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| COVID-19Family Violence and Sexual Assault Sector Guidelines Version 1.0  |
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# Abbreviations

**ABHR** Alcohol-based hand rub

**ACCO** Aboriginal Community Controlled Organisation

**AO**  Authorised Officer

**CDPC** Communicable Disease Prevention and Control

**CDNA** Communicable Disease Network Australia

**COVID-19** Coronavirus disease

**CSO**  Community Service Organisation

**DHHS**  Department of Health and Human Services

**MARAM** [Family Violence Multi-Agency Risk Assessment and Management Framework](https://www.vic.gov.au/maram-practice-guides-and-resources#the-family-violence-multiagency-risk-assessment-and-management-framework)

**GP** General practitioner

**FV**  Family Violence - Specialist Family Violence, Case Management. Refuge

**FSV**  Family Safety Victoria

**NDIS**  National Disability Insurance Scheme

**NQSC**  National Quality Safety Commission

**NTV**  No To Violence

**OMT**  Outbreak management team

**PPE**  Personal Protective Equipment

**SACL**  Sexual Assault Counselling Line

# Background

In December 2019, reported cases of a viral pneumonia caused by a previously unknown pathogen emerged. The pathogen was identified as a novel (new) coronavirus. Currently, there is no specific treatment (no vaccine and no antivirals) for the new virus.

## Coronavirus (COVID-19)

Coronavirus (COVID-19) is a respiratory illness caused by a new virus. Symptoms range from a mild cough to pneumonia. Some people recover easily, others may get very sick very quickly. There is evidence that it spreads rapidly from person to person.

For the most up to date COVID-19 information visit <https://www.dhhs.vic.gov.au/coronavirus>

Call the coronavirus hotline (Nurse-on-Call) on **1800 675 398** – for expert health information and advice (24 hours, 7 days)

## State of Emergency

On 16 March 2020, a State of Emergency was declared in Victoria to combat COVID-19.

Under a State of Emergency, Authorised Officers (AO), at the direction of the Chief Health Officer, can act to eliminate or reduce a serious risk to public health by detaining people, restricting movement, preventing entry to premises, or providing any other direction an AO considers reasonable to protect public health.

The directions are available at <https://www.dhhs.vic.gov.au/state-emergency>

## COVID-19 and Family Violence

For many people, including victim-survivors of family violence, being at home is not always a safe place.

It is expected family violence incidents will increase as a result of the COVID-19 pandemic. Research and evidence have shown that family violence can become more frequent and severe during periods of emergency. For many people, public health and community containment measures introduced to reduce the spread of COVID-19 such as ‘social distancing’ and self-isolation, as well as increased financial insecurity and reduced ability to leave relationships, may increase their risk of family violence.

As professionals it is important to ask about family violence and to let people know that there is specialist support and services available.

Times of stress and hardship are never an excuse for violence. All people deserve to live free from fear and family violence.

# Purpose

These guidelines are intended as an overarching guide to inform more detailed planning for Community Service Organisations providing family violence and sexual assault services, including services provided The Orange Door.

All providers should consider these guidelines, alongside other materials provided by the Department of Health and Human Services (Victoria) and the Department of Health (Commonwealth) to determine how COVID-19 may impact their service, their residents or clients and their workforce, and use those insights to determine further planning and preparedness as required.

Please note: The advice contained within this document is current as at the time of writing. This is a rapidly changing environment and agencies are encouraged to refer to the Department of Health and Human Services Coronavirus website for the most current guidance: [www.dhhs.vic.gov.au/coronavirus](http://www.dhhs.vic.gov.au/coronavirus)

## Role of the Department of Health and Human Services

### Department of Health and Human Services

‘The department provides and funds a range of services to support, protect and enhance the lives of all Victorians including public health, hospital, mental health, housing and homelessness, ambulance, disability, aged care, family and children’s services.

### Chief Health Officer

The Chief Health Officer promotes and protects public health in Victoria by providing health information and alerts, as well as strategic advice to the Victorian Government on matters relevant to public health and wellbeing. In relation to the response to COVID-19, the CHO also is a member of the Australian Health Protection Principals Committee and is responsible for advising the Australian Health Ministers’ Advisory Council in relation to COVID-19.

### Family Safety Victoria

Family Safety Victoria (FSV) is an administrative office of the Department of Health and Human Services.

FSV:

* provides guidance and communication for the specialist family violence and sexual assault sector
* delivers The Orange Door service together with partner agencies
* liaises with department local areas
* prioritises and provides state-wide coordination and escalation of essential family violence and sexual assault services.

Family Safety Victoria and peak agencies, Domestic Violence Victoria, NoTo Violence and the Victorian Association of Sexual Assault Services are working closely together to provide advice and guidance to the family violence and sexual assault services.

### Local areas/ Agency Performance and System Support teams

* local DHHS service coordination
* approve diversion of existing agency funding and targets

### Family violence and sexual assault service providers

All service providers have a responsibility to:

* ensure staff are trained in infection prevention and control as appropriate
* manage outbreaks in accordance with Victorian and Commonwealth guidelines and instructions as issued from time to time
* develop and implement business continuity plans to ensure critical supports and services continue to be provided to people experiencing or at risk of homelessness or experiencing family violence or sexual assault while reducing risk of exposure to COVID-19 of both clients and staff
* ensure that all clients are supported to access to relevant and up to date information in a format they can understand
* ensure clients receive information about any changed practices or service delivery to respond to COVID-19.

## Funded Agency Channel

Information on COVID-19 for DHHS funded family violence and sexual assault services can be accessed at <https://fac.dhhs.vic.gov.au/>.

## Service Agreement Requirements

Under [Service Agreement Requirements](https://fac.dhhs.vic.gov.au/service-agreement-requirements) (January 2020- June 2024) funded organisations are required to operate in accordance with the department’s emergency management policy that supports the health and human services sector to maximise the health, wellbeing and safety of Victorians who access their services before, during and after emergencies.

Further information is available on the Emergency management webpage <https://providers.dhhs.vic.gov.au/emergency-management>.

Organisations are also required to operate in accordance with the *Vulnerable people in emergencies* policy that integrates emergency preparedness planning with the delivery of funded services.

Further information is available on the Emergency management webpage <https://providers.dhhs.vic.gov.au/emergency-management>.

## Business Continuity Planning

All service providers should enact their Business Continuity Plans and ensure that planning covers potential staff absenteeism and awareness of upstream and downstream dependencies. For The Orange Door, Family Safety Victoria is leading business continuity planning in consultation with partner agencies.

The Business Continuity Plan needs to identify:

* Reduce staff levels as a risk, including specialist skill sets
* Dependencies such as use of third-party providers and service level agreements, including consumables and increased cleaning requirements
* Identify the processes or tasks that if interrupted could lead to serious impacts (financial, health, reputational, legal, or other)
* How service delivery will be maintained in the event of potential staff absenteeism and/or clients becoming infected
* Risk management planning, including risk assessments and mitigations
* The date the Plan was updated and current staff members and their responsibilities and back-up staff for key roles

Services should develop protocols to support the above and the following:

* Protocols for infection prevention and control procedures, including updates and staff education and audits
* Protocols for quarantine
* Respond to requirements for self-quarantine, self-isolation or COVID-19 illness among service recipients or staff in accordance with Victorian and Commonwealth guidelines and instructions as issued from time to time
* Protocol for escalation of care to other settings (hospital etc) for confirmed and non-confirmed clients
* Staff absenteeism protocols
* Consumable planning and maintaining adequate essential supplies

Other practical considerations include:

* Appoint a COVID-19 risk manager to be the point of contact for staff and clients to report to if they are advised by DHHS they are a close contact of a confirmed case of COVID-19 and need to self-quarantine. Brief and educate any designated workplace health and safety officers of what to look out for and what to report to the risk manager.
* Review business continuity insurance and any other relevant insurance policies and know your reporting obligations.
* Provide staff and clients with regular updates (through various forms of communication e.g. email, SMS, signs around the workplace)
* Ensure staff and clients know that they are required to report, and how to report, any increased risk of infection, including if they have been in contact with a person diagnosed or if they have travelled overseas.

An essential component of business continuity in the current climate is robust channels of communication between the department, Family Safety Victoria and service providers. For The Orange Door, communication across the partnership is also critical.

Service providers should contact department local area staff if there are concerns regarding:

* Department expectations of continued provision of service delivery
* Discussion of preparedness and any known issues
* Assistance and guidance service providers may require and availability of current information

The department encourages agencies to contact peak agencies and ‘like’ service providers and share examples of good practice. As the situation is changing and evolving, so will agencies mitigation strategies. A spirit of collaboration and information sharing between agencies is important at this time.

Service providers should be mindful that current advice is that Business Continuity Planning should consider that the COVID-19 pandemic is likely to impact Australia over a period of months.

## Prioritisation of service delivery

Family violence and sexual assault services are essential services and will need to continue to provide functions that maintain safety for victim survivors. Service providers should consider the diversion of existing funding and targets to support business continuity of essential functions. Service providers should discuss their intention to change or cease functions or programs with their local department area contact, particularly if the changes are likely to impact contractual/funded program requirements and performance targets.

Family Safety Victoria has outlined essential family violence and sexual assault functions and programs in the following pages, in priority of order. Agencies must ensure that priority functions are delivered and may consider reducing or redeploying resources from secondary priority areas if required.

Programs and functions are prioritised as follows:

### Priority services – ongoing

Priority services are programs and functions that are critical to continue operations, with appropriate social distancing and other necessary service modifications to ensure safe environment for clients and staff.

These programs may require additional/surge staff (who are appropriately skilled to undertake the role and functions required) to be redeployed from other secondary priority programs).

These programs and functions should be in place now and continue during all stages of the COVID-19 pandemic.

### Priority services – transition

Programs and functions required to reduce or change to assist with transitioning to state-wide ‘locked down’ status. These services will be considered essential for a defined duration, after which time their status will be reviewed.

If the scale and severity of COVID-19 worsens, the Department of Health and Human Services may advise community service providers to implement Stage 3 measures. In Stage 3 there are likely to be significant disruptions to society and challenges to social cohesion.

Further advice to be provided in relation to Stage 3 planning.

### Secondary priority services

Programs and functions that are unable to continue in their current form. The function that services provide may require significant modification to be delivered, if at all. It may be necessary to deploy staff from these services to assist with the delivery of essential services.

This is a non-exhaustive list; service providers should contact their local department area should they have questions or concerns in relation to specific programs. Modifications for each function are detailed in this document.

#### Summary table: Prioritisation of family violence and sexual assault support service delivery

|  |
| --- |
| PRIORITY SERVICES – ONGOING Programs that are critical to continue operations, with appropriate social distancing and other necessary service modifications to ensure a safe environment for clients and staff.  |
| Function | Examples | Timeframe  |
| Family violence refuge and crisis accommodation  | * Family Violence refuges including communal, dispersed and core-and-cluster facilities
* Family violence crisis accommodation facilities (including 7-day supported accommodation and Crisis Accommodation Properties (CAPs)
 | Essential ongoing  |
| State-wide crisis services | * safe steps 24 hour telephone response service
* Sexual Assault Crisis Line
 | Essential ongoing  |
| Sexual assault counselling | * Crisis counselling provided immediately following a sexual assault
* Counselling for victim survivors with complex needs
* Support for families where a young person displays harmful sexual behaviours
 | Essential ongoing |
| Family violence Intake, assessment and safety planning | * Orange Door intake, assessment and safety planning
* Intake assessment and safety planning in non Orange Door areas
 | Essential ongoing |
| Central Information Point | * Searching databases to access risk-relevant information about the perpetrator of family violence
* Providing consolidated and timely information to The Orange Door practitioners to inform risk assessment and safety planning
 | Essential ongoing |
| Child and family services Intake, assessment and planning | * Orange Door intake assessment and planning for vulnerable children and families
 | Essential ongoing |
| Specialist family violence support services (crisis and high risk) | * Crisis case management support, including after hours responses
* Risk assessment and management panels (RAMP)
 | Essential ongoing |
| Crisis brokerage and Flexible Support Packages | * Flexible funding family violence (FSPs and HEF)
 | Essential ongoing |
| Perpetrator responses  | * Men’s Referral Service
* Perpetrator interventions (excluding face to face group programs) including Partner Safety Contact
 | Essential ongoing |
| PRIORITY SERVICES – TRANSITIONDefined as programs required to assist with transitioning services to state-wide ‘locked down’ status. These services will be considered essential for a defined duration, after which time their status will be reviewed. |
| Function | Examples | Timeframe  |
| Local specialist family violence support (non-crisis and lower risk) | * Case management support (non-crisis and lower risk)
* Orange Door services to tier 2 (medium risk) and tier 3 (low risk) clients
 | To be reviewed as directed by Victorian Government |
| Family violence and sexual assault therapeutic and counselling responses | * Women’s and Children’s family violence counselling
* Family violence therapeutic Interventions (individual)
* Sexual assault counselling and support
* Sexually abusive behaviour treatment services
 | To be reviewed as directed by Victorian Government |
| Child and family services Intake, assessment and planning | * Orange Door services to tier 2 (medium risk) and tier 3 (low risk) clients
 | To be reviewed as directed by Victorian Government |
| SECONDARY PRIORITY SERVICESServices that are unable to continue within their current form.  The function that these services provide will require significant modification to be delivered, if to continue at all.  Staff from these services may be required to be redeployed to assist with the delivery of essential services.  |
| Function | Examples | Timeframe |
| Group work programs | * Therapeutic interventions (group-based)
* Family violence group counselling and support
* Men’s Behaviour Change Programs
 | To be reviewed as directed by Victorian Government |

The following sections provide additional information about each of the categories of service outlined above and the modifications required.

Modifications to priority services- ongoing

## Client Safety and MARAM

If and when services need to contract because of business continuity arrangements and capacity, services should be directed to clients with escalated risk.

All safety plans need to be reviewed in light of changes to modes of service delivery and agencies should develop mechanisms to check this occurs and prioritise reviews in line with assessed risk level.

MARAM is a critical tool for assessing family violence risk. Further guidance is being developed to guide risk assessment in the context of COVID-19.

## Family violence refuge and crisis accommodation

Family violence supported accommodation facilities include:

* Family Violence refuges including communal, dispersed and core-and-cluster facilities
* Family violence crisis accommodation facilities (including 7-day supported accommodation and Crisis Accommodation Properties (CAPs).

Service providers should consider the capacity, physical layout and staffing arrangements of each facility in which they enact their business continuity plans.

Communal refuges should consider limiting accommodation to single households only.

In supporting clients in refuge and crisis accommodation the following steps are recommended:

* Practice good personal and cleaning hygiene etiquette and infection prevention
* Postpone any non-urgent face-to-face client contact.
* Consider alternative communications technology for client interactions where possible, including where staff need to be on site at a refuge:
* Asking clients to undertake a self-assessment prior to entering a refuge setting. The interactive self-assessment can be found at: <https://www.dhhs.vic.gov.au/coronavirus-self-assessment>
	+ utilising the telephone (incl Facetime) as an alternative to face to face interactions with clients
	+ avoid sharing a phone with client/s when utilising the Phone Interpreter Service. Alternatives include using the speaker function on the phone or setting up a three-way phone conference
	+ Position visual barriers to facilitate social distancing staff
	+ scanning and emailing documents rather than exchanging hard copies
	+ maintain direct client contact via phone calls, text messages, Skype, Facetime or other (where client or family has access), email, letters by post
	+ Face to face contact should only occur when absolutely necessary and a social distance from clients of at least 1.5 metres be maintained
	+ Continue to practice self-care and looking after yourself by exercising, eating healthy food, drinking water and getting adequate sleep.
	+ Practice good personal hygiene etiquette and infection prevention

## Cleaning

#### Routine cleaning and disinfection

Workplaces, services delivery settings and residential facilities should routinely (at least daily) clean frequently touched surfaces (for example, tabletops, door handles, light switches, desks, toilets, taps, TV remotes, kitchen surfaces and cupboard handles). Also, clean surfaces and fittings when visibly soiled and immediately after any spillage. Where available, a disinfectant may be used following thorough cleaning.

## For suspect and confirmed cases of COVID-19

There are additional cleaning requirements, including for linen, crockery and utensils where there is a suspected or confirmed case of COVID-19. Service providers should refer to <https://www.dhhs.vic.gov.au/cleaning-and-disinfecting-reduce-covid-19-transmission> for guidance.

Service providers must have plans for dealing with the need to quarantine clients or staff and should:

* Educate and emphasise the importance of the everyday personal prevention actions encourage and support your staff to stay home when they are sick
* Provide adequate supplies for good hygiene, including easy access to clean and functional handwashing facilities, soap, paper towels, and alcohol‐based hand sanitizer (where available)
* Minimize, where possible, close contact and the sharing of objects such as cups, food, and drinks
* Provide clients in residential settings and staff providing services in these settings with accurate, up to date information about novel coronavirus and steps they can take to protect themselves and their families
* Provide health messages and materials developed by the department, including in accessible formats: <https://www.dhhs.vic.gov.au/promotional-material-coronavirus-disease-covid-19>

If a client is confirmed as having contracted COVID-19 that person needs to remain isolated and staff should not enter the residential setting.

## Specialist Family Violence Intake, Assessment and Planning (including The Orange Door)

Specialist family violence services providing intake, assessment and safety planning, including The Orange Door, entry should plan to deliver these services remotely, including via phone or online. . Updated information about intake service responses should be communicated via posters, websites, updated voicemail etc

Where intake, assessment and safety planning is provided from an office location the following approaches should be employed:

* If client believes they may have COVID-19, put the client in a separate room and assist the client to access the DHHS Coronavirus (COVID-19) interactive self-assessment tool or contact COVID-19 hotline.
* If possible, have the client go to a separate room to speak with worker via a phone in a separate room for service
* Where clients have made appointments and have phones– rearrange the appointment to a phone appointment.

**Physical space**

* Display public health materials and notices about changed practice to protect health of clients and staff
* Clean all surfaces regularly
* Clean interview rooms and any stationary used after each use
* Cease sharing resources like pens, tablets and other technology,
* Re-arrange waiting room furniture to allow social distancing
* Provide hand sanitiser to clients and staff and ask people to use it
* Remove all unnecessary items from waiting room (toys, magazines etc).

**Other modifications**

* Structure appointments to minimise people waiting in shared spaces. If there are multiple clients in a waiting room, offer them an appointment time to return to avoid them waiting
* Photograph any required documents to avoid handling them
* Make electronic payments to avoid exchanging cheques
* If possible, bulk purchase phones to provide to clients who do not have phones
* When assessing clients, ask about known existing health conditions
* Prioritise clients most at risk, including older people and people with existing health conditions.

## Specialist Family Violence Support Services

Specialist family violence support services include case management and outreach services.

For all support programs, services must provide clear communication to clients regarding changes to service delivery, including the role and responsibilities of services and clients in the context of Coronavirus.

This includes:

* Updating agency websites
* Updating voicemail messaging
* Signage on office entry points including any outposted office spaces

Support will need to be ongoing for some clients, particularly those with complex needs, but how it is provided, and the frequency may vary.

Modifications to support programs may include:

* Cease all office-based service delivery and provide phone, email and other online alternatives
* Conduct all appointments remotely including over the phone or online where possible
* Wherever possible, cease transporting clients in agency vehicles. If this is unavoidable, increase sanitation measures and ask them to sit in the back seat
* If a face to face appointment is required, conduct active screening (see DHHS Self-Assessment Tool) do not enter home and maintain 1.5 metres, 4 square metres if in an enclosed space
* Check in with clients and assess vulnerability, develop self-isolation support plans with clients, including agreed phone contact plans
* Where clients are supported in case management services, services should assess their needs and vulnerability and develop plans with clients, including the context of health, isolation and for families, potential school closures
* When working with families, support workers should ensure that families are linked in with schools and are aware of education advice.

Face to face services should only be provided in exceptional circumstances. Considerations for face to face service delivery include:

* Maintain distance of 1.5m (4 square metres if in an enclosed space)
* Screen all service users using the DHHS Coronavirus (COVID-19) interactive self-assessment tool
* Provide information on Coronavirus and prevention – including hygiene, frequent hand washing
* If possible, where clients are known to services, contact clients by phone
* Ensure clients have phones, using brokerage to purchase if required

Sexual Assault Counselling

Services should assess the need for crisis counselling in the immediate aftermath of a sexual assault to be provided face to face. Where face to face services are considered necessary services should:

* Maintain distance of 1.5m (4 square metres if in an enclosed space)
* Screen all service users in relation to current health and travel status
* Provide information on Coronavirus and prevention – including hygiene, frequent hand washing

Counselling services for clients with complex needs should be provided by phone or online.

Support for families where a young person displays sexually harmful behaviour should continue to be provided by phone or online where possible and appropriate.

Brokerage and Flexible Support Packages

This funding can be used flexibly to meet the needs of people impacted by COVID-19.

Family violence services should ensure that they purchase emergency accommodation that is self-contained (bathroom and cooking facilities) to allow for quarantine or self-isolation.

Services should leverage existing relationships with motels/hotels and consider bulk purchasing where practicable.

Perpetrator Interventions

All group based perpetrator intervention programs, including men’s behaviour change programs should cease. Services must provide clear communication to clients regarding changes to service delivery, including the role and responsibilities of services and clients in the context of Coronavirus.

Engagement with perpetrators should continue where it is possible to do so safely through phone and on line modalities.

Risk information should continue to be shared with other services.

Partner contact should continue when it can be safely undertaken.

Corrections Victoria and the Magistrates Court of Victoria (MCV) are continuing to work collaboratively with FSV and NTV on operational guidance related to court mandated and corrections programs. This is expected to be released in the coming days.

Modifications to priority family violence and sexual assault services – Transition

If the scale and severity of COVID-19 worsens the following services will need to scale back and resources be redeployed to support the delivery of essential services.

## Support services and case management programs

For all support programs, services must provide clear communication to clients regarding changes to service delivery, including the role and responsibilities of services and clients in the context of Coronavirus.

Services should be provided only if there is capacity to do so. Consideration should be given to redeploying staff to higher priority functions if required.

Modifications to support programs include:

* Cease all office-based service delivery and provide phone, email and other online alternatives
* Conduct all appointments remotely including over the phone or online
* Check in with clients and assess vulnerability, develop self-isolation support plans with clients, including agreed phone contact plans
* Where clients are supported in case management services, services should assess their needs and vulnerability and develop plans with clients, including the context of health, isolation and for families, potential school closures
* When working with families, support workers should ensure that families are linked in with schools and are aware of education advice.

# Modifications to second priority services

For second priority services all face to face group programs should cease. Programs offering social connectedness and reducing social isolation should consider alternative service delivery models, including providing phone contact to known clients.

## Additional Considerations for older people or people who have pre-existing medical conditions

Services should consider known clients who may be most vulnerable if diagnosed with COVID-19. Current advice is that many people will suffer only mild symptoms, however, early indications are that older people and people with pre-existing medical conditions such as heart and lung disease or weakened immune system are more at risk of experiencing severe symptoms.

### Transporting clients

Services should consider the necessity of transporting clients and avoid where possible. Arranging a taxi for clients may be a suitable alternative. Clients should ride in the back of taxis, uber and ride shares. If a client requires emergency medical treatment, an ambulance should be called.

**Confirmed case of COVID-19**

Where a client is confirmed as having COVID-19 and required to self-isolate, and also experiencing family violence and requiring emergency accommodation, the client should be placed in self-contained accommodation (own bathroom and kitchen facilities). Services should ensure that there is a support plan in place for the client including the provision of essential items. Relief services (food and care packages) are available through the COVID-19 hotline 1800 675 398 if necessary.

Notification of confirmed cases is made by medical practitioners and laboratories to the Department of Health and Human Services

### Duty of Care

Family violence and sexual assault support services, including The Orange Door have a duty of care to all clients and staff. If a client is found to have the virus, all support should be offered to assist the client to self-isolate. If the services are aware that a client with the virus is not self isolating, they have a duty of care to report. Services should contact the coronavirus hotline 1800 675 398 and follow instructions on reporting requirements.

### Supply chains

While some services have commercial contracts with wholesalers, some services rely on large supermarket retailers for food and other essentials. Due to consumer behaviour, some services have been unable to access the volume of supplies they require. Measures are being taken to overcome these issues.

Government has been working with large retailers to establish priority service/assistance mechanisms to ensure vulnerable people and community services have the items they need. If services have concerns regarding the supply chain of essential items, they should register with the retailer as a priority service. While some of the links read as though they are targeted to individuals, the department is assured that service providers should also register through this process. Links below:

* Woolworths – <https://www.woolworths.com.au/shop/discover/priorityassistance?icmpid=sm-hp-ribbon2:priority-assistance>
* Coles – <https://www.coles.com.au/customernotice#coles-online>

Aldi –

* <https://www.aldi.com.au/en/covid-19-update/>
* Metcash -<https://www.iga.com.au/update/?utm_source=website&utm_medium=top_banner&utm_campaign=covid19&utm_term=20200317&utm_content=image>

## Workforce

 Staff should work from home unless required to do otherwise. Employers should ensure that staff are equipped to work remotely and have a safe environment in which to do so. Continue to advise staff that is essential that they must not be at work if they are unwell. Encourage staff to self-report and self-isolate for the recommended 14 days if required.

Other practical health and safety tips include:

Displaying posters encouraging staff and tenants clients to regularly wash their hands

* Reiterating good coughing and sneezing etiquette/hygiene messages
* Provide easy access to clean and functional handwashing facilities, soap, paper towels, and alcohol-based hand sanitiser (where available).
* Providing closed bins so staff and tenants can hygienically dispose of tissues
* Encouraging staff and clients not to shake hands
* Staff continuing in the workplace should be provided with information about infection control and appropriate equipment to enable effective infection control and hygiene practice

## Coronavirus client risk assessment checklist

All clients, family members residing in the client’s home and carers must be screened for risk factors and symptoms of coronavirus prior to any face-to-face contact. Staff should ask the questions below when arranging a home visit, office visit or any other face-to-face interaction with a client or a family. This includes any other persons who may be present during the visit.

Any decisions to have face to face contact with clients should be made in line with agency policy.

| **Before any face-to-face client interaction** |
| --- |
| **Question** | **Response** | **Action** |
| 1.       Has the client or anyone in the client’s home been diagnosed as a confirmed case of coronavirus, or are they a close contact of a confirmed case in the past 14 days? | YES | Do not proceed with the face-to-face meeting. If you must proceed with the face-to-face meeting, utilise the following Personal Protective Equipment (PPE): * Surgical mask
* Gloves

Maintain social distancing of 1.5 metres and practice good hygiene. If you are attending a client’s home conduct the meeting outside if possible. If this is not possible try to avoid touching any surfaces in the home even with gloves on. |
| NO | Proceed to Question 2. |
| 2.       Has the client or anyone in the client’s home returned to Australia from overseas in the past 14 days? | YES | Do not proceed with the face-to-face meeting.If you must proceed with the face-to-face meeting, utilise the following Personal Protective Equipment (PPE): * Surgical mask
* Gloves

Maintain social distancing of 1.5 metres and practice good hygiene. If you are attending a client’s home conduct the meeting outside if possible. If this is not possible try to avoid touching any surfaces in the home even with gloves on. |
| NO | Proceed to Question 3. |
| 3.       Has the client or anyone in the client’s home had fever or acute respiratory symptoms (i.e. cough, sore throat, shortness of breath)? | YES | Do not proceed with the face-to-face meeting.If you must proceed with the face-to-face meeting, utilise the following Personal Protective Equipment (PPE): * Mask
* Gloves
* Goggles / eye protection

Maintain social distancing of 1.5 metres and practice good hygiene. If you are attending a client’s home conduct the meeting outside if possible. If this is not possible try to avoid touching any surfaces in the home even with gloves on. |
| NO | If the meeting is required proceed with face-to-face meeting. Maintain social distancing of 1.5 metres and practice good personal hygiene. If you are attending a client’s home conduct the meeting outside if possible. If this is not possible try to avoid touching any surfaces in the home but if this will not be possible you may consider wearing gloves. |
| ***Where you cannot complete questions 1 to 3*** |
| Where you cannot determine whether the client or anyone in their home is at risk of having coronavirus because you cannot get in contact with them or they refuse to answer. | YES | Do not proceed with the face-to-face meeting.If you must proceed with the face-to-face meeting, utilise the following Personal Protective Equipment (PPE): * Mask
* Gloves

Maintain social distancing of 1.5 metres and practice good hygiene. |
| ***Where you will be in physical contact with a client*** |
| Ask questions 1 to 3 above. |  YES | If the answer to any of the three questions is YES and you will be in physical contact with a client (i.e. touching them, physically assisting them, carrying them) you should utilise the following Personal Protective Equipment (PPE):* Surgical mask
* Gloves
* Goggles
* Gown
 |

Note/ the recommended use of personal protective equipment is in line with the WHO’s *‘Rational use of personal protective equipment (PPE) for coronavirus disease (COVID-19)’*, 19 March 2020.

## Sequence for putting on and removing PPE

Refer to the department’s coronavirus website at <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19> where there are posters describing how to safely don (put on) and doff (remove) PPE.

### Disposal of PPE

If PPE is not contaminated it can be disposed of in general waste. If PPE has been contaminated it should be disposed of in the following manner:

* Remove and place in sealable plastic bag.
* Transport and store in a secure area. It will then need to be disposed of as clinical waste.

## Looking after staff

* Be vigilant in relation to the emotional toll responding to COVID-19 may take on your workforce
* Provide regular supervision and plan daily contact with supervisor and/or other team members
* Use online technology to stay in contact with staff
* Provide mechanisms to escalate client issues when required
* Services should promote self-care, watch for symptoms of fatigue or stress and encourage staff to take a break from media coverage
* Ensure there are clear channels for staff to ask for help and promote your Employee Assistance Programs.

Further guidance on employment-related matters for the Community Services sector in relation to COVID-19 can be found at: [www.vcoss.org.au](http://www.vcoss.org.au)

# Further resources

**National**

Smart Traveller website, Department of Foreign Affairs & Trade: http://www.smartraveller.gov.au

Australian health sector emergency report plan for novel coronavirus (COVID-19) guides the Australian health sector response: [https://www.health.gov.au/resources/publications/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19](https://www.worksafe.vic.gov.au/resources/preparing-pandemic-guide-employers)

Australian Government Department of Health, Coronavirus (COVID-19) resources

[https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources](https://www.fairwork.gov.au/about-us/news-and-media-releases/website-news/coronavirus-and-australian-workplace-laws)

**Victorian**

Victorian and national information on COVID-19 resources (includes links to other sites) [https://www.dhhs.vic.gov.au/coronavirus](https://www.business.gov.au/Risk-management/Emergency-management)

**Business**

WorkSafe Victoria, Preparing for a pandemic: a guide for employers [https://www.worksafe.vic.gov.au/resources/preparing-pandemic-guide-employers](https://www.dhhs.vic.gov.au/coronavirus)

Commonwealth of Australia, Emergency management for business [https://www.business.gov.au/Risk-management/Emergency-management](https://www.worksafe.vic.gov.au/safety-alerts/exposure-coronavirus-workplaces)

WorkSafe Victoria, An alert about the risks associated with potential exposure to novel (new) coronavirus (2019-nCoV) in workplaces

[https://www.worksafe.vic.gov.au/safety-alerts/exposure-coronavirus-workplaces](https://www.emv.vic.gov.au/responsibilities/state-emergency-plans/state-health-emergency-response-plan)

Australian Government Department of Health, COVID-19 resources for travel, transport and hotel industries

[https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources#for-travel-transport-and-hotel-industries](https://www.worksafe.vic.gov.au/safety-alerts/exposure-coronavirus-workplaces#for-travel-transport-and-hotel-industries)

**Employment**

Australian Fair Work Ombudsman, Coronavirus and Australian workplace laws

[https://www.fairwork.gov.au/about-us/news-and-media-releases/website-news/coronavirus-and-australian-workplace-laws](https://education.vic.gov.au/about/department/Pages/coronavirus.aspx)

**Education**

Study Melbourne, Information for international students regarding novel coronavirus

<https://www.studymelbourne.vic.gov.au/news-updates/updates/information-for-international-students-regarding-novel-coronavirus>

Department of Education and Training, coronavirus advice

[https://education.vic.gov.au/about/department/Pages/coronavirus.aspx](http://www.smartraveller.gov.au/)

**Pandemic influenza**

The Victorian action plan for pandemic influenza:
<https://www.emv.vic.gov.au/responsibilities/state-emergency-plans/victorian-action-plan-for-pandemic-influenza>