Advice for domestic and family violence, sexual violence and women's health services to inform service level Business Continuity Planning in the context of the COVID-19 pandemic

This guide is to assist domestic and family violence, sexual violence and women's health services in the development of plans around service delivery during the ongoing pandemic, in recognition that some of the support options usually available may become less accessible.

Evidence suggests that in times of stress on communities, there is likely to be an increased incidence of domestic and family violence and a greater demand for safe shelter accommodation for women and children experiencing domestic and family violence. It is essential that all services adopt an approach that continues service delivery as far as possible, while keeping clients and staff in a safe environment.

As the impact of the pandemic progresses, it is likely that alternative options for emergency accommodation e.g. hotels and motels will become less available to act as self-isolating environments. With the majority of shelters offering unit-style accommodation, it is desirable that social distancing in place is employed as much as possible.

The table below is not designed as a prescriptive list but rather as a tool to support your service planning. Place-based local solutions will need to be considered to ensure the best use of available resources in your community.

The department will share updated advice as it is available through email channels to service providers.

For more information on Business Continuity Planning refer to the following links:
- Community Services Industry Alliance https://csialtd.com.au/disastermanagement
- Queensland Council of Social Services https://communitydoor.org.au/planning-and-evaluation/business-continuity

NOTE: Authoritative information regarding COVID-19 health requirements is available through the Australian and Queensland Health Department weblinks below. Services are encouraged to review this site regularly for updated advice: https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/diseases/coronavirus ; https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert

Scenario/Activation stage	Recommended actions
General preparation pre virus impacting service **Now** – all services to implement planning	• **Business Continuity Plan development needs to be re-visited as advice is updated.** **Clients - Communication is key:** • Ensure register of clients is current and regularly updated • Start discussing with clients Next of Kin and alternative safe available care arrangements for children should they become unwell and unable to care for their children. The details of alternative carers should be recorded and contact details kept current. • Ensure all clients have access to medical contact numbers and procedures for accessing medical attention and advice. • Communicate clearly and regularly about service protocols for hygiene, infection control, including process for reporting of symptoms and stages of action. Use plain English – avoid medical jargon and

use interpreters wherever needed (links to information in other languages are included in the end of this document).

- Ensure access and process for updates is understood and available to clients and staff.
- Ensure clients have access to a mobile phone and credit to provide ongoing communication. Access Telstra WESNET phones if possible and find out which services have them available.
- Consider how to keep communication with clients going as impact increases.
- Ensure all clients understand what they need to do if they or their child become unwell.
- Consider visual prompts – especially for children, people with disability and all language needs (with Interpreters as needed).
- Access information about how to talk to children about the situation to allay fears. PeakCare has developed a list of useful resources on how to talk with children about the virus. Refer to links at the end of this document. There are many excellent resources becoming increasingly available. Access and share these across your networks as appropriate.
- Explain what "social distancing" means and implement it as far as possible. The rules continue to change to keep up with latest advice.
- Plan for communication systems to be used with any clients who enter isolation or quarantine phase.

Service access:
- Restrict access to service by all non-essential visitors.
- Consider restricting the amount of people that can access shared spaces at the same time
- Consider stopping group based activities as directed by latest health authority advice.
- Consider travel needs of clients and how to minimise risk of infection e.g. minimise use of public transport.

Essential supplies:
- Support clients to identify what essential items they may need if self-isolation is required
    - Food reserves - pre-cooked frozen meals; non-perishable staples; long life milk).
    - Hygiene products and medical supplies including prescription drugs
    - Specific baby and child related items
    - Personal Protection Equipment (PPE) e.g. masks; gloves etc. and ensure clients and staff are trained in correct usage of PPEs.
- Identify alternative supply chains as usual sources become unavailable.
- Consider additional needs of clients with mental health or drug and alcohol impacts and how these can be managed. What extra supports might be needed? Nicotine patches or what the arrangements will be for opioid replacement programs
- Remind clients to pre-fill prescriptions and check medical advice re availability.
- Network with local service system about shared availability of essentials, resources and supports.

Plan for children if school/childcare closures:

	- Stock up on age-appropriate activities. - Where possible plan with clients about how to provide supports if school learning is delivered only on-line or through home-schooling resources and support. - Provide clear advice and factual, non-dramatic information that reduces stress and alarm in children and coach parents in the use of this. **Delivery of support:** - Plan for new ways to support clients that limit contact and possible infection including virtual supports; outside conversations (meeting in the open can be a preventative measure – with social distancing). - Consider delivery of essentials through "drop at door". - Plan for Information Sharing protocols with stakeholders such as key referral agencies and funding body. - Ensure critical incident reporting policies and procedures are implemented and staff trained in what to do. - WESNET have developed factsheets about delivering mobile, remote or tech-based services. Refer to links at the end of this document. **Staffing impacts:** - Ensure register of staff is current and updated as needed, including next of kin, email and phone contacts. - Ensure all staff and clients have access to medical contact numbers and procedures for accessing medical attention and advice and know when to seek it. - Train staff in infection control. - Plan for impacts on staff rostering. Consider now how to limit contact between staff to lessen likelihood of all staff being impacted if one worker falls ill e.g. staff meetings by phone. - Network with local service system and negotiate plans for supporting each other to keep services functioning. - Where staff are working from home or in isolation, ensure a system of regular check-ins is established. **Physical environment:** - Consider configuration of shared spaces and how they support infection control. - Increase cleaning regimes – especially all hard surfaces. - Should some areas be temporarily shut down (e.g. drop in spaces) or limited to a restricted number of people at one time?
Symptoms reported: **SELF-ISOLATION**	- Access latest professional health authority and medical advice daily as it continues to be updated. - Refer to Queensland Health website for specific measures to take if you have had contact with a person who is self-isolating or a person suspected of having the virus.

Scenarios to consider: • Client who has recently been accessing support from the service becomes ill	• Communicate with all staff and clients who may have had contact with the ill client and provide advice as per Queensland Health directive. • Activate plans for providing communication, essentials and support to isolated clients or staff. • Activate plan for considered staff rostering to reduce potential for cross-infection and maximising availability of staff going forward. • Access relief staff as required. • Consider all steps of Business Continuity Plan and determine what needs to be implemented now. Continue to revisit as needed.
Client tests positive to Covid-19 **QUARANTINE** **Consider scenarios:** • Client has tested positive for Covid-19 and hospitalised • Case worker who has had contact with all clients tests positive.	• Follow all health authority and medical advice re hospitalisation or self-isolation. • Track all persons with whom the infected client or staff member has come in contact. • Liaise with health authority as required. **Client safety must remain a priority - health authority must be informed of any risk and safety concerns for individual clients (e.g. DFV security).** • Follow health authority protocols for reporting of event and infection control measures. • Ensure department critical incident reporting requirements are implemented. • Notify department of organisational arrangements being implemented in response to positive diagnosis. • Where possible support clients to implement alternative care arrangements for their children as planned with client.
SERVICE PARTIAL OR FULL CLOSURE **Consider scenarios:** • Self-isolation or Quarantine measures have not been successful • All staff are not able to work and relief arrangements can no longer continue service delivery	• It is essential that service delivery be maintained to support women and children where viable options can be implemented. • Safety of clients and staff are critical. • To ensure maximum service availability is maintained, collaborative planning with other services may be required. • Advise department before partial or full service closure steps are implemented. • Report health concerns as per health authority protocols. • Develop procedures for off-site supervision, monitoring and support of clients quarantined as appropriate. • Note that for women and children escaping violence that it is possible that motel and hotel accommodation will not continue to be available as quarantining points for infected people.

COVID-19 RESOURCE LINKS:

This is only a selection – access others from trusted sites as they become available.

Coronavirus Information in other languages and plain English formats - From the NDIS Agency eNewsletter

Materials available in other languages:
- We have recently published information in an Easy Read format on the NDIS website, about our response to the coronavirus (COVID-19)
- We have also published translated versions of helpful information about coronavirus (COVID-19) in five different languages.
- A number of frequently asked questions and answers are also available on the NDIS website and are updated as more information is available.
- **Ethnolink** have created a library of multi-lingual resources together so that all Australians can access information in their preferred language about coronavirus (COVID-19).
- Ideas have created an information page on their website, they are also have an information line, free call, 8am - 8pm: 1800 029 904

"Talking to children" Resources from Peakcare Website:

Click on the following links to review the materials and select the approaches that will be of most benefit to the children and young people in your care:

- *How to talk to your child about coronavirus disease 2019 (COVID-19): 8 tips to help comfort and protect children*, a resource developed by UNICEF targeted to parents
- *How teachers can talk to children about coronavirus disease 2019 (COVID-19): Tips for having age appropriate discussions to reassure and protect children*, a resource also developed by UNICEF targeted to teachers, but which can be easily adapted for use by other professional groups
- *Talking with children about Coronavirus Disease 2019: Messages for parents, school staff, and others working with children*, a useful description of the principles to be observed by a wide range of adults when talking with children and young people, produced by the United States Centers for Disease Control and Prevention
- *Talking to Children About Coronavirus (COVID19)*, that contains more useful advice from the American Academy of Child and Adolescent Psychiatry
- *Talking to Children about COVID-19 (Cornonavirus): A Parent Resource* produced by the United States National Association of School Psychologists, with links included to other useful resources
- *Tips for Families: Coronavirus* produced by Zero to Three's with advice and resources specifically targeted to children aged 3 or below
- Don't like reading? Then go the Child Mind Institute website, watch the *Talking to Kids about the Coronavirus* video and share the link with others.

TECHNOLOGY SUPPORT - WESNET - National peak body for specialist women's domestic and family violence services

https://techsafety.org.au/blog/2020/03/18/covid19-resources-for-dfv-agencies-wanting-to-use-technology/

COVID19: Resources for DFV Agencies wanting to use technology

The COVID-19 pandemic has us in uncharted territory. Here is some information for Domestic and Family Violence Services to use during the public health crisis.

WESNET has published a number of handouts and resources that may be useful for Domestic and Family Violence Services that are scrambling to find alternatives to face-to-face service delivery and interactions.
This post and the resources have been largely based on the fantastic work of our sister agency in the United States, the National Network to End Domestic Violence (NNEDV) and have been adapted under license to the Australian context.

Provision of services by alternative measures
- DFV services and especially refuges should consider moving as many of their services as possible to mobile, remote or tech-based services.
  - Using Technology to Communicate with Survivors During a Public Health Crisis,
  - Best practices when using Mobile Devices for service delivery.
  - How to operate as a remote workplace during a public health crisis.
- Other handouts from our Technology Safety for Agencies series that may be useful include:
  - Best practices for employee smartphones and tablets
  - Best practices:texting with survivors