



Guidance for coronavirus (COVID-19) planning in the community services sector

2 June 2020

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Scope and purpose of this guidance

The community services sector provides services to many vulnerable Victorians who are especially impacted by the coronavirus (COVID-19) pandemic. The economic impact of the pandemic, and the stresses that arise as a result of self-isolation and physical distancing increase the demand on community services from vulnerable Victorians during this period and into the future.

In April 2020, the Department of Health and Human Services (the department) developed the COVID-19 Plan for the Victorian Community Services Sector. That plan provided overarching guidance for the community services sector to inform more detailed pandemic response planning at the sector and organisation level and the development of business continuity plans. Alongside sector specific plans developed by the department, it provided guidance to the community services sector on appropriate actions for preparedness, prevention and targeted action, in response to pandemic stages one and two.

This guidance supplements the April 2020 plan, to continue to provide advice in support of an ongoing coordinated approach to delivering community services as Victoria cautiously eases coronavirus restrictions. It sets out key considerations for sectors and community services organisations to apply when determining how to deliver services safely as some restrictions ease. This guidance supports organisations to identify potential risks of coronavirus (COVID-19) transmission faced by staff, clients and volunteers, and to develop strategies to respond to those risks, while also working to transition to more normal service delivery. This includes risk assessment guidance to help organisations undertake their own coronavirus (COVID-19) planning over the coming months and into the future and is intended to remain relevant as restrictions continue to be adjusted.

Information provided in this guidance complements public health [information about coronavirus \(COVID-19\) for community services](https://www.dhhs.vic.gov.au/information-community-services-coronavirus-disease-covid-19) <<https://www.dhhs.vic.gov.au/information-community-services-coronavirus-disease-covid-19>>.

The department may also review sector specific plans in line with this guidance. We encourage organisations to check the [Funded Agency Channel website](https://fac.dhhs.vic.gov.au/) <<https://fac.dhhs.vic.gov.au/>> for updates.

Department advice in relation to pandemic stages one and two remain relevant. Sections from the previous coronavirus (COVID-19) community services sector plan that detail this advice are in appendices one and two of this guidance. They cover arrangements that should already be in place across community service organisations.

Appendix one:

- prevention and preparedness measures established as part of stage one planning
- physical distancing and hygiene measures, including information and education for staff, clients and volunteers
- maintaining service provision and considerations for face-to-face services
- continuing to work with the department on funding and reporting obligations
- ensuring a safety culture that supports staff, clients and volunteers who have been exposed and/or have contracted coronavirus (COVID-19), as well as those in high risk categories.

Appendix two:

- issue resolution processes

Organisations should consider this advice, alongside other materials provided by the department, WorkSafe, the Commonwealth Department of Health and Safe Work, to understand how the coronavirus pandemic is impacting their services, their residents or clients and their workforce, and determine further planning, preparedness and action as required.

The department will review and update this advice as more is known about coronavirus (COVID-19) and its impact on the community. This guidance should be viewed online, as newer online versions may supersede any printed copies.

Introduction

Community services organisations and the Department of Health and Human Services have a collective role as part of the broader community to help minimise transmission of coronavirus (COVID-19) and protect the most vulnerable Victorians. This is a particularly challenging time for community services. Our role working with the most vulnerable Victorians means that we will continually need to assess the coronavirus (COVID-19) transmission risk to staff, clients and community members, alongside the broader health, safety and well-being of individuals and families.

Since 16 March 2020, restrictions have been in place in Victoria to help contain the spread of coronavirus (COVID-19) and keep Victorians safe.

In response to this, community service organisations have been delivering a high proportion of their services remotely and prioritising face-to-face services for people with high needs and/or high safety concerns. For some programs, there has been no way to continue service provision safely, and therefore resources have been diverted to other activities.

In response to the low rates of community transmission and the high rates of testing, from 12 May 2020 the Victorian Government cautiously commenced easing some restrictions. There may be further changes over the coming months, and community service organisations will need to ensure their service arrangements are in line with current restrictions. For [up to date information on restrictions](https://www.dhhs.vic.gov.au/victorias-restriction-levels-covid-19) <<https://www.dhhs.vic.gov.au/victorias-restriction-levels-covid-19>>, please visit the Department of Health and Human Services' website.

Easing of restrictions means that community services organisations can consider restoration of a greater proportion of face-to-face service delivery based on an assessment of the health, safety and wellbeing risks, including coronavirus (COVID-19) transmission risks, for staff, clients and community members. This document supports this shift and decision-making. Where possible, the department encourages organisations to continue embedding use of technology within service models to support physical distancing, including through video calls and online consultations.

Undertaking coronavirus (COVID-19) planning

It is important that each community services organisation has a long-term plan – that prevents and protects against coronavirus (COVID-19) for the benefit of clients, staff and volunteers.

Sector specific coronavirus (COVID-19) plans

To make sure there is a consistent approach to staff safety, and provision of services to clients and community members, the department may update existing sector specific guidance and/or other relevant sector advice to include the five key considerations below.

Organisation level coronavirus (COVID-19) plans

All community services organisations should develop, implement and regularly update workplace coronavirus (COVID-19) planning. This could be a new plan or embedded in existing business continuity planning. Engagement and consultation with staff and volunteers will be an important part of this planning process to understand what is most important to them, and plan for their safety.

The plan should be simple and straightforward so that staff, clients, community members attending programs (such as in Neighbourhood Houses) and volunteers know what you will be doing and what you expect of them. It should reflect service delivery arrangements set out in sector specific plans and consider local and organisational needs. Wherever possible organisations should consult, clients and service seekers as part of its development.

Coronavirus (COVID-19) planning should be informed by the following considerations:

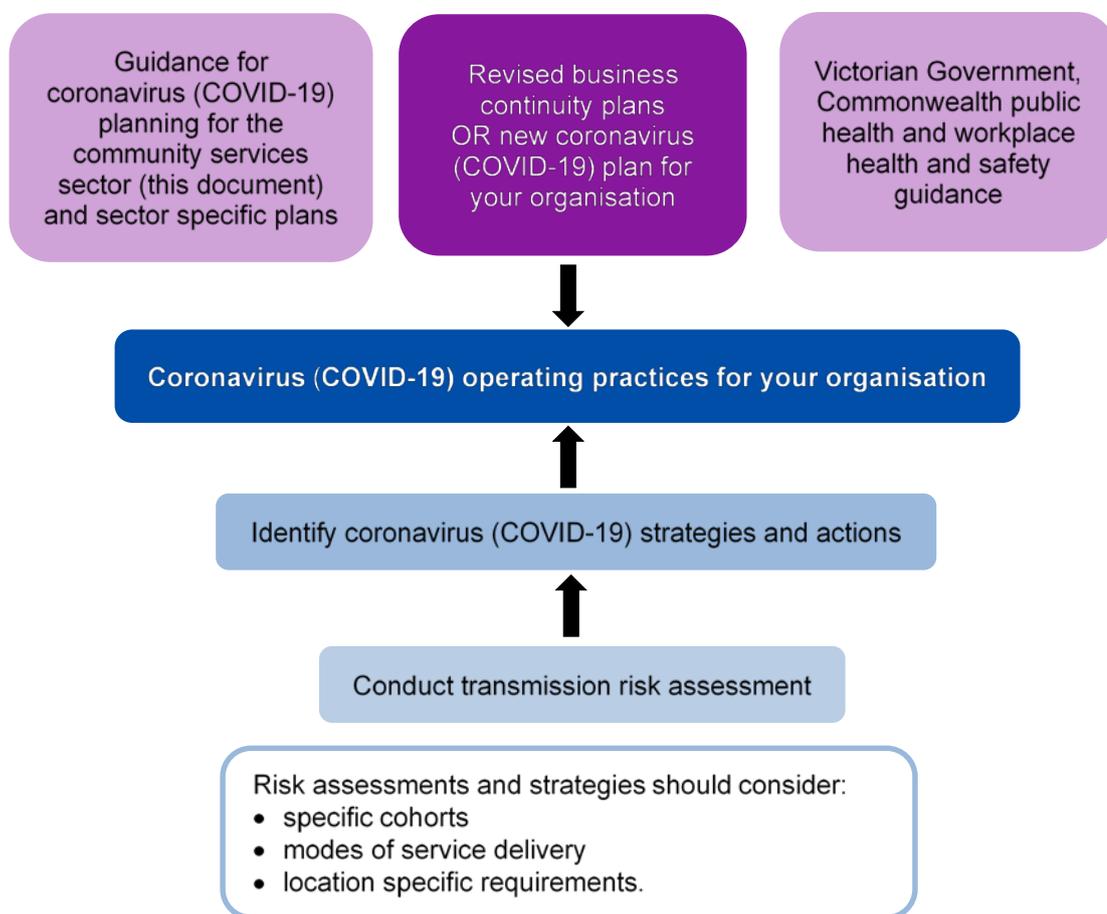
- Is there a need to change current service delivery approaches and start to restore face-to-face service delivery?

- Does your organisation have the capacity and capability to operate safely under coronavirus (COVID-19) restrictions?
- Are other partner services available for you to do your job effectively?
- Where are the risks for coronavirus (COVID-19) transmission in your service?
- What are your strategies and actions to protect people from coronavirus (COVID-19)?

Organisations should review plans as relevant restrictions change, or if there is a confirmed case in your service. Organisations should also review and update their plans to reflect lessons from practice, for example in response to identification of additional coronavirus (COVID-19) transmission risks and strategies for management. These plans will support organisations to develop best practice behaviour that protects staff, clients and volunteers from coronavirus (COVID-19).

Figure one demonstrates how existing sector and business continuity plans, government advice and considerations of risks and actions can inform the development of a coronavirus (COVID-19) plan.

Figure 1: Inputs to coronavirus (COVID-19) planning



Key considerations

1. Is there a need to change current service delivery approaches and start to restore face-to-face service delivery?

Is there a risk that current service provision under coronavirus restrictions is impacting the health, safety and/or wellbeing of some or all your clients or service seekers?

- Organisations should assess the risks of the current approach and gaps in service provision, for example where services have stopped, or where services have been unable to gather all the information required to complete

risk, needs or safety assessments for clients or service seekers, or have had limited engagement with vulnerable people, including children and their families.

- Face-to-face service provision will be important in situations where there is no pre-existing relationship (e.g. first contact), where vulnerable children are not visible to services, or where risks or needs are escalating.
- Organisations should consider which services are currently being delivered remotely with early indications of effectiveness and without impacting client health, safety and/or wellbeing, and where possible, continue operating in that way for a longer period.

These considerations should inform the development of strategies for all modes of service delivery, including those that may continue being delivered remotely.

2. Does your organisation have the capacity and capability to operate safely under coronavirus restrictions?

Consider what your organisation will need to do differently, including whether your organisation can comply with the coronavirus (COVID-19) directions and relevant legislation and meet industrial relations obligations across all proposed service delivery models. This includes consideration of whether your organisation has the capacity to monitor and continue to support clients who have been diagnosed with coronavirus (COVID-19), as well as support contact tracing, and to monitor and report on risk.

The department requires staff in program areas and funded services to record information on clients with a confirmed coronavirus (COVID-19) diagnosis, including the service response to that client, to help ensure that they are appropriately supported. Further information about this new reporting requirement is available in Appendix three.

Organisations should review the [National COVID-19 Safe Workplace Principles agreed by the National Cabinet](https://www.safeworkaustralia.gov.au/covid-19-information-workplaces/other-resources/national-covid-19-safe-workplace-principles) <<https://www.safeworkaustralia.gov.au/covid-19-information-workplaces/other-resources/national-covid-19-safe-workplace-principles>> and [Victorian specific guidance developed by Work Safe](https://www.worksafe.vic.gov.au/coronavirus-covid-19) <<https://www.worksafe.vic.gov.au/coronavirus-covid-19>>.

3. Are other partner services available for you to do your job effectively?

With increased face-to-face service provision, will the partner services that are required to effectively support a client be in place, and if not, are there plans in place to address this need in another way?

- Community services rely heavily on each other, health, education and justice services, to help manage the needs, risks and outcomes for vulnerable people. For example, court services, Victoria Police for victims of family violence, maternal and child health, drug testing facilities, and schools for child protection.

Considering appropriate pathways and how these may change, is an important part of organisational and sector planning. This should also consider the impacts of co-location, in-posting and out-posting arrangements and how these may change during the pandemic.

4. Where are the risks for coronavirus (COVID-19) transmission in your service?

Organisations should prepare by undertaking a coronavirus (COVID-19) transmission risk assessment for each of your workplaces, programs and service delivery modes.

The risk assessment should consider and document practices and processes to minimise and manage the risk of transmission for staff, clients, community members attending programs and volunteers, with consideration of:

- mechanisms to protect staff, clients, community members, and volunteers who are in a high-risk category
- strategies for supporting staff, clients, community members and volunteers who have contact with someone who has tested positive or needs to self-isolate, and strategies to minimise risks of further transmission
- responses if staff, clients, community members, or volunteers test positive, including processes to support contact tracing and meeting obligations to report client diagnoses to the department.

The department has developed risk assessment guidance to support organisations to understand their coronavirus (COVID-19) transmission risks and consider appropriate control measures. This is available at Appendix four. Guidance on notification of a client diagnosed with coronavirus (COVID-19) is available in Appendix three.

5. What are your strategies and actions to prevent and protect people from COVID-19?

Consider the strategies and actions that will need to be taken to protect staff, clients and community members attending programs, and volunteers and visitors from coronavirus, including:

- accessing up-to-date information, support and assistance
- adapting services to reduce the risk of transmission
- promoting personal hygiene, handwashing and cough etiquette
- ensuring physical distancing in accordance with current guidance
- maintaining good environmental hygiene and cleaning
- using Personal Protective Equipment (PPE) when indicated
- planning for a potential confirmed case or outbreak
- notifications of a client coronavirus (COVID-19) diagnosis
- ensuring people do not attend a workplace or service if they are unwell
- forward planning for when restrictions change, both easing and tightening
- consulting staff and clients on required measures
- communicating effectively about what you are doing.

Appendix four includes strategies and actions that organisations can implement to help manage their coronavirus (COVID-19) risk and meet physical distancing and hygiene requirements. These should inform the updating of business continuity plans and the development of coronavirus (COVID-19) operating practices.

Coronavirus (COVID-19) operating practices

Organisations should develop coronavirus (COVID-19) operating practices and guidance for their workplaces, programs and service delivery modes. This should be informed by a risk assessment, including the relevant operational actions detailed in Appendix four.

Organisations may choose to update existing operational and practice guidance or develop new documents to clearly detail how they will respond to specific risks or issues, for example coronavirus infection. Wherever possible, staff and clients should be consulted in the development or revision of this material.

Finalising your coronavirus (COVID-19) planning

It is vital that you continue to review and refresh your coronavirus (COVID-19) planning as restrictions or organisational circumstances change. Organisations should also ensure they communicate their coronavirus (COVID-19) planning clearly within the organisation and that it is easily accessible to all staff.

A closer focus on innovative practices

Across community services, there have been new practices emerging in response to the coronavirus (COVID-19) pandemic and transmission risk that are showing promise. Examples include the use of telehealth, video-based technology and webchat, as well as using brokerage to address barriers to engagement, and greater collaboration and coordination across services.

There is a real opportunity to harness these learnings as we consider future ways of working, alongside making sure our services are safe and appropriate to the needs of our clients. The department is establishing formal ways for organisations to participate in understanding these opportunities. Further advice will follow.

Tools and supports

Tools to support coronavirus (COVID-19) planning can be found in appendices to this guidance and include:

- Appendix one: Relevant sections from the COVID-19 Plan for the Victorian Community Services Sector version 2.0 advice on pandemic stages 1 and 2
- Appendix two: Community sector coronavirus issue resolution process
- Appendix three: Notification of a client with a confirmed coronavirus (COVID-19) diagnosis
- Appendix four: Coronavirus (COVID-19) transmission risk assessment guidance
- Appendix five: Useful resources and links.

Support for undertaking coronavirus (COVID-19) planning is available through the department:

- For advice and support in developing and managing plans, the first point of contact is your agency performance and system support (APSS) manager or local population health and community wellbeing contacts.
- For program or sector specific advice, the first point of contact is your program manager.

The department encourages agencies to work with sector peak bodies and similar service providers and share examples of best practice. As the situation is changing and evolving, so will agencies' strategies. A spirit of collaboration and information sharing between agencies is important at this time.

For further information on this guidance, please [email the Community Services Coronavirus Planning and Coordination team](mailto:CSPC.Office@dhhs.vic.gov.au) <CSPC.Office@dhhs.vic.gov.au>.

Appendix one: Relevant sections from COVID-19 Plan for the Victorian Community Services Sector version 2.0, 30 April 2020

This appendix includes sections from the COVID-19 Plan for the Victorian Community Services Sector version 2.0 that remain relevant to community services organisation's coronavirus (COVID-19) planning. Those sections are included here as originally published without changes. Organisations are encouraged to access materials through the department and Funded Agency Channel websites, to ensure access to the most up to date information.

Pandemic Stage 1: Initial containment stage – preparedness and planning

Prevention

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

- 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 physical 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](https://www.dhhs.vic.gov.au/promotional-material-coronavirus-disease-covid-19) <https://www.dhhs.vic.gov.au/promotional-material-coronavirus-disease-covid-19> are available for downloading and printing.

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](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> is available to support this work.

The Business Continuity Plan will identify:

- loss of staff as a risk, including specialist skillsets
- dependencies such as use of third-party providers and service level agreements, including consumables and increased cleaning requirements
- 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 their local area office 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 COVID-19 or is required to self-isolate
- staff absenteeism/leave
- consumables planning.

Pandemic Stage 1 measures remain in place throughout the pandemic to complement other stages as they are activated.

Pandemic 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 to and/or contracted COVID-19 to access appropriate health care and any resources that they cannot access independently, while 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 services
- consider enhancements to physical environments to minimise or contain the impacts of COVID-19 in accordance with the directions issued by Victoria's Chief Health Officer.

Service delivery

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

- physical 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.

The following Stage 2 actions are re-assessed as we move into Stage 3 and 4.

- prioritisation of services. This needs to occur in consultation with the department.
- implementing alternatives 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

CSOs are required to implement physical distancing measures in all services they provide. The physical distancing measures should align with the [current directions issued by the Chief Health Officer](https://www.dhhs.vic.gov.au/state-emergency) <<https://www.dhhs.vic.gov.au/state-emergency>>.

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 actions should be taken:

- 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 metres
- 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 contact 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 physical 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. people aged 70 years and over, people 65 years and older with chronic medical conditions, Aboriginal and Torres Strait Islander people 50 years and older with one or more chronic medical conditions, and people with compromised immune systems). For clients, this may require ceasing face-to-face contact and providing services via the telephone or online, through services such as Skype or Zoom etc. For staff at greater risk of severe symptoms, implementing working from home or leave arrangements should be considered.

Confirmed case of COVID-19

COVID-19 is a notifiable condition under the Public Health and Wellbeing Regulations 2019 and all confirmed cases must be notified to the department. The [full advice of the Chief Health Officer](https://www2.health.vic.gov.au/about/news-and-events/healthalerts/2019-Coronavirus-disease-COVID-19) <<https://www2.health.vic.gov.au/about/news-and-events/healthalerts/2019-Coronavirus-disease-COVID-19>> is available from the Victorian Government's health website. 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 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.

Workforce

Staff must be provided with information about infection control and be provided with appropriate equipment to undertake effective infection control and hygiene practices. Staff identified as requiring self-isolation need to remain away from 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. For more [information regarding the appropriate use of PPE according to the setting, personnel and type of activity](https://www.dhhs.vic.gov.au/supplement-rational-use-personal-protective-equipment-covid-19) <<https://www.dhhs.vic.gov.au/supplement-rational-use-personal-protective-equipment-covid-19>> visit the department's website.

Employees have a duty to take reasonable care of 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
- physical distancing such as avoiding physical contact with others (including shaking hands) and maintaining 1.5 metres distance

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.

[Further information about the risks associated with potential exposure to coronavirus \(COVID-19\) in workplaces](https://www.worksafe.vic.gov.au/safety-alerts/exposure-coronavirus-workplaces) <<https://www.worksafe.vic.gov.au/safety-alerts/exposure-coronavirus-workplaces>> is available from WorkSafe.

Issue resolution process

The coronavirus (COVID-19) pandemic has seen the community sector working diligently with staff teams to modify the service offering to ensure the safety of all stakeholders. The spirit of collaboration and good-will between community agencies, staff and unions has resulted in innovative and creative strategies to ensure positive outcomes for consumers. However, when adapting to guidelines and practices that are quickly changing, it is also important to have a process to quickly resolve issues as they arise. The 'DHHS Community Sector Coronavirus issue resolution process' (at Appendix two of this guidance) outlines a dispute resolution process that seeks to resolve issues more swiftly than traditional avenues during the COVID-19 pandemic.

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 managers to update status (workforce planning).
- Educate and emphasise the importance of everyday personal prevention actions.
- Make it clear to staff and volunteers that they must stay home if they are unwell.
- 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).
- Ensure physical distancing of 1.5 metres between people and ensure there is no 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](https://www.dhhs.vic.gov.au/promotional-material-coronavirus-disease-covid-19) <<https://www.dhhs.vic.gov.au/promotional-material-coronavirus-disease-covid-19>> developed by the Department of Health and Human Services.

Appendix two: DHHS Community Sector Coronavirus issue resolution process

This section was incorporated within the COVID-19 Plan for the Victorian Community Services Sector V 2.0 as Appendix A. It is included here without changes.

The coronavirus pandemic has seen the community sector working diligently with staff teams to modify the service offering to ensure the safety of all stakeholders. The spirit of collaboration and good-will between community agencies, staff and unions has resulted in innovative and creative strategies to ensure positive outcomes for consumers. However, when adapting to guidelines and practices that are quickly changing, it's vital to have a process to quickly resolve issues as they arise.

While there is always the capacity for the Australian Services Union (ASU) or community sector agencies to resolve disputes through traditional avenues such as the Fair Work Commission and WorkSafe, these processes can be time consuming. During this public health crisis it should be the focus of everyone within the community services sector to be able to continue to provide vital services to consumers in a way that is as safe as possible for staff, and for staff to not be adversely financially impacted to the extent possible. The community sector also has a pivotal role to play in minimising community transmissions overall.

There is no obligation on the ASU or community sector agencies to participate in this process. However, as agencies funded by the Department of Health and Human Services (DHHS) it is recommended that agencies will demonstrate their willingness to swiftly resolve issues through their participation in the process. All organisations funded by DHHS to provide community sector services are in scope to this process, including (but not limited to): disability services; out of home care residential services; family violence and sexual assault services; child and family services; child protection; homelessness and community housing services, or other community (non-health) services.

At any stage of the process below the ASU and community sector agencies can nominate the people who represent them. It is expected that representatives of parties to the dispute:

- participate in good faith
- are empowered to make decisions
- unless it is a particularly technical issue, are not external lawyers engaged by any party other than as a non-participating observer to the process

Given the nature of the coronavirus pandemic it is expected that all the stages below will be conducted via electronic communications agreed to by the parties. Any face-to-face meetings that are considered necessary will only be held in accordance with the advice of the Victorian Chief Health Officer and with the approval of the Deputy Secretary, Children, Families, Communities and Disability Division, DHHS.

The process

Should an issue arise during the coronavirus pandemic it is recommended by DHHS that the ASU and community sector agency will follow the process below.

Stage 1

The ASU and community sector agency will attempt to resolve the issue.

Where an issue arises during the coronavirus pandemic, parties will first attempt to settle the matter using the usual internal dispute resolution processes within the community sector agency.

If the matter cannot be resolved a party to the dispute may choose to go the Stage 2.

Stage 2

Notify the Industrial Relations branch at DHHS that there is an issue.

Where a matter cannot be resolved using the usual internal processes within the community sector agency, a party to the dispute may choose to [notify the Industrial Relations branch \(IR branch\) at DHHS by emailing Jesse Maddison <jesse.maddison@dhhs.vic.gov.au>](mailto:jesse.maddison@dhhs.vic.gov.au). The IR branch will engage in informal discussions between the parties to attempt to resolve the matter in dispute. The exact method of dispute resolution at this stage will be at the discretion of the IR branch. The IR branch may draw upon relevant internal expertise as required. If the matter cannot be resolved a party to the dispute may choose to go the Stage 3.

Stage 3

Request the assistance of the DHHS Community Sector Coronavirus Mediation Process (Mediation Process).

Where a matter cannot be resolved by the IR Branch a party to the dispute may choose to seek the assistance of the Mediation Process.

In order to have a matter sent to the Mediation Process the party initiating the dispute will need to gain approval of the Deputy Secretary, Children, Families, Communities & Disability Division of DHHS. The initiating party will submit a request that contains the following:

- the nature of the dispute
- the steps taken to deal with the dispute up to that point
- the resolution sought
- why they consider referral to the panel is appropriate in the circumstances.

If the request is accepted by the relevant Deputy Secretary, the matter will be referred to the Mediation Process.

Two former members of the Fair Work Commission, Anna-Lee Cribb and Julius Roe are able to provide mediation services for the purposes of endeavouring to resolve issues. Only one of the two members be allocated to each matter. They will hear matters based on availability and at the discretion of the relevant Deputy Secretary. The member may require advice and assistance from relevant executives of DHHS. Parties will bear their own costs associated with matters escalated to the Panel, DHHS will bear costs associated with engaging the facilitators and any departmental representatives or resources required.

The member will have authority to determine the best process to help resolve each matter. It will however be based on the principles of natural justice. The process is informal and will not be legally binding on the parties.

If deemed particularly urgent or sensitive by the relevant Deputy Secretary some matters may move straight to Stage 3 without needing to utilise Stage 2.

If the matter cannot be resolved a party to the dispute may choose to determine the next stage of the process.

Seek resolution of the matters through Fair Work Commission, WorkSafe or some other body.

Where a matter cannot be resolved by the DHHS Community Sector Coronavirus Mediation Process, a party to the dispute may choose to exercise any other legal / industrial option available to them.

Appendix three: Notification of a client coronavirus (COVID-19) diagnosis - Policy advice for programs and funded services

Background

The Department of Health and Human Services (the department) requires staff in program areas and funded services to record information on clients with a confirmed coronavirus (COVID-19) diagnosis including the service response to the client.

This new reporting process helps ensure that clients get the support needed and that the impacts of the virus on clients and service delivery can be accurately assessed. This process is in addition to the testing, contact tracing and health monitoring conducted by the public health unit to manage the health impacts of coronavirus (COVID-19) in the Victorian community.

How to confirm the coronavirus (COVID-19) diagnosis of a client

The department requires staff to contact households before conducting a home visit to request information on whether a client has been diagnosed by a medical practitioner with coronavirus (COVID-19). Department staff may be advised by a client that they or a member of their family have been diagnosed with coronavirus COVID-19. Find up to date information on screening guidelines at [Getting tested for coronavirus \(COVID-19\)](https://www.dhhs.vic.gov.au/getting-tested-coronavirus-covid-19) <<https://www.dhhs.vic.gov.au/getting-tested-coronavirus-covid-19>>.

Recording information for a client's confirmed coronavirus (COVID-19) diagnosis

Record the confirmation of a client's coronavirus (COVID-19) diagnosis by a medical practitioner for:

- the safety of clients and staff if visits are required
- to ensure the client has the appropriate support services
- to establish if any additional support is required
- any additional costs of that support

Staff are required to complete an [on-line form Recording sector responses to clients with COVID-19](https://forms.office.com/Pages/ResponsePage.aspx?id=H2DgwKwPnESciKEExOufKO_iwlCfh55JnPu5ljZfs1dUNDY5REk2WUFGSzNIV0pVRk9UQzZMSFVYWC4u) <https://forms.office.com/Pages/ResponsePage.aspx?id=H2DgwKwPnESciKEExOufKO_iwlCfh55JnPu5ljZfs1dUNDY5REk2WUFGSzNIV0pVRk9UQzZMSFVYWC4u>.

The on-line form helps with monitoring a program area and funded service provider's response to clients with a confirmed coronavirus (COVID-19) diagnosis. The form only needs to be completed once per client.

The legal authority to know this information

Staff must inform clients of the purpose of collecting this health information. That is, it is being collated for the purpose of assessing the client's health, the safety of clients and staff should a home visit be required, for service provision, monitoring and any future reporting on the number of clients with a coronavirus (COVID-19) diagnosis.

There is a restriction on collecting health information other than in these permitted circumstances.

The department's response to collecting this data

The form is used by the department to monitor a program area and funded service provider's response to clients with a confirmed coronavirus (COVID-19) diagnosis and may be used for reporting, for example, how many clients have a coronavirus (COVID-19) diagnosis or the costs associated with assisting clients with additional supports.

Once staff have completed and submitted the on-line form, the information will populate automatically into a spreadsheet.

Further information

If you have questions about the notification process, please [email the Children, Families, Communities and Disability coronavirus \(COVID-19\) response team](mailto:CFCD.COVIDResponse@dhhs.vic.gov.au) <CFCD.COVIDResponse@dhhs.vic.gov.au>.

If you have any concerns about a known confirmed case of coronavirus (COVID-19) or a close contact of a confirmed case of coronavirus (COVID-19), please contact the department's public health unit on 1300 651 160.

Appendix four: Coronavirus transmission risk assessment guidance

When conducting a transmission risk assessment, organisations should consider the following factors and the risks associated with them in the workplace and/or as part of service delivery:

- number of people present
- duration of the activity
- available space in which the activity is conducted
- contact between people, and ability to maintain physical distancing
- whether 'at-risk' groups are present (aged 70 years and over, people 65 years and older with chronic medical conditions, Aboriginal and Torres Strait Islander people 50 years and older with one or more chronic medical conditions, and people with compromised immune systems)
- if people are likely to touch surfaces or objects
- if people are likely to expel body fluids by coughing, sneezing, spitting or vomiting.

Ideally, an organisation should conduct a risk assessment for each service delivery mode and adapt that assessment and the resulting strategies and actions to local circumstances, including workplace location, staffing structures and client or community member cohorts.

This document includes information to support risk assessments and the development of strategies and actions described at key considerations four and five:

- examples of common actions to assist in minimising coronavirus transmission risks and meeting hygiene and physical distancing requirements that are relevant to all organisations (table one)
- examples of actions for specific service delivery modes or circumstances (table two).

Organisations can use these examples of strategies and actions to develop or update their own coronavirus (COVID-19) operating practices. This advice will be regularly reviewed to ensure it remains consistent with the directions of the Chief Health Officer.

Organisations are encouraged to remain up to date with [current restrictions](https://www.dhhs.vic.gov.au/victorias-restriction-levels-covid-19) <https://www.dhhs.vic.gov.au/victorias-restriction-levels-covid-19> and to review coronavirus (COVID-19) planning as restrictions change.

Table 1: Common considerations and actions relevant to all organisations

Common considerations	Strategies and actions
Hygiene	<ul style="list-style-type: none"> • Staff should exercise good hygiene practices before, during and after contact, in particular: <ul style="list-style-type: none"> – frequent hand washing with soap and water for at least 20 seconds, especially after coughing or sneezing, before and after eating and after going to the toilet, and between visits and engagements with clients. If soap and water is not available use alcohol-based hand sanitiser – practice good cough etiquette, by coughing into your elbow or a tissue – avoiding touching eyes, nose or mouth – exercising physical distancing measures and staying at least 1.5 metres apart from people • Staff should support clients with good hygiene practices - contact provides an important opportunity to reinforce public health messaging • Provide and promote hand sanitisers for use on entering buildings

Common considerations	Strategies and actions
	<ul style="list-style-type: none"> • Provide adequate supplies for good hygiene, including easy access to clean and functional handwashing facilities including soap, paper towels and alcohol-based hand sanitiser • Display signage outlining hygiene requirements, including on hand washing and cough etiquette. Ensure this information is easily accessible and available in a variety of formats and languages. This could include using simplified English and pictures (available from the department's promotional material webpage <https://www.dhhs.vic.gov.au/promotional-material-coronavirus-disease-covid-19> under 'Printable resources') • Implement a more frequent cleaning schedule and routinely clean and disinfect all frequently touched surfaces and objects, such as doorknobs, bannisters, countertops, taps, keyboards, phones, desks and change room surfaces • In a change room, do not share items like towels and soap bars and wash your hands after changing • Open windows, enhance airflow, adjust air conditioning to use fresh air where possible • Ensure the highest hygiene practices among food handlers and canteen staff • Minimise the number of building access routes where possible (e.g., have separate entry and exit points)
Physical distancing	<ul style="list-style-type: none"> • Plan ways to enable physical distancing of at least 1.5 metres to reduce in-person contact for both staff and clients • In an enclosed space, including offices, meeting spaces and homes, there should be no more than one person per four square metres of floor space • When using indoor areas, seek spaces with high ceilings, and good ventilation (e.g. open windows, high throughput air conditioning) • Plan for how to ensure physical distancing at mealtimes and in communal areas, including lifts and waiting rooms • Staff and clients to avoid physical greetings such as handshaking, hugs and kisses • Reduce/modify any activities where the required physical distancing cannot be maintained, for example face-to-face meetings • Display signs at each entry to indoor areas which detail the maximum number of people that are allowed to be present in the indoor area • Ensure information and signage on physical distancing requirements is easily accessible and available in a variety of formats and community languages. This could include using simplified English and pictures to illustrate important information and placing clear markers in reception/other areas to mark 1.5 metre distances for queuing
Workforce	<ul style="list-style-type: none"> • Support employees to work from home wherever possible, in line with current directions. • Encourage flexible working arrangements, including off-peak travel if it is necessary to be physically present at work. • Ensure staff adhere to up-to-date public health advice regarding staying at home if unwell <https://www.dhhs.vic.gov.au/how-stay-safe-and-well-covid-19>. • Actively encourage sick employees to get tested if displaying symptoms of coronavirus, even if symptoms are mild • Cancel all staff travel not related to essential activities or service delivery • Plan for increased levels of staff absences

Common considerations	Strategies and actions
	<ul style="list-style-type: none"> • Plan for what to do if staff arrive sick at work (e.g. identify an isolation room or separated area) • Considering grouping staff and volunteers to minimise interactions across groups • Ensure all staff are familiar with requirements to immediately support / facilitate isolating a person who shows symptoms of coronavirus (COVID-19) • Understand your workforce requirements for Personal Protective Equipment <https://fac.dhhs.vic.gov.au/news/requests-personal-protective-equipment> and how to access it
Service delivery	<ul style="list-style-type: none"> • Encourage staff to communicate key messages on hygiene and physical distancing verbally with service users who may not be able to access written information • Limit the size of meetings/group sessions in an indoor or outdoor area to not more than are permitted under the current restrictions, plus the minimum number of people required to safely facilitate the meeting or provide the support service. This includes planning for no more than one person per four square metres. • Seek to reduce close person to person contact where possible (i.e., less than 1.5m), keeping such contact to a minimum. This includes during visits to client's homes. • Where it does not impact client safety or effectiveness of the service, reduce periods of face-to-face contact to less than 15 minutes – use a timer • Limit casual contact to less than two hours where possible • Screen clients in relation to their current health status (including whether anyone in their household has a confirmed case of coronavirus or is unwell) by telephone before any planned face-to-face contact, including through office-based, home visit or outreach modes • Consider ways record keeping processes can support contact tracing if required • Record information on clients with a confirmed coronavirus (COVID-19) diagnosis, including the service response to the client. More information on this reporting process is available at Appendix three • Modify any planned face-to face activities wherever possible to reduce the transmission risk - develop a plan/procedure incorporating the control measures and ensure staff/volunteers fully understand and implement this • Consider specific ways to modify service delivery to 'at-risk' clients to minimise transmission risks. This includes people aged 70 years and over, people 65 years and older with chronic medical conditions, Aboriginal and Torres Strait Islander people 50 years and older with one or more chronic medical conditions, and people with compromised immune systems • Consider how staff and clients will travel to and from services and programs, for example can people maintain physical distancing on public transport or while waiting or queuing • Plan contingency arrangements in case of an unexpected event occurring, for example coughing attack, spitting or behaviours of concern • Inform clients / participants prior to planned engagement about how their health will be protected and what they will need to do

Common considerations	Strategies and actions
Unexpected events	<ul style="list-style-type: none"> • Use your common sense to manage unexpected events and breaches of these procedures. Think about how you can protect yourself and the client/colleague through use of hand hygiene, cleaning and disinfecting surfaces etc. • If you, a client or a colleague happen to sneeze, cough, vomit, or spit accidentally there could be a high risk of infection transmission. Do not touch contaminated surfaces. Keep others away. Ensure the area is cleaned and disinfected before it is used again. • Be firm and clear when instructing others; this is in the interest of everyone's health • If in doubt on what to do, ask the client/colleague to move back and call your manager, and stay where you are to protect the area

Table 2: Actions relevant to specific service delivery modes

Service delivery modes	Strategies and actions
Residential services - including day and overnight staff	<ul style="list-style-type: none"> • Increase the frequency of health monitoring for all staff, clients and volunteers • Schedule or roster necessary client access to shared common areas like dining areas • Extend mealtimes where possible and/or provide takeaway options • Ensure that visitors are limited in line with the Care Facilities Directions issued by the Chief Health Officer, which may differ from broader public health guidance. These differences may include the number of visitors allowed and the length of time those visitors are able to remain. • Limit occasions that clients leave the facility to any exemptions described in the current public health and Care Facilities directions • Implement plans for the care of residents who are vulnerable due to age or health status, prepared in conjunction with their family and medical practitioner • Screen clients of short-term accommodation prior to entry to ensure they do not have symptoms of coronavirus (COVID-19) and are not a close contact of someone with coronavirus (COVID-19) • Implement thorough cleaning and disinfection of bedrooms once a person finishes their stay in short term accommodation • For further information review the Care Facilities Directions <https://www.dhhs.vic.gov.au/coronavirus-care-facilities-directions-frequently-asked-questions>
Drop in centres	<ul style="list-style-type: none"> • Reconfigure seating arrangements to maintain at least 1.5 metres between people and no more than one person per four square metres • Consider serving food in takeaway containers where possible
Outreach – in community, including street-based outreach	<ul style="list-style-type: none"> • Increase frequency of outreach visits to people who may be at greater risk if they contract coronavirus (people aged 70 years and over, people 65 years and older with chronic medical conditions, Aboriginal and Torres Strait Islander people 50 years and older with one or more chronic medical conditions, and people with compromised immune systems) • Monitor the safety and wellbeing of clients and modify the frequency of visits accordingly • Facilitate access to groceries and toiletries in situations where a client is not able to source these independently. Information about emergency relief available to

Service delivery modes	Strategies and actions
	<p>people in self-quarantine <https://www.dhhs.vic.gov.au/self-quarantine-coronavirus-covid-19> is available from the department's website.</p> <ul style="list-style-type: none"> • If possible, where clients are known to services, contact clients by phone • Continue to focus on moving all rough sleepers into emergency accommodation options where possible • Keep a register of those moved into emergency accommodation with support plans and essential items (for example, medication, food and toiletries) • Ensure clients have phones, using brokerage to purchase if required • Provide clients with hand sanitiser and information on nearby hand washing facilities/ bathrooms
Outreach in home	<ul style="list-style-type: none"> • If required, visits should be as brief as possible to satisfy the purpose of the visit and maintain physical distancing wherever possible • Monitor the health and wellbeing risk of all clients and modify the frequency of visits if the risk has been assessed as increasing, including consideration of their physical and mental health context, extent of isolation and family circumstances • Consider using additional monitoring for clients, for example telephone or video call contact • Facilitate access to groceries and toiletries in situations where a client is not able to source these independently. Information about emergency relief available to people in self-quarantine <https://www.dhhs.vic.gov.au/self-quarantine-coronavirus-covid-19> is available from the department's website. • Monitor the health, safety and wellbeing of clients who are unwell or are required to self-isolate through telephone or video call contact: • Identify close contacts of clients in self-isolation during the pre-visit contact call • On arrival, check that the household members present match the pre-visit check responses. If additional people are present, enquire about the health of those people. • Ensure that the total number of additional people / visitors in a home is limited in line with any current restrictions issued by the Chief Health Officer • When working with families, support workers should ensure that families are linked in with schools and are aware of the latest education advice
Co-location of staff / in-posting / out-posting	<ul style="list-style-type: none"> • Ensure the host agency/ service has coronavirus (COVID-19) planning in place • Ensure staff are aware of any special requirements of the host service (if applicable) • Consider and mitigate any additional risk of transmission that staff are exposed to when travelling to / operating from multiple locations • Ensure the employing agency has detailed its obligation to out-posted staff in its coronavirus (COVID-19) operating practices and business continuity plans • Where services are co-located, undertake a joint risk assessment specific to that location, and ensure operating procedures are agreed to
Group support sessions – in community centres, meeting rooms and office	<ul style="list-style-type: none"> • Non-essential group activities should continue to be cancelled • Community-based support group services can now be provided to a defined group of vulnerable and / or disadvantaged clients for psycho-social support, counselling, behaviour change, social and life skills development or therapeutic purposes

Service delivery modes	Strategies and actions
	<ul style="list-style-type: none"> • Up to the maximum number of people allowed per the current directions, plus the minimum number of people required to safely facilitate the meeting or provide the support service, can attend an activity/ support service in an indoor or outdoor area • Consider staggering start and end times to maintain physical distancing in entry and waiting areas • Simultaneous support group sessions may occur in the same building if they are held in different enclosed rooms and physical distancing requirements are met • Participants should be encouraged to bring their own drinks/refreshments • Consider which room provides the best environment to support physical distancing and hygiene recommendations (e.g. by opening windows and/or adjusting air conditioning to enhance airflow) • Keep a record of all participants at the group session • Group sessions in outdoor settings should be well separated from each other so that each group of participants does not mix with other groups • Playgroups may be held but it will depend on the ability of the community service organisation or facility to provide a safe environment to minimise the risk of transmission. For more information see advice from the Department of Education on Physical distancing and transmission reduction in early childhood education and care settings <https://education.vic.gov.au/childhood/Pages/coronavirus-advice-early-childhood.aspx>.
Office-based phone / online service delivery	<ul style="list-style-type: none"> • Use screens or barriers to separate people from each other • Use back-to-back or side-to-side working (rather than face-to-face) whenever possible • Implement floor markers and signs to assist separation • Reduce the number of people each person has contact with by using 'fixed teams or partnering' (so each person works with only a few others) • Avoid use of shared hot desks and spaces and joint handling of equipment and machines • At the end of a shift, for example, in call centres or training facilities, clean workstations between different occupants including shared equipment
Transport	<ul style="list-style-type: none"> • Consider the necessity of transporting clients and avoid where possible. Arranging a taxi for clients may be a suitable alternative • If a client requires emergency medical treatment, an ambulance should be called • The recommended maximum number of staff and clients that can be transported in a vehicle will be dependent on the size of the vehicle and the 1 person per 4 square metres rule still applies where possible • Wherever possible, ensure only two people are in a 5 seater vehicle and the single passenger sits behind the front passenger seat to maximise distance between the two. • If staff are collecting children, resulting in greater than two occupants in a vehicle, larger vehicles should be considered where possible (e.g. a 7 seater vehicle or van) to maintain physical distancing. If there are no vehicles to this specification available, then staff could consider arranging another worker to attend the trip in a second vehicle. • For workers required to travel together for work purposes and the trip is longer than 15 minutes, air conditioning should be set to external airflow rather than to recirculation, and windows can be opened where appropriate

Service delivery modes	Strategies and actions
	<ul style="list-style-type: none"> • Vehicles should be cleaned more frequently, no matter the length of the trip, but at least following each use by workers • Provision of hand sanitiser in all vehicles or to all staff is preferable • Following general use of a car wipe down frequently touched points (e.g. steering wheel, gear stick, radio knobs, door handles) with disinfectant wipes • If a suspected or confirmed coronavirus (COVID-19) case has been transported in a car, a more detailed clean/disinfection is required. Organisations should also consider implementing a regular cleaning schedule for fleet or company vehicles.

Appendix five: Useful resources and links

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 – hotline 1800 675 398 – OR visit the [department's coronavirus \(COVID-19\) website](https://dhhs.vic.gov.au/coronavirus) <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) <https://twitter.com/VictorianCHO>
- [Subscribe to the daily Chief Health Officer updates](https://www2.health.vic.gov.au/newsletters) <https://www2.health.vic.gov.au/newsletters> or by [emailing the department](mailto:COVID-19@dhhs.vic.gov.au) <COVID-19@dhhs.vic.gov.au>

National links

- [Smart Traveller website](http://www.smartraveller.gov.au) <http://www.smartraveller.gov.au> Department of Foreign Affairs and Trade
- [Australian health sector emergency report plan for coronavirus \(COVID-19\)](https://www.health.gov.au/resources/publications/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19) <https://www.health.gov.au/resources/publications/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19> guides the Australian health sector response
- [Australian Government Department of Health, Coronavirus \(COVID-19\) resources](https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources) <https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources>
- [Safe Work Australia website](https://www.safeworkaustralia.gov.au/) <https://www.safeworkaustralia.gov.au/>

Victorian links

- [Victorian and national information on COVID-19 resources](https://www.dhhs.vic.gov.au/coronavirus) <https://www.dhhs.vic.gov.au/coronavirus> (includes links to other sites)
- Emergency Management Victoria, [Emergency management manual Victoria](http://www.emv.vic.gov.au/policies/emmv) <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) <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) <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) <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) <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) <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) <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 \(COVID-19\) advice](https://education.vic.gov.au/about/department/Pages/coronavirus.aspx) <https://education.vic.gov.au/about/department/Pages/coronavirus.aspx>

Appendix six: Description of Figure 1: Inputs to coronavirus (COVID-19) planning

There are a range of inputs to support revised business continuity plans or a new coronavirus (COVID-19) plan for your organisation. Your plan will support the development of coronavirus (COVID-19) operating practices for your organisation.

To support the planning process, take into consideration:

- this guidance document
- Victorian government and Commonwealth public health and workplace health and safety guidance
- any issues identified through an assessment of coronavirus (COVID-19) transmission risk for your organisation.

Risk assessments and strategies should consider:

- specific cohorts
- modes of service delivery
- location specific requirements.

To receive this document in another format, [email the Community Service Planning and Coordination Office](mailto:cspsc.office@dhhs.vic.gov.au) <cspsc.office@dhhs.vic.gov.au>.

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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people.

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Available from the [information for community services coronavirus disease \(COVID-19\) webpage](https://www.dhhs.vic.gov.au/information-community-services-coronavirus-disease-covid-19)
<<https://www.dhhs.vic.gov.au/information-community-services-coronavirus-disease-covid-19>>.