coordinate distribution and resupply of PPE: - Inventory of PPE Stock across Services - PPE Modelling - Deployment of Outbreak Kits	Operations Team Advisor and UnitingCare Operational Management Group	PPE Spreadsheet PPE education Resources Modelling Spreadsheet
	Monitor and evaluate levels of PPE: - Development & Implementation of PPE	Operations Team Advisor and UnitingCare Operational Management Group	COVID -19 PPE Matrix PPE Education COVID -19 Communication Plan
	Initiate stockpiling plans for other essentials expected to be in short supply	Operations Team Advisor and UnitingCare Operational Management Group	Procurement Processes
Facility, maintenance and property	Liaise with contractors to provide continuity of service	Operations Team Advisor and UnitingCare Operational Management Group Facilities Maintenance	Letter to Contractors COVID-19 COVID -19 Communication Plan
	Review services that can be offered in replacement of suspended services and restrictions.	Practice and Quality Lead and Operations Team Advisor UnitingCare Operational Management Group	Service announcements UC Website COVID -19 Communication Plan
Policy	Identify policy deficiencies and address	Practice and Quality Lead and Operations Team Advisor	COVID -19 Response Team actions and Communication Plan
	Identify policy deficiencies and address – Develop Infection Control and Outbreak Procedure to replace current WHS documentation	Practice and Quality Lead and Operations Team Advisor	

Appendix 1: Check Lists Residential Services

Service Leader Preparation Checklist

Activity	Comments – Check when Completed
Frequency of Cleaning increased in residential houses	
Personal Protection Equipment audit completed	
Notification to funding Department of COVID 19 Plans and key organisational actions if required	
Review Rostering Arrangements across Residential houses to consider the reduction of multiple staff working across multiple residential sites	
Engage clients in age appropriate discussions around hand washing, infection control measures including PPE usage and why and when this will be used	
Review all client profiles to ensure medical history is up to date and any health vulnerabilities are known; Consider strategies to address complex mental health, drug and alcohol usage and general strategies to address isolation	
Distribute Client information post cards when received	
Secure food supply into each house. If shortage is being experienced contact COVID 19 Operations manager to engage procurement to secure alternative food supply	
Review residential floor plan, or a collection of residential addresses (if appropriate) to consider options for the isolation of clients awaiting testing or clients who test positive COVID-19 and are discharged into the community (mild cases)	
Ensure all staff have completed on line Hand Washing, Infection Control and How to Done and Doff Personal Protection Equipment	
Visiting arrangements to residential services are reviewed and communicated	
All staff have access to CEO messages, relevant procedures and requirements	CEO messages released to work and personal emails – stored on https://www.unitingcareqld.com.au/COVID19 Reporting Procedure for all services distributed to services
Review staffing profiles – address key staffing vulnerabilities. Work with People and Culture	

Business Partner to identify Workforce Planning requirements/potential risks. Are additional training or licencing requirements needed to support an increase in the workforce	
Review technology requirement as per Business Continuity Plan	

Service Leader Client COVID-19 Positive Checklist

Key Questions for Consideration	Comments – Check when Completed
Has the client been isolated or taken to hospital? Have appropriate medical actions been taken (call 000 if emergency)	
Have the clients who have been in immediate contact with the COVID-19 positive client been asked to self-isolated?	
Have you notified you direct line manager? (Your direct line manager will forward this to your Statewide Manager, General Manager and the FaDS Operations Team Advisor	
Have you reported to the relevant Department? (Note the timescales required for each department and they pathway for notification can be found in the Reporting COVID-19 Procedure) Various Departments will also require you to follow a number of actions – particularly in relation to Children in the care of the State.	
Has Queensland Heath contacted you to discuss contact tracing? Do you have the rosters and client information at hand to support this contract tracing activity?	
Have all staff and clients been notified and requested they self-isolate and monitor for symptoms (medical testing may need to be supported)?	
Has the staffing roster been secured?	
Is the residential facility closed/locked down due to clients requiring self-isolation? Are family and visitors aware of the visiting arrangements and isolation requirements in the site?	
Are alternative accommodation locations required to support self-isolation?	
Do staff require alternative accommodation during the self-isolation period?	
Have staff and clients impacted been provided with access to help services including EAP, Pastoral Care and Specialist Services?	
Has the site have adequate PPE to manage the outbreak in the site?	

Service Leader Staff COVID-19 Positive Checklist

Key Questions for Consideration	Comments – Check when Completed
Has the staff member been isolated or taken to hospital? Have appropriate medical actions been taken (call 000 if emergency)	
Have the staff member been in immediate contact with the COVID-19 positive client and other staff? Have staff been asked to self-isolate, have clients been notified to self-isolate?	
Have you notified your direct line manager? (Your direct line manager will forward this to your Statewide Manager, General Manager and the FaDS Operations Team Advisor)	
Have you reported to the relevant People and Culture? Has the staff member been advised of their leave and support services available?	
Has Queensland Health contacted you to discuss contact tracing? Do you have the rosters and client information at hand to support this contact tracing activity?	
Has the staffing roster been secured if multiple staff are required to self-isolate/ill?	
Are family and visitors aware of the visiting arrangements and isolation requirements in the site if the site is impacted?	
Are alternative accommodation locations required to support staff's self-isolation?	
Have staff impacted been provided with access to help services including EAP, Pastoral Care and Community Recovery Hotline?	
Has the site have adequate PPE to manage the outbreak in the site?	

Appendix 2: Check List Supported Independent Living

Service Coordinator Preparation Checklist

Activity	Comments – Check when Completed
Frequency of Cleaning increased in homes/houses	
Personal Protection Equipment audit completed	
Notification to funding Department of COVID 19 - CMT and key organisational actions	
Review Rostering Arrangements across Disability houses to consider the reduction of multiple staff working across multiple Disability sites	
Engage participants appropriate discussions around hand washing, infection control measures including PPE usage and why and when this will be used	
Review all participant profiles to ensure medical history is up to date and any health vulnerabilities are known; Consider strategies to address complex mental health, drug and alcohol usage and general strategies to address isolation	
Distribute Participant information post cards when received	
Support participants to secure food supply into each house. If shortage is being experienced contact COVID 19 Operations manager to engage procurement to secure alternative food supply	
Review residential floor plan, or a collection of residential addresses (if appropriate) to consider options for the isolation of participants awaiting testing or participants who test positive COVID-19 and are discharged into the community (mild cases)	
Ensure all staff have completed on line Hand Washing, Infection Control and How to Don and Doff Personal Protection Equipment	
Visiting arrangements to disability services homes are reviewed with participants and families and communicated to parties impacted	
All staff have access to CEO messages, relevant procedures and requirements	CEO messages released to work and personal emails – stored on https://www.unitingcareqld.com.au/COVID19 Reporting Procedure for all services distributed to services
Review staffing profiles – address key staffing vulnerabilities. Work with People and Culture Business	

<p>Partner to identify Workforce Planning requirements/potential risks. Are additional training or licencing requirements needed to support an increase in the workforce</p>	
<p>Review technology requirement as per Business Continuity Plan</p>	

Service Coordinator Client COVID-19 Positive Checklist

Key Questions for Consideration	Comments – Check when Completed
Has the participant been isolated or taken to hospital? Have appropriate medical actions been taken (call 000 if emergency)	
Have the participant/s who have been in immediate contact with the COVID-19 positive participant been asked to self-isolated?	
Have you notified your direct line manager? (Your direct line manager will forward this to your Disability Services Manager, General Manager and the FaDS Operations Team Advisor)	
Have you reported to the relevant Department? (Note the timescales required for each department and the pathway for notification can be found in the Reporting COVID-19 Procedure) Various Departments will also require you to follow number of action – particularly in relation to Children in the care of the State.	
Has Queensland Health contacted you to discuss contact tracing? Do you have the rosters and participant/s information at hand to support this contact tracing activity?	
Have all staff and participant/s (and families) been notified and requested they self-isolate and monitor for symptoms (medical testing may need to be supported)?	
Has the staffing roster been secured?	
Is the residential facility closed/locked down due to participant/s requiring self-isolation? Are family and visitors aware of the visiting arrangements and isolation requirements in the site?	
Are alternative accommodation locations required to support self-isolation?	
Do staff require alternative accommodation during the self-isolation period?	
Have staff and participants impacted been provided with access to help services including EAP, Pastoral Care and Specialist Services?	
Has the site have adequate PPE to manage the outbreak in the site?	

Service Coordinator Staff COVID-19 Positive Checklist

Key Questions for Consideration	Comments – Check when Completed
Has the staff member been isolated or taken to hospital? Have appropriate medical actions been taken (call 000 if emergency)	
Have the staff member been in immediate contact with the COVID-19 positive participant/s and other staff? Have staff been asked to self-isolate, have participant/s been notified to self-isolate?	
Have you notified your direct line manager? (Your direct line manager will forward this to your Disability Services Manager, General Manager and the FaDS Operations Team Advisor)	
Have you reported to the relevant People and Culture? Has the staff member been advised of their leave and support services available?	
Has Queensland Health contacted you to discuss contact tracing? Do you have the rosters and participant/s information at hand to support this contact tracing activity?	
Has the staffing roster been secured if multiple staff are required to self-isolate/ill?	
Are family and visitors aware of the visiting arrangements and isolation requirements in the site if the site is impacted?	
Are alternative accommodation locations required to support staff's self-isolation?	
Have staff impacted been provided with access to help services including EAP, Pastoral Care and Community Recovery Hotline?	
Has the site have adequate PPE to manage the outbreak in the site?	

Appendix 6: Scenario Planning

Each outbreak is unique and clinical severity and transmissibility is likely to vary each time. To assist in understanding the impacts of the COVID-19 pandemic UnitingCare and FaDS, scenario planning for COVID-19 was completed in March 2020. The findings of each scenario are summarised below:

UnitingCare Overall Response

OVERALL RESPONSE

Our overall response to COVID-19 requires a coordinated response across streams (1/3) DRAFT

Domain	Ongoing response
Governance	<ul style="list-style-type: none"> • Central COVID-19 team, led by Chris Foley, coordinating response across hospitals in the UCH network • This team has extensive representation from both clinical and non-clinical staff, and will continue to guide UCH’s cross-stream response as the situation evolves further
Communication	<ul style="list-style-type: none"> • Hospital GMs are communicating daily to Michael Krieg – expected to notify UCQ leadership when first patients with COVID-19 present to UCH, and in the event that staff are affected by COVID-19 (infected or in isolation) • Hospital GMs are communicating plans to care staff and VMOs • Corporate affairs have developed internal and external communication plans for UCQ • Aged Care and FADs are ensuring ongoing coordination between staff, families, residents, and regulators
Regulatory compliance and accreditation	<ul style="list-style-type: none"> • It will be important for all staff to document COVID-19 patient interactions, to ensure we can account for the impacts of COVID on UCH and patients • Heightened requirement for proportionate risk based regulatory response. Therefore will need to maintain comprehensive logic and documentation behind our decision processes.

Our overall response to COVID-19 requires a coordinated response across streams (2/3)

DRAFT

Domain	Ongoing response
Protecting the vulnerable	<ul style="list-style-type: none"> • A clear understanding of our client group and who is considered vulnerable. • Adequate PPE stock and staff are competent in use. • Utilise existing infection control policy and procedures where suitable plus additional COVID advice. • Identifying advanced health directives and EPOA where available.
Leadership and Culture	<ul style="list-style-type: none"> • Leadership to will be required to be agile, flexible, pragmatic and resourceful. • Will need to ensure the right skills and alternative models of service delivery are available. • Reassurance to staff and clients that UCQ is prepared for the continuing of our care services
Staff support/workforce planning	<ul style="list-style-type: none"> • A clear understanding of our staff skills, knowledge and talents and to leverage these in an unknown market • To have a workforce continuity plan which is flexible around changing scenarios including redeployment, upskilling and other workforce options should we need them. • Flexible work arrangements including work from home scenarios are to be planned for, taking into account OH& S issues and technology impacts.

Our overall response to COVID-19 requires a coordinated response across streams (3/3)

DRAFT

Domain	Ongoing response
<p>Supply chain and Finance</p>	<ul style="list-style-type: none"> • Identify potential supply issues and working closely with supplies to maintain critical consumables and therapeutic goods. • Undertake financial modelling of mild, moderate and severe scenarios. • To review and amend current business continuity plans relevant for possible unfolding of known scenarios. • Logistics of stockpiling and distribution of limited resources to areas of greatest needs within the organisations.
<p>Coordination and planning</p>	<ul style="list-style-type: none"> • Executive meet regularly with good record keeping of meeting decisions, outcomes and actions • The CMT, ops team and UCQ executive are monitoring federal and state advice and other key advisories to maintain situational awareness and response. • Ops team responds to escalating risk and tests assumptions to ensure the organisation is prepared to respond to changing scenarios that impact on the ability to maintain capacity to provide services • There is a plan for possible suspension of non essential services in consultation with staff and clients. This plan is able to be appropriately communicated.

We are planning our response around three potential COVID-19 scenarios

	Mild: Limited national spread, quick recovery	Moderate: Largest metro areas impacted	Severe: Generalised spread
Degree and rate of spread	Case growth limited to a few clusters (urban areas), and isolated cases in other areas. Total cases < 5k	Several major areas of disease (major cities) with less impact in other areas. Disease plateaus within ~2 months. Total cases – 5k – 500k	Case transmission is not contained, accelerating in the near term, and continuing over an extended period. Reaches 500k – 10M cases before plateauing
Severity of disease	Most cases are identified early, limiting severity of disease. Optimal clinical care limits mortality to ~0.5%	Despite significant acceleration in cases, well-prepared hospitals address higher volume and maintain mortality rate at ~0.5%	Health systems challenged by case growth; mortality remains at ~0.5%, but heavily impacted areas drive pockets of mortality over 1.5%
Affected regions	Cases are concentrated in 305 limited clusters; major metro areas with extensive international flight connectivity are at greatest risk	All major cities see cases in the thousands to low hundreds of thousands. Cases are limited in rural areas	Widespread throughout country, with all major cities experiencing a minimum 2 month quarantine, with some areas of extended quarantine

Residential Services scenario one:

FADS

1

FaDS Residential services will maintain services through locational rostering and alternate supply chains

DRAFT

Scenario One: One to five clients or staff are infected in out of home care (residential and foster care), homelessness, or domestic and family violence residentials

	Impacts	Mitigation
Practice	<ul style="list-style-type: none"> • Access is limited for visitors and non-essential staff/carer • Majority of residents and staff/carers are relatively unaffected across other houses • Risk levels will change in line with the severity of the situation 	<ul style="list-style-type: none"> • Client is transferred to a Queensland Health hospital in line with established outbreak mgmt plans or isolated in alternative location • Infected clients or staff/carer will be tracked for self isolation where necessary • Frequency of cleaning is increased across all houses • Regulatory bodies to be informed; risk & incident management procedures initiated; stakeholder engagement is maintained
Workforce	<ul style="list-style-type: none"> • Staff/carer or clients who had/have contact with infected individual will be at greater risk • Rostering may be greatly impacted as staff members who are moved to isolation are unable to cover shifts • Staff who work across multiple sites may be at greater risk • Staff are required to use PPE (not currently used widely) • Food and hospitality staff may be impacted in Homelessness services 	<ul style="list-style-type: none"> • For suspected cases, locational rostering/placement may be required for staff/carer in contact with suspected cases (maintaining licensing arrangements), client remains in situ along with other residents • For confirmed cases, positive residents and staff/carer are isolated, as per requirements • All staff/carers expected to maintain compliance with normal rules and regulations • Staff/carers are given PPE education to ensure responsible, sustainable, and safe use of supply • Service provision to continue, supported by workforce mgmt. plan
Supply chain	<ul style="list-style-type: none"> • Supply shortages impact available PPE across FaDS • Cleaning products under greater demand • Food & Hospitality may be affected because of availability (esp. out of home care, homelessness) 	<ul style="list-style-type: none"> • PPE is managed centrally and deployed from warehouses to affected houses • Food & Cleaning Supplies supplies will be procured through larger parallel supply chains
Clients	<ul style="list-style-type: none"> • Given small size of houses, individual impact will be high for staff/carers and clients • Limited client management system; staff may have limited access to client profile (domestic & family violence / homelessness) 	<ul style="list-style-type: none"> • Staff/carers, family (where appropriate), all impacted residents, and regulators are contacted • Client profiles to be developed • Resources available to support client's understanding of COVID 19

2030

| 25

Residential Services scenario two:

FADS

2

FaDS continue to care for clients in placement with additional PPE, if mild COVID-19 clients were managed in the community

DRAFT

Scenario Two: 10% to 20% of clients infected, and hospital burden forces FaDS out of home care, homelessness, or domestic and family violence residential homes to care for clients in the residential.

	Impacts	Mitigation
Practice	<ul style="list-style-type: none"> Staff/carers are caring for clients who have mild-COVID 19 symptoms within residential houses/placement Staff/carers risk is significantly elevated, and facilities begin to operate at reduced staffing levels Shortage of external medical support (i.e. GPs) 	<ul style="list-style-type: none"> Infection Control and PPE training for all Residential staff is delivered Infected clients are cohorted to isolate sections of residential where possible Facilities utilise Nurse Practitioner and Telehealth models to substitute medical support shortage
Workforce	<ul style="list-style-type: none"> 15%+ of staff absent due to isolation, sick leave, or family care Rostering is greatly impacted as affected staff members who are unable to cover shifts Some services staff are likely in isolation Staff reluctant to care for clients in residential homes Foster carers unable to care for young people in placement 	<ul style="list-style-type: none"> Residents and staff/carer households are isolated when suspected or confirmed Locational rostering to prevent spread across residential houses and redeployment of qualified staff resources considered where staff gaps Reduced case management and outreach provision in Domestic and family violence and Homelessness services – clients supported by established Isolation support services (ie Community Recovery Hotline) P&C and EAP support for staff, consider alternative accom. options
Supply chain	<ul style="list-style-type: none"> Supply shortages impact available PPE across FaDS Medical supplies for treating mild cases are in shortage, requiring alternative vendor use Food supplies may be affected by external supply chain (ie Supermarket chains) Alternative accommodation/placement options to allow for isolation in residential homes not available 	<ul style="list-style-type: none"> PPE is deployed from warehouses to affected facilities Alternative supply provision may apply, allowing use of regulated and unregulated PPE Medical supplies ordered to serve mild patient needs Alternative food suppliers sourced through organisational procurement suppliers where supply chain interrupted Alternative placement or accommodation options are sourced
Clients	<ul style="list-style-type: none"> Client anxiety is high, with all facilities impacted by multiple resident infections Clients not adhering to 14 day isolation rule or utilising PPE Clients 	<ul style="list-style-type: none"> Staff receive information regarding supporting clients in uncertainty and times of high anxiety (including talking to children about COVID 19) Staff, Regulators, Guardians are contacted Clients are educated in use of PPE, Infection Control, Covi9-19 Support provided by Dept Child Safety and Public Health to engage young people in adhering to 14 day isolation

Taking Care Further
2030

| 25

Disability Supported Independent Living Services scenario one:

FADS

2 Disability Services are maintained through workforce planning and consistent participant and stakeholder engagement

DRAFT

Scenario One: One to five participants or staff members in supported living disability service is confirmed COVID-19 positive

	Impacts	Mitigation
Service operations	<ul style="list-style-type: none"> Demand remains at current levels, due to high dependence of participants on the services provided Partners seek other service delivery organisations to manage their demand 	<ul style="list-style-type: none"> All affected staff and participants are identified and supported through public health or in situ Risk assessments are performed prior to all participant contact Case by case decisions are made in rationalising non-essential community based activity Demand management planning
Workforce	<ul style="list-style-type: none"> Staff rostering is significantly affected Disability support staff may be on shortage, requiring alternative staffing models Staff are required to use PPE (not currently used widely) 	<ul style="list-style-type: none"> Suspected and confirmed staff self-isolate in line with current guidance Licensed alternative staff assigned to clients who have been attended to by infected staff member (may include internal and/or agency staff) Localised rostering used to minimise spread of infection
Supply chain	<ul style="list-style-type: none"> Supply shortages impact available PPE across FaDS Cleaning products under greater demand 	<ul style="list-style-type: none"> PPE is routed from Lifeline warehouses to meet increased demand Staff are given PPE education to ensure responsible, sustainable, and safe use of supply
Participants	<ul style="list-style-type: none"> Vulnerable participants (i.e., comorbidities) are at greater risk with likely greater anxiety related to possible infection Mortality rate for vulnerable infected participants may grow significantly Given small size of houses, individual impact will be high for staff and clients Limited client management system; staff may have limited access to client profile 	<ul style="list-style-type: none"> Vulnerability profile is built for participant base to ensure public health can prioritise tracking of most vulnerable individuals Guardian, family, regulators, and other service providers receive coordinated communications Other residents are informed, managed, and supported accordingly

Taking Care Further
2030

| 27

Disability Supported Independent Living Services scenario two:

FADS

2 FaDS continue to provide essential care for disability services participants in placement with additional PPE, if mild COVID-19 clients were managed in the community

Scenario Two: 10% to 20% of participants infected, and hospital burden forces disability services teams to care for participants in the home.

LCOMT

	Impacts	Mitigation
Practice	<ul style="list-style-type: none"> • Staff are caring for participant who has mild-COVID 19 symptoms within houses • Staff risk is significantly elevated, and facilities begin to operate at reduced staffing levels • Shortage of external medical support (i.e. GPs) • Reduction in community based services, non essential services 	<ul style="list-style-type: none"> • Infection Control and PPE training for all Residential staff is delivered • Infected participant are cohorted to isolate sections of the home where possible • Facilities utilise Nurse Practitioner and Telehealth models to substitute medical support shortage • Financial impact tracking and management strategies in place
Workforce	<ul style="list-style-type: none"> • 15%+ of staff absent due to isolation, sick leave, or family care • Rostering is greatly impacted as affected staff members who are unable to cover shifts • Some services staff are likely in isolation and family members maybe in isolation • Staff reluctant to care for clients in homes 	<ul style="list-style-type: none"> • Participant and staff are isolated when suspected or confirmed • Locational rostering to prevent spread across services and redeployment/alignment of qualified staff resources to cover staff gaps • Reduced non essential service provision for participant and they are supported by established Isolation support services (ie Com. Recovery) • People and Culture and EAP support for staff
Supply chain	<ul style="list-style-type: none"> • Supply shortages impact available PPE across FaDS • Medical supplies for treating mild cases are in shortage, requiring alternative vendor use • Food supplies may be affected by external supply chain (ie Supermarket chains) • Alternative accommodation options to allow for isolation in homes not available 	<ul style="list-style-type: none"> • PPE is deployed from warehouses to affected facilities • Alternative supply provision may apply, allowing use of regulated and unregulated PPE • Medical supplies ordered to serve mild patient needs • Alternative food suppliers sourced through organisational procurement suppliers where supply chain interrupted • Alternative accommodations are sourced
Participant	<ul style="list-style-type: none"> • Participant anxiety is high, with all facilities impacted by multiple resident infections • Participant not adhering to 14 day isolation rule or utilising PPE • Participant isolated from family and friends • Participants complex medical needs increase risks of caring for COVID 19 positive participant in the home 	<ul style="list-style-type: none"> • Participant profiles for all SILs clients are document • Staff, families, Regulators, Guardians are contacted – procedure in place and tools to connect participant to family (ie Skype) • Participants are educated in use of PPE – communication modes are adapted to ensure clients have appropriate access to information • Support provided by family, Guardian and Public Health to engage in supporting participants to adhere to 14 day isolation

Taking Care Further
2030

| 28

Community/Home Visiting Based Services, Retail and Child Care Scenario one:

FADS

3 FaDS Services maintain service delivery, unless Government enforced closures are deemed necessary. DRAFT

Scenario: 15% of staff and volunteers are infected with COVID-19 OR government regulated closures are enforced

	Impacts	Mitigation
Service operations	<ul style="list-style-type: none"> Government enforced closures of services (including Retail) Complexity of maintaining high service delivery standards to meet government COVID-19 guidance (where enforced closures do not occur) Telephone and Online services maybe disrupted or in high demand 	<ul style="list-style-type: none"> Follow and communicate Government COVID-19 guidance to all staff and clients. Planning and consultation with PEAK bodies, regulatory bodies to delivery COVID-19 requirements Digital and Technological Business Continuity Plan in place for online and telephone based services Client Risk assessment to reduce exposure and spread of infection
Workforce	<ul style="list-style-type: none"> Staff who work across multiple sites and community locations may be at greater risk Workforce management may impacted as staff members who are moved to isolation Potential impact to workforce given volunteer age profile Sick leave growth impact on casual workforce Complexity created by gaps in specialised workforce 	<ul style="list-style-type: none"> Suspected and confirmed staff self-isolate in line with current guidance Licensed/Qualified alternative staff assigned to clients who have been attended to by infected staff/volunteer member (may include internal and/or agency staff); Localised rostering used to minimise spread of infection Workforce management planning including redeployment opportunity and succession planning
Supply chain	<ul style="list-style-type: none"> Broad supply chain impacts to Lifeline Retail, including expectation of increase in PPE warehousing demand Impact on food supply due to dependence on localised suppliers (e.g., homelessness hub) 	<ul style="list-style-type: none"> Explore alternative sales opportunities for Lifeline Retail, including online sales Food & Cleaning Supplies suppliers will be procured through larger parallel supply chains
Clients/ Customers	<ul style="list-style-type: none"> Reduction in attendance and engagement in service delivery Reduction in customer base for retail Increase in demand for telephone based counselling services and/or specialist services (i.e., homelessness, domestic violence) 	<ul style="list-style-type: none"> Client and Stakeholder communication plan to maintain ongoing education, communication and activity in relation to service delivery Demand management plan across FaDS specialist intervention services

Community/Home Visiting Based Services, Retail and Child Care Scenario two:

FADS

3 FaDS Services maintain service delivery, unless Government enforced closures are deemed necessary. DRAFT

Scenario: 15% of staff and volunteers are infected with COVID-19 OR government regulated closures are enforced

	Impacts	Mitigation
Service operations	<ul style="list-style-type: none"> Government enforced closures of services (including Retail) Complexity of maintaining high service delivery standards to meet government COVID-19 guidance (where enforced closures do not occur) Telephone and Online services maybe disrupted or in high demand 	<ul style="list-style-type: none"> Follow and communicate Government COVID-19 guidance to all staff and clients. Planning and consultation with PEAK bodies, regulatory bodies to delivery COVID-19 requirements Digital and Technological Business Continuity Plan in place for online and telephone based services Client Risk assessment to reduce exposure and spread of infection
Workforce	<ul style="list-style-type: none"> Staff who work across multiple sites and community locations may be at greater risk Workforce management may impacted as staff members who are moved to isolation Potential impact to workforce given volunteer age profile Sick leave growth impact on casual workforce Complexity created by gaps in specialised workforce 	<ul style="list-style-type: none"> Suspected and confirmed staff self-isolate in line with current guidance Licensed/Qualified alternative staff assigned to clients who have been attended to by infected staff/volunteer member (may include internal and/or agency staff); Localised rostering used to minimise spread of infection Workforce management planning including redeployment opportunity and succession planning
Supply chain	<ul style="list-style-type: none"> Broad supply chain impacts to Lifeline Retail, including expectation of increase in PPE warehousing demand Impact on food supply due to dependence on localised suppliers (e.g., homelessness hub) 	<ul style="list-style-type: none"> Explore alternative sales opportunities for Lifeline Retail, including online sales Food & Cleaning Supplies suppliers will be procured through larger parallel supply chains
Clients/ Customers	<ul style="list-style-type: none"> Reduction in attendance and engagement in service delivery Reduction in customer base for retail Increase in demand for telephone based counselling services and/or specialist services (i.e., homelessness, domestic violence) 	<ul style="list-style-type: none"> Client and Stakeholder communication plan to maintain ongoing education, communication and activity in relation to service delivery Demand management plan across FaDS specialist intervention services

Taking Care Further
2030

1 Lifeline Retail, Early Childhood Education, Telephone & Online Counselling Services, Home Visiting, Center-based Services, and Group Work & Training

| 30