

COVID-19 Plan for Victorian Department of Health and Human Services funded Child and Family Services

Version 1.0

25 March 2020

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Acronyms and Abbreviations

The following abbreviations are referred to within this document:

* 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
* GP - General Practitioner
* NDIS - National Disability Insurance Scheme
* NQSC - National Quality Safety Commission
* OMT - Outbreak management team
* PASDS - Parenting Assessment and Skill Development Services
* PPE - Personal Protective Equipment.

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# Scope and purpose of this plan

This plan contains detailed information on Stage 2 Targeted Action for department funded Child and Family Services during the coronavirus pandemic (COVID-19). This plan has been developed by the department, based on the *Community Services Sector COVID-19 Plan*, to inform more detailed planning and provide specific guidance on emerging response needs for Child and Family Services.

Child and Family Services, within scope in this context, includes the following departmental funded services and programs:

* Child FIRST (including Child FIRST within The Orange Door)
* Family Services
* Placement Prevention Services
* Specialised Interventions
* Parenting Services
* Parenting Assessment and Skill Development Services (PASDS)
* Better Futures and Home Stretch services
* Victorian Redress Counselling Service (Restore)
* Pre-1990 Care Leaver services.

This plan should be read in conjunction with the department’s Community Services Plan, which outlines the broad departmental approach to COVID-19 (Coronavirus). This plan will be updated as more information becomes known about COVID-19 and the impacts on the community. The plan should be viewed online, as any printed copies may be out of date by newer versions online.

## 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. The official name for the disease caused by this virus is coronavirus disease 2019 (COVID-19). Currently, there is no vaccine and no antivirals available for COVID-19.

Information on COVID-19 is available on the department’s webpage at: <https://www.dhhs.vic.gov.au/coronavirus> .

Child and Family Services providers are encouraged to review the latest information on COVID-19 at that webpage as the clinical and epidemiological understanding of the pandemic continues to evolve.

The COVID-19 pandemic has continued to spread globally. Travel restrictions and rapid public health responses have provided time for the health system and society to prepare. These strategies will remain essential throughout the current control phase, but now need to be augmented by additional physical distancing measures that will reduce the spread of all respiratory infections.

### State of Emergency

On 16 March 2020, a State of Emergency was declared in Victoria to combat COVID-19 and help to provide the Chief Health Officer with the powers needed to enforce 14-day isolation requirements for all travellers entering Australia, to ban mass gatherings over a certain size and introduce other measures.

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.

Restrictions are likely to be tightened over the coming days, weeks and possibly months. For up to date information refer to <https://www.dhhs.vic.gov.au/state-emergency>.

From midday local time 23 March 2020, the following facilities were restricted from opening:

* pubs, registered and licenced clubs (excluding bottle shops attached to these venues), hotels (excluding accommodation)
* gyms and indoor sporting venues Cinemas, entertainment venues, casinos, and night clubs
* restaurants and cafes restricted to takeaway and/or home delivery
* religious gatherings, places of worship or funerals (in enclosed spaces and other than very small groups and where the 1 person per 4 square metre rule applies).

From midnight local time 25 March 2020, the following facilities were restricted from opening:

* beauty, nail and tattoo shops, massage (excluding health)
* real estate auctions and inspections
* amusement parks, arcades, play centres (indoor and outdoor)
* yoga, pilates, wellness centres
* pools, sporting activities
* galleries, libraries, community and recreation centres

From midnight local time 25 March 2020, the following facilities were able to open with restrictions:

* food court in shopping centres (take away only)
* hairdressers/barbers – with strict social distancing and 30 minutes per client
* boot camps, Personal training limited to ten people with social distancing
* weddings with only the couple, celebrant and witnesses
* no more than ten at a funeral
* outdoor food markets addressed by state

From midnight local time 25 March 2020, the following guidance applies:

* stay at home unless for – groceries, exercise, medical needs, care/support, work where it cannot be for home
* visits to homes should have very small numbers
* do not congregate outside in groups
* overseas travel ban

### Key messages – COVID-19

For the most up to date COVID-19 information visit [**https://www.dhhs.vic.gov.au/coronavirus**](https://www.dhhs.vic.gov.au/coronavirus)

#### Symptoms and testing

Reported symptoms include fever, fatigue and respiratory symptoms such as cough, sore throat, shortness of breath.

All people meeting the suspected case definition for COVID-19 can be tested. The suspected case definition is available at https://www2.health.vic.gov.au/about/news-and-events/healthalerts/2019-Coronavirus-disease--COVID-19

People without symptoms should not be tested (as at 21 March 2020). People who meet at least one clinical AND at least one epidemiological criterion should be tested.

***Clinical criteria***

* Fever (higher than 38 degrees without an immediate apparent cause such as urinary tract infection or cellulitis) or Acute respiratory infection (for example shortness of breath, cough, sore throat)

***Epidemiological criteria***

* **Travelers** from overseas with onset of symptoms within 14 days of return or
* **Close contacts** of confirmed COVID-19cases with onset of symptoms within 14 days of last contact or
* **Healthcare workers or residential care workers** meeting clinical criteria or
* **Aboriginal or Torres Strait Islander** people meeting clinical criteria

To help people decide if they should be tested, they can use the Self-Assessment tool available - the Coronavirus self-assessment tool available at: <https://www.dhhs.vic.gov.au/coronavirus-self-assessment>

For specific health information, including advice regarding testing, contact the dedicated COVID-19 hotline on 1800 675 398 (staffed 24 hours a day, 7 days a week).

According to the World Health Organisation, symptomatic patients are the main driver of COVID-19 transmission. Transmission from asymptomatic cases is thought to be rare and is likely not a major driver of transmission.

## Role of the Department of Health and Human 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 relative to public health and wellbeing.

#### DHHS Central Office

* Provides guidance and communication with the sector
* Liaises with local areas
* Prioritises, coordinates, and escalates essential services.

#### DHHS Local Areas/ Agency Performance and System Support:

* Local coordination
* Assistance with planning flexible provision of services to ensure accountability requirements are met and minimise risk

#### Service Agreement requirements

Under the 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), 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.

For further information is available at [Emergency management webpage](https://providers.dhhs.vic.gov.au/emergency-management), https://providers.dhhs.vic.gov.au/emergency-management.

## Stages of Pandemic Response

The table below outlines each of the four stages of pandemic response with the corresponding action required by CSOs. The actions required by CSOs at each of these stages will be expanded in this document.

| Stage | CSO action  | Are we at this stage?  |
| --- | --- | --- |
| **Stage 1** Initial containment stage -preparedness and planning  | CSOs adapt existing business continuity plans to prepare the specific requirements of COVID-19 and communicate with staff and clients to implement exposure prevention protocols e.g. hygiene protocols.  | ✅ Now |
| **Stage 2** Targeted Action - containment in response to confirmed cases of COVID-19 in Victoria | CSOs implement containment protocols and modify service delivery as appropriate.Identify contingencies and plan the maintenance of essential services.  | ✅ Now Victoria is moving into stage 2. |
| **Stage 3** Peak Action stage – a severe and sustained outbreak of COVID-19 | CSOs implement contingencies including maintaining the delivery of essential services.  | ❎ Not yet Victoria’s Chief Health Officer will advise if/when Victoria moves into this stage.  |
| **Stage 4** Stand-down and recovery stageThe number of confirmed cases is declining | CSO carefully transition service delivery back to normal | ❎ Not yetVictoria’s Chief Health Officer will advise when Victoria moves into this stage.  |

# Stage 1- Initial containment stage: preparedness and planning

## Prevention

DHHS requires that CSOs abide by any directions, laws or regulations issued by the Victorian or Commonwealth Governments regarding prevention, including social distancing. DHHS recommends that CSOs implement recommended hygiene practices in all settings including client facing services, staff and contractors.

Good hygiene practices that should be conveyed to all staff and clients are as follows:

* wash hands frequently with soap and water or an alcohol-based hand cleaner, especially after you cough or sneeze, before and after eating, and after going to the toilet
* avoid touching your eyes, nose or mouth
* cover coughs and sneeze with arm / elbow or tissue and dispose of the tissue in a plastic lined garbage bin
* if unwell, avoid contact with others including staying away from the workplace and public spaces
* exercise personal responsibility for social distancing measures and stay more than 1.5 metres from people.
* proactively send staff home from work if they are unwell.

Promotional materials are available in community languages, and must be communicated to staff, clients and carers as directly as possible. This may include mail outs, posters in accessible areas and discussions with clients.

Posters and other documentation supporting good hygiene practice are available for downloading at: <https://www.dhhs.vic.gov.au/promotional-material-coronavirus-disease-covid-19>

## Preparedness

All service providers must comply with the department’s Sector Emergency Management Policy which requires that funded organisations undertake emergency preparedness plans. Organisations should ensure they have a Business Continuity Plan (BCP) that addresses the potential impact of COVID-19 on their service delivery. Business Continuity Plans need to cover potential staff absenteeism and incorporate the impact of dependencies on other services or systems which may or may not be available.

The Business Continuity Plan will identify:

* loss of staff 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
* the date the Plan was updated, current staff members and their responsibilities and back-up staff for key roles.

An essential component of business continuity is robust channels of communication between the department and CSOs. CSOs should contact DHHS staff if there are concerns regarding:

* DHHS expectations regarding the continued provision of services
* preparedness and any known issues
* assistance and guidance that may be required and availability of current information.

CSOs should implement protocols and update them as additional information is published:

* protocols for infection prevention and control procedures in your organisation, including updates and staff education and audits
* protocols for quarantine
* protocols to respond to requirements for self-isolation or COVID-19 illness among service recipients or staff
* protocol for escalation of care to other settings (hospital etc) for confirmed and suspected cases
* staff absenteeism/leave
* consumable planning.

Annual influenza planning should be integrated into planning for COVID-19, as influenza and COVID-19 might occur together.

An essential component of business continuity is robust channels of communication between the department and service providers.

Child and family service providers should contact DHHS area Agency Performance and System Support staff if there are concerns regarding:

* Any proposed changes to or cessation of service delivery
* Discussion of preparedness and any known issues
* Assistance and guidance that may be required, and availability of current information.

# Stage 2 Targeted action stage: containment and minimising transmission

Containing and minimising transmission of COVID-19 is a priority during this stage. While this is being tackled by the health care system it is a shared responsibility of all CSOs. The focus of Stage 2 initiatives is:

* contain and minimise the transmission of COVID-19
* support children, young people and their families who have been exposed and/or have contracted COVID-19 to access appropriate health care and any resources that they cannot access independently, whilst focusing on obtaining or maintaining appropriate accommodation and care options
* ensure the workforce is as safe as reasonably practicable and continue to maintain essential service delivery.
* consider enhancements to physical environments to minimise or contain the impacts of COVID-19. In accordance with the current advice of Victoria’s Chief Health Officer, anyone who has been in close contact\* with a confirmed case of COVID-19 should remain at home for fourteen days following exposure.

\*Close contact is defined as face-to-face contact for at least 15 minutes or the sharing of a closed space for more than 2 hours with a person with a confirmed case of COVID-19 case during the period where the person was potentially infectious according to current guidelines. (i.e. within 24 hours prior to onset of symptoms until the person with the confirmed case of COVID-19 is no longer considered infectious).

## Service delivery

The department recognises the critical role of services in supporting the safety, health and wellbeing of individuals, parents, infants, children and young people.

Services should be reassured that the department:

* understands funding may need to be redirected by services to implement alternative service delivery responses
* understands that more intensive therapeutic responses will not be able to be provided
* understands that participation rates could be impacted by COVID-19
* expects that services will utilise existing data systems (such as IRIS) to record data and information.

Child and Family Services are delivered in a range of settings, including families’ homes. CSOs should consider the service setting when deciding on the responses that will be activated in this stage.

In addition to the initiatives in Stage 1: Prevention and Planning, CSOs must implement the following actions in relation to service delivery during Stage 2:

* physical distancing measures in accordance with health guidelines
* information and education for staff (including labour hire) and children or young people and their families
* additional protective measures for elderly people or people with existing conditions that increase their vulnerability to COVID-19
* assessment of client risk and prioritisation of services in consultation with the Department
* implementing alternative to usual modes of service delivery for all other services where practicable, for example – telephone contact rather than face to face contact. This needs to occur in consultation with the Department.

## Physical distancing measures

Physical distancing measures require that people returning to Australia and people in close contact with a person with a confirmed case of COVID-19 to self-isolate. These are detailed under State of Emergency above.

These measures are likely to be strengthened over the coming days, weeks and months. This plan will be updated as more information becomes known about COVID-19 and the impacts on the community. The plan should be viewed online, as any printed copies may be out of date by newer versions online. For the most up to date COVID-19 information visit [**https://www.dhhs.vic.gov.au/coronavirus**](https://www.dhhs.vic.gov.au/coronavirus)**.**

CSOs are required to implement physical distancing measures in all services they provide.

There are also hygiene practices that should be applied in all services. These include the use of hand hygiene products and suitable waste receptacles with frequent cleaning and waste disposal. The following options should be considered:

* reschedule meetings/assessments/case conferencing to telephone contact or other digital messaging forums instead of face-to-face appointments
* schedule or roster client access to shared common areas
* reconfigure seating arrangements in shared areas, or common areas with at least 1.5m between seating
* consider providing food in disposable containers and restrict the sharing of food utensils
* limit people being in enclosed spaces (e.g. meeting rooms) with others to less than 2-hour durations
* outreach visits, including home visits, to be preceded by telephone ahead to ensure that the client and their immediate contacts are well
* only attending home visits if the risk to the client has been assessed as requiring face to face contact and implement social distancing and hygiene practices outlined above.

### Actions that are specific to different programs

#### Actions by organisations providing Family Services and Placement Prevention Services, including agencies funded to provide:

* Child FIRST (including Child FIRST in the Orange Door)
* Family Services
* All Placement Prevention programs; Intensive Family Services (200 Hours), Changing Futures, Evidence Based Programs, Stronger Families (including Take Two), Family Preservation and Reunification Services, including Families First and other locally based placement prevention services.
* Specialised Interventions; Cradle to Kinder, Aboriginal Cradle to Kinder
* Home visiting Parenting Assessment and Skill Development Services (PASDS)
* Adolescent Support Program
* Finding Solutions.

Family Services and Placement Prevention Service Providers should continue, wherever possible, to provide a service to vulnerable families and their children, based on priority of need. Where possible, this may be undertaken via telephone contact or other digital platforms (rather than in-person face-to-face contact). Workers should make every effort to continue to sight children and/or speak directly with children via these means.

Face-to-face contact with families will be limited to that which is strictly necessary, and particularly when it required to assess and ensure the safety of children. Under these circumstances, staff must be supported to protect themselves. See Protecting staff below.

#### Actions by organisations providing Residential Parenting Assessment and Skill Development Services (PASDS):

PASDS should continue, wherever possible, to provide a service to vulnerable families and their children, based on priority of need. Where possible, this may be undertaken via telephone contact or other digital platforms (rather than in-person face-to-face contact). Workers should make every effort to continue to sight children and/or speak directly with children via these means.

Residential PASDS will cease and services will be provided by telehealth, telephone contact or other digital platforms. Parenting assessments will be limited to what can be achieved through these modalities. It is likely that this will mean that PASDS will provide advice and consultation to Child Protection rather than a documented PASDS parenting assessment.

In all other instances, consideration should now be given to utilising staff that provide PASDS residential services, and PASDS facilities, to provide alternate supports to families and children known to child protection that would otherwise be accessing this service.

EPCs providing residential PASDS should also refer to advice provided by the Health and Wellbeing Division, including:

* [COVID-19 Hospital Preparedness Assessment Tool (Word)](https://www.dhhs.vic.gov.au/covid-19-hospital-preparedness-assessment-tool) - this checklist has been developed to support Victorian hospitals (metropolitan, rural and private) to plan their response to COVID-19 and is based on and should be read in conjunction with your business continuity plans and pandemic plans.
* [COVID-19 Hospital Preparedness Scenario Testing Tool (Word)](https://www.dhhs.vic.gov.au/covid-19-hospital-preparedness-scenario-testing-tool) - this document is designed to be used to test Victorian health services pandemic preparedness plans for the management of COVID-19 through presenting two realistic and challenging scenarios for health services to work through.

#### Actions by organisations providing Better Futures and Home Stretch.

Better Futures face-to-face service delivery to young people will be limited to that which is strictly necessary, and particularly when required to assess and ensure the safety of young people. Under these circumstances, staff must be supported to protect themselves. See Protecting staff below.

Where possible, Service Providers may support young people via telephone contact or other digital platforms. Any contact arrangements should be discussed with the young person and agreement reached about the nature and frequency of contact. When a young person is in care and on active hold this information should be communicated to the young person’s case manager.

#### Actions by organisations providing Parenting Services, including Supported Playgroups, Regional Parenting Services and the Strengthening Parent Support Program.

Face-to-face service delivery of Parenting Services and programs should cease, until further notice. This includes all Supported Playgroups, which are incompatible with social distancing requirements. Organisations may instead continue to support families via telephone contact or other digital platforms.

#### Actions by organisations providing Restore and Pre-1990 Care Leaver services

Services include Restore (consortium of 18 specialist Service Providers), Victorian Redress Counselling service for people who have accepted an offer of counselling as part of the National Redress Scheme for people who have experienced institutional child sexual abuse (the Scheme) and services for people who were institutional care as children prior to 1990 (Pre-1990 Care Leavers also known as Forgotten Australians).

All face-to-face service delivery should cease. This includes individual, group and family counselling services (including Aboriginal Cultural Healing) as delivered by Restore and face-to-face individual and group supports for Pre-1990 Care Leavers, which are incompatible with physical distancing requirements.

Service Providers may instead continue to support individuals via telephone contact or other digital platforms based on a conversation with the person and with consideration to their need for service, access to and ability to engage with the platform and age/pre-existing medical conditions.

## Protecting staff

Staff must be provided with information about infection control and be provided with appropriate equipment to undertake effective infection control and hygiene practice.

Staff who are unwell should not attend work. Staff requiring self-isolation need to remain away for the workplace for the required period.

Staff have a duty to take reasonable care for their own health and safety and to not adversely affect the health and safety of others. Employees should be reminded to always practice good hygiene and take other measures to protect themselves and others against infection. This includes:

* Washing hands often, with soap and water, or carrying hand sanitiser (where permitted) and using it as needed.
* Practice good respiratory hygiene:
* Cover your mouth and nose with a tissue when coughing or sneezing.
* Cough into your elbow.
* Dispose of tissues.
* Wash your hands with soap afterwards.
* Seeing a health care professional if they start to feel unwell.
* Social distancing such as avoiding physical contact with others (including shaking hands) and maintaining 1.5 metres distance

Further information can be found at <https://www.worksafe.vic.gov.au/safety-alerts/exposure-coronavirus-workplaces>.

### Personal Protective Equipment

#### Standard precautions

If clients are healthy and well, there is no need to use any additional PPE other than would be required for routine service delivery.

If the client has fever and/or symptoms of acute respiratory infection (breathing difficulties, breathlessness, cough, sore throat, fatigue or tiredness) but does not meet definition of a suspected case, then routine infection control should be practiced including attention to good hand hygiene and encouraging respiratory hygiene/cough etiquette by staff and residents.

#### Transmission-based precautions

If the client is a suspected or confirmed case (case definitions available at <https://www2.health.vic.gov.au/about/news-and-events/healthalerts/2019-Coronavirus-disease--COVID-19> and a self-assessment tool at <https://www.dhhs.vic.gov.au/coronavirus-self-assessment> then providers should follow the following steps, principles and rules.

#### Hand hygiene supplies

* If appropriate in the setting, put alcohol-based hand sanitizer with >60% alcohol in every resident room (ideally both inside and outside of the room) and other resident care and common areas (for example, dining area). If this is not a safe option, provide small bottles to staff that they can carry.
* Make sure that sinks are well-stocked with soap and paper towels for handwashing.

#### Use of PPE

* Staff should be trained and deemed proficient in donning and doffing PPE before an outbreak occurs. Posters for how to put on and take off PPE can be found on the department’s website <<https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>>.
* Always perform hand hygiene before putting on PPE and immediately after removal of PPE.
* Wear a surgical face mask and disposable gloves when you are in the same room as the person with confirmed or suspected infection.
* Staff must wear gloves, gown or apron, single-use surgical mask and eye protection when it is anticipated that there may be contact with a resident’s blood or body fluids, mucous membranes, non-intact skin or other potentially infectious material or equipment.
* PPE should be removed in a manner that prevents contamination of the workers clothing, hands and the environment. PPE should be immediately discarded into clinical waste bins. Follow the PPE removal poster for how to remove PPE.

**Respiratory hygiene and cough etiquette:**

* Make tissues and single-use surgical masks available for symptomatic residents (should they be required to leave their room) and that there are rubbish bins by every door.
* Consider designating staff to steward those supplies and encourage appropriate use by residents, visitors, and staff.

 Information for caregivers and household members of a confirmed case of novel coronavirus is available at <https://www.dhhs.vic.gov.au/novel-coronavirus-close-contact-what-you-need-know>

## Looking after staff

* Be vigilant of the emotional toll responding to COVID-19 may take on staff.
* 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.

## Duty of care

As outlined in the general guidance for community service organisations, Child and Family Services have a duty of care to all clients, including children/young people, parents, adults and staff. If people are confirmed as having coronavirus they should be supported to self-isolate. In situations where a client has recently returned to Australia or has been in close contact with a confirmed case, they should also be supported to self-isolate. If a client refuses to comply with self-isolation, services should contact the dedicated COVID-19 hotline and follow instructions on reporting requirements. They should also contact their local DHHS office to discuss how this might best be managed.

The table below outlines an assessment for risk of the coronavirus, to help Service Providers to understand the precautions that need to be taken in different circumstances.

|  |
| --- |
| **Question:** Has a child, young person, adult or worker been in **CASUAL contact with a confirmed case of COVID-19?** **Casual contact** is defined as:* Spending less than 15 minutes face-to-face in any setting with a person who is a confirmed case AND they had symptoms at the time
* Sharing a closed space for less than two hours with a person who is a confirmed case AND they had symptoms at the time.
 |
| **Answer*** If the person has a fever or respiratory symptoms (cough, shortness of breath, muscle pain and fatigue) phone the COVID-19 24-hour hotline 1800 675 398, or a GP or emergency department to arrange for appropriate care.
* The person should go about their normal business. The Service Provider should assist the individual or family to monitor their or their child’s health for 14 days and monitor any symptoms of COVID-19.
 |

|  |
| --- |
| **Question:** Has a child, young person adult or worker beenin **CLOSE contact with a confirmed case of COVID-19?****Close contact** is defined as:* Spending more than 15 minutes face-to-face with a person who is a confirmed case, in the 24 hours before they showed symptoms or once they showed symptoms
* Sharing a closed space for more than two hours with a person who is a confirmed case, in the 24 hours before they showed symptoms or once they showed symptoms.
 |
| **Answer*** If the person has a fever or respiratory symptoms (cough, shortness of breath, muscle pain and fatigue) phone the COVID-19 24-hour hotline 1800 675 398, or a GP or emergency department to arrange for appropriate care
* Based on medical advice, the individual, child/young person or worker needs to be isolated for 14 days from the last day of contact with the confirmed case.
* **Close contacts will be contacted by DHHS and required to self-isolate.**
 |

|  |
| --- |
| **Question:** What if a child, young person, adult or worker is **sharing a house with someone who is in self-isolation for corona virus**?There are different reasons for people to be in self-isolation, and so if you are sharing a house with someone in this situation, the obligations on you will differ. |
| **Answer*** If the person you live with is well but has come into close contact with a confirmed case of coronavirus and follows all the required steps for self-quarantine, nobody else in the house is required to self-quarantine.
* If the person you live with is in self-isolation because it is suspected they may have coronavirus, there is no need for others in the house to self-isolate unless the person becomes a confirmed case. At that point, all people in the household are regarded as having had close contact and are required to self-isolate.
 |

Non-compliance with self-isolation requirements or other actions that may place staff or other children or young people at risk (for example, coughing or spitting at a person) should be managed in line with Community Services Organisations’ internal policies and resources to support challenging behaviour, occupational health and safety and infection control.

As outlined above under Duty of Care, if a person refuses to comply with self-isolation, Service Providers should also contact the coronavirus hotline in this circumstance and follow instructions on reporting requirements.

## Reporting confirmed cases of COVID-19

Reporting of COVID-19 for all Victorians: Medical practitioners and laboratories are required to notify confirmed cases to the Department of Health and Human Services Communicable Diseases Section. At this stage, notification of suspected (unconfirmed) cases or people in self-isolation is not required.

## Case supervision and client risk tiers

To assure the health and safety of case management staff and children/young people, face to face contact with children/young people should be kept to a minimum and when necessary implement recommended physical distancing and appropriate PPE.

Each agency will need to consider the need for face to face contact against the assessed risk for children and determine when face to face contact may not be safe or should no longer occur due to health and safety concerns. Where a child in care is at imminent risk of harm, and the case manager cannot safely respond they should contact the child protection case contracting team manager or if the risk is urgent the police.

The following risk tiers have been developed for child and family services to guide decision making on business continuity arrangements and capacity and direct services to clients with any unacceptable risk.

|  |
| --- |
| Client Risk tiering for Stage 2 is as follows.**Critical**(Still requires active service delivery to mitigate risk to child/young person family, placement)*Considerations** The child, young person, family or care services placement requires high levels of monitoring and oversight due to a high level of concern for the child or young person.
* High risk of family, placement or housing breakdown requiring a high level of support
* Parents have minimal capacity to provide for safety, stability and development needs of children due to risk factors such as mental health concerns, developmental delays, family violence.
* High risk factors present such as high-risk infant, high risk adolescent/young adult, high risk pregnancy, complex disability, parental substance misuse, mental health issues, family violence.
* Without intensive or timely response, the child/young persons’ wellbeing is likely to deteriorate, and they are likely to progress further into the statutory system
* Child/young person/ family (including carer or family) has multiple or complex support needs requiring intensive assistance.
* Young person may be at risk of homelessness

*Essential service delivery** Support to children, young people, carers and families within capacity and business continuity.
* Visits still required to sight the child or young person only if needed to confirm safety. This includes care services and family services (visits to be conducted in accordance with health advice).
* Direct care (accommodation and support).
* Provision of flexible funding

**Medium**(Requires a lighter touch approach, periodical check ins) *Considerations** Moderate concern for the wellbeing of a child/ren/young person, including the impact of cumulative harm.
* Moderate concern for placement/housing breakdown.
* Family or carer has one or more significant support needs.
* Moderate to low active monitoring generally required.
* Young person has transitioned from care and is isolated

*Essential service delivery** Maintaining placements/housing.
* Client contact still required but can be managed through non face-to-face contact including phone calls, emails, Skype and other modes of communication.
* Children and young people (dependent developmental stage); parents; carers provided with details how to make contact.
* Provision of flexible funding

**Low**(Well-functioning, essentially could self-manage with advice that service reduced)*Considerations** Low to no risk of placement/housing breakdown. Placement/housing is considered stable.
* Low risk of concern for child or young person’s wellbeing.
* Low parental or carer difficulties.
* Minor support needs and/or may be been a one-off crisis
* Active monitoring low or may not be required
* Families or carers have considerable strength and competency.
* Families or carers with protective factors in place, such as existing natural or other professional supports in place.
* Families and carers considered self-sufficient.
* Young person has transitioned from care, is and living independently and is well connected to community supports

*Essential service delivery** Maintaining placements.
* Client contact is non-essential, minimum contact maintained if possible, within business continuity and service capacity. Contact can be suspended at this time.
* Provision of flexible funding
 |

Service Providers should now take immediate steps to support clients and their families to prepare for the possibility of transmission of the infection in Victoria, in the coming weeks and months.

## Supporting Children, Young People and Families

Service Providers should now take immediate steps to support clients and their families to prepare for increasing transmission of COVID-19 in Victoria.

Service Providers should recognise that this will be a time of increased stress, particularly for those who are already vulnerable, as well as the staff that provide support services to the community.

Service Providers should make sure that families and individuals are accessing reputable advice in relation to COVID-19 and support individuals and families, to plan how to manage should they need to stay at home in quarantine and as services deemed ‘non-essential’ close.

Please refer to [www.dhhs.vic.gov.au/coronavirus](http://www.dhhs.vic.gov.au/coronavirus) for advice on social distancing measures to implement. Information on self-isolation is available at <https://www.health.gov.au/resources/publications/coronavirus-covid-19-isolation-guidance>

During Stage 2, support provided to families by services may include:

* safety planning (particularly around issues related to family violence, parental stress, child and adult mental health, drug and alcohol misuse and homelessness)
* information about other supports that may be available including providing COVID-19 resources such as where to access financial supports and essential goods
* helping families to have age appropriate conversations about coronavirus (COVID-19) with children
* planning for young people who have transitioned from care, living independently and are not well connected to other supports
* planning to support health and wellbeing during social isolation (this may include ensuring individuals and families have credit on their phones or someone to call who can bring them essentials if they are quarantined)
* daily routine planning for individuals and families
* budgeting, and contacting landlords or other debtors
* availability by phone for support with problem solving
* access to flexible funding (especially for emergency purposes)
* planning to ensure families have ways to stay in touch with other social and communities supports
* access to medical services as needed (particularly for older people with pre-existing medical issues)
* ensuring that asthma/allergy management plans for parents and children are up to date and are being followed
* access to allied health services
* support to acquire supplies for self-isolating or quarantined at home. Things like:
	+ non-perishable food items
	+ soap
	+ toilet paper
	+ tissues
	+ feminine care products
	+ nappies
	+ pet food
	+ fill prescriptions of essential medicines

If Service Providers will be using online platforms for regular communication with individuals and families, provide support to carers and staff to access and use these platforms.

## Special consideration for Family Services and Placement Prevention Services

This practice advice for Family Services and Placement Prevention Services will continue to be reviewed over the coming months.

### The role of Child and Family Alliances

Child and Family Alliances have an important role in planning and ensuring services continue to be provided for vulnerable children and their families. Alliances should make use of technology to ensure the least disruption to providing a coordinated response for families.

Specifically, Child and Family Alliance should continue to work together regarding:

#### Demand management

Alliances will need to plan for potential staff shortages and therefore reduced capacity and should pre-plan a demand management strategy accordingly, prioritising risk and prevention of out of home care placements for children at this time.

In preparation, agencies should assess the priority level of all families with current open cases using the risk tiering matrix above and consider what immediate supports can be implemented to facilitate closures. This will decrease the burden on agencies in the event of sudden closures and meeting increased demand.

Consideration should be made to redeploying non-case management staff such as counsellors or group workers to case management to support crisis intervention for high risk families.

Consideration should also be given to whether separate alliances can support each other, including through sharing of staff or resources.

#### Allocation management

The Alliance will need to provide a coordinated response to allocations to ensure:

* Risk is shared equally across all agencies
* Community Based Child Protection are involved in allocation processes to manage risk where Family Services cannot provide a response proportionate to need
* Clients can be flexibly managed where one agency’s capacity is significantly reduced
* Allocations are focused on mitigating crisis and enhancing safety

The Alliance should work together to ensure alignment with risk tiering matrix. It may be reasonable for Family Service and Placement Prevention Services to provide an active hold function to more cases.

In the event that Alliance capacity is impacted the Alliance should inform their APSS team. APSS should liaise with DHHS central if:

* the Alliance enters a period of restricted intake.
* Family Service and Placement Prevention Services are unable to maintain service delivery to current clients

#### Coordination with Child Protection to ensure services are prioritised to risk

Alliances should ensure continued mechanisms for communication with Child Protection to ensure risk can be managed for children.

#### Flexible use of targets

Case allocation targets across Family Services and Placement Prevention Services should be used flexibly, without program barriers, to meet the needs of the most vulnerable. Resources should be focused on providing immediate crisis responses to families and away from therapeutic models of support that will not be possible under social distancing arrangements.

The focus should not be on delivering a specific number of 200, 110, 40, 10 hours targets – but providing the support required to meet immediate needs to ensure safety.

All Family Services and Placement Prevention Services will receive allocations via Child FIRST or The Orange Door to ensure that threshold for supports is maintained. To support this increase in workload in intake services, Child FIRST/The Orange Door should refer to Family and Placement Prevention Services as soon as possible. Family and Placement Prevention Services should aim to provide shorter interventions focused on meeting the needs of more families in crisis.

Where appropriate families may be placed on a holding list with the agency. Agencies should actively engage, by phone call every 2 weeks (or more frequently as needed), to monitor the wellbeing needs of families and provision of support should be scaled up and down as required.

#### Flexible Funding

Placement Prevention, Family Services, Cradle to Kinder and Stronger Families flexible funding should be used across all service types with prioritisation to the most vulnerable.

The Alliance should work together to ensure funding is shared equitability across clients to mitigate risk.

Flexible funds should be prioritised based on essential needs.

By agreement with local areas, unspent 2019-20 funds can be repurposed as flexible funding.

##### Approval process

Alliances should review processes to ensure flexible funding approvals are streamlined and timely.

##### Administration

As per usual requirements, Family Services and Placement Prevention Service Providers are required to record all flexible funding expenditure as per the Program Requirements for Family and Early Parenting Services. Refer to <https://providers.dhhs.vic.gov.au/family-services-flexible-funding-acquittal-tool-xls>

## Special consideration for Better Futures and Home Stretch

This updated practice advice for Better Futures and Home Stretch Services will continue to be reviewed over the coming months.

#### Flexible funding

Better Futures flexible funding should be used to support young people during this time. Expenditure may include purchasing additional items for young people particularly if they are isolated and do not have support networks. These items can include:

* Grocery and toiletries
* Essential health products
* Costs associated with visits to allied health practitioners
* Assistance with housing rental and utility bills
* Online vouchers

##### Approval process

Senior representatives within each Better Future Service Provider are responsible for approving funds requests up business rules to a maximum of $5,000 per young person. Requests of more than $5,000 are considered by a Better Futures flexible funding panel as part of normal business rules.

However due to restricted staff working arrangements in organisations and availability of the Better Futures flexible funding panel, approvers can proceed with progressing flexible funding requests more than $5,000 without the approval of all panel members.

The Better Futures funding panel is informed of the flexible funding request and outcome via email for their records.

If the nominated senior representative is not available to approve flexible funding requests, organisations should ensure that another staff member with the appropriate delegation is available for this.

##### Administration

Better Futures providers are still required to record all flexible funding expenditure as per the Better Futures flexible funding guidelines. Refer to <https://providers.dhhs.vic.gov.au/better-futures>

## Special consideration for Restore and Pre-1990 Care Leaver Services

Consideration should be given to people’s age, pre-existing medical conditions and need for service particularly in their situation in palliative and pre-existing issues with social isolation.

# Stage 3: Peak action stage: managing impacts and protecting delivery of critical services

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.

The Department of Health and Human Services is working with peak bodies and health specialists to develop Stage 3 plans. This document will be updated with plans as they become available. In addition to the steps outlined for Stage 1 and Stage 2, continue to focus on;

* ensuring regular communication and information sharing
* workforce safety and business continuity
* managing surge on services due to demand led by pandemic events
* client and carer safety and wellbeing procedures

In Stage 3 there are likely to be significant disruptions to society and challenges to social cohesion. Physical distancing may have wide-ranging effects on business, the economy and public sentiment. People experiencing vulnerabilities and/or disadvantage, such as people using community services, may be significantly impacted by the effects of COVID-19 and the community’s various responses to it.

Further advice to be provided.

# Stage 4: Stand-down and recovery stage

A further plan will be developed to support this phase.

# Resources

### Important Telephone numbers:

Coronavirus hotline: 1800 675 398

Health or health advice: National Coronavirus helpline – 1800 020 080

All questions about relief assistance packages – Vic Emergency Hotline – 1800 226 226

All questions about reducing transmission including mass gatherings and physical distancing – DHHS hotline – OR visit dhhs.vic.gov.au/coronavirus

Any other queries – National Coronavirus helpline – 1800 020 080

### Chief Health Officer

[Follow the Chief Health Officer on Twitter](https://twitter.com/VictorianCHO)

Subscribe to the daily Chief Health Officer updates by following this link [Subscribe now](https://www2.health.vic.gov.au/newsletters) or emailing COVID-19@dhhs.vic.gov.au

### National Links

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>

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

<https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources>

### Victorian Links

Victorian and national information on COVID-19 resources (includes links to other sites) <https://www.dhhs.vic.gov.au/coronavirus>

Emergency Management Victoria, Emergency management manual Victoria, <http://www.emv.vic.gov.au/policies/emmv>

State Emergency Response Plan <https://files-em.em.vic.gov.au/public/EMV-web/EMMV-Part-3.pdf>

State Health Emergency Response Plan <https://www.emv.vic.gov.au/responsibilities/state-emergency-plans/state-health-emergency-response-plan>

### Employers

WorkSafe Victoria, Preparing for a pandemic: a guide for employers <https://www.worksafe.vic.gov.au/resources/preparing-pandemic-guide-employers>

Commonwealth of Australia, Emergency management for business <https://www.business.gov.au/Risk-management/Emergency-management>

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>

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>

### Education

Department of Education and Training, coronavirus advice

<https://education.vic.gov.au/about/department/Pages/coronavirus.aspx>

### Peak body

Centre for Excellence in Child and Family Welfare: <https://www.cfecfw.asn.au/coronavirus/>

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