



Sample COVID-19 Management Plan for DFV Services in Western Australia

Version 4

24/02/2022

The significant changes in this Version 4 of the Sample Plan are highlighted in yellow

This sample COVID-19 Management Plan has been developed by the Centre for Women's Safety and Wellbeing (CWSW) to assist domestic and family violence (DFV) services who support women and children experiencing DFV.

Version 4 of this Sample COVID-19 Management Plan has been updated to reflect Western Australia's transition from a low to high and very high caseload environment (living with COVID). There have been significant changes in the approach to management of COVID-19 in the context of widespread community transmission and number of cases. With high vaccination rates in WA at the time of this transition, it is expected that the vast majority of individuals contracting the COVID-19 will have mild symptoms lasting a short number of days, which can be safely managed at home. As WA transitions to living with COVID, businesses, facilities and service providers will be required to play a more involved role in managing COVID-19 and communications within their workplaces. WA Health will transition to focus contact tracing on areas with the greatest public health benefit and protection of at-risk populations. Guidance and more information about this transition can be found here:

- [WA TTIQ \(Test, Trace, Isolate and Quarantine\) Plan¹](#)
- [WA TTIQ Plan frequently asked questions²](#)
- [Guidance for preventing the spread of COVID-19 in the workplace³](#)
- [Guidance for the management of COVID-19 in the workplace⁴](#)

The sample is for general guidance only, does not constitute legal advice and does not replace an agency's duty of care to remain up to date on COVID-19 issues, including Public Health Directions, government requirements and public health advice.

The sample should be adapted to suit the circumstances of each agency, premises and service program area. It has been written with simple formatting to allow for easy adaptation. Key documents have been hyperlinked and a full URL address provided in footnotes in case the hyperlink is broken.

In developing this sample, the Centre for Women's Safety and Wellbeing has drawn upon:

- Western Australian Government [advice, directives and guidelines⁵](#)
- Australian Government [advice, directives and guidelines⁶](#)

¹ <https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/TTIQ/COVID19-TTIQ-Plan.pdf>

² <https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/TTIQ/COVID19-TTIQ-FAQ.pdf>

³ <https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/TTIQ/Workplace-preparedness-guidelines.pdf>

⁴ <https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/TTIQ/Guidance-for-the-management-of-COVID-19-in-the-workplace.pdf>

⁵ <https://www.wa.gov.au/government/covid-19-coronavirus>

⁶ <https://www.australia.gov.au/>



- Victorian Government [Guidance for COVID-19 planning in the family violence and sexual assault sector](#)⁷ (please note this document has not been updated since 2020. The Victorian Government has developed updated [community services guidance documents](#)⁸).
- The previous CWSW Sample COVID-19 Safety Plan for DFV Services in Western Australia, which included contributions and reviews of drafts kindly provided by:
 - Marninwarntikura Women's Resource Centre
 - Patricia Giles Centre
 - Lucy Saw Centre
 - Anglicare WA
 - Ruah Community Services
 - Starick
 - Zonta House

The general format of headings used is based on the Government of Western Australian's suggested [COVID Safety Plans](#)⁹, with additional sections added e.g., service delivery and residential services (refuges).

Relationship between a COVID-19 Management Plan and other documents

Sitting above a COVID-19 Management Plan is ideally an overarching agency policy, such as:

- Emergency or Disaster Management Policy
- Pandemic Policy

These policies clarify leadership roles and responsibilities at times of emergency; and identify who in an agency has the authority to update, amend and approve policies and procedures, such as a COVID-19 Management Plan. The Institute of Company Directors Australia with the assistance of Moores, provides a sample [Endemic/Pandemic Policy and Procedure](#)¹⁰. It is free for any not-for-profit organisation to download and use, so long as it is for a non-commercial purpose and that the organisation is not paying a consultant to carry out this work.

Depending on circumstance, size, premises, and service types, agencies may require more detailed or specific documents in addition to their COVID-19 Management Plan. Other documents that may sit alongside a COVID-19 Management Plan include:

- COVID-19 Outbreak Management Plan (a separate comprehensive plan that clearly defines roles and responsibilities of all functional staff and authorities in advance, to identify and promptly respond to COVID-19 outbreaks. For some agencies this may be included in their COVID-19 Management Plan)
- Vaccination Policy
- Record keeping procedures
- Linen and laundry policies and/or procedures
- Cleaning procedures
- Logistics and supply management policies and/or procedures
- Business Continuity Plan (may include surge contingency staffing, identification of essential services, service delivery changes etc)
- Transportation and travel protocols
- Accessing COVID-19 testing procedures (i.e., supporting clients)
- Communication Plan (may include access to easy-to-understand resources available in multiple languages)
- Procedures for alternative communication (may include use of telephone, video calls, telehealth etc)

⁷ <https://fac.dffh.vic.gov.au/news/released-covid-19-family-violence-and-sexual-assault-sector-guidelines-version-10>

⁸ <https://www.dffh.vic.gov.au/community-services-sector-covid-19>

⁹ <https://www.wa.gov.au/government/document-collections/covid-19-coronavirus-covid-safety-plans-and-guidelines>

¹⁰ <https://communitydirectors.com.au/policies/epidemic-pandemic-policy>



Additional information and resources to support agencies' preparedness and planning can be found on the CWSW website. The [COVID-19 Information and resources page](https://csw.org.au/covid-19/)¹¹ collates a range of available resources and links to key information sources; however, it is not an exhaustive list. While there is a significant amount of information available to agencies and individuals, it is important to keep up to date with the most recent information from credible sources.

¹¹ <https://csw.org.au/covid-19/>



Sample COVID-19 Management Plan for DFV Services supporting women and their children –V3 24/02/22

| | | | |
|-------------------------------|---|-------------------|--|
| Agency name | | Prepared by | |
| Type of DFV services provided | <input type="checkbox"/> Residential | Position title | |
| | <input type="checkbox"/> Counselling and advocacy | Approval to amend | |
| | <input type="checkbox"/> Safe at Home | Date of approval | |
| | <input type="checkbox"/> Outreach | | |
| | <input type="checkbox"/> Coordinated response | | |
| | <input type="checkbox"/> Groups and programs | | |
| Address of office | | Revision date | |
| Addresses of other premises | | Email contact | |

Coronavirus (COVID-19) Information Helpline: 13 COVID (13 26843)

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Purpose

This COVID-19 Management Plan is an overarching guidance document for *(name of agency)* to inform detailed pandemic response planning and to support business continuity.

The plan sits alongside other materials, advice and directives provided by the State and Commonwealth Governments.

The plan also sits alongside the following *(name of agency)* documents:

- *(agency COVID-19 related policy, procedure, protocol or other document)*
- *(agency COVID-19 related policy, procedure, protocol or other document)*
- *(agency COVID-19 related policy, procedure, protocol or other document)*

The COVID-19 Management Plan will be reviewed and updated routinely, and when restrictions or public health advice changes.

Approach to planning

This COVID-19 Management Plan has a focus on Prevention, Preparedness, Response and Recovery.

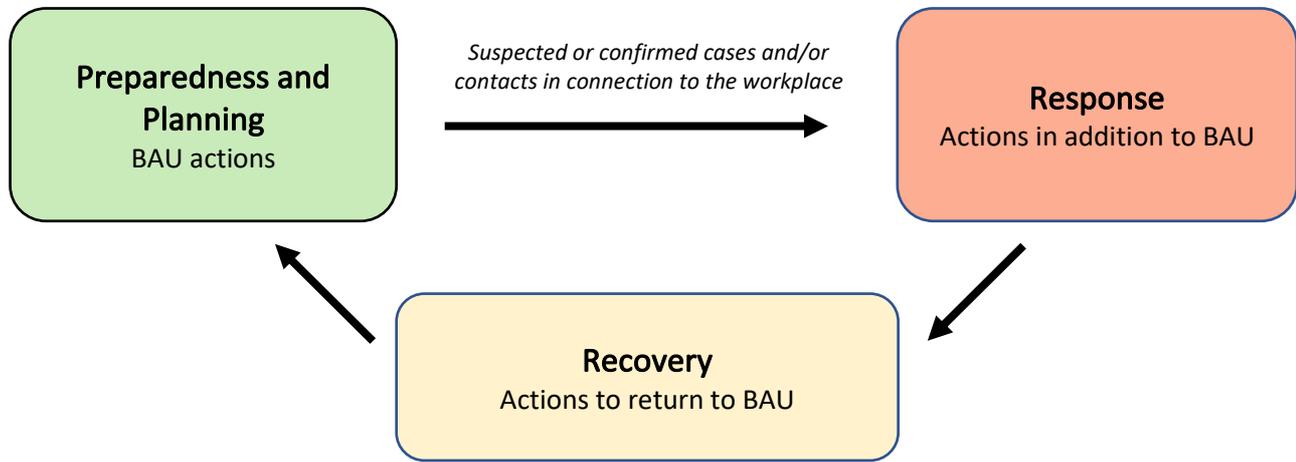
Subject to specific Western Australian and Commonwealth guidelines and directives, the plan outlines actions that will be taken across three general phases of COVID-19 community transmission.

| | |
|--|---|
| <p>Stage 1: Prevention and Preparedness</p> <p><i>Community transmission</i></p> | <p>Actions that will be taken throughout the pandemic to implement prevention protocols and prepare for potential outbreaks and/or service delivery disruption. This includes business continuity plans, communications, workforce considerations and infection control measures.</p> <p>As Western Australia experiences widespread transmission of COVID-19 in the community, <i>Stage 1: Prevention and Preparedness</i> actions are Business as Usual for COVID-19 management. Support and information will be provided to staff to ensure their understanding of the need for, and their role in, implementing <i>Prevention and Preparedness</i> actions.</p> <p>Staff are required to follow all relevant public health advice and government requirements.</p> |
| <p>Stage 2: Response</p> <p><i>Suspected or confirmed cases and/or contacts in connection to the workplace</i></p> | <p>Actions in addition to those in Prevention and Preparedness (BAU) that will be taken in response to incidences or risks of COVID-19 within the workplace. This includes containment protocols, implementing contingency plans, prioritisation and redirection of resources, service delivery modification and outbreak management.</p> <p><i>Response</i> actions aim to minimise further risk and align with the Western Australian Department of Health's WA TTIQ (Test, Trace, Isolate and Quarantine) Plan¹² and Guidance for management of COVID-19 in the workplace¹³.</p> <p><i>Response</i> actions supersede or are in addition to <i>Stage 1: Prevention and Preparedness</i> actions i.e., <i>Preparedness and Planning</i> actions continue during <i>Response</i> where applicable.</p> |

¹² https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus/COVID19-information-for-business-and-industry/TTIQ-Plan

¹³ <https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/TTIQ/Guidance-for-the-management-of-COVID-19-in-the-workplace.pdf>

| | |
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| <p>Stage 3: Recovery</p> <p><i>Transition back to Stage 1 from State 2</i></p> | <p>Actions that will be taken in Recovery from a Response to transition service delivery back to Prevention and Preparedness (BAU).</p> <p>Where <i>Stage 2: Response</i> for management of workplace cases and/or contacts is completed, the agency will assess current public health advice to determine a transition plan to return to <i>Stage 1: Prevention and Preparedness</i> settings.</p> |
|--|---|



Roles and responsibilities

(name of agency) recognises that it has a responsibility to:

- Ensure the health, safety and well-being of staff, volunteers and clients.
- Ensure compliance with relevant government [directions](#)¹⁴ and other requirements.
- Ensure staff are informed, trained and supported in their responsibilities under this plan.
- Educate and emphasise the importance of the everyday personal prevention actions.
- Manage COVID-19 prevention, preparedness, response and recovery in accordance with Western Australian and Commonwealth guidelines and directives.
- Develop and implement business continuity plans to ensure critical services continue to be provided in a manner that is proportionate to risk and reduces the risk of exposure for staff, volunteers and clients.
- Inform funding contract managers of any major changes to service delivery as a result of COVID-19.
- Ensure that clients are supported to access relevant and up to date information in their preferred language.
- Ensure clients receive information about any changed practices or service delivery due to COVID-19.

All staff have a duty to take reasonable care for their own health and safety and to not adversely affect the health and safety of others.

Specific roles and responsibilities

The following are examples of roles and responsibilities that can be identified in the plan, if they are not articulated elsewhere e.g., Pandemic Policy.

| Responsible person | Area of responsibility |
|--------------------|--|
| | Develop and approve COVID-19 Management Plan and business continuity plans |
| | Outbreak management and coordination |
| | Monitor the latest COVID-19 advice and directions and report to XXXXXXXX |
| | Communicate with public health authorities |

¹⁴ <https://www.wa.gov.au/government/document-collections/covid-19-coronavirus-state-of-emergency-declarations>

| | |
|--|---|
| | Communicate with funding bodies |
| | Communicate with external stakeholders |
| | Communicate with staff and clients and updates of all websites and social media platforms |
| | Educate and train staff and volunteers so they are informed and capable of implementing safety and business continuity plans |
| | COVID-19 liaison to be a first point of contact for reporting risks; and to coordinate responses to staff, volunteers or clients that are required to quarantine or isolate |
| | Review ITC functionality and coordinate ITC capacity to support disrupted services and remote working |
| | Undertake OH&S audits in relation to changed work conditions e.g., working from home |
| | Monitor and restock supplies, including PPE, cleaning and hygiene supplies |
| | Premises management, including room ratios, physical distancing measures and cleaning |
| | Record keeping and management |
| | Coordination of resident/client wellbeing responses |

Monitoring COVID-19 advice and directions

The COVID-19 situation can change rapidly. XXXXXXX is responsible for monitoring current COVID-19 sector information, public health advice, government directions and requirements from credible information sources.

XXXXXXX will report changes to COVID-19 information, advice and directions to *CEO or other authorising officer, insert as appropriate* who is responsible for reviewing and updating the (*name of agency* COVID-19 Management Plan and other related documents as required.

Regularly monitored advice and directions will include:

- [Public Health Orders and Directions](#)¹⁵
- [WA TTIQ \(Test, Trace, Isolate and Quarantine\) Plan](#)¹⁶
- [Western Australia Department of Health resources and advice for professionals and sectors](#)¹⁷
- [Western Australia Department of Health community information and advice](#)¹⁸
- [WA Government information and advice](#)¹⁹
- [Exposure locations and related public health advice](#)²⁰

¹⁵ <https://www.wa.gov.au/government/document-collections/covid-19-coronavirus-state-of-emergency-declarations>

¹⁶ https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus/COVID19-information-for-business-and-industry/TTIQ-Plan

¹⁷ https://ww2.health.wa.gov.au/articles/a_e/coronavirus

¹⁸ https://www.healthywa.wa.gov.au/Articles/A_E/Coronavirus

¹⁹ <https://www.wa.gov.au/government/covid-19-coronavirus>

²⁰ https://www.healthywa.wa.gov.au/Articles/A_E/Coronavirus/Locations-visited-by-confirmed-cases

Vaccination

| | |
|---|---|
| Stage 1: Prevention and preparedness | <p>Ensure compliance with relevant WA Government mandatory vaccination requirements, including:</p> <ul style="list-style-type: none"> • Staff vaccination • Record keeping • Booster vaccination dates • Vaccination requirements for visitors to the premises (not including clients) <p>Where not mandated, encourage vaccination for staff, volunteers and clients.</p> <p>Encourage influenza vaccination for staff.</p> <p>Implement processes to ensure any communication about vaccination is not false or misleading and all communication is within appropriate boundaries.</p> |
| Stage 2: Response | <p>Any additional actions as advised by public health officials.</p> |

Record keeping

| | |
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| Stage 1: Prevention and preparedness | <p>Maintain an up-to-date register of all staff and workers (including contractors, students volunteers etc), including contact details.</p> <p>Maintain accurate and up to date rosters and timesheets.</p> <p>Maintain a current list of all clients with additional/next of kin contact details where applicable.</p> <p>Maintain ongoing and up to date visitor logs which include location, date, name, telephone number and arrival time of each visitor. Contact information can be provided either directly to the agency or by using the SafeWA (ServiceWA) QR code system. Records will be managed, stored and disposed of in accordance with legislative requirements. Records will only be used for the purposes of tracing COVID-19 infections and will be captured and stored confidentially and securely. Contact information will be destroyed as soon as reasonably practicable following 28 days, unless required to be retained for a longer period under public health directives.</p> <p>Encourage staff and clients to use the SafeWA (ServiceWA) app to log locations visited.</p> <p>Maintain a log of staff who are sharing equipment.</p> |
| Stage 2: Response | <p>Records will be used to assist in determining if the facility was visited during the infectious period of a COVID positive person and the identification of close contacts.</p> <p>Records are provided to public health officials when requested to assist with rapid contact tracing if required.</p> <p>Maintain names and contact details for facility specific Outbreak Management Team (if required).</p> |

Physical distancing

| | |
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| Stage 1: Prevention and preparedness | <p>Staff, clients, volunteers and visitors should maintain a distance of 1.5m at all times, as much as possible.</p> <p>Where it is possible to maintain 1.5m distance from a person, staff and volunteers will use additional precautions, e.g., do not touch their face until hands have been washed or sanitised thoroughly.</p> <p>Measures will be implemented to maximise the distancing and minimise the time of close contact:</p> <ul style="list-style-type: none"> • between staff • between staff and clients • between clients (particularly in the case of residential services) • between visitors, staff and clients. <p>Where possible, tasks and processes and usually require close interaction will be reviewed ways identified to modify these to increase social distancing.</p> <p>Where practical:</p> <ul style="list-style-type: none"> • visitors to a premises will be minimalised. • visitors to a premises should minimise physical interaction with staff and clients. <p>Each premises will have:</p> <ul style="list-style-type: none"> • A designated drop off area for deliveries and donations. • A room ratio rating that specifies maximum occupancy and reflects government directives or advice. These ratings will be displayed at the entrance of restricted spaces and updated as government directives or advice changes. <p>Furniture, including common areas and waiting rooms will be rearranged to facilitate physical distancing.</p> <p>Where staff work across multiple employers, their manager must be notified in writing.</p> <p>Activate transportation and travel protocol.</p> |
| Stage 2: Response | <p>Staff/admin offices will be restricted to staff only and not accessible to clients or visitors.</p> <p>Staff that can work from home will do so.</p> <p>Staff and client common rooms will be closed or heavily restricted.</p> <p>Each premises will have:</p> <ul style="list-style-type: none"> • distancing markers, screens or barriers to ensure minimum physical distancing • locked access doors. • posters prominently displayed at entries referring to restrictions and conditions of entry. <p>Where possible:</p> <ul style="list-style-type: none"> • different doors will be allocated for entry and exit • entry and exit systems will be contactless and quick to enter and exit. |

Infection prevention and control

| | |
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| Stage 1: Prevention | <p>Staff and volunteers will be provided with training and information about good hygiene practices, and infection control.</p> <p>Staff and volunteers will be provided with and training in the use of PPE in accordance with agency policy and government directives and advice. For more information see</p> |
|----------------------------|--|

- Western Australian Department of Health [Advice for use of personal protective equipment for non-healthcare workers in community settings](#)²¹
- Western Australian Mental Health Commission [Personal protective equipment \(PPE\) in the community services sector](#)²²
- Other Western Australian Department of Health [Infection prevention and control and PPE publications](#)²³

Staff, volunteers, visitors, and clients will be made aware of, and be required to comply with, relevant face mask mandates. General information for the use of masks in the community is available [here](#)²⁴

Clients will be provided with education and information about good hygiene practices, including:

- washing hands often and for at least 20 seconds, with soap and water or an alcohol-based sanitiser (alcohol-based hand rubs that contain between 60-80% alcohol)
- cover coughs and sneezes with a tissue or use an inner elbow
- throw the tissue in the bin immediately
- stay home if sick - do not go to work or school

Staff, clients and visitors will have easy access to clean and functional handwashing facilities, soap, paper towels, and/or alcohol-based hand sanitiser.

Staff, clients and visitors will be encouraged not to shake hands or have physical contact.

Posters will be displayed in community language and child-friendly formats reiterating good hygiene messages, including hand washing and coughing and sneezing etiquette.

Hand sanitiser (alcohol-based hand rubs that contain between 60-80% alcohol) will be provided at the entrance to all facilities and other strategic locations.

Consideration will be given to ventilation in buildings. Western Australian Department of Health ventilation resources are available [here](#)²⁵.

Signs will be placed at building entry points to instruct clients, staff and visitors not to enter if they are unwell or have COVID-19 symptoms e.g., sign may state that *(name of agency)* has the right to refuse service and that anyone with these symptoms must leave the premises and seek medical advice. Alternative contact options will be provided.

Closed and bagged bins will be provided so staff, clients and visitors can hygienically dispose of tissues.

Signs will be displayed requesting that people do not enter *(name of agency)* buildings or sites if they have COVID-19 symptoms. Alternative contact options will be provided.

If unwell, staff are required to stay at home and contact their immediate supervisor. Staff who are unwell at work will be sent home.

Food handling and food sharing in the workplace and common areas should be limited.

High touch communal items (tea/coffee, crockery etc) will be replaced with hygienic alternatives,

²¹ <https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-Use-of-PPE-for-workers-in-community-settings.pdf>

²² <https://www.mhc.wa.gov.au/reports-and-resources/resources/health-professional-resources/personal-protective-equipment-ppe-in-the-community-services-sector/>

²³ https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus/COVID19-information-for-health-professionals

²⁴ https://www.healthywa.wa.gov.au/Articles/A_E/Coronavirus/Face-masks

²⁵ https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus/COVID19-information-for-business-and-industry

including one off and limited use options.

Where possible, staff will have designated and named workstations, office equipment, devices, pens and stationery, cups and eating utensils/plates to minimise the sharing of resources.

Residential clients will be given own use kitchen and eating utensils and common kitchens will be organised so as to minimise shared utensils, equipment or contact points.

Electronic paperwork and technology will be used to replace manual handling where possible, including invoices, authorisations, communications and service delivery documentation. Photographs should be taken of any required documents to avoid handling them.

Staff will avoid sharing a phone with clients e.g., when using a telephone interpreter service.

All unnecessary items will be removed from common areas and waiting rooms.

A routine cleaning schedule will be developed for each premises, identifying elements of cleaning and frequency. Frequent cleaning (at least XXXXX) will be undertaken of:

- shared spaces, such as toilets, offices common areas and interview rooms
- shared furniture and equipment, such as photocopiers, printers, kettles and devices
- frequently touched surfaces, such as handrails, doors, light switches and toys
- residential rooms/units.

Figure 1: Example cleaning schedule

Show who is responsible by using codes e.g.: Occupant staff = (XX) and Cleaning Service Personnel = (X)

| General areas | High touch surfaces | 3 x D | 2 x D | D | W | F | M |
|-----------------|---------------------------------|--------------|--------------|----------|----------|----------|----------|
| Front reception | Light switches | | XX | X | | | |
| Waiting area | Door handles and push plates | XX | | X | | | |
| Corridors | Stair and ramp railings | | XX | X | | | |
| Lifts | Lift console buttons | XX | | X | | | |
| Stairwells | Reception counters | | XX | X | | | |
| | Sign-in touch screens | XX | | X | | | |
| | Water cooler taps | | XX | X | | | |
| | Share computer keyboards & mice | | XX | X | | | |
| | TV remote control | | XX | X | | | |
| | Waiting room chair arms | | XX | X | | | |
| | Low touch surfaces | 3 x D | 2 x D | D | W | F | M |
| | Coffee table | | | X | | | |
| | Reception desk sides | | | | X | | |
| | Doors and walls | | | | | X | |
| | Glass doors | | | X | | | |
| | Internal windows | | | | | | X |
| | Rubbish bins | | | X | | | |
| | Carpeted floors | | | X | | | |
| | Hard floors | | | X | | | |
| | TV monitor | | | | | | X |

Key: 3 x D = 3 times daily | 2 x D = twice daily | D = once daily | W = weekly | F = fortnightly | M = monthly

Vehicles will be cleaned between uses, particularly frequently touched surfaces, such as the steering wheel, gear stick and controls.

Surfaces, spaces and equipment that are visibly soiled will be cleaned immediately after any spillage.

A cleaning log will be displayed in shared spaces.

| | |
|---------------------------------|---|
| | <p>In residential settings, residents must clean their own living spaces, bedding, towels, and clothing if they can. Washing of linen and clothing should be done using hot water.</p> <p>When staff undertake cleaning or handling of laundry, they must wear disposable single-use gloves.</p> <p>Where linen, laundry or bedding contains liquid contaminants (e.g., urine, faeces, or blood) it should be dealt with as clinical waste as per agency procedures.</p> <p>Cleaning will be conducted in accordance with Western Australian Department of Health Infection prevention and control advice on cleaning and disinfection in the workplace²⁶ and General cleaning principles²⁷ where applicable. Additional cleaning information published by the Victorian Department of Health can be found here²⁸</p> <p>Whether routine or enhanced cleaning is undertaken in house or out-sourced (<i>name of agency</i>) will ensure cleaning personnel have the appropriate capacity, skills and experience required and the appropriate guidance is followed.</p> <p>Implement transportation and travel protocols.</p> <p>Plans for the use of rapid antigen tests will be developed in accordance with WA Government advice. These processes will include who is responsible for registering positive results²⁹.</p> <p>Facilities will regularly monitor supplies and ensure that they hold stock levels of all consumable materials required during an outbreak and process in place to obtain additional stock from suppliers as needed. Supplies include:</p> <ul style="list-style-type: none"> • hand hygiene products • personal protective equipment • cleaning supplies (detergent and disinfectant products).³⁰ • consideration may be given to procurement and provision of rapid antigen tests where appropriate³¹ |
| <p>Stage 2: Response</p> | <p>Infection prevention and control measures in addition to the above will be applied, in accordance with government and public health advice and directives. Refer to Western Australia Department of Health Guidance for the management of COVID-19 in the workplace³².</p> <p>Staff will cease sharing workstations, office equipment, devices, pens and stationery, cups, eating utensils and other resources to minimise the risk of infection.</p> <p>Routine cleaning schedules will be updated. Frequent cleaning <i>and disinfection</i> (at least XXXXX) will be undertaken of:</p> <ul style="list-style-type: none"> • shared spaces, such as toilets, offices, common areas, interview rooms and vehicles • shared equipment, such as photocopiers, printers, kettles and devices • frequently touched surfaces, such as handrails, doors, light switches and toys • residential rooms/units. |

²⁶ <https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-IPC-advice-on-cleaning-and-disinfecting-in-the-workplace.pdf>

²⁷ <https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-Cleaning-principles-for-staff-in-SQF.pdf>

²⁸ <https://www.health.vic.gov.au/covid-19/infection-prevention-control-resources-covid-19#guidelines-and-resources-for-environmental-cleaning>

²⁹ https://www.healthywa.wa.gov.au/Articles/A_E/Coronavirus/COVID19-testing/Rapid-Antigen-Test

³⁰ See [TGA list of disinfectants for use against COVID-19](#).

³¹ See [TGA COVID-19 rapid antigen self-tests that are approved in Australia](#)

³² <https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/TTIQ/Guidance-for-the-management-of-COVID-19-in-the-workplace.pdf>

Surfaces and shared equipment accessible to a particular group will be cleaned between groups, such as cleaning offices, interview rooms and vehicles between shifts.

An enhanced cleaning procedure in accordance with the Western Australian Department of Health [Infection prevention and control advice on cleaning and disinfection in the workplace](#)³³ will be undertaken when required.

Whether routine or enhanced cleaning is undertaken in house for out-sourced *(name of agency)* will ensure cleaning personnel have the appropriate capacity, skills and experience required and the appropriate guidance is followed.

Training and education

Stage 1: Prevention and preparedness

Staff and volunteers will be provided with education and information on their duties and responsibilities under the COVID-19 Management Plan and other relevant agency policy and procedures.

Staff and volunteers will be provided with training and information about COVID-19, physical distancing, good hygiene practices, and infection control. For example:

- Western Australian Department of Health [Infection prevention and control and PPE resources](#)³⁴
- Australian Government [COVID-19 infection control training](#)³⁵
- Australian Commission on Safety and Quality in Health Care [Infection Prevention and Control eLearning Modules](#)³⁶

Staff and volunteers will be provided with and training in the correct use of PPE in accordance with agency policy and government directives or advice.

Staff and volunteers will be provided with and training responding to DFV during a pandemic and high control and violence may increase. For example Northern Integrated Family Violence Services in Victoria have range of [information and resources](#)³⁷ available, including their webinar [Responding to Family Violence during COVID-19](#) which assists to identify family violence in the COVID-19 context, develop strategies to establish safety using technology, and partner with victim survivors to undertake effective safety planning.

Staff and volunteers will be provided with and training on the safe use of digital technology.

Clients will be provided with education and information about COVID-19, physical distancing, good hygiene practices, including:

- washing hands often and for at least 20 seconds, with soap and water or an alcohol-based sanitiser
- cover coughs and sneezes with a tissue or use an inner elbow
- throw the tissue in the bin immediately
- stay home if sick - do not go to work or school

³³ https://ww2.health.wa.gov.au/~/_media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-IPC-advice-on-cleaning-and-disinfecting-in-the-workplace.pdf

³⁴ https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus/COVID19-information-for-health-professionals

³⁵ <https://www.health.gov.au/r%C3%A8sources/apps-and-tools/covid-19-infection-control-training>

³⁶ <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/infection-prevention-and-control-elearning-modules>

³⁷ <https://www.nifvs.org.au/resources/nifvs-family-violence-resources/covid-information-resources/>

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| | <p>Staff, clients and volunteers will be made aware of available care pathways for cases and information regarding registration will be provided as required (see WA COVID Care at home³⁸).</p> <p>Staff, volunteers and clients will be provided with education materials on self-care. For example, Improving Mental Health During the COVID-19 Pandemic³⁹, a Western Australian Government-funded project through the School of Psychology at Curtin University.</p> <p>Staff and volunteers and clients will be provided with information about stress and vicarious trauma, how to seek help and what supports are available.</p> |
| <p>Stage 2: Response</p> | <p>Staff, volunteers and clients will be provided with regular COVID-19 safety updates through various forms of communication.</p> <p>Changes to service delivery and working arrangements will be communicated to staff, volunteers, clients and external stakeholders (including referral pathways) quickly and clearly.</p> <p>Written communications, signage, notices and public health materials and notices will be updated in response to any changed practices.</p> |

Service delivery

Specialist domestic and family violence services provide essential services. Whilst service delivery will not cease during the COVID-19 pandemic, the mode of intake and service delivery may change, depending on the level of risk and government directives and advice. Consideration in changing normal service delivery will include the specific vulnerabilities of any clients or staff, such as older people and those with pre-existing medical conditions who are more at risk.

Clear communication will be provided to clients and external stakeholders (including referral pathways) regarding changes to service delivery.

Where a decision has been made to close a service or the mode of service delivery has altered significantly, the *(CEO or other authorising officer, insert as appropriate)* will inform the Board and funding contract managers.

| <p>Stage 1: Prevention and preparedness</p> | <p>Business continuity plans will be developed to prepare for possible disruptions to services to identify mitigating strategies in relation to service-related risk. Plans will include contingency staffing arrangements in case staff become unwell or are required to quarantine or isolate. Resources are available to support business continuity planning, for example:</p> <ul style="list-style-type: none"> Community Services Industry Alliance Queensland Business Continuity Planning Template and Scenario Planning⁴⁰ ACOSS Resilient Community Organisations Business Continuity Plan⁴¹ An example of a simple business continuity table is below. <p><i>Figure 2: Example business continuity table</i></p> <table border="1" data-bbox="209 1653 1380 1736"> <thead> <tr> <th>Service/program</th> <th>Client profile</th> <th>Service impact</th> <th>Impact rating</th> <th>Mitigating strategies</th> <th>Responsible person</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>An audit will be taken of staff to ascertain if systems are in place to support remote working, and what is needed to ensure safe working from home.</p> | Service/program | Client profile | Service impact | Impact rating | Mitigating strategies | Responsible person | | | | | | |
|--|--|-----------------|----------------|-----------------------|--------------------|-----------------------|--------------------|--|--|--|--|--|--|
| Service/program | Client profile | Service impact | Impact rating | Mitigating strategies | Responsible person | | | | | | | | |
| | | | | | | | | | | | | | |

³⁸ https://www.healthywa.wa.gov.au/Articles/A_E/Coronavirus/Managing-COVID19-at-home-and-in-the-community/WA-COVID-Care-at-Home

³⁹ <https://covidcbt.org/>

⁴⁰ <https://csialtd.com.au/2020/05/15/bcptemplateandscenarioplanning/>

⁴¹ <https://resilience.acoss.org.au/the-six-steps/managing-your-risks/business-continuity-plan>

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|---|--|
| | <p>Eligible critical workers will be identified and registered in accordance with the WA critical worker furloughing policy in a very high case load environment⁴².</p> <p>Throughout the pandemic, staff will:</p> <ul style="list-style-type: none"> • undertake active COVID-19 assessment questions for risk management for intake purposes and before undertaking any home visits (see Face to face service delivery protocol) • maintain physical distancing and hygiene measures as outlined in this plan • report to XXXXXX any incidences or risk concerns. |
| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Stage 2: Response</p> | <p>Based upon government advice and directives, the <i>(CEO or other authorising officer, insert as appropriate)</i> will determine and direct any changes to the mode of service delivery. Such modifications may include:</p> <ul style="list-style-type: none"> • Directing all assessment and screening to be undertaken by telephone before a client or contractor attends premises. • Directing all non-essential face-to-face responses to be delivered by telephone, digital messaging, videoconference or other secure platforms. • Suspending group activities, home visits and outreach and considering alternatives service delivery models. • Requiring all essential face-to-face responses to be undertaken with the use of PPE. • Reducing periods of face-to-face contact to less than 15 minutes, with use a timer. • Directing all or specified staff to work from home (see Working from home). <p>Where staff cannot work from home and where possible:</p> <ul style="list-style-type: none"> • staff rostering will be organised around 'workforce bubbles' on similar shifts • staff will be restricted from working across multiple sites • overlaps in shift changes will be kept to a minimum. <p>A manager's written approval will be required:</p> <ul style="list-style-type: none"> • before undertaking home visits (see Home visit protocol) • before undertaking client transportation or work-related travel (see Transportation and travel protocol). <p>Cease or restrict duties carried out by volunteers and students.</p> <p>During any disruption to service delivery, priority will be given to those clients most at risk.</p> |

Working from home

Staff may be required to work from home because:

- they are vulnerable to COVID-19 as a result of their age or general health
- they are required to quarantine or isolate
- they have been directed to work from home by their manager
- lockdown or other restrictions
- they need work from home because schools or childcare has been closed.

(Name of agency) will ensure that all staff required to work from home are equipped to work remotely and have a safe environment in which to do so. *(Name of agency)* will consult with staff on an individual basis to ensure that their own circumstances can be accommodated by working from home.

⁴² <https://www.wa.gov.au/government/covid-19-coronavirus/covid-19-coronavirus-critical-worker-furloughing>

An audit will be taken of staff to ascertain if systems are in place to support remote working, and what is needed to ensure safe working from home. Working from home arrangements must be in writing with the staff member agreeing to conditions, such as being available and abiding by organisational policies.

Figure 3: Example remote working audit

| Name | Position | Facilities to work from home | OH&S assessment | Resources required to work from home | Has work which can be done from home | Alternative work options e.g., online training, data entry | Impact of school or childcare closures | Support and safety measures provided | Work from home application approved |
|------|----------|------------------------------|-----------------|--------------------------------------|--------------------------------------|--|--|--------------------------------------|-------------------------------------|
| | | | | | | | | | |

Safety and support planning for staff

(Name of agency) recognises its duty of care to take all possible care for the health and safety of staff.

Staff can be at risk of increased vicarious trauma through changed service delivery modes, increased disclosures, less set work hours, reduced access to peer support and a reduced ability to separate work and home.

During the pandemic, particular measures will be put in place by (name of agency) to:

- provide regular supervision, support and contact with supervisors and/or other team members, especially if working remotely
- provide mechanisms to escalate client issues when required
- promote self-care and watch for symptoms of staff fatigue or stress
- ensure there are clear channels for staff to ask for help and promote Employee Assistance Programs.

Staff have a duty to take reasonable care for their own health and safety and not adversely affect the health and safety of others. During the pandemic, staff should take particular care:

- of the emotional toll responding to DFV within a COVID-19 context
- to be aware of risks of physical and compassion fatigue
- to practice self-care and healthy habits
- to communicate with supervisors and/or other team members
- to seek help if needed.

The increased DFV risk that clients face during a pandemic also applies to staff. Working from home may elevate DFV risk for staff by increasing the risk of DFV in the worker’s home - staff and volunteers are members of the community and DFV may be a part of their own family lives.

If schools and childcare centres close, some staff may not be able to attend work. In such cases, the staff member should discuss options with their manager.

Staff who are unwell should not attend work.

Staff who are symptomatic should not attend work and must report their symptoms to XXXXXXXX. Staff will be supported to exclude themselves from work and seek testing.

Illness or suspected exposure to COVID-19 in a staff member or volunteer

All staff and volunteers must be vigilant about the onset of symptoms of COVID-19. Staff and volunteers who display COVID-19 symptoms are required to follow current public health advice regarding quarantine, testing and isolation. Staff and volunteers must not attend work if unwell. They should get tested and stay at home until they get their results.

Where a staff member or volunteer is identified as a contact of confirmed case, they are required to follow the public health advice regarding testing, quarantine and isolation.

Where a staff member or volunteer has visited an [exposure site](#)⁴³ they are required to follow the public health advice relevant to that site.

Staff and volunteers must follow all government directives in relation to quarantine and isolation. If required to quarantine or isolate, staff and volunteers should inform XXXXXXXX.

Where a staff member or volunteer has been has received a negative COVID-19 test result *and* symptoms have resolved, they can return to normal activities *unless* they are required to complete additional time in quarantine based on public health advice.

If the test results are negative but the staff member or volunteer is still unwell, they should remain at home until their symptoms have resolved. All respiratory infections are contagious, and it is important that people not attend work until they have recovered. This is particularly important for people who work in residential settings or with vulnerable people.

Staff member or volunteer is diagnosed with COVID-19

The Western Australian Department of Health resources below provide information about the management of COVID-19 in the workplace. This information will be relevant for many DFV services. See Residential Services for additional information.

- [WA COVID-19 TTIQ \(Test, Trace, Isolate and Quarantine\) Plan](#)⁴⁴
- [Guidance for the management of COVID-19 in the workplace](#)⁴⁵
- [COVID-19 preparation and response guidelines for office settings](#)⁴⁶
- [TTIQ \(Test, Trace, Isolate and Quarantine\) Plan: Frequently asked questions](#)⁴⁷

If a COVID-19 test result is positive, the individual will become a confirmed case of COVID-19 and is required to comply with public health isolation requirements.

See [Guidance for the management of COVID-19 in the workplace](#)⁴⁸ for the steps to follow if a COVID-19 positive person has been in the workplace, and information including contract tracing, temporary closure of the workplace, cleaning guidance and workplace responsibilities for informing workers and visitors.

Safety and support planning for clients

Pandemic response measures, such as remote working, service shutdowns and self-isolation, can increase:

- the isolation of women and children experiencing DFV
- control and monitoring by perpetrators, especially where COVID-19 measures increase proximity with perpetrators and reduce victim support options.

Perpetrators may exploit COVID-19 measures to increase their use of violence and control.

Risk assessments and safety planning will increase in importance and frequency in order to manage the increased risk that COVID-19 poses for clients and workers.

All safety plans will be updated to reflect changed circumstances of the client, changed circumstances or patterns of behaviour of the perpetrator, changed service delivery arrangements, government directives and/or any form of potentially increased risk.

⁴³ See Western Australia Department of Health *Locations visited by confirmed COVID-19 cases*

https://www.healthywa.wa.gov.au/Articles/A_E/Coronavirus/Locations-visited-by-confirmed-cases

⁴⁴ <https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/TTIQ/COVID19-TTIQ-Plan.pdf>

⁴⁵ <https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/TTIQ/Guidance-for-the-management-of-COVID-19-in-the-workplace.pdf>

⁴⁶ <https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-outbreak-management-principles-for-office-settings.pdf>

⁴⁷ <https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/TTIQ/COVID19-TTIQ-FAQ.pdf>

⁴⁸ <https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/TTIQ/Guidance-for-the-management-of-COVID-19-in-the-workplace.pdf>

In addition to safety planning, staff will work with all clients in quarantine and isolation, or who are unwell or vulnerable, to develop support plans, including agreed contact plans, practical needs and support options.

When working with women or children with disability or medical needs, support plans will incorporate strategies for ensuring disability supports are maintained. The [National Disability Insurance Agency](#)⁴⁹ has provided information about its response to the pandemic, including service continuity and increased flexibility of plans. The Western Australian government also provides [help and information for people with disability, their families and carers](#)⁵⁰ and [general information and resources for disability services](#)⁵¹ that may be useful.

Staff will monitor the health, safety and wellbeing of clients who are required to isolate or quarantine through telephone or video conferencing or digital messaging contact.

Effective information sharing is crucial for keeping clients safe and holding perpetrators to account during the pandemic. Staff will collaborate closely and share information with relevant services, including medical staff, using agency policy and procedures regarding risk management, information sharing and case coordination.

Technology risks

(Name of agency) will plan to use safe technology options to provide support to clients in quarantine and isolation, or during times of disrupted service delivery.

While technology can help increase support for clients in isolation or during times of disrupted service delivery, it can also be used by the perpetrator to increase monitoring. Care must be taken where there is any indication of technology-facilitated abuse and monitoring by a perpetrator. Staff should always assume that the perpetrator may be monitoring communications. Staff will re-check regularly with a client on the best channels of communication, days and times for contact.

Where there is an indication of risk, consideration will be given to implementing alternative communication arrangements with friends or family who are identified as 'safe people' who can provide information or support to a client, including alerting the service system of increased/ escalating risk.

In order to minimise risk and maximise safety for clients and staff, *(Name of agency)* will ensure that staff are:

- trained on the safe use of technology
- provided with *(Name of agency)* owned devices for technology assisted support
- provided with organisational protocols for the safe use of technology.

WESNET has online [resources](#) about alternatives to face-to-face service delivery and a range of resources on technology safety for organisations⁵².

Face to face service delivery protocol

Where face to face service delivery occurs, staff will contact families or individuals via telephone, prior to any meeting, to conduct COVID-19 assessment for risk management. The following information will be requested:

- details of where the meeting will be held (if not at the office) and the size of the meeting room
- how many people reside in the household and who they are
- if there will be any other individuals present at the meeting and who they are
- if anyone in the household or other individuals who may be present at the meeting:
 - is a confirmed case of COVID-19 and is in isolation
 - is a close contact of a confirmed case of COVID-19 and is in quarantine
 - is currently awaiting a COVID-19 test result
 - has visited a known exposure site (refer to the current public health requirements for that exposure site)
 - showing symptoms of COVID-19 or is feeling unwell

⁴⁹ <https://www.ndis.gov.au/coronavirus/participants-coronavirus-covid-19>

⁵⁰ <https://www.wa.gov.au/government/document-collections/covid-19-coronavirus-people-disability-their-families-and-carers>

⁵¹ <https://www.wa.gov.au/government/document-collections/covid-19-coronavirus-disability-services-resources>

⁵² <https://techsafety.org.au/blog/2020/05/03/covid19-resources-for-dfv-agencies-wanting-to-use-technology/>

On arrival, staff should enquire about any current symptoms of individuals present and their household members and validate against the pre-visit COVID-19 assessment responses. If it is considered safe to proceed with a face-to-face meeting, staff should ensure appropriate record keeping, PPE use, physical distancing and infection prevention and control measures (e.g., hand hygiene) are implemented before, during and after meetings.

Meetings should be kept as brief as possible to satisfy the purpose of the meeting. Where possible, meeting should:

- be conducted outdoors
- be conducted in well ventilated rooms
- comply with government directives and public health advice.

When it is not considered safe to proceed with face-to-face meetings, virtual contact (e.g., telephone or video calls) should be used.

Home visit protocol

Home visits can increase the risk of infection for both staff and people living in the homes visited. This risk is heightened for people who have existing health conditions. For all home visits the above [Face to Face Service Delivery Protocol](#) will be followed.

Staff will monitor the health and wellbeing risk of all clients and modify the frequency of home visits if the risk has been assessed as increasing. Any assessment of increased risk should be reported to XXXXXXXX who will determine if visits continue.

Transportation and travel protocol

Travel can increase the risk of infection spreading. To counter this, *(name of agency)* will reduce non-urgent travel and monitor required travel.

Staff should consider the necessity of transporting clients and minimise where possible. If client transportation by staff is necessary, staff must:

- seek approval from XXXXXXXX.
- ask the client the COVID-19 assessment for risk management questions and only proceed to transport if deemed suitable
- choose the largest vehicle available
- wash or sanitise hands before and after transportation
- use PPE as per latest directives and public health [advice](#)^{53 54 55}
- sit client in the back seat
- minimise the number of clients who are transported in one car where possible
- drive with the windows open or ensure the air conditioning is switched to outside air, not recirculated
- ensure the vehicle is cleaned between uses, particularly frequently touched surfaces.

If client transportation via taxi or rideshare is required, the Western Australian Department of Health [advice](#)⁵⁶ should be followed.

Where a client is required to access testing or quarantine and needs to travel, the above protocol should be followed. Where a client is required to isolate there are limited reasons they can leave isolation – for medical assistance or in the case of an emergency. Call 13 COVID for more information if required.

In very limited, case-by-case circumstances transportation may be provided by WA Government agencies where a COVID-19 positive person requires transportation to alternative accommodation as decided by the Western Australian Department of Health State Health Incident Coordination Centre (SHICC).

⁵³ <https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-Safe-Ride-Factsheet.pdf>

⁵⁴ <https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-Taxi-and-Rideshare-Factsheet.pdf>

⁵⁵ <https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/Infection-prevention-and-control-information-for-public-and-private-transport-drivers-operators.pdf>

⁵⁶ <https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-Safe-Ride-Factsheet.pdf>

If the individual is a suspected or confirmed case of COVID-19 and requires urgent medical attention, call an ambulance and inform the ambulance service that the individual is a suspected or confirmed case of COVID-19.

Staff and volunteers should inform their manager of recent or upcoming travel plans (intrastate, interstate or international) to ensure appropriate planning and risk management. Staff and volunteers should keep informed about any travel related requirements e.g., quarantine and testing.

Engaging interpreters

Remote (video and telephone) interpreting options will be used wherever possible to support essential service delivery and protect staff, clients and interpreters. Staff and clients should not touch the same device or phone when using remote interpreting services and physical distancing should be maintained.

Onsite interpreting will only be used in exceptional circumstances, as approved by XXXXXX. Where onsite interpreting is required:

- staff, clients and interpreters will maintain a physical distance of at least 1.5 metres from other people
- hand hygiene will be practiced before, during and after the interview
- PPE will be provided and used in accordance with current government advice.

Recovery

Where *Stage 2: Response* for management of workplace cases and/or contacts is completed, XXXXXX (*this may be a position, e.g., CEO or response group e.g., pandemic coordination group*) will assess current public health advice to determine a transition plan to return to *Stage 1: Prevention and Preparedness* settings.

References and resources

ACOSS Resilient Community Organisations [Business Continuity Plan](https://resilience.acoss.org.au/the-six-steps/managing-your-risks/business-continuity-plan) <https://resilience.acoss.org.au/the-six-steps/managing-your-risks/business-continuity-plan>

Australian Commission on Safety and Quality in Health Care [Infection Prevention and Control eLearning Modules](https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/infection-prevention-and-control-elearning-modules) <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/infection-prevention-and-control-elearning-modules>

Australian Government Department of Health [Coronavirus \(COVID-19\) pandemic information and resources](https://www.health.gov.au/health-alerts/covid-19) <https://www.health.gov.au/health-alerts/covid-19>

Australian Government Department of Health [CDNA National Guidelines for the prevention control and public health management of COVID-19 outbreaks in residential care facilities in Australia](https://www.health.gov.au/resources/publications/cdna-national-guidelines-for-the-prevention-control-and-public-health-management-of-covid-19-outbreaks-in-residential-care-facilities-in-australia) <https://www.health.gov.au/resources/publications/cdna-national-guidelines-for-the-prevention-control-and-public-health-management-of-covid-19-outbreaks-in-residential-care-facilities-in-australia>

Australian Government Department of Health [COVID-19 infection control training](https://www.health.gov.au/r%3%A8sources/apps-and-tools/covid-19-infection-control-training) <https://www.health.gov.au/r%3%A8sources/apps-and-tools/covid-19-infection-control-training>

Community Services Industry Alliance Queensland [Business Continuity Planning Template and Scenario Planning](https://csialtd.com.au/2020/05/15/bcptemplateandscenarioplanning/) <https://csialtd.com.au/2020/05/15/bcptemplateandscenarioplanning/>

Family Safety Victoria, Victorian Government [Guidance for COVID-19 planning in the family violence and sexual assault sector](https://fac.dffh.vic.gov.au/news/released-covid-19-family-violence-and-sexual-assault-sector-guidelines-version-10) <https://fac.dffh.vic.gov.au/news/released-covid-19-family-violence-and-sexual-assault-sector-guidelines-version-10>

Government of Western Australia and Curtin University School of Psychology [Improving Mental Health During the COVID-19 Pandemic](https://covidcbt.org/) <https://covidcbt.org/>

Government Of Western Australian [COVID-19 coronavirus information and advice](https://www.wa.gov.au/government/covid-19-coronavirus) <https://www.wa.gov.au/government/covid-19-coronavirus>

Government of Western Australia [COVID-19 State of Emergency and Public Health Emergency Declarations and Directions](https://www.wa.gov.au/government/document-collections/covid-19-coronavirus-state-of-emergency-declarations) <https://www.wa.gov.au/government/document-collections/covid-19-coronavirus-state-of-emergency-declarations>

Government of Western Australia [COVID Safety Plans](https://www.wa.gov.au/government/document-collections/covid-19-coronavirus-covid-safety-plans-and-guidelines) <https://www.wa.gov.au/government/document-collections/covid-19-coronavirus-covid-safety-plans-and-guidelines>

Government of Western Australian [Help and information for people with disability, their families and carers](https://www.wa.gov.au/government/document-collections/covid-19-coronavirus-people-disability-their-families-and-carers) <https://www.wa.gov.au/government/document-collections/covid-19-coronavirus-people-disability-their-families-and-carers>

Government of Western Australian [Information and resources for disability services](https://www.wa.gov.au/government/document-collections/covid-19-coronavirus-disability-services-resources) <https://www.wa.gov.au/government/document-collections/covid-19-coronavirus-disability-services-resources>

Government of Western Australian [Testing and isolation guide](https://www.wa.gov.au/government/document-collections/covid-19-coronavirus-testing-and-isolation-guide) <https://www.wa.gov.au/government/document-collections/covid-19-coronavirus-testing-and-isolation-guide>

Government of Western Australia [Testing, isolation and close contact frequently asked questions](https://www.wa.gov.au/government/publications/covid-19-coronavirus-testing-isolation-and-close-contact-frequently-asked-questions) <https://www.wa.gov.au/government/publications/covid-19-coronavirus-testing-isolation-and-close-contact-frequently-asked-questions>

Government of Western [Australia Critical worker furloughing](https://www.wa.gov.au/government/covid-19-coronavirus/covid-19-coronavirus-critical-worker-furloughing) <https://www.wa.gov.au/government/covid-19-coronavirus/covid-19-coronavirus-critical-worker-furloughing>

Government of Western Australia [Information for business and industry](https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus/COVID19-information-for-business-and-industry) https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus/COVID19-information-for-business-and-industry

Government of Western Australia Department of Health [COVID-19 \(coronavirus\) information, advice and resources](https://ww2.health.wa.gov.au/articles/a_e/coronavirus) https://ww2.health.wa.gov.au/articles/a_e/coronavirus

Government of Western Australia Department of Health [HealthyWA health information for Western Australians COVID-19 \(coronavirus\)](https://www.healthywa.wa.gov.au/Articles/A_E/Coronavirus) https://www.healthywa.wa.gov.au/Articles/A_E/Coronavirus

Government of Western Australia Department of Health [TTIQ \(Test, Trace, Isolate and Quarantine Plan\)](https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus/COVID19-information-for-business-and-industry/TTIQ-Plan) https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus/COVID19-information-for-business-and-industry/TTIQ-Plan

Government of Western Australia Department of Health [TTIQ \(Test, Trace, Isolate and Quarantine Plan\) FAQ](https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/TTIQ/COVID19-TTIQ-FAQ.pdf) <https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/TTIQ/COVID19-TTIQ-FAQ.pdf>

Government of Western Australia Department of Health [Workplace preparedness guidelines](https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/TTIQ/Workplace-preparedness-guidelines.pdf)
https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/TTIQ/Workplace-preparedness-guidelines.pdf

Government of Western Australia Department of Health [Guidance for the management of COVID-19 in the workplace](https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/TTIQ/Guidance-for-the-management-of-COVID-19-in-the-workplace.pdf)
https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/TTIQ/Guidance-for-the-management-of-COVID-19-in-the-workplace.pdf

Government of Western Australia Department of Health [Infection prevention and control advice on cleaning and disinfection in the workplace](https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-IPC-advice-on-cleaning-and-disinfecting-in-the-workplace.pdf)
https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-IPC-advice-on-cleaning-and-disinfecting-in-the-workplace.pdf

Government of Western Australian Department of Health [COVID-19 preparation and response guidelines for office settings](https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-outbreak-management-principles-for-office-settings.pdf)
https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-outbreak-management-principles-for-office-settings.pdf

Government of Western Australia Department of Health [COVID-19 safe ride factsheet](https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-Safe-Ride-Factsheet.pdf)
https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-Safe-Ride-Factsheet.pdf

Government of Western Australia Department of Health [COVID-19 TTIQ Workplace Checklist Congregate Living Facilities](https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/Industry-Checklist/20220304---TTIQ-Workplace-Checklist-Congregate-Living-Facilities---V1---Public-Information-Cell.pdf)
https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/Industry-Checklist/20220304---TTIQ-Workplace-Checklist-Congregate-Living-Facilities---V1---Public-Information-Cell.pdf

Government of Western Australia Department of Health [COVID-19 congregate living documents required for submission to Department of Health in event of an outbreak](https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-congregate-living-facility-documents-required-for-submission-to-DOH-in-event-of-an-outbreak.pdf)
https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-congregate-living-facility-documents-required-for-submission-to-DOH-in-event-of-an-outbreak.pdf

Government of Western Australia Department of Health [First 24 hours of an outbreak in a congregate living facility](https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-First-24-hours-of-an-outbreak-in-a-congregate-living-facility.pdf)
https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-First-24-hours-of-an-outbreak-in-a-congregate-living-facility.pdf

Government of Western Australia Department of Health [Standard for non-State quarantine facilities providing accomodation for guests in quarantine or isolation](https://www.healthywa.wa.gov.au/~media/Files/Corporate/general-documents/Infectious-diseases/PDF/Coronavirus/COVID19-Standard-for-non-State-quarantine-facilities-providing-accommodation.pdf)
https://www.healthywa.wa.gov.au/~media/Files/Corporate/general-documents/Infectious-diseases/PDF/Coronavirus/COVID19-Standard-for-non-State-quarantine-facilities-providing-accommodation.pdf

Government of Western Australia Department of Health [Advice for use of personal protective equipment for non-healthcare workers in community settings](https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-Use-of-PPE-for-workers-in-community-settings.pdf)
https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-Use-of-PPE-for-workers-in-community-settings.pdf

Government of Western Australia Department of Health [Infection prevention and control and PPE publications](https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus/COVID19-information-for-health-professionals)
https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus/COVID19-information-for-health-professionals

Government of Western Australia Department of Health [Transition policies and resources for healthcare workers](https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus/COVID19-information-for-health-professionals/Transition-policies-and-resources-for-healthcare-workers)
https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus/COVID19-information-for-health-professionals/Transition-policies-and-resources-for-healthcare-workers

Government of Western Australia Mental Health Commission [Personal protective equipment \(PPE\) in the community services sector](https://www.mhc.wa.gov.au/reports-and-resources/resources/health-professional-resources/personal-protective-equipment-ppe-in-the-community-services-sector/)
https://www.mhc.wa.gov.au/reports-and-resources/resources/health-professional-resources/personal-protective-equipment-ppe-in-the-community-services-sector/

Government of Western Australia Department of Health [Face masks](https://www.healthywa.wa.gov.au/Articles/A_E/Coronavirus/Face-masks)
https://www.healthywa.wa.gov.au/Articles/A_E/Coronavirus/Face-masks

Government of Western Australia Department of Health [Rapid Antigen Test](https://www.healthywa.wa.gov.au/Articles/A_E/Coronavirus/COVID19-testing/Rapid-Antigen-Test)
https://www.healthywa.wa.gov.au/Articles/A_E/Coronavirus/COVID19-testing/Rapid-Antigen-Test

Government of Western Australia Department of Health [WA COVID Care at Home](https://www.healthywa.wa.gov.au/Articles/A_E/Coronavirus/Managing-COVID19-at-home-and-in-the-community/WA-COVID-Care-at-Home)
https://www.healthywa.wa.gov.au/Articles/A_E/Coronavirus/Managing-COVID19-at-home-and-in-the-community/WA-COVID-Care-at-Home

Government of Western Australia Department of Health [Infection prevention and control information for public & private transport drivers/operators – transporting COVID-19 cases](https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/Infection-prevention-and-control-information-for-public-and-private-transport-drivers-operators.pdf)
https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/Infection-prevention-and-control-information-for-public-and-private-transport-drivers-operators.pdf

Institute of Community Directors Australia [Endemic/Pandemic Policy and Procedure](https://communitydirectors.com.au/policies/epidemic-pandemic-policy)
https://communitydirectors.com.au/policies/epidemic-pandemic-policy

National Disability Insurance Agency [Coronavirus \(COVID-19\) information and support](https://www.ndis.gov.au/coronavirus) <https://www.ndis.gov.au/coronavirus>

Northern Integrated Family Violence Services (Victoria) [COVID-19 information and resources](https://www.nifvs.org.au/resources/nifvs-family-violence-resources/covid-information-resources/) <https://www.nifvs.org.au/resources/nifvs-family-violence-resources/covid-information-resources/>

Victorian Government [Infection prevention and control resources – COVID-19](https://www.health.vic.gov.au/covid-19/infection-prevention-control-resources-covid-19#guidelines-and-resources-for-environmental-cleaning) <https://www.health.vic.gov.au/covid-19/infection-prevention-control-resources-covid-19#guidelines-and-resources-for-environmental-cleaning>

Victorian Government Department of Families, Fairness and Housing [Community services sector – COVID-19](https://www.dffh.vic.gov.au/community-services-sector-covid-19) <https://www.dffh.vic.gov.au/community-services-sector-covid-19>

WESNET [COVID-19 information for DFV agencies wanting to use technology](https://techsafety.org.au/blog/2020/05/03/covid19-resources-for-dfv-agencies-wanting-to-use-technology/) <https://techsafety.org.au/blog/2020/05/03/covid19-resources-for-dfv-agencies-wanting-to-use-technology/>

Appendix A: Residential services

Residential services such as refuges are at a heightened risk of COVID-19 transmission. As such, a number of prevention, preparedness and response measures will apply to residential services, in addition to those already outline in the plan.

The Western Australian Department of Health has developed resources to support planning, preparedness and response in congregate living settings (which includes DFV residential services). These resources will be updated by the Western Australian Department of Health in accordance with the [WA COVID-19 TTIQ Plan](#)⁵⁷:

- [COVID-19 TTIQ Workplace Checklist Congregate Living Facilities](#)⁵⁸
- [COVID-19 congregate living documents required for submission to Department of Health in event of an outbreak](#)⁵⁹
- [First 24 hours of an outbreak in a congregate living facility](#)⁶⁰

These documents should be used to inform the development of the COVID-19 Management Plan, outbreak management plan and other agency documents.

The following strategies will apply to residential services. These are **in addition** to response strategies already outlined in this COVID-19 Management Plan e.g., vaccination, physical distancing, infection prevention and control etc.

| | |
|---|--|
| Stage 1: Prevention and preparedness | <p>Prepare an outbreak management plan to help staff identify, respond and manage a potential COVID-19 outbreak. The plan will include:</p> <ul style="list-style-type: none"> • assigned roles ahead of an outbreak to enable staff to be clear on the duties they will need to undertake • provisions for physical quarantine and isolation within existing refuge settings. For information about reducing the risk of transmission if you a confirmed case or a close contact see Western Australian Department of Health here⁶¹ and WA Government here⁶². • contingencies for alternative accommodation options if quarantine and isolation within existing the refuge setting if not possible or in cases where additional accommodation is required • a communications plan for government authorities, staff, volunteers, clients and stakeholders. <p>Ensure that there is a business continuity plan in place and update if required, including contingency staffing arrangements if existing staff are impacted. Under the National Guidelines for residential care facilities,⁶³ it is recommended that residential services plan to cover a 20%-30% staff absentee rate. Strategies that <i>(name of agency)</i> will use to plan for such an absentee rate include:</p> <ul style="list-style-type: none"> • maintaining a casual staff pool that is appropriately educated and orientated to the requirements of their duties and requirements under the COVID-19 Management Plan • structure the workforce to minimise the movement of staff across multiple areas. <p>On the basis of advice from the Western Australian Government, XXXXX will set a maximum occupancy for women and children residing in a <i>(name of agency)</i> premises as required.</p> <p>An intake assessment for risk management tool will be activated and staff will be orientated to new intake procedures.</p> |
|---|--|

⁵⁷ <https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/TTIQ/COVID19-TTIQ-Plan.pdf>

⁵⁸ <https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/Industry-Checklist/20220304---TTIQ-Workplace-Checklist-Congregate-Living-Facilities---V1---Public-Information-Cell.pdf>

⁵⁹ <https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-congregate-living-facility-documents-required-for-submission-to-DOH-in-event-of-an-outbreak.pdf>

⁶⁰ <https://ww2.health.wa.gov.au/~media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-First-24-hours-of-an-outbreak-in-a-congregate-living-facility.pdf>

⁶¹ https://www.health.wa.gov.au/Articles/A_E/Coronavirus/Managing-COVID19-at-home-and-in-the-community/Looking-after-yourself

⁶² <https://www.wa.gov.au/government/publications/covid-19-coronavirus-testing-isolation-and-close-contact-frequently-asked-questions>

⁶³ <https://www.health.gov.au/resources/publications/cdna-national-guidelines-for-the-prevention-control-and-public-health-management-of-covid-19-outbreaks-in-residential-care-facilities-in-australia>

| | |
|---------------------------------|---|
| | <p>Staff will not enter private residents' rooms or self-contained units unless necessary. If entering a resident's personal space, staff should avoid touching any items or surfaces and wash their hands thoroughly before they enter and after they leave.</p> <p>No sleeping will be allowed in common areas. Bedrooms will be arranged to provide maximum distancing between beds and women and children will be encouraged to sleep one person per bed. In children's areas, toys will be washable or easily cleaned. Consideration will be given to allocating toys to specific families/children.</p> <p>All mattresses and pillows should be covered with removable mattress and pillow protectors.</p> <p>Develop a plan for accessing COVID-19 testing and after-hours primary care (e.g., utilising the Western Australian Deputising Medical Service). This will include:</p> <ul style="list-style-type: none"> • a plan for the use of rapid antigen tests in accordance with WA Government advice • identification of the person responsible for registering positive rapid antigen test results⁶⁴ • Identification of the person responsible for contacting the Western Australian Department of Health State Health Incident Coordination Centre (SHICC) and/or State Welfare Incident Coordination Centre (SWICC) on 13 COVID (13 268 43) if additional support is required for confirmed positive cases. <p>Develop a plan for registration and use of WA COVID Care at Home⁶⁵ for clients who require it due to having risk factors that put them at greater risk of requiring hospitalisation.</p> <p>Develop and maintaining a central record of essential information on each resident relevant to the specific setting (e.g., vaccination status (if known), medication information, dietary information, general practitioner details, NDIS coordinator, personal emergency contact details, any other medical/psychosocial information relevant to COVID-19 or outbreak response requirements).</p> |
| <p>Stage 2: Response</p> | <p><i>(Name of agency)</i> will work towards a minimal staff presence onsite without scaling back the intensity or duration of the support.</p> <p>Face to face contact will only occur when absolutely necessary and a physical distance of at least 1.5 metres be maintained and staff will use appropriate PPE.</p> <p>Maximum occupancy limit will be reviewed and updated.</p> <p>Visitors will no longer be permitted without permission from the refuge manager.</p> <p>Communal kitchens will be closed to all women and children and staff will activate contingency plans for food and meal distribution.</p> <p>Frequent cleaning <i>and disinfection</i> (at least XXXXX) will be undertaken of:</p> <ul style="list-style-type: none"> • shared spaces, such as toilets, offices, common areas, interview rooms and vehicles • shared equipment, such as photocopiers, printers, kettles and devices • frequently touched surfaces, such as handrails, doors, light switches and toys • residential rooms/units. <p>Upon exiting a refuge, women may be allowed to take with them any linen, crockery or utensils that has been provided to them by the service.</p> |

⁶⁴ https://www.healthywa.wa.gov.au/Articles/A_E/Coronavirus/COVID19-testing/Rapid-Antigen-Test

⁶⁵ https://www.healthywa.wa.gov.au/Articles/A_E/Coronavirus/Managing-COVID19-at-home-and-in-the-community/WA-COVID-Care-at-Home

Children

When working with children during the pandemic, staff will:

- ensure that families are linked in with schools and are aware of education advice
- assist parents to explain COVID-19, including vaccination, to children in their care
- support parents to plan for management of stress and trauma related behaviours in children that may surface
- communicate clearly and regularly (including the use of visual prompts) with children and young people about good hygiene, hand hygiene and physical distancing
- ensure that children understand what they need to do if they start to feel unwell
- ensure all staff know what to do if children are reporting COVID-19 symptoms
- consider what essential items children and young people may need if quarantine or isolation is required
- stock up on age-appropriate activities
- arrange access to schooling equipment and consider how parents and staff can facilitate school learning if schools are closed or quarantine or isolation are required
- prepare activities to keep children and young people occupied and engaged.

Capacity of refuge to provide for quarantine or isolation

Both quarantine and isolation involve separation from others to reduce the risk of spreading COVID-19. People are required to quarantine if they have been assessed as being at greater risk of having COVID-19 e.g., they have had close contact with someone who is a confirmed case of COVID-19. People are required to isolate if they have tested positive for COVID-19. As Western Australia transitions from a low to a very high caseload environment (living with COVID) there will be greater emphasis on people remaining at their usual accommodation for quarantine and isolation periods where this can be managed safely. Further information on quarantine and isolation can be found here:

- [COVID-19 Coronavirus: Testing and isolation guide](#)⁶⁶
- [COVID-19 coronavirus: Testing, isolation and close contact frequently asked questions](#)⁶⁷
- [HealthyWA Quarantine and isolation](#)⁶⁸
- [WA COVID-19 TTIQ \(Test, Trace, Isolate and Quarantine\) Plan](#)⁶⁹
- [TTIQ \(Test, Trace, Isolate and Quarantine\) Plan: Frequently asked questions](#)⁷⁰

Quarantine or isolation accommodation requirements include:

- single occupancy room or unit
- ensuite or separate bathroom where possible
- access to own kitchen facilities where possible
- individual to remain in their designated room or unit and not enter shared facilities and spaces where possible
- if use or shared facilities is required (e.g., bathroom, kitchen, outdoor area for smoking) this must be done in accordance with public health advice including:
 - only accessing shared facilities alone
 - mask wearing
 - hand hygiene, cleaning and disinfection of surfaces and spaces after use and other infection prevention and control measures
- own cutlery, crockery, linen, and other household items
- appropriate PPE
- supply of hand sanitiser and other cleaning products
- processes for management and disposal of dirty linen and other waste products
- not allowing any person to enter their designated room or unit, unless the person:
 - usually resides in the room or unit e.g., family member (this may change based on public health advice)
 - Is a medical officer entering the room for an emergency; or
 - Is a relevant officer, or a person assisting a relevant officer; or
 - Is acting in compliance with a direction or instruction given by a relevant officer.

⁶⁶ <https://www.wa.gov.au/government/document-collections/covid-19-coronavirus-testing-and-isolation-guide>

⁶⁷ <https://www.wa.gov.au/government/publications/covid-19-coronavirus-testing-isolation-and-close-contact-frequently-asked-questions>

⁶⁸ https://www.healthywa.wa.gov.au/Articles/A_E/Coronavirus/Quarantine-and-isolation

⁶⁹ https://ww2.health.wa.gov.au/~/_media/Corp/Documents/Health-for/Infectious-disease/COVID19/TTIQ/COVID19-TTIQ-Plan.pdf

⁷⁰ https://ww2.health.wa.gov.au/~/_media/Corp/Documents/Health-for/Infectious-disease/COVID19/TTIQ/COVID19-TTIQ-FAQ.pdf

In communal refuge settings, where self-contained spaces are limited, strategies that can be used to support residents to quarantine or isolate include:

- maintaining physical distance
- consistent use of appropriate PPE
- if possible, provide access to an alternative lounge area, kitchen area and bathroom for the resident
- provide meals, food and essential items whilst maintaining physical distance and using appropriate PPE e.g., leave at the door and do not open the door until person delivering item has walked away
- provide alternative access times and/or spaces for outdoor areas
- increased cleaning of high touch areas
- identify appropriate alternative accommodation options for isolating residents or residents who are especially vulnerable due to their age or health.

For any resident that has to quarantine or isolate, staff will:

- use personal protective equipment in accordance with the guidance and place a disposal receptacle near the exit inside the resident's space, to make it easy for staff to discard PPE before leaving the room
- inform the resident of the measures they need to take to minimise the spread of infection
- ensure that the resident has a phone and credit
- not enter the residential space
- place hand sanitiser near the exit of the resident's space
- ensure that cleaning materials are provided to maintain hygiene in the resident's space
- provide essential items at the entrance of the residential space
- provide any food in disposable containers
- provide plastic bin bags for bagging of waste - the resident should leave the tied waste bags outside the door for collection at a mutually agreeable time
- develop a support and wellbeing plan with the resident, using remote means
- stay in regular contact with the resident
- continue to provide DFV support services by remote means, wherever possible
- ensure client confidentiality and privacy guidelines are strictly maintained to protect the privacy and dignity of all residents.

If a residential premises is not able to accommodate the requirements of isolation or additional supports are required for the resident, contact the State Welfare Incident Coordination Centre (SWICC) on 13 COVID (132 68 43).

If staff are aware that a resident required to quarantine is not adhering to quarantine requirements, they have a duty of care to report to their manager and (*name of agency*) retains the right to refuse service. In such cases, XXXXX will contact the Western Australian Department of Health State Health Incident Coordination Centre (SHICC) on 13 COVID (132 68 43) to discuss options.

Resident required to quarantine

If an individual who is already a resident must quarantine but is not confirmed as having COVID-19, they must follow all the steps of quarantine as directed by current public health advice.

If the resident follows all the required steps for quarantine, nobody else in the refuge is required to quarantine, unless required in accordance with public health advice. Client confidentiality and privacy guidelines must be strictly maintained to protect the privacy and dignity of all residents.

Resident is required to isolate (confirmed case of COVID-19 infection)

See [First 24 hours of an outbreak in a congregate living facility](#) and [COVID-19 TTIQ Workplace Checklist Congregate Living Facilities](#)

If an individual who is already a resident must isolate because they are a confirmed case of COVID-19, they must follow all steps of isolation as directed by the public health advice. The resident must remain isolated, and staff should not enter the residential space. Where possible, the resident should be placed in self-contained accommodation (own bathroom and kitchen facilities) if they are not already in a self-contained space.

If a residential premises is not able to accommodate the requirements of isolation, contact 13 COVID (132 68 43) to discuss alternative accommodation. The Western Australian Department of Health State Health Incident Coordination Centre (SHICC) will assess the appropriateness of isolation accommodation when required for COVID-19 cases with complex needs. This assessment includes consideration of any behavioural issues that may impact compliance with isolation requirements. If the SHICC assessment deems the isolation accommodation unsuitable they case will be referred to the State Welfare Incident Coordination Centre (SWICC) to arrange alternative accommodation and any addition wrap around supports required.

In the event of additional guidance and support being provided by the Western Australian Department of Health to manage COVID-19 in the refuge, XXXXXXX will lead working with Government agencies and impacted clients and staff. XXXXXXX will be the primary contact for liaison with the public health team and other Department of Health and government representatives.

In self-contained refuge models, the resident who is a confirmed case of COVID-19 is required to follow all isolation requirements and public health advice. Public health advice and government directives (e.g., testing, quarantine) will be followed for all contacts of the confirmed case and others are required.

If the resident becomes clinically unwell, they should be transferred via ambulance to hospital (with the ambulance service notified in advance that the individual has suspected or confirmed COVID-19).

If staff are aware that a resident with coronavirus is not adhering to isolation requirements, they have a duty of care to report to their manager and *(name of agency)* retains the right to refuse service. In such cases, XXXXX will contact the Western Australian Department of Health State Health Incident Coordination Centre (SHICC) on 13 COVID (132 68 43) to discuss alternative accommodation and support. XXXXX will contact the Contract Manager to discuss how the situation will best be managed.

If a non-residential client is confirmed as a case of COVID-19 infection, all support should be offered to assist the client to isolate. Staff will ensure that there is a support plan in place for isolating and quarantining residents and clients, including the provision of essential items.

Vacate cleaning

Where a resident exits a refuge and there is no confirmation of infection, room/unit cleaning will be undertaken as per normal cleaning protocols for *Stage 1: Preparedness and Planning*.

Where a resident exits a refuge and they are a confirmed case of COVID-19, public health advice regarding cleaning requirements will be followed. In the absence of specific cleaning advice, vacate cleaning will include:⁷¹:

- If relevant, leave air-conditioning running for 60 minutes prior to commencement of cleaning and disinfection
- Where able, windows, curtains and doors to balconies/outside should be opened during cleaning
- Staff cleaning the room must wear PPE that includes surgical mask, protective eyewear, plastic gown, and gloves.
- No items removed from the room can be reused or retained by the facility or staff.
- All perishable items, food items and bathroom toiletries are to be discarded.
- Crockery and cutlery within the room must be washed in a dishwasher or handwashed in hot soapy water, rinsed in hot water and allowed to dry
- All linen, even if unused, must be laundered. The mattress and pillow protector should be changed and laundered.
- Disposable cleaning items are preferred. Where cleaning items are reusable, they must be laundered and allowed to dry before reuse.
- Any frequently handled items in the room, such as remote controls, air conditioning controls, light switches, door handles and drawer/cupboard handles, need to be thoroughly cleaned and disinfected
- The room should be cleaned according to usual protocols, with extra care taken to ensure all hard surfaces within the room are cleaned and disinfected, especially the frequently touched surfaces.

⁷¹ Western Australian Department of Health, [Standard for non-State quarantine facilities providing accommodation for guests in quarantine or isolation](https://www.healthywa.wa.gov.au/~media/Files/Corporate/general-documents/Infectious-diseases/PDF/Coronavirus/COVID19-Standard-for-non-State-quarantine-facilities-providing-accommodation.pdf) <https://www.healthywa.wa.gov.au/~media/Files/Corporate/general-documents/Infectious-diseases/PDF/Coronavirus/COVID19-Standard-for-non-State-quarantine-facilities-providing-accommodation.pdf>

- All carpets, soft furnishings and curtains should be vacuumed
- Any items left by the resident that are not disposable, must be bagged and sealed and the resident notified to collect them.

Once the room/unit has been cleaned and disinfected, maintenance personnel may execute any required repairs according to normal protocols.

Residential intake

(Name of agency) will ensure that a COVID-19 assessment for risk management tool for intake is developed and that all staff are trained on the use of the tool. Assessment questions may include:

- Have you recently tested positive for COVID-19 and are required to isolate?
- Have you been identified as a close contact and are currently required to quarantine?
- Have you visited an exposure site?
 - If yes, confirm the current public health requirements for the site visited.
- Are you currently required to quarantine or isolate for any other reason?
- Do you currently have any COVID-19 symptoms (e.g., cold and flu-like symptoms - [fever, cough, sore throat, shortness of breath, runny nose⁷²](#))?
- Are you currently unwell?
- What is your current vaccination status?

It is important to ensure that women understand that the COVID-19 assessment questions and their responses do not affect if they receive a service, however, may affect how services are provided and the risk management strategies (Name of agency) will employ.

When a woman is seeking intake to refuge, staff will undertake the COVID-19 assessment by telephone or video conferencing, in collaboration with the women. Where a woman physically presents at a premises for intake and has symptoms of COVID-19, is a confirmed case of COVID-19 infection, is known to be a contact of a confirmed case or has visited an exposure site (dependant on public health advice for the site visited), staff, wherever possible, will move the woman (and her children if any are with her) to a separate room to speak with the intake worker via a phone, or ensure physical distancing and use appropriate PPE.

In self-contained refuges, if a woman or family member seeking refuge has symptoms of COVID-19, is a confirmed case of COVID-19 infection, is known to be a contact of a confirmed case or has visited an exposure site (dependant on public health advice for the site visited), and the refuge can offer self-contained accommodation, the woman and her family can be accommodated and supported to follow all the required steps for quarantine or isolation. Allocation of self-contained accommodation will consider the COVID-19 risk i.e., a confirmed case is significantly higher risk and priority for self-contained accommodation compared to an individual who has visited an exposure site with the advice to monitor for symptoms.

If a woman or family member seeking refuge has symptoms of COVID-19, is a confirmed case of COVID-19 infection, is known to be a contact of a confirmed case or has visited an exposure site (dependant on public health advice for the site visited), staff may:

- advise that safe, alternative, temporary accommodation will be considered (via State Welfare Incident Coordination Centre - call 13 COVID)
- advise current public health advice and requirements
- identify safety and support measures for the woman to isolate or quarantine.

Upon intake, staff will ask mothers for an emergency carer who is considered safe and able to take care of children, should the mother become unwell. In event that a woman is unwell and unable to care for her children, the emergency carer will be contacted. Depending upon circumstances of the case and the refuge's capacity, emergency carers may be admitted to care for the children, subject to the approval of XXXXXX.

⁷² See [WA Department of Health HealthyWA COVID-19 testing for COVID-19 symptoms](https://www.healthywa.wa.gov.au/Articles/A_E/Coronavirus/COVID19-testing)
https://www.healthywa.wa.gov.au/Articles/A_E/Coronavirus/COVID19-testing