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| COVID-19 Plan for the Victorian Community Services Sector Version 1.0 25 March 2020  |
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# Scope and purpose of this plan

The community services sector provides services to many vulnerable Victorians. People who are disadvantaged or vulnerable may be especially impacted by the current pandemic due to their lack of personal, social and financial resources. It is acknowledged that the economic impact of the pandemic, and the stresses that can accompany self-isolation and social distancing, may lead to increased demand on community services from vulnerable Victorians during the recovery stage and for some time thereafter.

This plan provides guidance to the community services sector for Stage 1 and Stage 2 of the Four Stage Pandemic Response. Stage 3 of the Pandemic Response involves the activation of contingency plans and a focus on the maintenance of services that have been assessed as essential. Sector specific plans are under development and will provide more detailed guidance for each sector to support business continuity and contingency arrangements during Stage 3 of the Pandemic Response.

Community Service Organisations (CSOs) should consider this plan, alongside other materials provided by the Department of Health and Human Services (the department) and the Department of Health (Commonwealth) to determine how COVID-19 may impact their services, their residents or clients and their workforce, and to determine further planning, preparedness and action as required.

This plan will inform more detailed sector specific plans and should be read in conjunction with these. 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 The plan should be viewed online, as any printed copies may be superseded by newer versions online.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**](https://www.dhhs.vic.gov.au/coronavirus)

CSOs are encouraged to review the latest information on COVID-19 on the DHHS 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 social distancing measures that will reduce the spread of the virus.

### 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.

\***Authorised Officer**

**Public Health and Wellbeing Act 2008**

The Act gives the **Minister**, on the advice of the Chief Health Officer and after consultation with the Minister and the Emergency Management Commissioner under the Emergency Management Act 2013, power to declare a state of emergency arising out of any circumstances causing a serious risk to public health (s 198).

During the period of a state of emergency, the **Chief Health Officer** may empower authorised officers to exercise public health risk powers and emergency powers for the purpose of eliminating or reducing a serious risk to public health (s 199).

• The emergency powers allow an authorised officer to detain, restrict the movement of, or prevent from entering, any person, or group of persons, in or from an emergency area (s 200).

• During a state of emergency, the Act allows the **Secretary of the Department of Health and Human Services** to order a municipal council/officer/authorised officer to perform any functions or duties or exercise any powers that the Secretary directs. The Secretary may also perform any functions or duties, or exercise any powers, of a municipal council (s 28).

### 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.

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**](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).

## 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

## 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 for the maintenance of essential services  | ✅ Now Victoria is in Stage 2 |
| **Stage 3** Peak Action stage – a severe and sustained outbreak of COVID-19 | CSOs implement contingencies in line with business continuity plan to maintain the delivery of essential services. This may involve redirection of available resources to essential services as identified by the CSO in consultation with DHHS. More detailed guidance regarding Stage 3 will be provided in the sector specific plans.  | ❎ 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, | CSOs 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 prevention

# **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 sanitiser, especially after coughing or sneezing, before and after eating, and after going to the toilet
* avoid touching 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**](https://www.dhhs.vic.gov.au/promotional-material-coronavirus-disease-covid-19)

# **Preparedness**

All service providers must comply with the Department of Health and Human Service Sector Emergency Management Policy which requires that funded organisations undertake emergency preparedness plans. CSOs 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. A template for business continuity planning is available at:

[**https://resilience.acoss.org.au/the-six-steps/leading-resilience/emergency-management-prevention-preparedness-response-recovery**](https://resilience.acoss.org.au/the-six-steps/leading-resilience/emergency-management-prevention-preparedness-response-recovery)

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

A critical aspect of business continuity is maintaining robust channels of communication between the department and CSOs. CSOs should contact DHHS regional 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 for outbreak management in your setting and reporting of cases
* protocol for responding to situations where a client has a confirmed or suspected case of COVID-19 or is required to self-isolate
* staff absenteeism/leave
* consumable planning

# 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 clients 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 delivery of essential services
* 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**

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

* social distancing measures
* information and education for staff and clients
* additional protective measures for elderly carers or people with existing conditions that increase their vulnerability to COVID-19
* prioritisation of services. This needs to occur in consultation with the Department.
* implementing alternative to usual modes of service delivery for all other services where practicable example – telephone contact rather than face to face contact. This needs to occur in consultation with the Department.

# **Social distancing measures**

Social distancing measures have been implemented requiring people returning to Australia and people in close contact with a person with a confirmed case of COVID-19 to self-isolate. Indoor gatherings of more than 100 people and any gatherings of more than 500 people have been banned and fines may apply for failure to comply.

Current facility restrictions and closures are listed at [**https://www.dhhs.vic.gov.au/new-restrictions-and-closures**](https://www.dhhs.vic.gov.au/new-restrictions-and-closures)

CSOs are required to implement social 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 client meetings/assessments/case conferencing to telephone contact or other digital messaging forums instead of face-to-face appointments
* schedule or roster necessary client access to shared common areas
* reconfigure seating arrangements in shared areas (1.5 metres between seating), and all common areas implementing 1 person per 4 square metre
* consider providing food in disposable containers
* 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 he 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.

**Elderly people or people with pre-existing medical conditions**

CSOs should consider the specific vulnerabilities of any clients receiving their services and those of staff or carers delivering services (e.g. older people and people with pre-existing medical conditions such as heart and lung disease or a weakened immune system, who are more at risk of experiencing severe symptoms if they contract the coronavirus). For clients, this may require ceasing face to face contact with these people and providing service via the telephone or Skype etc. For staff at greater risk of severe symptoms, implementing working from home or leave arrangements should be considered.

**Transporting clients**

CSOs frequently transport clients. In the current situation, the necessity of transport should be rigorously assessed and avoided where possible. If transport is required, the client should sit in the rear passenger seat as far from the driver as possible. If a client, staff member or carer requires emergency medical treatment, an ambulance should be called.

**Confirmed case of COVID-19**

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.

**Duty of Care**

CSOs have a duty of care to all clients and staff. If a client is confirmed to have COVID-19, 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 of COVID-19, 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.

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| **Special consideration for modes of service delivery** |
| Office based service delivery | * Where possible, use alternative modes of contact (i.e. telephone or email) to reduce person-to-person contact
* Consider scaling back reception services and advise clients only to attend the office by appointment
* Screen clients in relation to current health (whether they are anyone in their household has a confirmed case of COVID-19 or is unwell) and travel status (whether they have travelled outside Australia in the last 14 days) by telephone before they attend the office
* Require all people attending the office to wash their hands with soap upon entering the service
* Make hand sanitiser and tissues readily available and accessible. If hand sanitiser is not available, then soap should be available
* Reduce periods of face-to-face contact to less than 15 minutes – use a timer
* Always implement recommended social distancing between people in the office (1.5 metres space between people or 1 person per 4 square metres)
* Suspend group activities and consider alternatives if applicable
* Lock access doors implement signage for hygiene requirements(posters available at [**https://www.dhhs.vic.gov.au/promotional-material-coronavirus-disease-covid-19**](https://www.dhhs.vic.gov.au/promotional-material-coronavirus-disease-covid-19) under “Printable resources”).
* Clean surfaces/ door handles regularly etc. consider instituting a roster
 |
| Residential services | * Require all clients and staff to wash their hands with soap or use hand sanitiser upon entering the residential service
* Lock access doors, implement standard greeting signage specifying hygiene requirements
* Screen any visitors in relation to their current health (whether they are anyone in their household has a confirmed case of COVID-19 or is unwell) and travel status (whether they have travelled outside Australia in the last 14 days) and refuse entry to people who pose a risk as outlined above
* Do not allow visitors to congregate at the service
* Reduce any activities where social distance cannot be implemented, that is where 1.5 metres between people and 1 person per 4 square metres cannot be maintained
* Extend mealtimes where possible (to allow for fewer people at once) or provide takeaway options
* Clean surfaces/door handles etc. according to a roster
* Identify appropriate alternative accommodation options for clients in shared facilities who are vulnerable due to age or health status
* Use personal protective equipment in accordance with the guidance
 |
| Day/drop in centres | * Reconfigure seating arrangements to maintain 1.5 metres between people and 1 person per 4 square metres
* Consider serving food in take away containers
* Clean surfaces/door handles etc. according to a roster
 |
| Home Visits | * For all home visits, clients should be contacted prior to visiting to screen in relation to their health (whether they or anyone in their household has a confirmed case of COVID-19 or is unwell) and travel status (whether they or anyone in their household has travelled outside Australia in the last 14 day)
* Staff should practice good hygiene before, during and after visits and always maintain 1.5 metres between people and 1 person per 4 square metres
* Increase the frequency of visits to clients who may be at greater risk if they contract COVID-19 (elderly or vulnerable)
* Visits should be as brief as possible to satisfy the purpose of the visit
* Monitor the risk and the wellbeing of all clients and modify the frequency of visits if the risk has been assessed as increasing. Consider using additional monitoring, for example telephone or skype contact
* Provide groceries and toiletries where these are accessible to the CSO and in situations where a client is not able to source these independently (see Resource section)
* Monitor the health, safety and wellbeing of clients who are required to self-isolate through telephone or skype contact
* Identify close contacts of the client (that may be in self-isolation) during the per-visit contact call. Enquire about other household members present on arrival and validate to pre-visit check responses.
 |
| Outreach work- including street based outreach and contact through a host organisation  | * For all outreach work, where possible, contact clients prior to visiting to screen in relation to their health (if the client or anyone in their household has a confirmed case of COVID-19 or is unwell) and travel status (whether they have travelled outside Australia in the last 14 days)
* Ensure that the host agency/service has a current Business Continuity Plan in place
* Ensure staff are aware of any special requirements of the host service
* Staff should exercise good hygiene practice before, during and after contact
* Always maintain 1.5 metres between people and 1 person per 4 square metres
* Contact should be as brief as possible to satisfy the purpose of the contact
* Increase frequency of outreach visits to people who may be at greater risk if they contract COVID-19 (elderly or vulnerable)
* Monitor safety and wellbeing of clients and modify the frequency of visits accordingly
* Provide groceries and toiletries where these are accessible to the CSO and in situations where a client is not able to source these independently (see Resource section)
 |

# **Workforce**

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

Staff identified as requiring self-isolation need to remain away for the workplace for the required period.

Personal Protective Equipment (PPE) such as gloves, masks and eye protection should be commensurate with the level of risk faced by staff in the performance of their duties. This is particularly important at this time as the current public health threat will place pressure on the availability and supply of these items worldwide. See [**https://www.dhhs.vic.gov.au/coronavirus**](https://www.dhhs.vic.gov.au/coronavirus) for more information.

Employees 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.
* Covering mouth when coughing or sneezing, using an elbow or tissue.
* 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**](https://www.worksafe.vic.gov.au/safety-alerts/exposure-coronavirus-workplaces)**.**

**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.

# **Facilities**

Service providers must have plans for dealing with the need to quarantine clients or staff.

* Quarantine requires isolation. Each service must identify isolation space and the care methods that will be used to maximise the probability that a client will observe isolation rules
	+ Isolation deficiencies identified in the plan must be notified to DHHS to discuss mitigation actions e.g. if client density per room exceeds 1.
	+ Client communication deficiencies identified in the plan must be notified to DHHS to discuss mitigation actions, e.g. if isolation space has no communication access.
* Quarantined staff must regularly communicate with line manger to update status (workforce planning)
* Educate and emphasise the importance of everyday personal prevention actions.
* Encourage and support your staff and volunteers 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 sanitiser (where available).
* Minimize, where possible, close contact and the sharing of objects such as cups, food, and drinks.
* Routinely clean and disinfect all frequently touched surfaces and objects, such as doorknobs, bannisters, countertops, taps, and phones.
* Provide clients in residential settings and staff providing services in these settings with accurate, up to date information about coronavirus and steps they can take to protect themselves and their families.
* Provide health messages and materials developed by the Department of Health and Human Services: <https://www.dhhs.vic.gov.au/promotional-material-coronavirus-disease-covid-19>

# 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. Social 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 regarding Stage 3 to be provided in sector specific plans.

# **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 social 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 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 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>

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