



Government of **Western Australia**
Department of **Communities**



Community sector Preparedness for COVID-19

Sector Briefing

11 February 2022

Speakers



- Rachel Siewert, WACOSS (MC)
- Bev Jowle and Elaine Paterson, Communities
- Elsie Blay and Deb Zanella, Ruah
- Sue Budalich and Beth Harvey, Ngala
- Kim Brooklyn CEO, Parkerville Children and Youth Care
- Louise Giolitto, WACOSS

Ruah Services System and Alert Organisation Wide Response Plan

Elsie Blay
General Manager, Housing & Homelessness



Alert Levels

Alert Level: Green (COVID-19 READY)	Alert Level: Amber (COVID-19 ALERT) (Disease in community growing)	Alert Level: Red (WIDESPREAD TRANSMISSION)	Alert Level: Black (RUAH AT CAPACITY)
<p>For WA health: Stable case numbers in community, all linked; satisfactory vaccination rates</p> <p>For Ruah: testing capacity satisfactory Ruah workforce stable, capacity in system</p>	<p>For WA health: Disease in community with growing spread and risk, concern with vaccination rate and testing capacity</p> <p>For Ruah: Ruah workforce stable, capacity in system limited</p>	<p>For WA health: Widespread transmission: Increasing and high rates of community transmission, testing capacity limited</p> <p>For Ruah: workforce capacity impacted- absenteeism increased, seeking substitution workforce for tasks</p>	<p>For WA health: Increasing and high rates of community transmission, testing capacity limited, workforce capacity impacted- absenteeism increased, seeking substitution workforce for tasks</p> <p>For Ruah: workforce capacity to respond exceeded or severely impaired</p>



Service Delivery

Alert Level: Green (COVID-19 READY)	Alert Level: Amber (COVID-19 ALERT) (Disease in community growing)	Alert Level: Red (WIDESPREAD TRANSMISSION)	Alert Level: Black (RUAH AT CAPACITY)
<p>Client visits for all. Staff based at offices or home to meet need of service</p> <ol style="list-style-type: none"> 1. CD Admin Team holds monthly meetings to monitor COVID-19 updates. Additional meetings as required 2. All staff maintain hand hygiene practices 3. All new staff induction and training continues 4. Visitors to check in with Safe WA QR code and physical sign in sheet at each site 5. Contractors visiting sites to check in with My Buildings QR code 6. Staff conduct screening questions prior to client visits 7. Staff stay home if unwell and get tested if exhibiting COVID-19 symptoms 8. If client found to be positive during visit - follow <u>Outbreak Management Plan</u> for relevant service 	<p>Client visits continue. Staff to limit gathering in offices or for training etc. Staff to also limit office-to-office movement where possible. Service teams structure delivery of care according to the amber response actions for their service. Avoid transport of clients where possible.</p> <ol style="list-style-type: none"> 1. CD Admin team meetings fortnightly or as required 2. Staff training of PPE and Hand hygiene practices continues using a remote format 3. Provide clients with phones to access telehealth if required 4. Staff continue to conduct screening questions prior to client visits 5. People entering a site should be asked screening questions 6. On confirmation of a positive case in a client or staff follow the <u>Outbreak Management Plan</u> for relevant service. The immediate priority is safety, isolation and gathering data to handover to SHICC within 24 hours of an outbreak. 7. A confirmed case is accommodated, funded & supported by SHICC 8. All meetings on Teams, no face-to-face meetings longer than 2 hours 9. No work-related in-person external meetings, functions, training, conferences, or networking unless virtual or at the express approval of the EM/CEO. 10. No coffee meetings or food in meetings 11. No shared workplace meals, occasions, or celebrations that involve food handling or unsealed portions. 12. All public health measures to continue including hand hygiene, social distancing, no hand shaking, mask wearing 13. Limit visitors to sites including corporate 14. All Ruah staff use swipe card when visiting sites to capture attendance (including Subiaco Office and Ruah Centre) 15. All non-Ruah staff to check into sites (Safe WA QR code and physical sign in sheet at each site) 	<p>Client visits for all whose tenancy, MH or wellbeing is at risk – to be decided and directed by Service Lead (SL) with General Manager (GM) oversight Staff to limit office-based work where possible and to work remotely unless necessary for the work or for staff personal safety.</p> <p>COVID-essential internal training only e.g., wearing of PPE, hand hygiene access remotely. All other training is suspended.</p> <ol style="list-style-type: none"> 1. ICT will be in operation, Command and Control Model of care is initiated. 2. Communication with all staff. 3. All communication of issues requiring moves through the system to ICT and is tracked, documented, actioned and confirmed as actioned 4. Communication is up and down the organization 5. Service teams are actioning their service delivery approach as per service plan unless directed by ICT. 6. Avoid transport of clients where possible – need to have SL approval to transport. To be tracked and documented at ICT. 7. Staff based in offices or at home to meet need of service actioned through ICT 8. Workforce redirected to support clients face to face need to have adequate PPE including N95 or P2 masks as part of their PPE kit. It is mandatory that they use full PPE. (See PPE Guidelines) 9. Stock Management and level updates to ICT 10. Refer to BCP flow pathway for clients impacted by 7-day isolation period (<i>to be written</i>) 11. Succession planning principles to be utilized if required (See Succession Planning) 	<ol style="list-style-type: none"> 1. ICT in operation; command and control model of care 2. Outreach clients – noncritical clients (ones that don't have immediate risk to tenancy, MH, or self-risk) will receive phone support 3. Phone calls can be done by any Ruah worker. HH workers isolating first, then MH, FDV and corporate last 4. Critical clients who need a visit will receive face to face support even if they are confirmed or suspected of COVID. Risk of them not having visit increases risk for ED presentation, police involvement and loss of tenancy. 5. Alternative options for care delivery implemented 6. At a point when Ruah reaches capacity and has no able workforce service delivery will stop. 7. Funders and partner agencies to be alerted and Ruah team <p>When no staff can do F2F visits:</p> <ol style="list-style-type: none"> 8. Pull on the sector to share resources and prioritise the most at risk clients 9. Corporate workers do phone calls for clients to check on welfare, tenancy, AOD and mental health check using basic safety questions.



Ruah Services System and Alert Housing and Homelessness Response Plan

****On confirmation of a Covid positive client or worker use to the Outbreak Management Plan alongside this document. In this case the immediate priority is safety, isolation and gathering data to handover to SHICC.**

The following standard precautions apply, unless additional PPE guidance is recommended at certain alert levels below

1. Standard precautions apply at all times i.e., PPE used as required (e.g., gowns, gloves, protective eyewear for any patient contact or procedure when there is potential for blood/body fluid exposure)
2. For management of patients confirmed to have COVID-19, symptomatic of COVID-19, a close contact, or a person in quarantine: full PPE when providing direct support

Outreach face to face visits when COVID is present or suspected (across all phases)

1. Full PPE (mask, face shield, gown, gloves)
2. Keep Distance, if possible, meet outside or in an open space such as a courtyard
3. Deliver food, meds as needed and provide check in on client
4. Promote ventilation, avoid sitting on couches or soft furnishings
5. If breach in PPE is made, and person is a confirmed case - worker becomes a contact (based on current advice)

Principles across all phases for Housing and Homelessness

6. All staff are to be fully vaccinated against COVID-19 and comply with mask mandates and hygiene expectations...
7. Client and staff safety is priority and Covid risk does not override this. We would not hold someone against their will in asking them to isolate - call SHICC if positive or assumed positive person refuses to isolate
8. Screening questions, temperature checks and compliance with mask mandate throughout all phases
9. Ruah is always guided by WA health advice
10. Elsie Blay (General Manager) contactable anytime on 0439914032. All cases or close contacts need to have GM aware to lead outbreak plan. GM to advise exec via phone to update on plan and approach. See succession plan if Elsie unavailable
11. This plan goes along side Ruah's BCP and Housing and Homelessness Outbreak management plan
12. After hours team remain on call to support and pick up from Centre or SNS if a case is identified after hours
13. Use ER or brokerage to support someone to isolate is recommended and supported if SHICC cannot assist. Call for GM approval for the purpose of flagging for medical risk and support
14. Never put someone in accommodation or a hotel who is symptomatic or who needs support without SHICC & GM approval. There is a medical risk for this person as well as a risk to capacity for resourcing
15. SHICC number: 1300 316 555
16. Data and tracking of client's movement is crucial. The Zero team are an important part of the wider team and will link in for data sharing
17. Vaccination encouraged and promoted for all clients. Vaccination status of clients is not a barrier to receiving services.



Housing & Homelessness

Alert Level: Green (Covid-19 ready)	Alert Level: Amber (COVID-19 ALERT) (Disease in community growing)	Alert Level: Red (Widespread transmission)	Alert Level: Black (Ruah at capacity)
<ol style="list-style-type: none"> 1. Client visits for all. Staff based at offices or home to meet need of service 2. Transport clients as per guidelines 3. Engagement hubs (SNS & Ruah Centre) work to prevent Covid cases entering communal space through screening Q's, temp checks 	<ol style="list-style-type: none"> 1. Client visits for all. Staff to limit gathering in offices or for training etc. 2. A & B team in place. Avoid transport of clients where possible. 3. Staff based at offices or home to meet need of service 4. Provide clients with phones to contact or do telehealth in preparing for next phase 5. On confirmation of a positive case in a client or worker follow the <u>Outbreak Management Plan</u> for relevant service. The immediate priority is safety, isolation and gathering data to handover to SHICC 6. Working on the current assumption that a confirmed Covid case is accommodated, funded & supported by SHICC 	<ol style="list-style-type: none"> 1. Client visits for all who's tenancy, MH or wellbeing is at risk. Staff to limit gathering in offices & for training etc. 2. A & B team in place. Avoid transport of clients where possible 3. Staff based at offices or home to meet need of service 4. When COVID is known in the RS group the assumption is RS are in housing or accommodation and workforce has been redirected to support them 5. Ruah Centre is expected to be a triage Centre to get ppl into suitable accommodation (these people will be positive) preferably this is outside in park 6. Ruah Centre and SNS are open with staff doing RAT tests daily and reporting to WA Health 7. SNS can be run with 15 women and 1 Ruah worker & security. Alert SL, GM & city watch for additional safety checks if this occurs 8. Front room of SNS to be used as an isolation unit until SHICC advise if someone is alerted to be positive during the night 9. Staff who are isolating/unwell focus on phone visits for lower risk clients 10. Students and volunteer could be used as backup workforce if trained and SL agrees they are safe to practice 11. Pull on sector to resources where available 	<ol style="list-style-type: none"> 1. Outreach clients - noncritical clients (ones that don't have immediate risk to tenancy, MH, or self-risk) will get phone calls 2. Critical client phone calls can be done by any Ruah worker. HH workers isolating first, then MH, FDV, the community sector/ casual workers and corporate last 3. Pull on the sector to share resources and prioritize the most at risk clients who are housed and are at risk of becoming homeless to be seen first 4. Corporate workers, when needed can provide basic client welfare checks 5. Acting as a triage point for welfare, tenancy, AOD and mental health issues using basic safety questions and reporting to TL with a log of all calls and concerns to be followed up by TL 6. Housing first and critical clients who need a visit will receive one, until the workforce is at full capacity. 7. Triageing of F2F visits led by SL or acting SL 8. F2F visits are appropriate even when confirmed or suspected Covid case if outside, practicing social distancing & wearing full PPE. Risk of them not having visit increases risk for ED presentation, police involvement and loss of tenancy 9. After hours and HHC to provide ad hoc support after hours where available 10. Noncritical AH shifts to be delayed or done via phone while these workers priorities clients within all of Ruah and possible sector 11. Based on current planning, most clients will be in accommodation by this stage. The Ruah Centre & SNS could close if low demand and redirect staff to critical F2F visits or phone calls. 12. If demand for the Ruah Centre and SNS remains as new people re-entering homelessness, it would operate with staff and security and reduced client numbers. 13. At a point when Ruah reach capacity and have no able workforce service delivery will stop. 14. Funders and partner agencies to be alerted

Outbreak Management Plan

Housing and Homelessness Outbreak Management Plan - Checklist

No.	Task	Resources/Notes	Date Task Actioned	Completed By	Comments
	<i>Highlighted tasks indicate electronic documentation to be provided to the Department of Health within 24 hours of an outbreak</i>	<i>Includes links to templates and reports to be provided to Department of Health</i>	<i>dd/mm/yyyy</i>	<i>Name of staff member who actioned task</i>	<i>Record additional information here</i>
1.	<p>Isolate positive cases if possible and implement infection prevention and control measures</p> <p>Never isolate someone place a high Covid risk over a risk to safety (e.g. aggressive client)</p> <p>Access supply of PPE for use at site</p>	<ol style="list-style-type: none"> 1. Isolate in room once positive status confirmed (obtain consent and consider safety of clients and staff) 2. In the Ruah Centre – use a side room if client is willing and safe to be there. Provide essential supplies 3. In SNS the front room could be used for isolation as a temporary measure 4. Request additional PPE from cdadmin@ruah.org.au if required 5. Depending on the time of day, plan for back up staffing to either keep the Centre open or relieve staff at the Centre. After hours & SNS first options. 6. If staff are leaving for the day - priority is to lessen risk. Isolate and promote safety for clients and staff 			
2.	<p>Notify Outbreak Management Team members of outbreak</p> <p>NB: A CD Admin meeting will be convened within 24 hours of notifying the Outbreak Management Team</p>	<ol style="list-style-type: none"> 1. Notify GM H&H via phone call on 0439914032 			
3.	<p>Notify Department of Health of outbreak and liaise with Department for further advice regarding lockout</p>	<ol style="list-style-type: none"> 1. If clients don't have phone - get physical description and advise on next steps in case, they become a contact 			

Covid-19 Hub



COVID-19 Hub

Covid Response Team

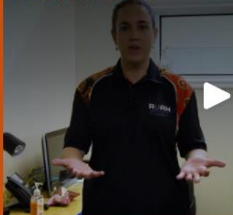
[Personal Protective Equipment \(PPE\)](#)

[Covid Approved Resources](#)

[Edit](#)

[+ New](#) [Send to](#) [Promote](#) [Page details](#) [Analytics](#)

How to Wear PPE



Before putting on PPE

- Bare below elbows
- Remove jewellery

How to Use RAT



Subiaco Stock Level

Surgical masks	10,350
N95 masks	308
Kids surgical face masks	120

Hand sanitiser 1L	0
Hand sanitiser 2L	16
Hand sanitiser 500ml	29
Hand sanitiser 5L	1
Hand sanitiser 60ml	309
Wipes	109

Gloves lng (box 100)	10
Gloves small (box 100)	9
Gloves med (box 100)	5

Aprons (box 50)	4
Gowns	187

Ear saver bands	40
Eye shields with frame	5
Face shields	5
Funnel	2

Minimum Stock Level

Office	Gloves	Hand sanitiser	Masks	Wipes	Total
Harmony	8		600	8	600
Kambarang			750		750
Stirling	4	25	900	20	949
Total	12	25	2,250	28	2,315

Thank You!



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

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

If you have any other questions please email:

sectorsupport@communities.wa.gov.au