



Retirement Living (RL) Pandemic Response Plan



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1. Introduction

Background

The novel coronavirus outbreak represents a significant risk to UnitingCare. It has the potential to cause high levels of morbidity and mortality and to disrupt our community socially and economically.

Viral respiratory diseases have the greatest potential to cause pandemics and the key threat of new pandemic virus strains lies at the human–animal interface. (Australian Government Department of Health 2020). Coronavirus (COVID-19) is a respiratory illness caused by a new virus that has not previously been identified in humans.

COVID–19 is spread from person to person most likely through:

- Close contact with an infectious person
- Contact with droplets from an infected person’s cough or sneeze; or
- Touching objects or surfaces (such as door knobs or tables) contaminated by cough or sneeze droplets from a person with confirmation COVID-19 Infection, and then touching your mouth or face

Possible risk factors for progressing to severe illness include, but are not limited to:

- older age
- underlying chronic medical conditions such as:
 - lung disease
 - cancer
 - heart failure
 - cerebrovascular disease
 - renal disease
 - liver disease
 - diabetes and immunocompromising conditions

The UnitingCare Pandemic Plan has been developed in the context of the Australian Health Sector Emergency Response Plan for Novel Coronavirus and has been informed by detailed scenario planning (see Appendix 1) within UnitingCare. This document supplements the UnitingCare Pandemic Plan by outlining the practical implementation of the response at the operational level specifically for or Retirement Living (RL).

Purpose

This document outlines the pandemic operational response for RL to:

- Minimise transmissibility, morbidity and mortality;
- Minimise the burden on/ support care / service delivery systems; and
- Inform, engage and empower our staff and clients.

Scope

This plan does not include:

- Strategic crisis management arrangements as outlined in the UnitingCare Crisis Management Plan

- Whole of UnitingCare pandemic response arrangements as outlined in the UnitingCare Pandemic Plan.
- Restoration activities for a loss of services that are covered in Group and Service Business Continuity Plans
- Emergency response procedures covered in Fire and Evacuation Plans (FEP).

The actions contained in this document have been tailored to reflect the most current intelligence provided by the Australian Government and World Health Organisation (WHO). During a pandemic, this plan will remain flexible to respond to changes in planning assumptions and severity.

Related documents

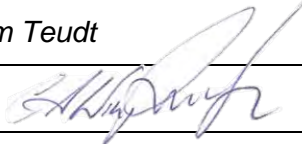
- UnitingCare Crisis and Incident Management Policy
- UnitingCare Crisis Management Plan
- UnitingCare Business Continuity Management Policy
- UnitingCare Business Continuity Management Manual
- UnitingCare Pandemic Plan

Exercise, maintenance and review

This document will be exercised, maintained and reviewed on an annual basis in accordance with the UnitingCare Business Continuity Management Policy and Manual.

Debriefing should be conducted within 14 days of the declaration to stand down and/or returning to normal business. Refer to the Business Continuity Management Manual regarding debriefing and for Post Event Report Templates.

Document information

Version	Date	Amendment	Author
0.8	20 May 2020	Initial draft	Kim Teudt
Document location:		UCQDOX/Commercial Services/Retirement Living/Covid_19 Reporting/9. Instruction Manuals/	
Document Owner:		<i>General Manager Retirement Living</i>	<i>Kim Teudt</i>
Authorised by:		<i>Chief Financial Officer</i>	
Distribution:		<i>Retirement Living</i>	

2. Authority to activate

The General Manager Retirement Living is authorised to activate this plan. The triggers to activate this plan will be:

- activation of the UnitingCare Pandemic Plan;
- declaration of a pandemic by the World Health Organisation (WHO);

- advice from a credible source that sustained community transmission of a novel virus with pandemic potential has occurred; or
- notification from the Australian, State or Territory Government Department of Health of the emergence of a novel virus with pandemic potential in Australia or overseas.

3. Roles and responsibilities

Where possible, during a pandemic the business as usual management process and hierarchy structures and reporting should be maintained unless the matter is pandemic response related.

Entity	Roles and responsibilities
The Department of Health	<p>The Australian Government develops and maintains a national health sector plan to prepare for and respond to pandemics. The Australian Government will coordinate the allocation of available resources required for clinical care.</p> <p>The Department of Health via their website (www.health.gov.au) will make available a collection of resources (fact sheets, posters etc.) for the general public, health professionals and industry about the pandemic influenza. These resources should be used to ensure consistency and accuracy of information.</p> <p>The National Medical Stockpile (NMS) provides a national reserve capacity of medicines, vaccines and equipment that can be rapidly deployed in the event of a pandemic. The Australian Government Department of Health is responsible for maintenance and deployment plans relevant to the NMS.</p>
The Queensland Department of Health	The Queensland Department of Health is the functional lead agency for a pandemic in Queensland and is responsible for implementing national and state plans to ensure a coordinated, whole-of-health response in Queensland.
UnitingCare Crisis Management Team (CMT)	<ul style="list-style-type: none"> • Strategic management and decision-making authority • Direct and track recovery progress and associated costs • Analyse risks and consequences • Represent service stream operational groups and recovery teams and report progress, as agreed • Internal and external communication lead
UnitingCare Operational Management Team	<ul style="list-style-type: none"> • Provide Subject Matter Expert advice and support in accordance with the business capability they deliver • Execute and coordinate the response on behalf of the CMT • Perform additional tasks as directed by the nominated Operations Team Lead or CMT Controller

Retirement Living and other stakeholders	
Position	Roles and responsibilities
Executive Lead	<p>Responsible for command and control of the crisis including:</p> <ul style="list-style-type: none"> • Report to UnitingCare Crisis Management Team

Retirement Living and other stakeholders	
Position	Roles and responsibilities
	<ul style="list-style-type: none"> • Appoint the RL Operations Team Advisor • Assessing wider strategic issues and consequences • Requesting additional subject matter experts to support the operational response • Review and advise on media statements and other communication • Establish and make known emergency delegations
RL Operations Team Advisor	<ul style="list-style-type: none"> • Represent RL on the UnitingCare Operations Team • Facilitate scenario planning to inform development of action plans • Manage RL prevention, preparedness, response and recovery activities • Identify and escalate issues in a timely manner • Review and update the RL Pandemic Response Plan on an annual basis or as a significant change occurs.
Operations Managers	<ul style="list-style-type: none"> • To identify suitable “responsible person” replacement should a staff member be unable to work from a site and the identified contingency back up is also not available.
Village Manager	<ul style="list-style-type: none"> • To maintain an up to date contact list for both residents and their nominated contact and to provide an electronic copy to the Operations Manager and Central RL each time a change is made. • Villages shall develop their own rules with regards to physical distancing within community areas. • To ensure adherence to licensing and governance arrangements, any “responsible person (who is unlikely to be qualified or requires qualification)” works with a qualified staff member or partner. • Ensure existing Exception reporting is maintained. • Ensure Resident Impact Forms are completed as soon as a suspected or confirmed case is identified. • Forward the Action/Decision Register (Enclosure 5) to the Central RL Team at the end of each week. • Ensure Communication Planning Template is completed (Enclosure 6).
On-site Staff	<ul style="list-style-type: none"> • Staff on site are considered essential workers and they must continue to work on site while it is safe for them to do so. • Staff must ensure they maintain physical distancing at all times including in the office. Please ensure that workspaces are clearly marked to ensure physical distancing (2.0m indoors and 1.5m outdoors) • If there is a requirement for staff to self-isolate, they are to contact their Line Manager in the first instance to discuss working from home options, leave arrangements and the requirement for a temporary

Retirement Living and other stakeholders	
Position	Roles and responsibilities
	<p>replacement.</p> <ul style="list-style-type: none"> • If staff are required to work from home and there is no other employee onsite, at this stage, alternative arrangements will be made for a “responsible person” to be physically present for part of the day. Where they are in place, out of hours contact and monitoring will be administered. • Where residents are breaking instructions, ensure the following are undertaken: <ul style="list-style-type: none"> - Self-regulate. Where possible, Villages are encouraged to establish and monitor their own guidelines (e.g. a ban on all visitors and outdoor activities) - Initial warning by Village staff. This warning should be recorded the action/decision log (see Enclosure 5). - Village staff contact authorities. This action should be recorded in the action/decision log (see Enclosure 5). - Ensure that there is appropriate signage around the Village to reiterate these guidelines (see Enclosure 7 for signage).
Residents	<p>Residents are reminded to adhere to the Federal Government rules regarding physical (social) distancing:</p> <ul style="list-style-type: none"> • Shopping for food • Exercising – in a public space such as a park, limited to not more than two people • Going out for medical needs • Attending the workplace, if you are unable to work from home; • Providing care and support to another individual in a place other than your home (limited to not more than two people). • Visit shops sparingly and buy more goods and service online (if possible).
External visitors	<ul style="list-style-type: none"> • As per federal Government Guidelines, visitors to residences must be restricted to immediate family and close friends (no more than two people than those living in the residence) or compassionate visits (no more than two people at any time). All visitors are to adhere to the existing Federal Guidelines regarding physical distancing and visitor numbers. • For their own safety, Residents should be encouraged to refuse visits from people who should be self-isolating for any reason. • The following actions are to be taken for those residents breaking these instructions: <ul style="list-style-type: none"> - Self-regulate. Where possible, Villages are encouraged to establish and monitor their own guidelines (e.g. a ban on all visitors and outdoor activities). - Initial warning by Village staff. This warning should be recorded the action/decision log (see Enclosure 5).

Retirement Living and other stakeholders	
Position	Roles and responsibilities
	<ul style="list-style-type: none"> - Village staff contact authorities. This action should be recorded in the action/decision log (see Enclosure 5). • Ensure that there is appropriate signage around the village to reiterate these guidelines (see Enclosure 7). • For visitors to the village, they must complete the Visitors Survey Declaration form (see Enclosure 8).

4. Communications

The below table outlines the communication considerations and reporting processes:

Queensland Health	<p>State legislation sets out the responsibilities for reporting and managing outbreaks of communicable diseases. Their aim is to improve infectious disease control through improved disease notification procedures. Services are responsible for becoming familiar with and adhering to the relevant State legislation.</p> <p>Specific reporting requirements for confirmed cases involves contacting Queensland Health through the state Public Health Unit (PHU).</p> <p>Alternatively, if RL is contacted by Queensland Health, any requests for information or assistances should be communicated through the RL Operations Team Advisor to the UnitingCare Operations Team.</p>
Funding bodies and regulators	<p>Government funding bodies and regulators have contractual and legislative reporting requirements for critical incidents, including outbreaks during a pandemic. Where the funding body or regulatory request is part of the services business as usual process, the service is to respond accordingly. Where a service receives a request from a funding body or regulator around the pandemic and/or reporting mechanisms, they should escalate the request through their Operations Manager.</p> <p>Specific reporting requirements of confirmed cases involves contacting the Commonwealth Department of Health via agedcareCOVIDcases@health.gov.au. A Commonwealth departmental officer will be in contact to offer case-by-case assistance and support to help you manage the case or outbreak.</p>
Media Spokesperson	Identified by the UnitingCare Crisis Management Team as the appointed media point of contact in addition to the Head of Corporate Affairs.
The UnitingCare Operations Team	Coordinates and approves all pandemic communications across external (customer and other stakeholders) and internal (staff and volunteer) for all business channels.
Residents	<p>Continue to maintain resident privacy prior to communicating any suspected or confirmed Covid-19 infections. Please see the enclosures for related draft communications.</p> <p>Enclosure 14 - Draft communications for residents regarding a suspected Covid-19 or requirement to self-isolate for other reasons – seeking permission to communicate their name</p> <p>Enclosure 15 – Draft communications for residents regarding confirmed</p>

	<p>Covid-19 - seeking permission to communicate their name.</p> <p>Please use existing form (Consent to the disclosure of Health and Welfare Information) to record privacy consent (see Enclosure 4). Please note any related actions/ decisions in the action/decision log (see Enclosure 5).</p>
<p>UnitingCare Intranet Site unitingcareqld.com.au/covid19</p>	<p>A UnitingCare Micro Site will be established. This is the central point of truth for all information and resources as it relates to the pandemic.</p>
<p>Riskman</p>	<p>Staff Incidents are to be recorded in the Riskman system and managed in accordance with the RL policy.</p>

5. Infection Control

As per the Federal Government and Queensland Health directions, infection control measures are to be adhered to. These include but are not limited to the following:

Effective hand washing and hygiene

Please continue to use effective hand washing and hygiene techniques as outlined by the World Health Organisation and Queensland Health. All staff are to complete the Infection Control refresher in SABA by 03 April 2020 [Click here to find more information about logging into Saba on your device](#)

Infection Control - Common area cleaning

- Common areas are to be cleaned, including floors - two times per day *site specific where required*
- Common letter boxes are to be sanitised two times per day
- Clean and disinfect high touch surfaces (including floors) – every 2 hours or after surface has been touched

Infection Control - Physical distancing

Staff and Residents are reminded that they must maintain the following physical (social) distancing: 2.00m indoors and 1.5m outdoors.

Social gatherings

As per federal Government Guidelines social gathering must be restricted to a maximum of two persons and all residents must adhere to the existing Federal Guidelines regarding physical distancing and other safety measures.

The following actions are to be taken for those residents breaking these instructions:

- Self-regulate. Where possible, Villages are encouraged to establish and monitor their own guidelines (e.g. a ban on all visitors and outdoor activities).
- Initial warning by Village staff. This warning should be recorded the action/decision log (see **Enclosure 5**).
- Village staff contact authorities. This action should be recorded in the action/decision log (see **Enclosure 5**).

Ensure that there is appropriate signage around the village to reiterate these guidelines (see **Enclosure 7**).

Home confinement movement and gathering direction

Residents of all Queensland retirement villages are subject to the Home Confinement, Movement and Gathering Direction (see **Enclosure 13**) issued by Queensland Health on 2 April 2020 (Home Confinement Direction).

The effect of the Home Confinement Direction is to require, on threat of penalty, all people to stay in their homes except for a permitted purpose, which includes the following:

- to obtain food or other essential goods or services;
- medical or health care needs, including compassionate requirements;
- to engage in physical exercise;
- to perform work or volunteering or to carry out or conduct an essential business activity or undertaking, which cannot reasonably be performed from the person's residence;
- to visit another person's residence, noting that:
 - a person may allow up to five visitors who are not ordinarily members of the person's household, for example, family member or close friends (this was recently revised from the original restriction of one visitor, and then 2 visitors); and
 - the resident must take reasonable steps to encourage occupants of, and visitors to, the premises to practise social distancing to the extent reasonably practicable;
- providing care or assistance to an immediate family member; or
- to avoid injury or illness or to escape a risk of harm.

Residents are to be reminded that they are required to adhere to the Federal Government rules regarding physical (social) distancing (as per above paragraphs).

Personal Protective Equipment (PPE)

Unnecessary use of PPE should be avoided.

Strategies to reduce the use of PPE should not reduce the safety of our workers, and PPE should always be available to be used by those who require it.

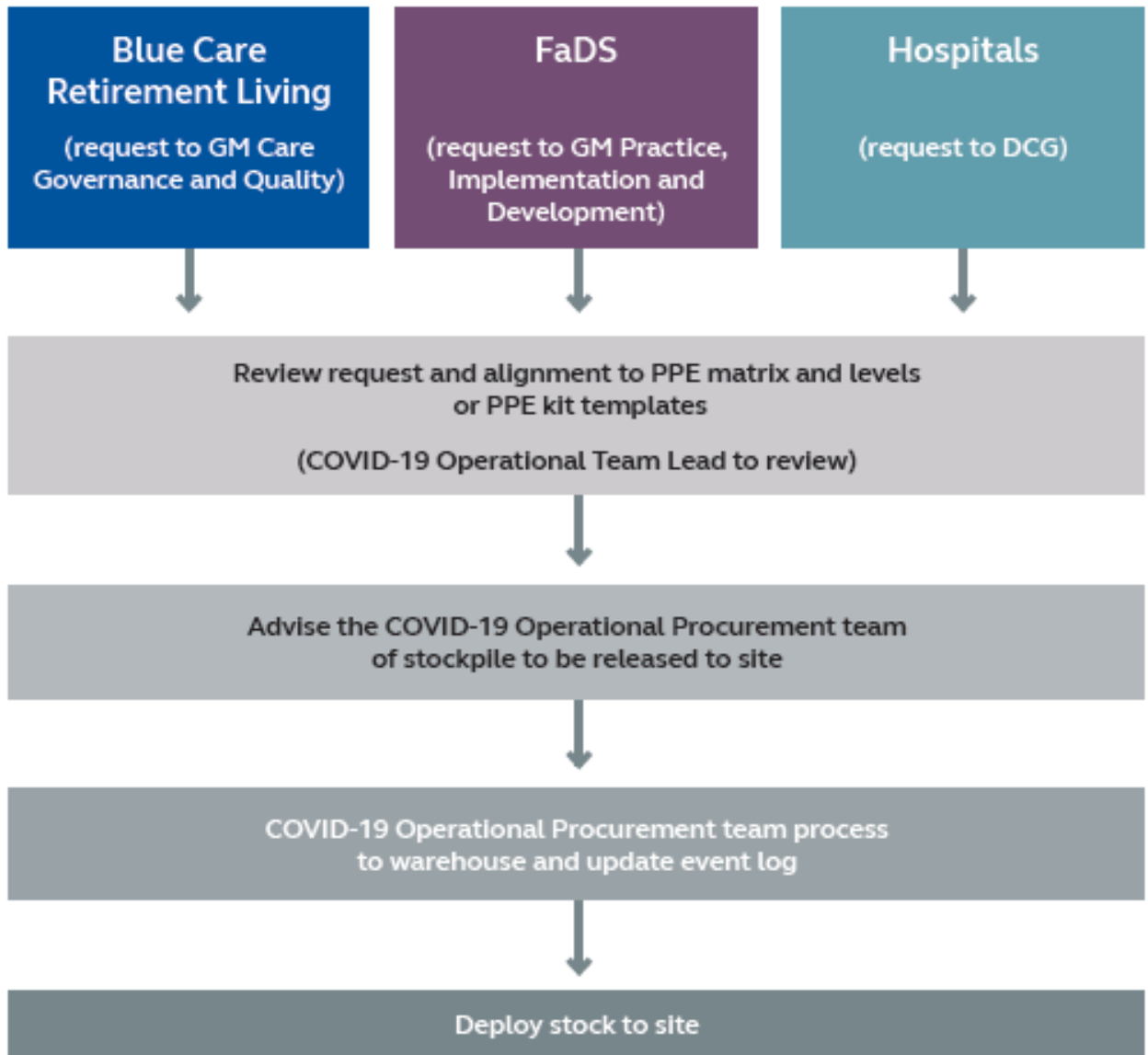
Consideration can be given to using alternative products and reuse of gowns may be considered for use in areas that currently use single use items.

PPE should only be worn by Village staff where they are supporting a resident that is either suspected of or confirmed of being infected with Covid-19.

Should you have insufficient supplies or need assistance, please advise of your PPE requirements to the Senior Asset Manager (d.boyd@bluecare.org.au) in RL Central Support – this will be escalated to the central procurement and COVID Operations team for attention as per the below diagram:

To access the COVID-19 PPE stockpile please submit a request to your respective GM/DCG as per the flow chart below.

Please note, BAU ordering for all supplies, including PPE, should continue as per the standard procurement process. For any escalations contact the procurement team.



Influenza Vaccination

From 1 May 2020, those accessing or working in a Residential Aged Care Facility must have an up to date influenza vaccination. This includes staffs, volunteers, visitors, contractors, allied health professionals and General Practitioners. Those with a genuine medical reason for declining will need to provide a medical certificate. This requirement does not apply to residents.

Retirement Living staff will be required to also comply with the influenza vaccine by 01 May 2020 with the only exception being approval by the Operations Manager following a review of reasons.

Staff should co-ordinate their flu shot with the nearest cluster arrangement. This will be communicated directly to each site. Staff who are unable to co-ordinate their flu shot with their nearest cluster office are to make their own arrangements. Those staff that nominate to visit a General Practitioner will be reimbursed the vaccine fee only, not the General Practitioner fee.

6. Finance and supply

The UnitingCare Operations Team will conduct financial and revenue modelling which includes establishing a process to understand the financial implications related to the pandemic. The processes for reporting revenue losses or purchasing additional items to support our clients and staff through this time have been updated. These updates will also create opportunities for service streams to better respond to the events and identify funding opportunities or changes that are required. The below updates do not apply to Group Office:

A pandemic expense is a typical purchase or increase in expenditure that your service would not have otherwise incurred prior to the pandemic commencing.

Similarly, pandemic revenue loss refers to the financial impact of any fee-for-service that has been reduced or terminated outside of normal cancellation trends. This may include reduced site hours or service provisioning, and the cancellation of activities or events.

For expenses that will be invoiced and paid for through the normal accounts payable process, please note that specific cost centres, sub-codes and service classifications will be created to capture pandemic expenses. Please ensure the correct codes are captured and used.

Payments through accounts payable:

Finance System(s)	Service Stream	Chosen Solution	Code #	Code Name
AX09	ACCS	One sub-code to be used across the service. For example: XXXX (main account) – XX (region) – XXX (centre) – XX (cost centre) – COVID19 (sub-code)	COVID19	Not applicable.
Basware	Retirement Living	One sub-code to be used across the service. For example: XXXX (GL) – XX (region as relevant for village) – XXX (centre as relevant for village) – XX (cost centre - Operator) – COVID19 (sub-code)	COVID19	Not applicable.

Procurement

During a pandemic, the supply stream will be severely impacted. Procurement of items such as Personal Protective Equipment (PPE) will be coordinated through the Operations Team. Please contact your representative should you find it challenging to procure specific items in the current commercial climate. A list of representatives has been included below:

Entity	Operations Team Representatives
ACCS	Rebecca Bell – General Manager (Governance & Quality)
Retirement Living	Kim Teudt – General Manager Retirement Living

The Central RL Team will communicate your purchasing requirements with the Procurement team, which will then acquire these items in large quantities. These items (and their cost) will then be distributed to your service stream accordingly.

Other pandemic related expenditure

The UnitingCare Operations Team will develop an online tool to clearly capture pandemic related expenditure that does not follow the processes mentioned above. This includes purchases made with petty cash and/or procurement cards. This process will be in addition to complying with normal process such as Promaster and petty cash reconciliation where it is mandated that transaction descriptions include the identified title, for example: "pandemic expense". UnitingCare Business Units should update the online tool on a daily basis.

The tool used for COVID 19 can be found at: <https://form.jotform.com/200768340889870>

Supply chain management

Existing channels for ordering products are to be leveraged in the first instance using the current procurement process.

If a Village has a problem acquiring the additional cleaning products required for common areas, these can be ordered centrally. Please contact the Senior Asset Manager (d.boyd@bluecare.org.au) in the central Retirement Living team.

7. Workforce management

Existing employment and management legislation, industrial relations agreements, policies and practices in relation to salaries, wages and conditions continue to apply and are enforceable, unless varied through appropriate processes. Particular care should be taken to ensure meal breaks, shift changes and rest periods continue to be observed, to offset the risk of fatigue compromising the quality of services.

People and Culture have conducted staff profiling utilising the Better Impact application to inform workforce planning decision during a pandemic.

Flexible work arrangements and worksites

An appropriate risk assessment must be undertaken for temporary work sites. Arrangements may not be ideal but should not present an unacceptable level of risk to consumers, staff, volunteers or visitors.

During a pandemic, the Australian Government will recommend all Australians who can work from home, should do so, where practical. Based on this, staff who can work from home without negatively impacting their ability to conduct their daily duties, will do so.

Working from home arrangements for staffs must be prior-approved by the staff's Senior Leadership Team (SLT) member.

Home sites should be secure, appropriate and kept separate from daily living. Managers and staff should have established timings for regular contact both individually and collectively by email, phone or conference call and maintain appropriate work process.

In order to support everyone working from home, staff are required to use Citrix to deliver critical functions will be identified and able to continue to do so.

Staff that do not need to use Citrix, please use other forms of access (e.g. Webmail).

Staff that require documents remotely, will be advised to download these BEFORE going home. Only copy the files you need. Also remember to reset your password before working remotely as this will be problematic to reset when working remotely.

Resources to support staff working from home will be available from the microsite however staff are reminded to print these resources prior to working from home as the microsite can only be accessed through Citrix.

During a global pandemic it is likely that the UnitingCare My Service Desk will be impacted. For this reason, staff will be reminded that the My Service Desk team should only be contacted for

widespread, high impact, critical urgency. All other requests are to be logged via My Service Desk Portal.

All managers and leaders are to keep track of any hardware assets that staffs take home for remote working during the pandemic period. RL staff are not to remove any equipment from Village Offices to remotely work.

Working from home resources are available through the central microsite.

Leave management

Leave resources will be available through the established UnitingCare microsite:

- Leave Management Guide
- Leave Decision Tree.

Support mechanisms

The following mechanisms are in place to support UnitingCare during and outside of a pandemic:

- Our Chaplains: missionteam@ucareqld.com.au
- Staff Assistance Programs: Benestar 1300 360 364
- Lifeline: 13 11 14.

Pastoral care for residents will be provided externally. If there is a situation where Village staff feel pastoral care is suitable, or a resident requests pastoral care partnering pastoral care providers should be sought from the Operations Team through GM RL.

Education and training

In addition to the stand infection control training conducted, during a pandemic staff will be required to complete the online SABA training packages developed as they relate to infection control practices, hygiene, and Personal Protective Equipment (PPE).

8. Village operations

Facilities and maintenance

There will be no change to existing business as usual facilities and maintenance contracting and services at this stage.

Maintenance and Facilities contractors will maintain the applicable physical distance as per their own companies' guidelines.

When contractors are attending site, they must complete the Checklist for Retirement Village Contractor Control on a daily basis (**Enclosure 16**).

Where contractor is impacted, please contact Senior Asset Manager (Davida Boyd on 0417 708 471) to make alternate arrangements.

Mail distribution

There will be no change to the way that mail is distributed across each site at this stage.

Where a staff member distributes the mail - Maintain BAU (including physical distancing). If staff are working remotely, Village to arrange for their "responsible person".

Where there is a shared mail box – this must be sanitised 2 x daily and social distancing must be maintained by residents as all times. Where you are able to do so, please place a marker with tape to indicate the appropriate physical distance on 1.5m.

Offsite monitoring

Where a Village has existing offsite monitoring – There will be no changes to existing services. Off-site Monitoring Contractors have been contacted to ensure that they have a sound contingency plan in place.

Where a Village has existing offsite overnight monitoring - There will be no changes to existing services. Off-site Overnight Monitoring Contractors have been contacted to ensure that they have a sound contingency plan in place.

Real estate restrictions

As per Federal Government guidelines, open for inspections are now permitted, with a maximum of 10 people in attendance, ensuring social distancing is observed.

Given the close interaction involved, Sales Managers are required to keep a record of names and contact details of each person to assist with contact tracing if required.

The Sales Manager should ensure that physical distancing including 4 square metres per person, hand hygiene and frequent environmental cleaning and disinfection is maintained during an open house inspection.

Sales Staff to follow the COVID-19 Sales Protocol. (**Enclosure 3**).

Meal preparation and provision

At this stage, meals continue to be prepared as per business as usual for those sites where meal delivery is part of the service to residents

All meals are take-away only and will be delivered to residence if a resident requests delivery or is required to self-isolate, ensuring social distancing is adhered to.

In the event meals can no longer be provided by the Village kitchen, meals may be procured through an external contractor. A list of preferred suppliers will be provided.

9. Response stages

The Queensland Health response activities reflect the Australian Health Management Plan for Pandemic Influenza (AHMPPI) response stages which are:

- Prevention
- Preparedness
- Response and
- Recovery.

Additional stages are added for a Pandemic within the Response stage.

Once response activities are completed arrangements will return to the Preparedness stage, to monitor for any future novel coronavirus outbreaks; maintain plans and response agreements; and ensure resources are available and ready for a rapid response.

Latest update

Please continue to follow the updates provided by the Federal Government and Queensland Health which are reiterated by the CEO - <https://www.unitingcareqld.com.au/covid19>.

All residents aged 70 and over are strongly encouraged to self-isolate as per the Federal Government Directions (**Enclosure 14**)

Restrictions on gatherings and social interactions in place – (no more than two people at a time, immediate family and close friends only or for compassionate caring grounds).

All meals are takeaway only and provisions are in place for delivery to self-isolating residents, ensuring social distancing is adhered to.

All Retirement Living staff are considered essential and should be continuing to work from the Village (if practicable) until they are advised otherwise (unless required to self-isolate).

Letter received from Department of Housing and Public Works – Communique to Regulated Providers. (**Enclosure 11**)

Federal Health Fact Sheet – Covid-19 advice for Retirement Villages - <https://www.health.gov.au/resources/publications/coronavirus-covid-19-advice-for-retirement-villages> (**Enclosure 17**)

Suspected resident infection - action list

Responsibility	Action
Resident	Each resident continues to be responsible for monitoring their own health. BlueCare have a duty of care to support the resident through their health incidents.
	Follow Queensland Health Guidelines.
	Immediately self-isolate (including those people who have been in immediate contact with the resident).
	Inform Village management that there is a suspected case and that they are self-isolating.
	Provide/decline privacy position (including informing POA), next of kin / emergency contact.
Village Managers and staff	Contact POA, next of kin / emergency contact (if privacy consent allows).
	Take appropriate precautions when dealing with suspected residents i.e. physical distancing, sanitation (personal and physical).
	Make alternate arrangements for meal provision and inform resident where we are responsible for meal or hospitality services in the Residence Contract. Where we do not have those obligations, all efforts should be made to assist.
	Provide daily and overnight monitoring contact numbers to resident.
	Provide instructions to report testing outcome to Village Manager.
	Alert other residents (refer resident privacy).
	Alert RL Central team.
	Alert interacting 3rd parties.
	Complete Resident Impact Form (Enclosure 1)
	Input suspect case into Riskman only when case confirmed
	Initially warn resident if self- isolation is not being adhered to (record warning in action/decision register).
	Contact the authorities if self-isolation rules are not being adhered to.
Central RL Team	Report suspected case to Central Crisis Management Team.
	Report suspected case to Corporate Affairs.
	Check Riskman entry for governance purposes only after infection confirmed.

	Communicate position with all Retirement Living staff through daily status update.
	Support Village Management as required.

Confirmed resident infection – action list

Responsibility	Action
Resident	Each resident continues to be responsible for monitoring their own health. BlueCare have a duty of care to support the resident through their health incidents.
	Follow Queensland Health Guidelines.
	Immediately self-isolate (including those people who have been in immediate contact with the resident).
	Inform Village management that there is a confirmed case and that they are self-isolating or other health precautions have been taken.
	Provide/decline privacy position (including informing POA), next of kin / emergency contact.
Village Managers and staff	Contact POA, next of kin / emergency contact (if privacy consent allows).
	Take appropriate precautions when dealing with confirmed residents i.e. physical distancing, sanitation (personal and physical) appropriate PPE.
	Make alternate arrangements for meal provision and inform resident where we are responsible for meal or hospitality services in the Residence Contract. Where we do not have those obligations, all efforts should be made to assist.
	Provide daily and overnight monitoring contact numbers to resident.
	Provide instructions to report testing outcome to Village Manager.
	Alert other residents (refer resident privacy).
	Alert RL Central team.
	Alert interacting 3rd parties.
	Complete Resident Impact Form (Enclosure 1)
	Input confirmed case into Riskman
	Initially warn resident if self- isolation is not being adhered to (record warning in action/decision register).
	Contact the authorities if self-isolation rules are not being adhered to (record action in action/decision register).
Central RL Team	Report confirmed case to Central Crisis Management Team.
	Report confirmed case to Corporate Affairs.
	Check Riskman entry for governance purposes.
	Communicate position with all RL staff through daily status update.
	Support Village Management as required.

Suspected staff infection – action list

Responsibility	Action
Staff	All staff are to follow the instructions outlined in the UnitingCare Covid-19 Workplace site and related communication – https://www.unitingcareqld.com.au/covid19 .
	If a staff member is unwell but does not have symptoms consistent with the Covid-19 infection, they must: <ul style="list-style-type: none"> • not go to work and they must seek medical advice; • contact their GP for assessment, • inform their Manager (who in turn will inform the Central RL team), • notify their Manager of the GP's advice and provide a medical certificate covering the days they are unfit for work
	If a staff member has been in direct contact with someone (including a Resident) suspected (but not confirmed) as having Covid-19: <ul style="list-style-type: none"> • they must contact their GP for assessment; • they must inform their Manager (who in turn will inform the Central RL team); • they must notify their Manager of the GP's advice; • they must self-monitor for the development of any cold or flu-like symptoms, seek medical advice and self-isolate for 14 days.
	If a staff member has had direct contact with a confirmed Covid-19 person (including resident); they must; <ul style="list-style-type: none"> • Follow Queensland Health guidelines; • Not go to work and self-isolate for 14 days from the last date of contact with the confirmed case; they must inform their Manager (who in turn will inform the Central RL team); • Provide a medical clearance to return to work.
Village Manager/Manager	In all the above listed scenarios, the Village Manager/Manager must complete the Staff Impact form (Enclosure 2) and forward to relevant Operations Manager, with a copy to rassets@bluecare.org.au , for on forwarding to P&C and the Crisis Management Team and record on daily reports and in the instance of a confirmed case log in Riskman.

Confirmed staff infection – action list

Responsibility	Action
Staff	Follow Queensland Health guidelines;
	Follow their GP/doctors advise
	Not go to work and self-isolate for 14 days from the last date of contact with the confirmed case;
	they must immediately inform their Manager (who in turn will inform the Central RL team); and
	Provide a medical clearance to return to work.
Village Manager/Manager	The Village Manager/Manager must complete the Staff Impact form (Enclosure 2) and return this to the relevant Operations Manager, with a

copy to rlassets@bluecare.org.au, for on forwarding to P&C and the Crisis Management Team and record confirmed cases in Riskman.

Response scenarios

The response to managing a confirmed case in Retirement Villages is broken into three distinct scenarios:

	Mild: Limited national spread, quick recovery	Moderate: Largest metro areas impacted	Severe: Generalised spread
Degree and rate of spread	Case growth limited to a few clusters (urban areas), and isolated cases in other areas. Total cases < 5k	Several major areas of disease (major cities) with less impact in other areas. Disease plateaus within ~2 months. Total cases – 5k – 500k	Case transmission is not contained, accelerating in the near term, and continuing over an extended period. Reaches 500k – 10M cases before plateauing
Severity of disease	Most cases are identified early, limiting severity of disease. Optimal clinical care limits mortality to ~0.5%	Despite significant acceleration in cases, well-prepared hospitals address higher volume and maintain mortality rate at ~0.5%	Health systems challenged by case growth; mortality remains at ~0.5%, but heavily impacted areas drive pockets of mortality over 1.5%
Affected regions	Cases are concentrated in 305 limited clusters; major metro areas with extensive international flight connectivity are at greatest risk	All major cities see cases in the thousands to low hundreds of thousands. Cases are limited in rural areas	Widespread throughout country, with all major cities experiencing a minimum 2 month quarantine, with some areas of extended quarantine

RL is currently active in scenario one:

Scenario 1 – Low Limited national spread with quick recovery	<ul style="list-style-type: none"> • Staff and residents follow Federal and State Government guidelines and regulations. • Self-isolation for suspected and confirmed staff and residents • Day to day management is BAU
Scenario 2 – Moderate Largest metro area or 20% staff/residents impacted	<ul style="list-style-type: none"> • Staff and residents follow Federal and State Government guidelines and regulations. • Communication and operational management are centralised where it is required to do so. • Partner with like third parties locally to provide services.
Scenario 3 – Severe Generalised (80% spread)	<ul style="list-style-type: none"> • No or limited staff on site, operations and communications managed centrally. • Staff and residents follow Federal and State Government guidelines and regulations. • Agency staff provide and maintain services as required.

Scenario mitigations

	Impacts	Mitigation
Village operations	<ul style="list-style-type: none"> Smaller villages will be left with no staff members to manage village operations Larger villages could be affected if multiple staff members are infected at one site Specific services may be affected (e.g., sales, catering, dining) 	<ul style="list-style-type: none"> Central team supports onboarding of temporary staff members Village contact is accomplished through phone contact or other options Workforce planning will accomplish staff redeployment to keep up minimum operations, with external F&M if necessary Meals would be delivered to units, with offsite procurement of food if necessary (e.g., takeaway, catering)
Workforce	<ul style="list-style-type: none"> Majority of staff are unaffected, with small effects to current staff assignments and rostering Overnight staff impact would be high if infections occur in that group 	<ul style="list-style-type: none"> Suspected and confirmed staff self-isolate in line with current guidance Alternative staff assigned to residents attended to by infected staff member; preference for internal staff to fill gaps Overnight staff gaps are filled through re-rostering of certified staff; agency staff may be required at a higher cost
Supply chain	<ul style="list-style-type: none"> Cleaning supplies will be in higher demand across sites, especially affected ones PPE demand will grow for care staff, especially at affected sites Food may be in shortage if supply chain is interrupted (i.e., Bidfood) 	<ul style="list-style-type: none"> PPE use does not stray from standard practice, and exceptions only considered in cases of suspected resident infection (esp. glove use) Cleaning supplies ordered in greater quantities through standard procurement channels Food is ordered through alternative procurement channels as centrally coordinated through Procurement
Residents	<ul style="list-style-type: none"> Vulnerable clients (i.e., age 80+, diabetes, etc.) are at greater risk with likely greater anxiety related to possible infection Isolated residents experience greater anxiety and loneliness 	<ul style="list-style-type: none"> Vulnerability profile is built for resident base to ensure public health can prioritise tracking of most vulnerable individuals Suspected and confirmed residents self-isolate Alternative socialisation measures taken with affected residents (i.e., phone, FaceTime) Key contact (POA) and other service providers receive coordinated communications
Governance	<ul style="list-style-type: none"> Governing parties, regulators and media will be informed All staff expected to maintain compliance and normal rules and regulations 	<ul style="list-style-type: none"> Regulators are contacted by the Central RL Team as per existing regulations and guidelines. Activate media communication and management plan Maintain decision and action registers with regards to impacted resident and staff/volunteer management

10. Key contacts

- Kim Teudt (GM Retirement Living) – 0428 309 646
- Tina Darby (Operations Manager) – 0407 476 458
- Ruby Valle (Operations Manager) – 0429 462 828
- Matt Rowe (Portfolio Sales Manager) – 0424 779 048
- Sian Solomona (Portfolio Sales Coordinator) – 0431 336 893
- Davida Boyd (Senior Asset Manager) – 0417 708 471
- Wayne Smith (Contracts Manager) – 0402 471 278
- Natalie Smith (Finance Manager)- 0409 262 502
- People Advisory – 1300 136 757 (option 2)
- D&T Help Desk – 1300 136 757 (option 1)
- D&T Help desk – My Service Desk Portal
- BlueCare Chaplains – 07 3254 4008 or missionteam@ucareqld.com.au
- Employee Assistance Provider – Benestar 1300 360 364 (24/7)
- Lifeline – 13 11 14 (24/7)
- Direct Line Manager –

Enclosures

Enclosure 1: Resident Impact Form

This includes:

- Residents who may be experiencing symptoms of COVID-19; or
- Resident who have been in close contact with a confirmed case of COVID-19

The information can be sent via email to the respective Operations Managers with a copy to Asset Manager in the Central Retirement Living Team.

Completed by	Completion date
Village Name	
Resident's First Name	
Resident's Surname	
Resident's Phone Contact Number	
Brief History Background	
Initial Step (e.g. Social Isolation/Testing, Pending)	
Privacy Status (publish/not publish)	
Privacy Status (POA, next of kin / emergency contact)	
Date of Test	
Date results received	
Isolation/treatment action	
Self-Quarantine Commencement Date and Time	
Planned Self-Quarantine End Date	
Actual End Date	
Cleared date	
Outcome	
Outcome Date	
Comments	

Enclosure 2: Staff Impact Form

In order to keep current, detailed and centralised records of employee leave relating to COVID-19, leaders are required to provide the **information below (see table fields below)** to People Advisory as soon as they become aware of an impacted team member, and/or whenever there are updates regarding an impacted team members' status.

This includes:

- Employees who may be experiencing symptoms of COVID-19;
- Employees who have been in close contact with a confirmed case of COVID-19; *or*
- Employees who have recently returned from interstate or overseas.

In these instances, People Advisory require the information below to be completed and provided immediately in order to assist with understanding the impact on our workforce.

The information can be sent via email to peopleadvisory@ucareqld.com.au or alternatively, you can contact People Advisory on 1300 136 757 (option 2) and a team member will walk you through the questions. Please copy the Central Retirement Living Team into the email.

Completed by	Completion Date
Business Unit/Service	
Employee Number	
Employment Status	
Employee's First Name	
Employee's Surname	
Employee's Mobile Phone Contact Number	
Employee's Position Title	
Employee's Direct Manager	
Employee's Direct Manager Email	
Employee's Direct Manager Contact Number	
Facility / Site / Location	
Brief History Background	
Initial Step (e.g. Social Isolation/Testing, Pending)	
Date of Test	
Date results received	

Work Arrangement (e.g. Leave, Work from Home, N/A)	
Self-Quarantine Commencement Date and Time	
Planned Self-Quarantine End Date	
Actual End Date	
Cleared to Return?	
Leave Type (e.g. Annual, Personal, Long Service Leave etc.)	
Leave Start Date	
Leave End Date	
Outcome (e.g. Returned to Work, All Clear)	
Outcome Date	
Comments	

Enclosure 3: Sales Protocol

An Essential gathering definition includes a workplace where you cannot work from home.

As a result of this, the 2 person rule does not apply in the case of unit inspections and sales presentations, however, 1.5m minimum social distancing rules still apply and in the interests of the safety of our clients and our staff, please adhere to the following protocols:

- Due to easing of restrictions, groups of 10 are now permitted, (inc. Sales Manager) ensuring social distancing rules are observed.
- A record of all in attendance is to be taken, ie name and contact details of each person for contact tracing if required.
- All people attending site are required to complete the Visitor Declaration. All information is to be entered into Brightfox.
- Please scan your Visitor Declaration forms and email to rassets@bluecare.org.au
- If the visitor has had interactions with the village operations Staff, please also forward the document to the relevant Village Manager and advise that contact occurred.

Sales Inspections

- Sales Managers are not to take clients or visitors in Golf Buggies or Vehicles. All clients to use their own vehicle. **NO EXCEPTIONS**
- Sales managers to have anti-bacterial wipes on hand at all times and wipe down hard surfaces that they have been in contact with. Eg: Doorknobs, handrails etc.
- When inspecting homes, open the door, move well back and let the people enter the house while you remain outside.
- If clients wish to open cupboards etc, please provide them with an anti-bacterial wipe for them to use to contact surfaces.
- Sales Managers are required to observe 1.5m social distance at all times
- Visitors attending site are required to use hand sanitiser at first point and last point of interaction.

Incoming Resident

- Limit the amount of visits prior to settlement as much as practically possible.
- 1.5m social distance to be maintained at all times
- VM to give the Incoming Resident the option to waive their presence at the Entry Condition Report
- All removalists and tradespeople are to complete the Visitor Declaration upon entering the village
- If tradespeople (eg: removalists) are at a unit, the unit is considered to be an essential workplace and the 2 person rule does not apply, however residents are advised to limit the number of people to the bare minimum to reduce the risk to both themselves and the tradespeople.
- Once the Tradespeople leave site, the 5 person gathering rule comes back into effect.

Consent Form

Introduction

<<SERVICE>> needs to collect some Personal Information so that we can provide you with the best and most suitable service possible. We only collect Personal Information necessary for our functions and activities; if you do not provide this information, we may be unable meet your needs.

We take your privacy seriously, and are committed to treating your Personal Information in accordance with the *Privacy Act 1988 (Cth)* and other relevant State and Territory laws that govern the use of Personal Information. The UnitingCare Queensland’s Privacy Policy Statement explains the how, what, when and why of the Personal and Sensitive Information (which includes Health Information), we collect, hold, use and disclose when you interact with our services.

The Privacy Policy Statement is available online at <http://unitingcareqld.com.au/>, or on request from your village staff. The statement provides details on the security of your information; how you may request access to, and correction of, your personal information; how you may complain about a breach of your privacy; and how we would deal with such a complaint.

UnitingCare Queensland provides a wide range of services, and always hopes to offer Residents the best possible service and care. We would like to tell you about our services which we consider may be of interest or benefit to you and your well-being. We will use your personal information held in our records to provide this information to you unless you tell us you do not want to receive this information about our services.

Do you want to receive information about other UCQ services? Yes No

We have supported Queensland communities for over 100 years and we provide a range of health, retirement living, aged care, disability and community services to thousands of people every day. We have over 15,000 staff and 9,000 volunteers who care for, and support people from all walks of life. While we do receive some support from government, it doesn’t cover all service costs and we still rely on the generosity of businesses and individuals to support Queensland individuals, families and communities.

Do you want to receive information about our fundraising activities? Yes No

Do you consent to disclosure of information about you in the case of diagnosis of COVID positive?
 Yes No

I, (PRINT NAME) _____, have read the above information and understand the reasons for the collection of my personal information, and that it may be used and disclosed for the purposes of providing services to me and I agree to that collection, use and disclosure.

I understand that it is my choice as to what information I provide and that withholding, falsifying, or providing incomplete or misleading information might act against my best interests in terms of the assessment, treatment, care and services provided to me and my progress.

I am aware that I can request access to my information and request the correction of information that I believe to be inaccurate. I understand that if access or correction is refused, I will be informed of the reasons and possible remedies available to me.

I have been provided with or have been given information about where to obtain a copy of UnitingCare Queensland’s Privacy Policy Statement.

Signature: _____ Date: ____ / ____ / ____

Enclosure 5: Decision and Action Register

Ref	Date	Decision/Action Details	Impact/Outcome	Responsible	Confirmed by	Confirmed date

Enclosure 6: Communication Plan

COMMUNICATIONS PLANNING - Retirement Living

Prior to Implementation

Audiences	Considerations	Needs	Call to action	Key messages	Channels	
	<i>What do they already think/know about the project/activity/issue?</i>	<i>What do they need to know about the project/activity/issue?</i>	<i>What are we asking them to do?</i>	<i>Given the communications considerations, needs and call to action - what should we tell them?</i>	<i>How do they prefer to receive communications?</i>	<i>How do we reach them?</i>
CEO/ELT						
Senior Leaders						
Retirement Living Residents						
	Resident Committee					
	All residents					
Retirement Living						
	Middle managers					
	Frontline employees					
Facilities Maintenance (Retirement Living)						
	Middle managers					
	Frontline employees					
Corporate functions						
Mission Team						
Others?						

Enclosure 7: Village signage



Is the trip you're making an

essential one?

Government has asked that we
don't leave unless it is essential.

Please think of others.

Coronavirus
(COVID-19)

SIMPLE STEPS TO HELP STOP THE SPREAD.

Cough or sneeze
into your arm



Use a tissue



Bin the tissue



Wash your hands



HELP
**STOP THE
SPREAD**
FOR OUR HEALTH

**TOGETHER WE CAN HELP STOP
THE SPREAD AND STAY HEALTHY.**

For more information about Coronavirus
(COVID-19) visit health.gov.au



Australian Government

Adapted from Australian Government Centers

COVID-19: IDENTIFYING THE SYMPTOMS

SYMPTOMS	COVID-19	COLD	FLU
	Symptoms range from mild to severe	Gradual onset of symptoms	Abrupt onset of symptoms
Fever 	Common	Rare	Common
Cough 	Common	Common	Common
Sore Throat 	Sometimes	Common	Common
Shortness of Breath 	Sometimes	No	No
Fatigue 	Sometimes	Sometimes	Common
Aches & Pains 	Sometimes	No	Common
Headaches 	Sometimes	Common	Common
Runny or Stuffy Nose 	Sometimes	Common	Sometimes
Diarrhea 	Rare	No	Sometimes, especially for children
Sneezing 	No	Common	No

Adapted from material produced by WHO, Centers for Disease Control and Prevention.



TOGETHER WE CAN HELP STOP THE SPREAD AND STAY HEALTHY.

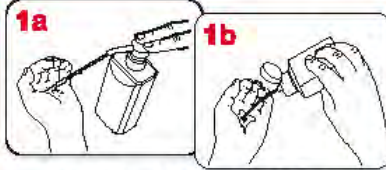
For more information about Coronavirus (COVID-19) visit health.gov.au



Australian Government

How to handrub?

WITH ALCOHOL-BASED FORMULATION



Apply a palmful of the product in a cupped hand and cover all surfaces.



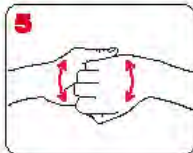
Rub hands palm to palm



right palm over left dorsum with interlaced fingers and vice versa



palm to palm with fingers interlaced



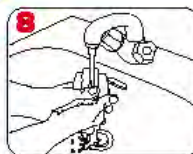
backs of fingers to opposing palms with fingers interlocked



rotational rubbing of left thumb clasped in right palm and vice versa



rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



rinse hands with water



dry thoroughly with a single use towel



use towel to turn off faucet



20-30 sec



...once dry, your hands are safe.



40-60 sec



...and your hands are safe.



WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.



October 2006, version 1

COVID-19 HYGIENE GUIDE



Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals.

Follow these five every time

1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 second.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.

Avoid close contact

- Avoid close contact with people who are sick
- Put distance between yourself and other people if COVID-19 is spreading in your community.

Clean and disinfect

- Clean AND disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, taps and sinks.
- If surfaces are dirty, clean them: Use detergent or soap and water prior to disinfection.

Hand washing and hygiene instructions

- **Before, during, and after** preparing food
- **Before** eating food
- **Before and after** caring for someone at home who is sick with vomiting or diarrhea
- **Before and after** treating a cut or wound
- **Before and after** a meeting
- **After** using the toilet
- **After** blowing your nose, coughing, or sneezing
- **After** catching public transport, communal areas
- **After** touching garbage
- **After** touching an animal, animal feed, or animal waste
- **After** handling pet food or pet treats
- **After** touching garbage
- **After** changing a nappy or cleaning up a child who has used the toilet

Version 1 March 2020

Enclosure 8: Visitors survey declaration

Welcome to [Please insert correct location name].

Due to the recent global outbreak of COVID-19, we have implemented several precautionary measures to ensure your safety as well as our residents and staff. This includes adjustments to our [Insert relevant emergency policy updates, communal hygiene procedures, changes to cleaning routine, or if areas are restricted.]. There is also ongoing communication with staff and residents surrounding changes in procedure, guests, and situational updates.

The following health and travel survey is optional and is designed to alert staff and residents to any potential risks that may be present.

1. You have travelled overseas in the last 14 days.

Yes No

2. You have had close contact with someone who has returned recently from overseas.

Yes No

3. You have issued a stay-home notice or have been placed on a leave of absence in the last 14 days to go undergo quarantine.

Yes No

4. You have a fever, cough or flu-like symptoms which are suggestive of pneumonia or severe respiratory infection with breathlessness.

Yes No

If your answer is **YES** to any of the questions, we strongly suggest that you advise staff and seek immediate medical advice and further direction. Due to many of our residents being over 70, a category of people who have been identified as having an increased risk if they contract COVID-19, we would request you reconsider your visit here until you have sought medical advice.

In the event we may need to contact you, we seek your assistance to fill in the following details below:

Full name	
Date	
Contact Number/Email	

If you believe that you are infected, or that you have been at risk please access these relevant government resources and make this known to our staff:

- Department of Health Website: <https://www.health.gov.au/>
- Coronavirus Health Information Line: 1800 020 080

To find the contact number of your relevant state health authority please visit www.health.gov.au/state-territory-contacts

Enclosure 9: Daily Management Reporting

Communicating suspected and confirmed cases of Covid-19

Staff - Reporting

Master Leave Register - Staff Tracking for all leave taken in regard to Coronavirus (COVID-19)

Facility/Location: Retirement Living									3/04/2020
Employee Full Name	Employee mobile phone contact number	Employee's position title	Employee's direct manager	Facility / Site / Location	Self-Quarantine Commencement Date and Time	Planned Self-Quarantine End Date	Leave type taken (e.g. personal / sick / annual / special etc)	Comments	
Eg. Mary Smith	M: 0400 111 222	Assistant Village Manager	Mary Jones	Argyle Gardens Bundaberg	20/03/2020	3/04/2020	Return from overseas (NZ)	Medical clearance required before returning to work	

Resident – Reporting

Client Register - Patient/Resident/Client Tracking for Coronavirus (COVID-19)

UCQ Support Services

Record ID	Details Record Status	Business Group (Level 2)	Date Entered	Date Advised	Unique ID	Service	Facility	Location	Brief history/Background	Adult/Y P/ Group	Number of clients	UCQ 'identified' service - if applicable	Select Hospital IF presented to a UCH Emer	Date presented to UCH Emer Dept
Locked	Drop Down	Drop Down	Drop Down	Drop Down	Text	Text	Text	Text	Text	Drop Down	Text	Drop Down	Drop Down	Drop Down
Filter --	er -->	Filter -->	Filter -->	Filter -->	er -->	ter -->	Filter -->	Filter -->	Filter -->	ter -->	ter -->	Filter -->	Filter -->	Filter -->
UCQSS_C L#1		Retirement Living	13 Mar 20	13 Mar 20	326		Azure Blue Redcliffe	Redcliffe	2 x residents flew back from Singapore 8/3	Adult/s	2			
UCQSS_C L#2		Retirement Living	16 Mar 20	16 Mar 20	113		Carlisle Gardens Townsville	Townsville	Returned from Bali 13/3	Adult/s				

Initial steps					Social distancing/self quarantine			Transfer to a health facility			Subsequent Action		Comments/Notes
Approach	Date for Testing	Date results received	Current status	Riskman Incident number if confirmed	Commenced Date	Planned End Date	Actual End date	UCH or Public facility	Date of transfer	Facility name	Outcome	Date	
Drop Down	Drop Down	Drop Down	Drop Down	Text	Drop Down	Drop Down	Drop Down	Drop Down	Drop Down	Text	Drop Down	Drop Down	
Filter -->	er -->	ter -->	Filter -->	Filter -->	Filter -->	ter -->	ter -->	Filter -->	er -->	Filter -->	Filter -->	ter -->	
Social isolation			Awaiting developments		8 Mar 20	22 Mar 20	23 Mar 20						
Social isolation			Awaiting developments		13 Mar 20	27 Mar 20	30 Mar 20						

Enclosure 10: Essential Worker Letter (TEMPLATE)

<Date/Month/Year>

Employee Name

Employee Position

Health, Retirement Living, Aged Care & Community Service Essential Worker

To Whom it May Concern,

This letter is provided as evidence that the carrier of this letter is a UnitingCare employee and, as such, an employee of an essential service. This employee is providing essential work to support UnitingCare's delivery of critical health, accommodation, aged care, community services and child and family services.

This role is essential in providing vital health services such as patient care, aged care, child and family services and/or community support services at (insert facility).

UnitingCare is adhering to current Government social distancing and isolation guidelines for essential workers during the COVID-19 emergency.

Please contact UnitingCare People Advisory on 1300 136 757 (Option 2) if you have any questions regarding this letter.

Regards

Kim Teudt

General Manager Retirement Living

Enclosure 11: Housing and Public Works Letter

Department of Housing and Public Works | 1 April 2020

COVID-19

Communique to regulated providers

Closure of facilities as per Australian Government directives

Due to COVID-19, closures to non-essential services must be observed in community housing facilities, retirement villages and residential parks.

State and territory chief ministers have agreed to implement all these measures through state and territory laws, and all regulatory and contractual requirements are overridden by the new measures.

Under these directions, the following non-essential services (including facilities) are required to close:

Stage 1 – Effective 23 March 2020

- Pubs, licensed clubs and hotels (excluding accommodation)
- Gyms and outdoor sporting events
- Cinemas, entertainment venues, casinos and night clubs
- Restaurants and cafes (excluding takeaway and/or home delivery)
- Religious gatherings and places of worship

Stage 2 – Effective 25 March 2020

- Real estate auctions and open house inspections (except by private appointment)
- Beauty salons including tanning, waxing and nail salons
- Boot camps and personal training services (excluding groups of no more than 2 people)
- Community and recreation centres
- Health clubs, fitness centres, yoga, barre and spin studios
- Social sporting activities
- Saunas, boathouses and wellness centres
- Swimming pools
- Galleries and libraries

In order to comply with the above COVID-19 restrictions on non-essential services and group gatherings, the following actions should occur. This is in addition to previously recommended social distancing measures.

- Close outdoor areas such as public barbeque facilities.
- Close shared facilities such as dining halls, swimming pools, tennis courts, gyms, libraries, games rooms, common sitting areas, places of worship, and beauty salons.
- Introduce a delivery service or takeaway for meal services.
- Limit of 2 people in a resident's room or bathroom facilities at any time.
- Host meetings held by the resident committees, residents and operators via distance such as video or teleconferencing.
- Make phone or video calls accessible to all people living in the village where possible, to enable regular communication with family members. Family and friends should be encouraged to maintain contact with residents by phone and other social communication apps, as appropriate.

- Provide clear information to residents and families regarding cough/sneeze etiquette, hand hygiene; and what to do if they have any symptoms of COVID-19 or another respiratory illness (e.g. fever, cough, shortness of breath, cough, sore throat).
- Advise all visitors and staff to monitor themselves for symptoms of respiratory illness and to stay away from the village while they are unwell. Visitors and staff must not enter the village if they have been diagnosed with COVID-19 until they have ended their period of isolation.

Critical contact details

If your organisation identifies any anticipated issues or risks in ensuring continuity of service, please notify us by contacting our team via phone 07 3008 3450 or email.

regulation.services@hrow.qld.gov.au

Should you have any people presenting who require assistance, please contact the Community Recovery Hotline on 1800 173 349 or online at www.qld.gov.au/community/disasters-emergencies/queensland-disasters/novel-coronavirus-covid-19.

If you become aware of a staff member or resident with a confirmed case of COVID-19, please follow Queensland Health advice available at health.qld.gov.au/coronavirus or call 13 HEALTH (13 43 25 84).

Please remember to check the Queensland Health website frequently for accurate information about the COVID-19 virus in Queensland and what you can do to prevent transmission and minimise service impacts. We encourage your organisations to regularly disseminate this information to your staff and clients.

Check the Australian Government website <https://www.australia.gov.au> for the latest COVID-19 news, updates and advice from Australian Government agencies.

For information on Coronavirus (COVID-19) workplace risk management

<https://www.worksafe.qld.gov.au/news/2020/coronavirus-covid-19-workplace-risk-management>

COVID-19 Work Health and Safety Hotline: 1300 005 018 – advice for employers.

There are some alternative information sources that you may find useful including advice about COVID-19 from the perspective of consumer law and business:

<https://www.qld.gov.au/law/laws-regulated-industries-and-accountability/queensland-laws-and-regulations/fair-trading-services-programs-and-resources/fair-trading-latest-news/disaster-assistance/covid-19>

We would like to take this opportunity to thank you for your ongoing support and efforts as we work together to respond to COVID-19 in Queensland.

The safety and wellbeing of sector staff, clients, and the wider community is our highest priority.

The department recognises that the COVID-19 situation is emerging and evolving rapidly. Officers have been looking at systems, operations and business continuity plans to ensure we can continue to meet the needs of our customers and maintain business as usual with the outbreak of COVID-19 here in Queensland.

Service continuity is vital, and we will work together as a broad sector, to meet any challenges. The department encourages all Queenslanders to follow the direction of Queensland Health when considering which steps to take to protect their health and safety.

Novel Coronavirus

What you need to know

Coronaviruses are a type of virus that can affect humans and animals. Some coronaviruses cause illnesses similar to the common cold and others cause more serious illnesses, including Severe Acute Respiratory Syndrome (SARS) and Middle East respiratory syndrome (MERS).

What are the symptoms?



Fever



Cough



Fatigue



Sore throat



Shortness of breath

How to stop it spreading



Wash your hands regularly



Cover your coughs and sneezes



Stay home if you're unwell

Further information

If you are concerned visit your GP or contact 13HEALTH



Queensland Government

Enclosure 13: Direction Home Confinement

PART 1 — DIRECTION – HOME CONFINEMENT, MOVEMENT AND GATHERING

5. This direction applies from 11:59 pm on 2 April 2020 until the end of the declared public health emergency, unless it is revoked or replaced.

Home Confinement requirements in Queensland

6. A person who resides in Queensland must not leave their principal place of residence except for, and only to the extent reasonably necessary to accomplish, the following permitted purposes:
 - a. to obtain food or other essential goods or services;
 - b. to obtain medical treatment or other health care services;
 - c. to engage in physical exercise;
 - d. to perform work or volunteering, or carry out or conduct an essential business, activity or undertaking, and the work, business activity or undertaking to be performed is of a nature that cannot reasonably be performed from the person's principal place of residence;
 - e. to visit another person's residence in accordance with paragraph 9;
 - f. education and early childhood workers may travel to and from their home centre over the term 1 break;
 - g. to visit a terminally ill relative or to attend a funeral or wedding, subject to any applicable restrictions under other relevant Public Health Directions;
 - h. to provide assistance, care or support to an immediate family member;
 - i. to attend any court or tribunal of Australia or to comply with or give effect to orders of the court or tribunal of Australia;
 - j. to attend a childcare facility, school, university, or other educational institution, to the extent care or instruction cannot reasonably be obtained in the person's principal place of residence;
 - k. to assist with or participate in an investigation or other action by a law enforcement authority, whether voluntarily or not;
 - l. for children under 18 years who do not live in the same household as their biological parents or siblings or one of their parents or siblings, continuing existing arrangements for access to, and contact between, parents and children and siblings, but not allowing access or contact with vulnerable groups or persons;
Example of a vulnerable group or person – a person over 70 years or a person with a medical condition that makes them vulnerable to COVID-19
 - m. avoiding injury or illness or to escape a risk of harm;
Example – escaping a risk of harm related to domestic and family violence
 - n. to comply with or give effect to the exercise of a power or function of a government agency or entity under a law.

Enclosure 14: Resident Letter Suspected Case

DATE:

Resident's Name:.....

Unit Number:.....

Dear

Suspected COVID-19 infection

Thank you for informing Blue Care that you have a suspected case of COVID-19 infection.

Please ensure you follow and note the below instructions for the protection of yourself and those around you.

1. Immediately self-isolate by following Queensland Health guidelines (this includes those people who have been in immediate contact with you). (Copy attached)
2. Do not leave your residence under any circumstances.
3. We may be required to provide your personal information to Queensland Health or the Chief Medical Officer for reporting purposes.
4. Allow Blue Care to contact your next of kin / emergency contact

By signing this form, you agree that you will:

- Self isolate
- Not leave your residence under any circumstances
- Give permission for Blue Care to contact your next of kin/emergency contact
- Understand your personal details may be provided to Queensland Health and/or the Chief Medical Officer

Please Circle: **Yes** I agree / **No** I do not agree

Print Name:

Signature:

Date:

Your health and wellbeing is our main priority and your Village Manager will be in regular contact with you, so they can support you during this time.

Yours faithfully

Senior / Village Manager

COVID-19

Self-isolation requirements

14 April 2020

Why am I being isolated?

If you have been asked by Queensland Health to isolate yourself in your own home, residence, hotel or other accommodation it is because you have or may have COVID-19. You are being isolated to help reduce the spread of this virus to other people.

If you are confirmed as having COVID-19, you have been assessed as being well enough to be self-caring and able to seek medical attention if your symptoms become worse.

What do I need to do?

Stay indoors

You are advised not to leave your home, residence, hotel or accommodation except to seek or receive medical care. If you do need to leave your home for a medical appointment, wear a face mask and do not use public transport. Private transport is the preferred transport option.

Monitor your symptoms

Seek medical attention if you believe your illness is worsening. Call ahead to advise that you are in self-isolation because you have or may have COVID-19. Your healthcare provider will advise you of the steps you need to take when you attend your appointment to prevent others from becoming ill. If you have serious symptoms such as difficulty breathing, call 000, ask for an ambulance and notify the officers why you are in home-isolation.

Reduce the chance of spread to others in your household

- Stay away from others


Only people who are essential for caring for you should stay in the home, residence, hotel or accommodation. Restrict visits from other people who do not need to be in your home. Elderly people and those with compromised immune systems or chronic illnesses such as asthma or diabetes, are at greater risk of more serious illness with COVID-19 and should stay elsewhere if they are able to.

As much as possible, you should stay in a room away from others and sleep in a separate room. Use a separate bathroom if it is possible. Avoid shared or communal areas. While unwell, avoid close contact with others, including touching, kissing, hugging and other intimate contact.

If it is not possible for you to live separately to others in the household while you are infectious with COVID-19, your household members may need to continue to quarantine after you are well.

- Pay attention to hygiene

Always cover your mouth when you sneeze or cough, preferably with a tissue or your sleeve when you don't have a tissue. Dispose of any used tissues immediately in a rubbish bin. It is very important to wash your



hands with soap and running water for at least 20 seconds after you cough, sneeze, blow your nose or take off gloves and masks. You can use alcohol-based hand rub if your hands are not visibly dirty.

- Do not share household items

You should not share cups, glasses, plates, utensils, towels or bedding with others in your home. These items should not be used by others until they are cleaned thoroughly with detergent and water or in a dishwasher or washing machine. See below for further advice about household cleaning.

- Wear a mask

If you have COVID-19, you should avoid being in the same room with others. If you do need to be in the same room, always wear a face mask (if available). Where a mask is not available it is important to keep a distance of at least 1.5 metres away from other household members. Always wash your hands with soap and running water and dry your hands thoroughly or use alcohol-based hand sanitiser before and after fitting your face mask.

What do care givers and household members need to know?

- Frequent hand cleaning with soap and running water or using an alcohol-based hand rub when hands are not visibly soiled is the most important measure carers of a sick person can do to avoid getting infected.
- Maintain a distance of at least 1.5 metres from the sick person as much as possible, noting that this may not always be possible when caring for sick children or distressed persons.
- When able, open doors and windows to ensure there is good airflow in shared areas.
- Clean frequently touched surfaces such as table tops, doorknobs, taps, sinks, phones, keyboards, remote controls and bedside tables every day with a normal household cleaning product. Pay particular attention to the kitchen, laundry and bathroom.
- Thoroughly clean any surfaces that have blood, body fluid and or secretions on them immediately.
- Wear disposable gloves when dealing with any body fluids (especially sputum [phlegm], mucous and other respiratory secretions) of a home-isolated person. Dispose of the gloves immediately after each use into a separate plastic bag and place it in the bin. Hands should be washed immediately after removing and disposing of the gloves.
- Always follow the safety advice and instructions for dilutions or preparation of cleaning products and disinfectants.
- When the isolated person's laundry is washed, use the warmest recommended cycle for the item of clothing, bedding or towels. Disposable gloves should be worn when handling these dirty items. The gloves should be disposed of immediately after use, and then hands washed.

Do carers or household members of a confirmed case need to be isolated as well?

The people you live with and other close contacts may need to remain at home (this is called self-quarantine). They will be assessed by the local public health unit and advised if and how long they need to remain in quarantine.

Do carers or household members of someone who is waiting on a test result need to be isolated?

If you are waiting on a test result, the people you live with and other close contacts do not need to be in quarantine unless specifically advised by the local public health unit but should stay away from the sick person as much as possible. If the test result is positive, they may be assessed as a close contact and then need to be in quarantine.

When will I be able to be released from isolation after being confirmed with COVID-19?

Your health care provider will advise you when you are no longer infectious and can come out of isolation.

It is important to note that there are additional requirements for healthcare and aged care workers.

Suspected cases who test negative to COVID-19

If you were being tested to see if you have COVID-19 and your test is negative, you can resume your usual activities, in accordance with the current government directions on social distancing.

If you were in self-quarantine because you were issued with a quarantine notice, you must remain in self-quarantine until the end date written on the notice regardless of the negative result. This is because you may still develop COVID-19 infection.

You need to continue good hygiene practices to help stay free of illness and follow the social distancing advice for the general community.

If you are or become unwell, you need to seek medical advice.

What support is available if I need to be in self-isolation?

People who are in isolation and not able to look after themselves and/or wanting to arrange daily wellbeing checks from the Red Cross can call the Community Recovery Hotline on 1800 173 349.

Further information

If you require further information, please contact your health provider or 13 HEALTH (13 43 25 84).

If you or anybody in the household is experiencing a medical emergency, call 000 and notify the officers that you are currently isolated because you have or may have COVID-19.

Visit the Queensland Health website www.health.qld.gov.au/coronavirus for latest updates on COVID-19.

Information about community support is available at www.qld.gov.au/community/disasters-emergencies/queensland-disasters/novel-coronavirus-covid-19

Enclosure 15: Resident Letter Confirmed Case

DATE:

Resident's Name:.....

Unit Number:.....

Dear

Confirmed COVID-19 infection

Thank you for informing Blue Care that you have a confirmed case of COVID-19 infection.

Please ensure you follow and note the below instructions for the protection of yourself and those around you.

- 1. Immediately self-isolate by following Queensland Health guidelines (this includes those people who have been in immediate contact with you). (Copy attached)
- 2. Do not leave your residence under any circumstances.
- 3. We may be required to provide your personal information to Queensland Health or the Chief Medical Officer for reporting purposes.
- 4. Allow Blue Care to contact your next of kin / emergency contact

By signing this form, you agree that you will:

- Self isolate
- Not leave your residence under any circumstances
- Give permission for Blue Care to contact your next of kin/emergency contact
- Understand your personal details may be provided to Queensland Health and/or the Chief Medical Officer

Please Circle: **Yes** I agree / **No** I do not agree

Print Name:

Signature:

Date:

Your health and wellbeing is our main priority and your Village Manager will be in regular contact with you, so they can support you during this time.

Yours faithfully

Senior / Village Manager

COVID-19

Self-isolation requirements

14 April 2020

Why am I being isolated?

If you have been asked by Queensland Health to isolate yourself in your own home, residence, hotel or other accommodation it is because you have or may have COVID-19. You are being isolated to help reduce the spread of this virus to other people.

If you are confirmed as having COVID-19, you have been assessed as being well enough to be self-caring and able to seek medical attention if your symptoms become worse.

What do I need to do?

Stay indoors

You are advised not to leave your home, residence, hotel or accommodation except to seek or receive medical care. If you do need to leave your home for a medical appointment, wear a face mask and do not use public transport. Private transport is the preferred transport option.

Monitor your symptoms

Seek medical attention if you believe your illness is worsening. Call ahead to advise that you are in self-isolation because you have or may have COVID-19. Your healthcare provider will advise you of the steps you need to take when you attend your appointment to prevent others from becoming ill. If you have serious symptoms such as difficulty breathing, call 000, ask for an ambulance and notify the officers why you are in home-isolation.

Reduce the chance of spread to others in your household

- Stay away from others


Only people who are essential for caring for you should stay in the home, residence, hotel or accommodation. Restrict visits from other people who do not need to be in your home. Elderly people and those with compromised immune systems or chronic illnesses such as asthma or diabetes, are at greater risk of more serious illness with COVID-19 and should stay elsewhere if they are able to.

As much as possible, you should stay in a room away from others and sleep in a separate room. Use a separate bathroom if it is possible. Avoid shared or communal areas. While unwell, avoid close contact with others, including touching, kissing, hugging and other intimate contact.

If it is not possible for you to live separately to others in the household while you are infectious with COVID-19, your household members may need to continue to quarantine after you are well.

- Pay attention to hygiene

Always cover your mouth when you sneeze or cough, preferably with a tissue or your sleeve when you don't have a tissue. Dispose of any used tissues immediately in a rubbish bin. It is very important to wash your



hands with soap and running water for at least 20 seconds after you cough, sneeze, blow your nose or take off gloves and masks. You can use alcohol-based hand rub if your hands are not visibly dirty.

- Do not share household items

You should not share cups, glasses, plates, utensils, towels or bedding with others in your home. These items should not be used by others until they are cleaned thoroughly with detergent and water or in a dishwasher or washing machine. See below for further advice about household cleaning.

- Wear a mask

If you have COVID-19, you should avoid being in the same room with others. If you do need to be in the same room, always wear a face mask (if available). Where a mask is not available it is important to keep a distance of at least 1.5 metres away from other household members. Always wash your hands with soap and running water and dry your hands thoroughly or use alcohol-based hand sanitiser before and after fitting your face mask.

What do care givers and household members need to know?

- Frequent hand cleaning with soap and running water or using an alcohol-based hand rub when hands are not visibly soiled is the most important measure carers of a sick person can do to avoid getting infected.
- Maintain a distance of at least 1.5 metres from the sick person as much as possible, noting that this may not always be possible when caring for sick children or distressed persons.
- When able, open doors and windows to ensure there is good airflow in shared areas.
- Clean frequently touched surfaces such as table tops, doorknobs, taps, sinks, phones, keyboards, remote controls and bedside tables every day with a normal household cleaning product. Pay particular attention to the kitchen, laundry and bathroom.
- Thoroughly clean any surfaces that have blood, body fluid and or secretions on them immediately.
- Wear disposable gloves when dealing with any body fluids (especially sputum [phlegm], mucous and other respiratory secretions) of a home-isolated person. Dispose of the gloves immediately after each use into a separate plastic bag and place it in the bin. Hands should be washed immediately after removing and disposing of the gloves.
- Always follow the safety advice and instructions for dilutions or preparation of cleaning products and disinfectants.
- When the isolated person's laundry is washed, use the warmest recommended cycle for the item of clothing, bedding or towels. Disposable gloves should be worn when handling these dirty items. The gloves should be disposed of immediately after use, and then hands washed.

Do carers or household members of a confirmed case need to be isolated as well?

The people you live with and other close contacts may need to remain at home (this is called self-quarantine). They will be assessed by the local public health unit and advised if and how long they need to remain in quarantine.

Do carers or household members of someone who is waiting on a test result need to be isolated?

If you are waiting on a test result, the people you live with and other close contacts do not need to be in quarantine unless specifically advised by the local public health unit but should stay away from the sick person as much as possible. If the test result is positive, they may be assessed as a close contact and then need to be in quarantine.

When will I be able to be released from isolation after being confirmed with COVID-19?

Your health care provider will advise you when you are no longer infectious and can come out of isolation.

It is important to note that there are additional requirements for healthcare and aged care workers.

Suspected cases who test negative to COVID-19

If you were being tested to see if you have COVID-19 and your test is negative, you can resume your usual activities, in accordance with the current government directions on social distancing.

If you were in self-quarantine because you were issued with a quarantine notice, you must remain in self-quarantine until the end date written on the notice regardless of the negative result. This is because you may still develop COVID-19 infection.

You need to continue good hygiene practices to help stay free of illness and follow the social distancing advice for the general community.

If you are or become unwell, you need to seek medical advice.

What support is available if I need to be in self-isolation?

People who are in isolation and not able to look after themselves and/or wanting to arrange daily wellbeing checks from the Red Cross can call the Community Recovery Hotline on 1800 173 349.

Further information

If you require further information, please contact your health provider or 13 HEALTH (13 43 25 84).

If you or anybody in the household is experiencing a medical emergency, call 000 and notify the officers that you are currently isolated because you have or may have COVID-19.

Visit the Queensland Health website www.health.qld.gov.au/coronavirus for latest updates on COVID-19.

Information about community support is available at www.qld.gov.au/community/disasters-emergencies/queensland-disasters/novel-coronavirus-covid-19

Enclosure 16: Checklist for Contractor Control

Welcome to Retirement Village

Due to the spread of COVID-19 (coronavirus) in Australia, we are taking extra precautions with all visitors to our retirement villages to protect the health and wellbeing of residents, staff and visitors. I need to ask you some questions and advise you of some precautions to take during your visit.

Questions	YES/ NO	Action	
Are you unwell at all? Do you have any symptoms including a fever and / or respiratory infection (shortness of breath, cough, sore throat), fatigue, headache, vomiting or diarrhea?		If YES must not enter the village	
Have you travelled overseas within the last 14 days?		If YES must not enter the village	
Have you come in close contact with anyone confirmed to have COVID-19 within the last 14 days?		If YES must not enter the village	
Do you have a valid work order and approval to be on site from Uniting Care staff?		If NO must not enter the village	
Are you performing works for an individual resident?		If YES must show evidence of request and work method compliance with COVID requirements.	
Do you have an up to date influenza vaccination (with proof of vaccination)?		If NO after the 1 st of May must not enter the village without Village Manager approval	
Information		Tick when complete	
Prompt and observe contractor washing or sanitising their hands. Advise of requirement to do so during the visit, after touching any surfaces, entering and leaving units.			
Advise contractor to maintain social distancing with all other people at the village during their visit, by maintaining a distance of 1.5m between them.			
Advise contractor not to enter any residents' units, or visit other parts of the village unnecessarily. Ensure contractor has sanitisation process and kit in place.			
Visit Details		Time in	Time out
Purpose of visit and unit visited:			
Retain this document on site for tracking purposes.			

Contractor Name	Company	Contact	Contractor Signature	Date

Staff Name	Staff Signature	Date





Enclosure 17: Fact Sheet – Advice for Retirement Villages

(Link to updated Fact Sheet [here](#))

Fact Sheet

Advice for Retirement Villages

This factsheet is for information and advice for Australians living or working in retirement villages. It may be useful for any facilities where older Australians live or stay, such as residential parks, land lease communities or lifestyle villages.

It outlines the COVID-19 facts and the measures you can take to protect yourself and older Australians.

We will update this fact sheet when new information comes to hand at www.health.gov.au

In Australia, the people most at risk of serious illness, and in some cases death, from COVID-19 are those aged over 70, those aged over 65 with chronic medical conditions, Aboriginal and Torres Strait Islander people with chronic medical conditions, and people with weakened immune systems.

We suggest you also view our advice for older people:

<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/advice-for-people-at-risk-of-coronavirus-covid-19/coronavirus-covid-19-advice-for-older-people>

What is COVID-19 (coronavirus)?

Coronaviruses are a large family of viruses that cause respiratory infections. These can range from the common cold to more serious diseases. COVID-19 is the disease caused by a new coronavirus (SARS-COV-2). It was first reported in December 2019 in Wuhan City in China. It has now become a global pandemic.

How is it spread?

The infection can spread from person to person through:

- close contact with an infectious person (including in the 24 hours before they started showing symptoms)
- contact with droplets from an infected person coughing or sneezing
- touching objects or surfaces (like doorknobs or tables) that have droplets on them from an infected person, and then touching your mouth or face.



What are the symptoms?

The symptoms of COVID-19 are similar to colds and influenza and can include:

- Fever
- Sore throat
- Cough
- Shortness of breath or difficulty breathing
- Fatigue

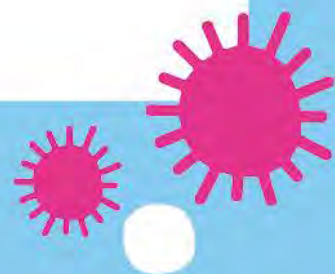
People living with dementia or some form of cognitive impairment may not be able to describe their symptoms or express pain or discomfort.

Do people need to be tested if they have these symptoms?

Your doctor will tell you if you should be tested. They will arrange for the test. You will only be tested if your doctor decides you meet one of the below criteria:

- You have returned from overseas in the past 14 days and you develop respiratory illness or fever
- You have been in close contact with a confirmed or probable COVID-19 case in the past 14 days and you develop respiratory illness or fever
- You have been on a cruise ship in the past 14 days and you develop respiratory illness or fever
- You are in a higher risk environment (aged care facility, military operational setting, boarding school, correctional facility, detention facility, aboriginal rural and remote community) where there have been two or more cases of COVID-19, and you develop a respiratory illness or fever
- You have been in a setting which public health units have identified as an outbreak and you develop respiratory illness or fever
- You are in an area that public health units have identified as being at elevated risk of community transmission and you develop respiratory illness or fever
- You have been in an area where there has been an outbreak of COVID-19 and you develop respiratory illness or fever
- You are a health care worker, aged or residential care worker and you develop respiratory illness or fever
- You are in hospital with acute respiratory symptoms and fever and there is no other clear cause

There is a global shortage of the test kits that pathologists use to diagnose COVID-19. This is why we are doing targeted testing instead of widespread testing.



Why do we need to take particular care to protect older Australians?

The risk of serious illness from COVID-19 increases with age. The highest rate of fatalities is among older people, particularly those with other serious health conditions or a weakened immune system. There is currently no cure or vaccine for COVID-19, or immunity in the community.

For Residents

What can I do to protect myself at home?

Even if you are feeling well, it is important to take steps to prevent the spread of this virus. Good hygiene and taking care when interacting with other people are the best defense for you and your family against COVID-19.

This includes:

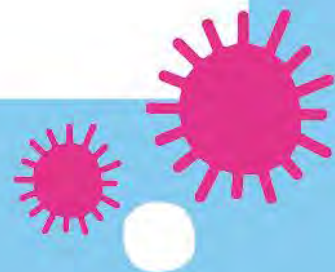
- covering your mouth and nose when you cough and sneeze with your elbow or a tissue
- disposing of tissues immediately after they are used, into a dedicated waste bin, and washing your hands
- washing your hands often with soap and water, including before and after eating, after going to the toilet, and when you have been out in public
- not touching your face, including your eyes
- using alcohol-based hand sanitisers, where available
- cleaning and disinfecting surfaces you have touched
- staying 1.5 metres away from other people as an example of “social distancing”
- if you are sick, avoiding contact with others.

If you start to feel unwell with symptoms of COVID-19, phone the National Coronavirus Helpline on **1800 020 080** or your GP who will be able to provide you with further advice.

All Australians can now access Medicare-subsidised telehealth services from their GP and some other health care providers using either video links such as FaceTime and Skype, or through telephone services.

Medical practitioners must be satisfied that the services they use to video link with their patients meet current standards and laws regarding privacy and information security.

Pharmacies are now able to home deliver PBS and Repatriation Pharmaceutical Benefits Scheme medications, and, in certain circumstances, can provide a continuing supply of your usual medications without a prescription if you are unable to consult your GP. For more information phone your GP or your local pharmacy.



Can I still have contact with friends and family?

All Australians are being asked to stay at home at all times, unless it is absolutely essential.

It is especially important for you to stay at home if you are:

- over 70 years of age;
- over 65 years of age with existing health conditions;
- Indigenous Australian over the age of 50 with existing health conditions.

This means that you should not be seeing anyone outside of your household.

Even though you may not be able to see your family and friends in person, it is really important that you stay in touch with them. Phone calls, video chats through programs like Skype, and emails are a great way to stay connected.

If you regularly visit someone living with a cognitive impairment, considering other ways of maintaining social contact will help reassure individuals who may feel anxious about possible changes to their day to day life. You can also contact the National Dementia Helpline on **1800 100 500**.

For the latest advice and information, go to www.health.gov.au

How can your family and friends help you and other older people?

They should regularly check in with you and see how they might help you. A simple trip to the supermarket or pharmacy on your behalf is a practical way to help you.

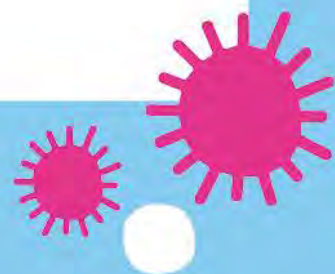
Continued and regular communication will be important. Friends and family can help you to keep in touch through the use of mobile phones, and video call systems, such as Skype or FaceTime.

Can I leave my home for exercise or other outdoor activities?

Maintaining a good diet and exercise routine is important for your wellbeing and mental health, particularly during this challenging time.

Exercise regularly at home. Options could include exercise DVDs, dancing, floor exercises, yoga, walking around the backyard or using home exercise equipment.

You can leave your house to go for a walk or exercise outdoors if you are well and you stay away from other people.



For Retirement Village Operators

How can the facility protect residents and workers?

All Australians are being asked to stay at home at all times, unless for:

- shopping for what you need - food and necessary supplies;
- medical or health care needs, including compassionate requirements;
- exercise in compliance with the public gathering requirements;
- work and study if you can't work or learn remotely.

In order to comply with these requirements and public health orders of each state, services and events offered by retirement villages or other facilities will need to change.

These include:

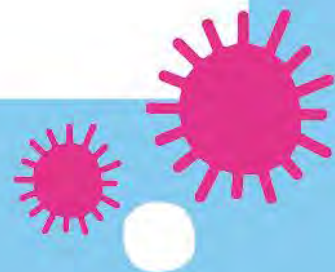
Adjusting visits to common areas such as games rooms, common sitting areas and outdoor barbeque areas to comply with the 'one person per four square metres' rule

- Closing outdoor areas such as public barbeque facilities
- Closing shared facilities such as dining halls, swimming pools, tennis courts, gyms and libraries
- Introducing a delivery service or takeaway for meal services
- Hosting meetings held by the resident committees, residents and operators via distance such as video or teleconferencing.

There are a number of other measures that retirement village operators can take to better protect its residents and workers.

These include:

- Encourage social distancing where possible, which means maintaining a distance of 1.5 metres from other people.
- Provide information and brief all workers, including domestic and cleaning staff, on relevant information and procedures to prevent the spread of coronavirus.
- Make phone or video calls accessible to all people living in the village where possible, to enable regular communication with family members. Family and friends should be encouraged to maintain contact with residents by phone and other social communication apps, as appropriate.
- Provide clear information to residents and families regarding cough/sneeze etiquette, hand hygiene; and what to do if they have any symptoms of COVID-19 or another respiratory illness (e.g. fever, cough, shortness of breath, cough, sore throat).
- Advise all visitors and staff to monitor themselves for symptoms of respiratory illness and to stay away from the village while they are unwell. Visitors and
- staff must not enter the village if they have been diagnosed with COVID-19 until they have ended their period of isolation.



When should workers stay home?

If a worker has a confirmed case of COVID-19, they will not be allowed to work.

It is important that workers stay at home and seek medical advice if they are unwell.

Everyone must stay at home (self-isolation) for 14 days and alert their employer if:

- they have returned from overseas in the last 14 days
- they have been in close contact with someone diagnosed with COVID-19
- they have a fever, or any symptoms of respiratory illness (e.g. cough, shortness of breath, sore throat, runny nose or nasal congestion).

If a worker is unwell, they should phone their doctor for advice.

Can food and water spread coronavirus?

Some coronaviruses can potentially survive in the gastrointestinal tract. However, food-borne spread is unlikely when food is properly cooked and prepared. With good food preparation and good hand hygiene, it is highly unlikely that people will become infected with coronavirus through food.

Drinking water in Australia is high quality and is well treated. It is not anticipated that drinking water will be affected by coronavirus.

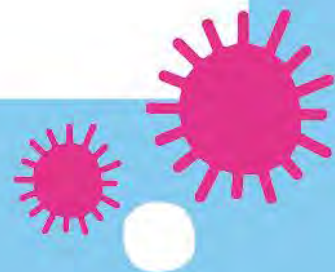
Should workers be wearing a mask at work?

Workers in retirement villages do not need to wear a mask if they are well.

They may need to wear a mask if they are needing to be in close contact with a resident who is unwell with respiratory symptoms and the unwell resident cannot wear a mask.

What should my staff be doing differently at work?

A new online training module providing information on COVID-19 infection control has been released by the Government. This includes signs and symptoms of the virus, how to keep safe and myth busting. A specific training program for aged care workers has been developed and may have relevant information for you and your facility. The training offers practical information on how to prevent the spread of COVID-19 and measures to take when visitors attend, which could be of relevance to your facility. Go to: <http://www.covid-19training.gov.au>



More information

For the latest advice, information and resources, go to [www.health.gov.au /](http://www.health.gov.au/)
www.healthdirect.gov.au/coronavirus

The phone number of your state or territory public health agency is available at
www.health.gov.au/state-territory-contacts

Call the National Coronavirus Help Line on 1800 020 080. It operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131450.

For further information please contact:

COTA at www.cota.org.au or speak to your state or territory COTA representative

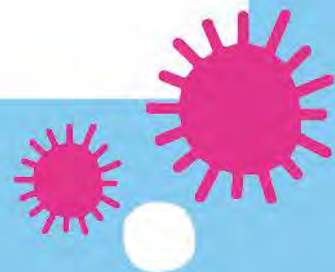
<http://www.cota.org.au/get-involved/visit-stateor-territory-cota>

National Seniors Australia at <https://nationalseniors.com.au> or call **1300 765 050**

Housing for the Aged Action Group (HAAG)


<https://www.older tenants.org.au/corona-virus-response-updates>

Dementia Australia at www.dementia.org.au or call 1800 100 500. If you have concerns about your health, speak to your doctor.



Enclosure 18: 3 Step Framework for a COVIDsafe Australia

Download a copy of plan [here](#)



Australian Government

COVIDSAFE

3 STEP FRAMEWORK FOR A COVIDSAFE AUSTRALIA

MAINTAIN 1.5M DISTANCING AND GOOD HYGIENE • STAY HOME IF UNWELL • FREQUENTLY CLEAN AND DISINFECT COMMUNAL AREAS • COVIDSAFE PLAN FOR WORKPLACES AND PREMISES

GATHERINGS & WORK

EDUCATION & CHILDCARE

RETAIL & SALES

CAFES & RESTAURANTS

ENTERTAINMENT & AMUSEMENT VENUES

SPORT & RECREATION

ACCOMMODATION

WEDDINGS, FUNERALS & RELIGIOUS SERVICES

HAIR & BEAUTY SERVICES

DOMESTIC TRAVEL

ALL STEPS ARE SUBJECT TO EXPERT HEALTH ADVICE • States and territories can implement changes based on their COVID-19 conditions.

STEP 1

STEP 1: The important first small steps – connect with friends and family – allowing groups of people to be together in homes and in the community. Businesses reopen, and more people return to work.

Non-work gatherings of up to 10 Up to 5 visitors at home in addition to normal residents Work from home if it works for you and your employer Workplaces develop a COVIDSafe plan Avoid public transport in peak hour	Child care centres, primary and secondary schools open as per state and territory plans Universities/technical colleges to increase face-to-face where possible and prioritise hands-on, skills based learning	Retail stores open Retail stores and shopping centre managers must develop COVIDSafe plans Auctions/open homes can have gatherings of up to 10, recording contact details	May open and seat up to 10 patrons at one time Need to maintain an average density of 4m ² per person Food courts are to remain closed to seated patrons	To remain closed: indoor movie theatres, concert venues, stadiums, galleries, museums, zoos, pubs, registered and licensed clubs, nightclubs, gaming venues, strip clubs and brothels Exception: Restaurants or cafes in these venues may seat up to 10 patrons at one time	No indoor physical activity including gyms Community centres, outdoor gyms, playgrounds and skate parks allow up to 10 people Outdoor sport (up to 10 people) consistent with the AIS Framework for Rebooting Sport Pools open with restrictions	Continue current arrangements for caravan parks and camping grounds (closed to tourists in some states and territories) Hostels and hotels are open for accommodation	Weddings may have up to 10 guests in addition to the couple and the celebrant Funerals may have up to 20 mourners indoors and 30 outdoors Religious gatherings may have up to 10 attendees Every gathering must record contact details	Hairdressers and barber shops open and record contact details Beauty therapy and massage therapy venues, saunas and tattoo parlours remain closed	Allow local and regional travel for recreation Refer to state and territory governments for border restrictions
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STEP 2

STEP 2: Building on slightly larger gatherings and more businesses reopening. Higher risk activities may have tighter restrictions.

Non-work gatherings of up to 20 States and territories may allow larger numbers in some circumstances Work from home if it works for you and your employer Workplaces develop a COVIDSafe plan Avoid public transport in peak hour	Child care centres, primary and secondary schools open as per state and territory plans Universities/technical colleges to increase face-to-face where possible and prioritise hands-on, skills based learning	Retail stores open Retail stores and shopping centre managers must develop COVIDSafe plans Auctions/open homes can have gatherings of up to 20, recording contact details	Cafes and restaurants can seat up to 20 patrons at one time Need to maintain an average density of 4m ² per person Food courts are to remain closed to seated patrons	Indoor movie theatres, concert venues, stadiums, galleries, museums, zoos may have up to 20 patrons To remain closed: pubs, registered and licensed clubs, RSL clubs, casinos, nightclubs, strip clubs and brothels Exception: Restaurants or cafes in these venues may seat up to 20 patrons at one time	Up to 20 people allowed to participate in outdoor sports consistent with the AIS Framework for Rebooting Sport Up to 20 people allowed to participate in all outdoor sports Pools open with restrictions	Caravan parks and camping grounds fully open All accommodation areas open and allow gatherings of up to 20 people	Weddings may have up to 20 guests in addition to the couple and the celebrant Funerals may have up to 50 mourners Religious gatherings may have up to 20 attendees Every gathering must record contact details	Hairdressers and barber shops open and record contact details Beauty therapy and massage therapy venues and tattoo parlours can open with up to 20 clients in the premises and record contact details Saunas and bathhouses remain closed	Allow local and regional travel for recreation Consider allowing interstate recreational travel depending on the situation in each state and territory
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STEP 3

STEP 3: A commitment to reopening of business and the community with minimal restrictions, but underpinned by COVIDSafe ways of living.

Non-work gatherings of up to 100 people Larger gatherings to be considered Return to workplace Workplaces develop a COVIDSafe plan Avoid public transport in peak hour	Child care centres, primary and secondary schools open as per state and territory plans Universities/technical colleges to increase face-to-face where possible and prioritise hands-on, skills based learning Consider reopening residential colleges and international student travel	Retail stores open Retail stores and shopping centre managers must develop COVIDSafe plans Auctions/open homes can have gatherings of up to 100, recording contact details	Cafes, restaurants and food courts can seat up to 100 people Need to maintain an average density of 4m ² per person	Venues open in Step 2 may have up to 100 patrons Consideration will be given to opening bar areas and gaming rooms Exception: Restaurants or cafes in these venues may seat up to 100 patrons at one time To remain closed: strip clubs and brothels	All venues allowed to operate with gatherings of up to 100 people Community sport expansion to be considered consistent with the AIS Framework for Rebooting Sport	All accommodation areas open and allow gatherings of up to 100 people	Allow gatherings of up to 100 people Every gathering must record contact details	All establishments allowed to open with up to 100 people Record contact details	Allow interstate travel
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Enclosure 19: Roadway to a COVIDsafe Australia - A three-step pathway for easing restrictions

Download document [national 3 step pathway for easing restrictions](#)

COVIDSAFE



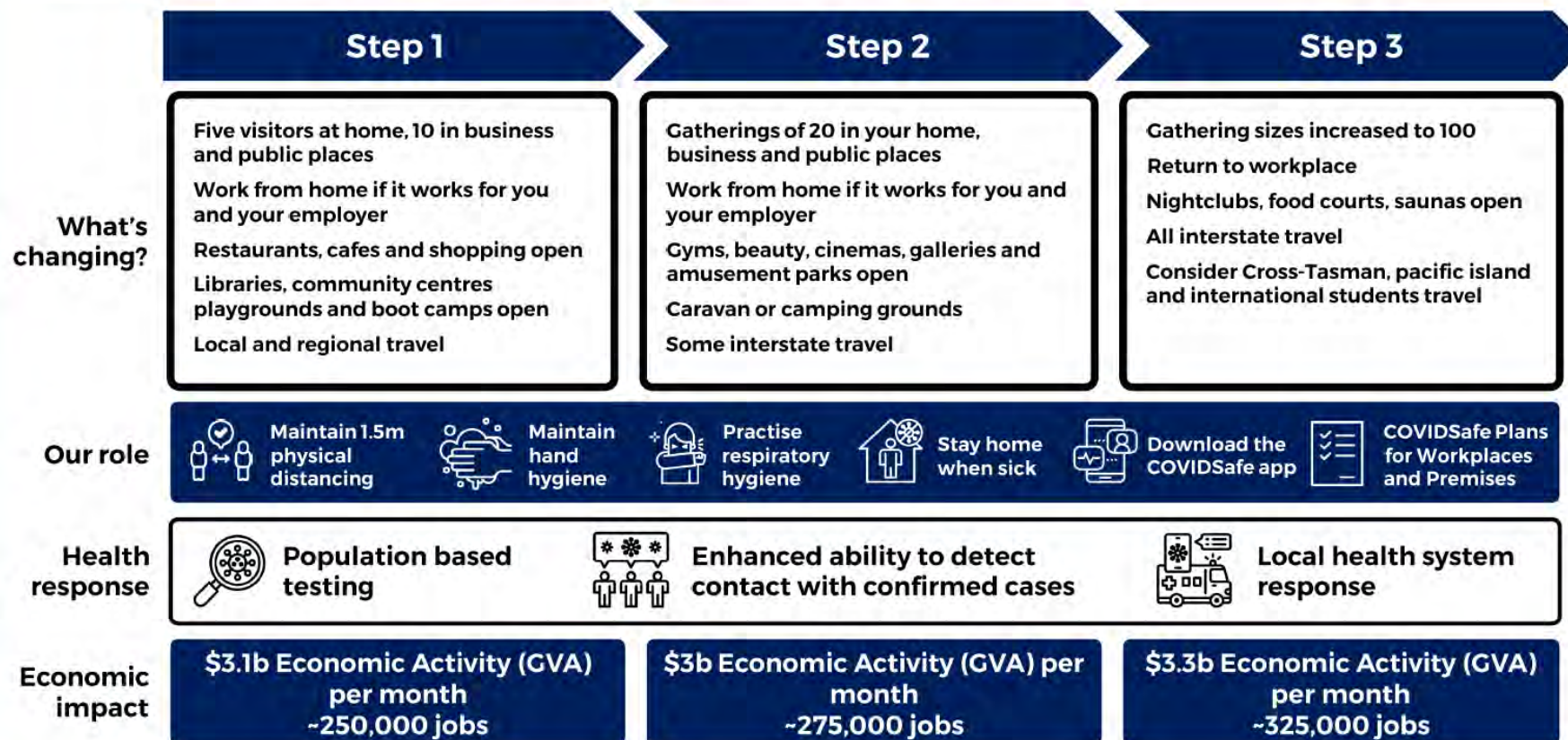
Roadmap to a COVIDSafe Australia

A three-step pathway for easing restrictions

Roadmap to a COVIDSafe Australia

COVIDSAFE

States and territories will move at different times based on local conditions



Roadmap to a COVIDSafe Australia

COVIDSAFE

States and territories will move at different times based on local conditions

National Cabinet will review step progress every three weeks

Step 1

COVID safe reopening commences with physical distancing & hygiene

- Up to 5 visitors to your home
- Gatherings of up to 10 outside of home
- Work from home if it works for you and your employer
- Libraries, community centres playgrounds and boot camps open
- Australians can do more:
 - Shopping
 - Restaurants and cafés
 - Home sales & auctions
 - Local playgrounds
 - Outdoors boot camps
 - Local and regional travel

Step 2

Most business reopen with physical distancing & hygiene

- Gatherings of up to 20 outside of home
- Work from home if it works for you and your employer
- Australians can do even more in gatherings of up to 20:
 - Gyms
 - Beauty therapists
 - Cinemas, theatres or amusement parks
 - Galleries and museums
 - Some interstate travel
- States and territories may allow larger numbers in some circumstances

Step 3

All Australians return to work with physical distancing & hygiene

- Gatherings up to 100
- Return to workplace
- Consider cross-Tasman, Pacific Island travel and international student travel
- Australians can do even more in gatherings of up to 100:
 - Food courts
 - Saunas and bathhouses
 - All interstate travel
- States and territories may allow larger numbers in some circumstances

What Australians can do to make this a success

COVIDSAFE

Personal responsibilities



Maintain
1.5m physical
distancing



Maintain
hand
hygiene



Practise
respiratory
hygiene



Stay home
when sick



Download the
COVIDSafe app

Health foundations



Population
based testing



Enhanced ability to detect
contact with confirmed cases



Local health
system response

Protect vulnerable people



Vulnerable people should continue to stay home where possible
Restricted travel to remote and Aboriginal and Torres Strait Island communities
Aged Care restrictions balanced with need for family and social contact

Enclosure 20: Roadmap to easing Queensland's restrictions

Download the Roadmap [here](#)

Roadmap to easing Queensland's restrictions

Unite against **COVID-19** 

A step-down approach to COVID-19

CONTINUING CONDITIONS			
<ul style="list-style-type: none"> Social distancing, 1.5 metres and hygiene Stay at home if you're sick Tracking, tracing, rapid response COVID SAFE Plans 			
EASING TO DATE	STAGE 1: 15 MAY 2020 (4 weeks)	STAGE 2: 12 JUNE 2020 (4 weeks)	STAGE 3: 10 JULY 2020
SCHOOLS PLAN	11 May Kindy, Prep Years 1, 11, 12	25 May Years 2–10	School holidays (27 Jun–12 Jul)
<p>Family, friends and community</p> <ul style="list-style-type: none"> Gatherings in homes (household + 2 visitors from the same or different households, or up to 5 visitors from the same household) Household or one friend and within 50 kms of home for recreational purposes: <ul style="list-style-type: none"> go for a drive have a picnic visit a national park go fishing, boating or jet-skiing <p>Retail shopping</p> <ul style="list-style-type: none"> Allowing retail shopping for non-essential items within 50 kms of home <p>Schools</p> <ul style="list-style-type: none"> Gradual return to class 11 May: Kindy, Prep and Years 1, 11 and 12 25 May: Years 2–10 	<p>Family, friends and community</p> <ul style="list-style-type: none"> Gatherings in homes (max 5 visitors, allowed from separate households) Gatherings of up to 10 people: <ul style="list-style-type: none"> outdoor, non-contact activity personal training pools (indoor and outdoor) public spaces and lagoons* (e.g. South Bank Parklands, Cairns, Airlie Beach etc) parks, playground equipment, skate parks and outdoor gyms libraries weddings hiking and other recreational activities in national and state parks places of worship and religious ceremonies funerals (max 20 indoors or 30 outdoors) Recreational travel: (max 150 kms within your region for day trips) <p>Businesses and economy</p> <ul style="list-style-type: none"> Retail shopping 10 people permitted at any one time for: <ul style="list-style-type: none"> dining in: restaurants, cafés, pubs, registered and licensed clubs, RSL clubs and hotels (with COVID SAFE Checklist) – no bars or gaming open homes and auctions beauty therapy and nail salons (with COVID SAFE Checklist) <p>Outback</p> <ul style="list-style-type: none"> Dining in: restaurants, cafés, pubs, registered and licensed clubs, RSL clubs and hotels (max 20) for locals only (must show proof of residence) – no bars or gaming Recreational travel: (500 kms within the outback if you live in the outback). 	<p>Family, friends and community</p> <ul style="list-style-type: none"> Gatherings of up to 20 people: <ul style="list-style-type: none"> homes public spaces and lagoons (e.g. South Bank Parklands, Cairns, Airlie Beach etc) non-contact indoor and outdoor community sport personal training gyms*, health clubs* and yoga studios* pools (indoor and outdoor) and community sports clubs museums, art galleries and historic sites weddings parks, playground equipment, skate parks and outdoor gyms libraries hiking, camping and other recreational activities in national and state parks places of worship and religious ceremonies funerals (max 50) Recreational travel, camping and accommodation, including caravan parks (max 250 kms within your region) <p>Businesses and economy</p> <ul style="list-style-type: none"> Retail shopping 20 people permitted at any one time for: <ul style="list-style-type: none"> dining in: restaurants*, cafés*, pubs*, registered and licensed clubs*, RSL clubs*, hotels* and casinos* – no bars or gaming indoor cinemas open homes and auctions outdoor amusement parks*, tourism experiences*, zoos* and arcades* concert venues*, theatres*, arenas*, auditoriums* and stadiums* beauty therapy, nail salons, tanning, tattoo parlours and spas (with register of clients and COVID Safe Checklist) School holidays – drive holiday in your region – Queenslanders backing Queensland Tourism accommodation <p>Outback</p> <ul style="list-style-type: none"> Dining in: restaurants*, cafés*, pubs*, registered and licensed clubs*, RSL clubs* and hotels* (max 50) for locals only (must show proof of residence) – no bars or gaming Recreational travel (within the outback if you live in the outback). 	<p>Subject to further planning and review, interstate and further intrastate travel will be permitted and a maximum of 100 people will be permitted for:</p> <ul style="list-style-type: none"> gatherings in public spaces and homes dining in: restaurants, cafés, pubs, registered and licensed clubs, RSL clubs, food courts and hotels indoor cinemas places of worship and religious ceremonies museums, art galleries and historic sites pools and community sports clubs community sport gyms, health clubs and yoga studios outdoor amusement parks, zoos and arcades concert venues, theatres, arenas, auditoriums and stadiums weddings funerals saunas and bathhouses open homes and auctions casinos, gaming and gambling venues pubs, registered and licensed clubs, RSL clubs and hotels nightclubs beauty therapy, tanning, nail salons and spas, tattoo parlours and non-therapeutic massage parlours libraries hiking, camping and other recreational activities in national and state parks. <p>The public health rules to maintain:</p> <ul style="list-style-type: none"> Physical distancing 4 square metres per person when indoors Hand hygiene Respiratory hygiene Frequent environmental cleaning and disinfection <p><small>* More with COVID SAFE Plan approved by health authorities</small></p>
<p>COVID SAFE checks</p> <ul style="list-style-type: none"> Minimum four weeks between stages Surveillance and epidemiological indicators suggest a move would NOT present an undue risk Testing is widespread and adequately identifies community transmission Point source outbreaks are effectively contained by public health actions. 	<p>COVID SAFE check point</p> <ul style="list-style-type: none"> assess impact review border review biosecurity and designated areas 	<p>COVID SAFE check point</p> <ul style="list-style-type: none"> assess impact review border review biosecurity and designated areas 	<p>COVID SAFE check point</p> <ul style="list-style-type: none"> assess impact review border review biosecurity and designated areas



1/2020

Enclosure 21: Covid-19 Information for Workplaces

[Safe Work Australia website](#)

The Safe Work Australia Website will outline information, specifically for:

- Duties under WHS Law
- Workers rights
- Vulnerable workers
- Cleaning
- Working from Home
- Mental Health

Enclosure 22: Issues for Operators Re-opening of Community Facilities

Download document [here](#)

28/04/20



Issues for operators Re-opening of Community Facilities

This written advice has been created by Donna Rayner and Rosemary Southgate from Russell Kennedy Lawyers.

It is intended to inform retirement living operators about the legalities of re-opening community facilities located in retirement communities.



Donna Rayner

Principal
P: +61 3 9609 1503
E: drayner@rk.com.au



Rosemary Southgate

Principal
P: +61 3 9609 1637
E: rsouthgate@rk.com.au

28/04/20

Limits on gatherings

Depending on the relevant direction/orders that will apply, an operator that owns or controls community facilities will have an obligation to ensure compliance with the relevant direction/order relating to gatherings in these facilities. This would mean no organising of events or permitting events to be organised in these facilities that would not comply with any applicable limits on gatherings and the density quotient (1 person per 4 sqm). They should also remind staff and residents about social distancing requirements (1.5 mtrs apart).

Operators should seek the assistance and the support of their residents committees regarding the re-opening of community facilities.

Signage should be placed:

- (a) at the entrance to any facilities stating the maximum number of people who can be in the space at a single time to comply with the density quotient;
- (b) around the facility reminding residents and staff about social distancing; and
- (c) in lift areas, suggesting limits for people using lifts.

Additional cleaning should also be implemented in these areas as well as the supply of hand sanitiser in common areas/community facilities.

For residents' units, operators will not have any specific rights to enforce any orders/directions relating to visitors to residents or gatherings in a resident's unit. However, if they become aware of any gatherings in a resident's unit that would not comply they should consider the terms of the residence contract. Most residence contracts will include a term that requires residents to comply with all applicable laws (which will include a direction/order made under the state of emergency declared in each State and Territory). So the operator could request compliance otherwise the resident could be in breach of the residence contract. In all instances, the operator should firstly speak to the resident and remind them of the requirements under the relevant order/direction. Failing this, the operator could seek the assistance of the police.

Recreational Facilities, Bars, Café/Restaurant

Operators who own or control recreational or communal facilities will still have an obligation to comply with any order/direction that applies to specific designated facilities. For example the operator must still comply with any order/direction that requires indoor recreational (eg pool or gyms) or outdoor recreational facilities (eg bowling greens) or other communal facilities (eg library), resident bar or cafe to be closed. This means operators must ensure they are aware of the applicable order/direction in their state or territory. A failure to comply could result in the imposition of a fine against the operator.

Social distancing

It seems clear that the recommendations relating to social distancing (keeping 1.5 metres apart) will not change any time soon.

28/04/20

It will be difficult for operators to enforce this but signage around common areas is recommended as well as regular communication with residents about this.

Enforcement of orders/directions

Police in most jurisdictions have the power to issue fines where there is a failure to comply with a health direction/order.

Operators who own or control community facilities will be responsible for ensuring compliance with orders/directions relating to gatherings in areas they own or control. A failure to comply could result in the operator being subject to a fine.

Operators would not be able to enforce directions/orders in a resident's home but if they become aware of non-compliance they should speak to the resident and remind them of the requirements under the direction/order. They should also consider the terms of the resident's contract in terms of an obligation on the resident to comply with laws which a failure to do so could be a breach of the resident's contract. The operator could also consider seeking the support of the police for an on-going breach of the relevant direction/order.



Enclosure 23: Fact Sheet – Advice Retirement Villages dated 28 April 2020

Download document [here](#)

Fact Sheet Advice for Retirement Villages

29 April 2020

This factsheet is for information and advice for Australians living or working in retirement villages. It may be useful for any facilities where older Australians live or stay, such as residential parks, land lease communities or lifestyle villages.

It outlines the COVID-19 facts and the measures you can take to protect yourself and older Australians.

We will update this fact sheet when new information comes to hand at

www.health.gov.au

In Australia, the people most at risk of serious illness, and in some cases death, from COVID-19 are those aged over 70, those aged over 65 with chronic medical conditions, Aboriginal and Torres Strait Islander people with chronic medical conditions, and people with weakened immune systems.

We suggest you also view our advice for older people:

<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/advice-for-people-at-risk-of-coronavirus-covid-19/coronavirus-covid-19-advice-for-older-people>

What is COVID-19 (coronavirus)?

Coronaviruses are a large family of viruses that cause respiratory infections. These can range from the common cold to more serious diseases. COVID-19 is the disease caused by a new coronavirus (SARS-COV-2). It was first reported in December 2019 in Wuhan City in China. It has now become a global pandemic.

How is it spread?

The infection can spread from person to person through:

- close contact with an infectious person (including in the 48 hours before they started showing symptoms)
- contact with droplets from an infected person coughing or sneezing
- touching objects or surfaces (like doorknobs or tables) that have droplets on them from an infected person, and then touching your mouth or face.



What are the symptoms?

The symptoms of COVID-19 are similar to colds and influenza and can include:

- Fever
- Sore throat
- Cough
- Shortness of breath or difficulty breathing
- Fatigue

People living with dementia or some form of cognitive impairment may not be able to describe their symptoms or express pain or discomfort.

Do people need to be tested if they have these symptoms?

Your doctor will tell you if you should be tested. They will arrange for the test. You will only be tested if your doctor decides you meet one of the below criteria:

- You have returned from overseas in the past 14 days and you develop respiratory illness or fever
- You have been in close contact with a confirmed or probable COVID-19 case in the past 14 days and you develop respiratory illness or fever
- You have been on a cruise ship in the past 14 days and you develop respiratory illness or fever
- You are in a higher risk environment (aged care facility, military operational setting, boarding school, correctional facility, detention facility, aboriginal rural and remote community) where there have been two or more cases of COVID-19, and you develop a respiratory illness or fever
- You have been in a setting which public health units have identified as an outbreak and you develop respiratory illness or fever
- You are in an area that public health units have identified as being at elevated risk of community transmission and you develop respiratory illness or fever
- You have been in an area where there has been an outbreak of COVID-19 and you develop respiratory illness or fever
- You are a health care worker, aged or residential care worker and you develop respiratory illness or fever
- You are in hospital with acute respiratory symptoms and fever and there is no other clear cause

Updates to testing on what you need to know web page: People with mild symptoms may be tested in certain geographical areas. You should check with your healthcare provider about testing information for your state and territory.

Why do we need to take particular care to protect older Australians?

The risk of serious illness from COVID-19 increases with age. The highest rate of fatalities is among older people, particularly those with other serious health conditions or a weakened immune system. There is currently no cure or vaccine for COVID-19, or immunity in the community.

For Residents

What can I do to protect myself at home?

Even if you are feeling well, it is important to take steps to prevent the spread of this virus. Good hygiene and taking care when interacting with other people are the best defense for you and your family against COVID-19.

This includes:

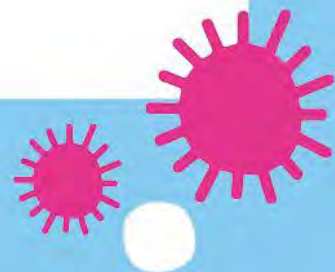
- covering your mouth and nose when you cough and sneeze with your elbow or a tissue
- disposing of tissues immediately after they are used, into a dedicated waste bin, and washing your hands
- washing your hands often with soap and water, including before and after eating, after going to the toilet, and when you have been out in public
- not touching your face, including your eyes
- using alcohol-based hand sanitisers, where available
- cleaning and disinfecting surfaces you have touched
- staying 1.5 metres away from other people as an example of “social distancing”
- if you are sick, avoiding contact with others.

If you start to feel unwell with symptoms of COVID-19, phone the National Coronavirus Helpline on **1800 020 080** or your GP who will be able to provide you with further advice.

All Australians can now access Medicare-subsidised telehealth services from their GP and some other health care providers using either video links such as FaceTime and Skype, or through telephone services.

Medical practitioners must be satisfied that the services they use to video link with their patients meet current standards and laws regarding privacy and information security.

Pharmacies are now able to home deliver PBS and Repatriation Pharmaceutical Benefits Scheme medications, and, in certain circumstances, can provide a continuing supply of your usual medications without a prescription if you are unable to consult your GP. For more information phone your GP or your local pharmacy.



Can I still have contact with friends and family?

All Australians are being asked to stay at home at all times, unless it is absolutely essential.

It is especially important for you to stay at home if you are:

- over 70 years of age;
- over 65 years of age with existing health conditions;
- Indigenous Australian over the age of 50 with existing health conditions.

This means that you should not be seeing anyone outside of your household.

Even though you may not be able to see your family and friends in person, it is really important that you stay in touch with them. Phone calls, video chats through programs like Skype, and emails are a great way to stay connected.

If you regularly visit someone living with a cognitive impairment, considering other ways of maintaining social contact will help reassure individuals who may feel anxious about possible changes to their day to day life. You can also contact the National Dementia Helpline on **1800 100 500**.

For the latest advice and information, go to www.health.gov.au

How can your family and friends help you and other older people?

They should regularly check in with you and see how they might help you. A simple trip to the supermarket or pharmacy on your behalf is a practical way to help you.

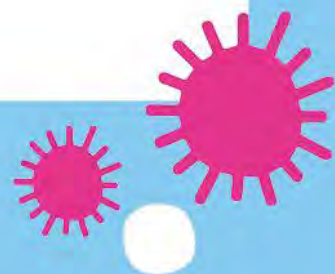
Continued and regular communication will be important. Friends and family can help you to keep in touch through the use of mobile phones, and video call systems, such as Skype or FaceTime.

Can I leave my home for exercise or other outdoor activities?

Maintaining a good diet and exercise routine is important for your wellbeing and mental health, particularly during this challenging time.

Exercise regularly at home. Options could include exercise DVDs, dancing, floor exercises, yoga, walking around the backyard or using home exercise equipment.

You can leave your house to go for a walk or exercise outdoors if you are well and you stay away from other people.



For Retirement Village Operators

How can the facility protect residents and workers?

All Australians are being asked to stay at home at all times, unless for:

- shopping for what you need - food and necessary supplies;
- medical or health care needs, including compassionate requirements;
- exercise in compliance with the public gathering requirements;
- work and study if you can't work or learn remotely.

In order to comply with these requirements and public health orders of each state, services and events offered by retirement villages or other facilities will need to change.

These include:

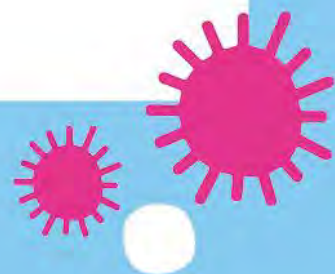
Adjusting visits to common areas such as games rooms, common sitting areas and outdoor barbeque areas to comply with the 'one person per four square metres' rule

- Closing outdoor areas such as public barbeque facilities
- Closing shared facilities such as dining halls, swimming pools, tennis courts, gyms and libraries
- Introducing a delivery service or takeaway for meal services
- Hosting meetings held by the resident committees, residents and operators via distance such as video or teleconferencing.

There are a number of other measures that retirement village operators can take to better protect its residents and workers.

These include:

- Encourage social distancing where possible, which means maintaining a distance of 1.5 metres from other people.
- Provide information and brief all workers, including domestic and cleaning staff, on relevant information and procedures to prevent the spread of coronavirus.
- Make phone or video calls accessible to all people living in the village where possible, to enable regular communication with family members. Family and friends should be encouraged to maintain contact with residents by phone and other social communication apps, as appropriate.
- Provide clear information to residents and families regarding cough/sneeze etiquette, hand hygiene; and what to do if they have any symptoms of COVID-19 or another respiratory illness (e.g. fever, cough, shortness of breath, cough, sore throat).
- Advise all visitors and staff to monitor themselves for symptoms of respiratory illness and to stay away from the village while they are unwell. Visitors and



staff must not enter the village if they have been diagnosed with COVID-19 until they have ended their period of isolation.

When should workers stay home?

If a worker has a confirmed case of COVID-19, they will not be allowed to work.

It is important that workers stay at home and seek medical advice if they are unwell.

Everyone must stay at home (self-isolation) for 14 days and alert their employer if:

- they have returned from overseas in the last 14 days
- they have been in close contact with someone diagnosed with COVID-19
- they have a fever, or any symptoms of respiratory illness (e.g. cough, shortness of breath, sore throat, runny nose or nasal congestion).

If a worker is unwell, they should phone their doctor for advice.

Can food and water spread coronavirus?

Some coronaviruses can potentially survive in the gastrointestinal tract. However, food-borne spread is unlikely when food is properly cooked and prepared. With good food preparation and good hand hygiene, it is highly unlikely that people will become infected with coronavirus through food.

Drinking water in Australia is high quality and is well treated. It is not anticipated that drinking water will be affected by coronavirus.

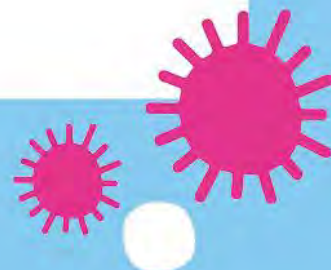
Should workers be wearing a mask at work?

Workers in retirement villages do not need to wear a mask if they are well.

They may need to wear a mask if they are needing to be in close contact with a resident who is unwell with respiratory symptoms and the unwell resident cannot wear a mask.

What should my staff be doing differently at work?

A new online training module providing information on COVID-19 infection control has been released by the Government. This includes signs and symptoms of the virus, how to keep safe and myth busting. A specific training program for aged care workers has been developed and may have relevant information for you and your facility. The training offers practical information on how to prevent the spread of COVID-19 and measures to take when visitors attend, which could be of relevance to your facility. Go to: <http://www.covid-19training.gov.au>



More information

For the latest advice, information and resources, go to www.health.gov.au or www.healthdirect.gov.au/coronavirus

The phone number of your state or territory public health agency is available at www.health.gov.au/state-territory-contacts

Call the National Coronavirus HelpLine on 1800 020 080. It operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131 450.

For further information please contact:

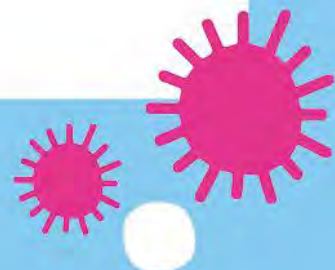
COTA at www.cota.org.au or speak to your state or territory COTA representative <http://www.cota.org.au/get-involved/visit-stateor-territory-cota>

National Seniors Australia at <https://nationalseniors.com.au> or call **1300 765 050**

Housing for the Aged Action Group (HAAG)

<https://www.older tenants.org.au/corona-virus-response-updates>

Dementia Australia at www.dementia.org.au or call **1800 100 500**. If you have concerns about your health, speak to your doctor.



Enclosure 24: DRAFT – COVID Safe Checklist for dining at Restaurants, Cafes, Pubs, Clubs, RSL clubs and Hotels



COVID Safe Checklist for dining in such as at Restaurants, Cafes, Pubs, Clubs, RSL clubs and Hotels

What you need to do to safely re-open your business:

1. Check your business can re-open
 - Check the Queensland Government's COVID-19 website at www.covid19.qld.gov.au to confirm you can re-open your business and whether any specific restrictions apply.
 - If your business has been closed, check the condition of equipment and facilities are fully functioning, such as gas, electricity, toilets, and hand-washing facilities. Ensure food and beverages stored at your business have not been contaminated or are now out of date.
 - Ensure staff are trained in new requirements and ensure their food handling training is up to date.
 - COVID Safe training will be made available. Government will develop free training for all industries and some industry bodies have developed bespoke training. COVID Safe training will be mandatory for high risk industries and must be undertaken within two weeks of re-opening.
2. Wellbeing of workers
 - Direct workers to stay at home if they are sick, and to go home immediately if they become unwell. Require them to be tested for COVID-19 if they have any symptoms of acute respiratory disease (cough, sore throat, shortness of breath) or a fever or history of fever. They must remain in isolation at home till they get the result and it is negative for COVID-19.
 - Consider safety risks and manage these according to the appropriate hierarchy of controls i.e. elimination, substitute, isolation, administrative controls then personal protective equipment where required.
 - Implement measures to maximise the distancing between workers to the extent it is safe and practical and minimise the time that workers are in close contact. Where it is practical and safe to do so, review tasks and processes that usually require close interaction and identify ways to modify these to increase social distancing between workers.
 - Modify processes behind the counter (including in the kitchen) to limit workers having to be in close contact, as much as possible. For example:
 - assign workers to specific workstations to minimise the need to go into other spaces,
 - implement processes so front of house workers can collect food without needing to go into food preparation areas.
 - Postpone or cancel non-essential face-to-face gatherings, meetings and training and use video conferencing where practicable.
 - Consult with workers on COVID-19 measures in the workplace and provide workers with adequate information and education, including changes to work tasks and practices and appropriate cleaning and disinfection practices at work.
 - Put signs and posters up to remind workers and others of the risk of COVID-19.
3. Social distancing
 - Place signs at entry points to instruct customers not to enter the shop if they are unwell or have COVID19 symptoms. The sign should state that businesses have the right to refuse service and must insist that anyone with these symptoms leaves the premises.
 - Limit walk-in appointments and client interaction at the counter through the use of online or phone bookings.
 - If practicable set up separate exit and entry points and separate order and collection points to minimise contact.

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- Implement measures to restrict numbers on the premises, including maintaining a maximum of 10 people at any one time (not including staff), or 20 people if you are in an outback region (as defined on the Queensland Government COVID website), and ensuring distance of 4 square metres per person.
 - Ensure social distancing by placing floor or wall markings or signs to identify 1.5 metres distance between persons for queues and waiting areas.
 - Place tables to ensure that persons seated at those tables are 1.5 metres apart and reduce the number of tables and seating capacity in line with public health directions.
 - Consider using physical barriers where practical, such as plexiglass around counters involving high volume interactions with customers.
 - Remove waiting area seating or space seating at least 1.5 metres apart.
 - Provide contactless payments or ordering and payment online or through ordering apps.
 - Ensure menus are:
 - laminated and sanitised after each use or
 - use general non-contact signage to display your menu or
 - have single use paper menus available.
 - For takeaway services place menus outside the venue and introduce online ordering wherever possible.
 - Set up different areas for ordering and collection, and where practical, separate entry and exit paths.
 - Where practical, restrict service to table service only to reduce the movement of patrons and the number of surfaces touched.
 - Remove any serve yourself buffet style food service areas and communal water stations or condiments.
 - Stagger seating times and manage the duration of sittings to control the flow of patrons.
4. Record keeping
- Contact information must be kept for customers, workers and any contractors for a period of at least 28 days.
 - This must include name, address and mobile phone number of a person at each table.
 - Ensure records are used only for the purposes of tracing COVID-19 infections and are captured and stored confidentially and securely.
5. Hygiene and cleaning
- Instruct all workers to practise good hygiene by frequently cleaning their hands. Hand washing should take at least 20 to 30 seconds. Wash the whole of each hand, covering all areas with soap before washing with water. If hand washing is not practical, alcohol-based hand sanitiser containing at least 60% ethanol or 70% iso-propanol is recommended.
 - Provide hand washing facilities for customers and patrons including clean running water, liquid soap, paper towels. If hand washing facilities are not readily available, provide an appropriate alcohol-based hand sanitiser.
 - Non-disposable crockery/cutlery/glassware is permitted only when cleared after each course and washed using a commercial grade dishwasher or glasswasher. Use disposable/recyclable cutlery/glass ware when available, or strict table clearing guidelines requiring gloves.
 - Reduce the sharing of equipment and tools.
 - Clean frequently touched areas and surfaces at least hourly with detergent or disinfectant (including shared equipment and tools, Eftpos equipment, tables, counter tops and sinks). Surfaces used by clients, such as tables, must also be cleaned between clients.
6. Deliveries, contractors and visitors attending the premises
- Where practical, direct delivery drivers or other contractors visiting the premises to minimise physical interaction with workers.

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- Use electronic paperwork where practical. If a signature is required, discuss providing a confirmation email instead, or take a photo of the goods onsite as proof of delivery.

7. Review and monitor

- Regularly review your systems of work to ensure they are consistent with current directions and advice provided by health authorities.
- This checklist is a key part of your COVID Plan as outlined on the WorkSafe website.
- Publicly display this signed checklist as evidence that you are a COVID Safe business.
- Ensure you have a copy of this signed checklist which must be produced if requested from a relevant compliance/enforcement officer. This may include providing an electronic copy.
- Keep up to date and find additional guidance at www.covid19.qld.gov.au & www.worksafe.qld.gov.au
- Employees with a general work related complaint can call WHS Queensland on 1300 362 128 or their union.
- Business owners that would like to better understand their WHS duties regarding COVID-19 can call 1300 005 018 or their industry association.
- Customers who have concerns about whether a business is complying with this checklist can call 13QGOV (13 74 68).

Name of person(s) conducting business or undertaking as defined in the Work Health & Safety Act 2011:

Signature & date:



Enclosure 25: DRAFT – COVID Safe Checklist for Beauty Therapists and Nail Salons [Download document](#) [advice for retirement village visitors](#)



COVID Safe Checklist for Beauty Therapists & Nail Salons

What you need to do to safely re-open your business:

1. Check your business can re-open

- Check the Queensland Government's COVID-19 website at www.covid19.qld.gov.au to confirm you can re-open your business and whether any specific restrictions apply.
- If your business has been closed, check the condition of equipment and facilities are fully functioning, such as gas, electricity, toilets, and hand-washing facilities. Ensure food and beverages stored at your business have not been contaminated or are now out of date.
- COVID Safe training will be made available. Government will develop free training for all industries and some industry bodies have developed bespoke training. COVID Safe training will be mandatory for high risk industries and must be undertaken within two weeks of re-opening.

2. Wellbeing of workers

- Direct workers to stay at home if they are sick, and to go home immediately if they become unwell. Require them to be tested for COVID-19 if they have any symptoms of acute respiratory disease (cough, sore throat, shortness of breath) or a fever or history of fever. They must remain in isolation at home till they get the result and it is negative for COVID-19.
- Consider safety risks and manage these according to the appropriate hierarchy of controls i.e. elimination, substitute, isolation, administrative controls then personal protective equipment where required.
- Implement measures to maximise the distancing between workers to the extent it is safe and practical and minimise the time that workers are in close contact.
 - Where it is practical and safe to do so, review tasks and processes that usually require close interaction and identify ways to modify these to increase social distancing between workers.
 - Introduce work from home arrangements where workers are able to work from home, such as administrative work where no face to face contact is required.
- Modify processes behind the counter (including in break rooms) to limit workers having to be in close contact, as much as possible. Assign workers to specific workstations to minimise the need to go into other spaces and time breaks to ensure social distancing.
- Postpone, cancel or use electronic communications such as video conferencing for non-essential face-to-face gatherings, meetings and training.
- Consult with workers on COVID-19 measures in the workplace and provide workers with adequate information and education, including changes to work tasks and practices and appropriate cleaning and disinfection practices at work.
- Put signs and posters up to remind workers and others of the risk of COVID-19.

3. Social distancing

- Place signs at entry points to instruct customers not to enter the shop if they are unwell or have COVID19 symptoms. The sign should state that businesses have the right to refuse service and must insist that anyone with these symptoms leaves the premises.
- If practicable set up separate exit and entry points to minimise contact.
- Implement measures to restrict numbers within the premises, including maintaining a maximum of 10 people at any one time, in addition to staff, and ensuring distance of 4 square metres per person.
- Ensure social distancing by placing floor or wall markings or signs to identify 1.5 metres distance between persons for queues and waiting areas.
- Consider using physical barriers where practical, such as plexiglass around serving counters.
- Remove waiting area seating or space seating at least 1.5 metres apart.

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- ❑ Limit the use of cash transactions by encouraging customers to use tap and go, direct deposit or other contactless payment options.
- ❑ Limit walk-in appointments and client interaction at the counter through the use of online or phone bookings.

4. Record keeping

- ❑ Contact information must be kept on all clients, workers and contractors, including name, address and mobile phone number for a period of at least 28 days.
- ❑ Ensure records are used only for the purposes of tracing COVID-19 infections and are captured and stored confidentially and securely.

5. Hygiene and cleaning

- ❑ Inform clients of expectations before they attend their appointment. This includes:
 - staying at home if they feel unwell,
 - they will need to provide their details for record keeping,
 - washing their hands or using alcohol-based hand sanitiser upon arrival and
 - requesting clients not to bring friends or family members to appointments.
- ❑ Ensure clients and therapists are provided with hand washing facilities or appropriate alcohol-based hand sanitisers. Alcohol-based hand sanitiser containing at least 60% ethanol or 70% iso-propanol is recommended.
- ❑ Clients and staff must not be barefoot between treatments. Clients should use their own shoes or businesses may consider the use of single use disposable slippers.
- ❑ Where therapists were previously required to use masks and gloves to control for risks other than COVID-19 infection (e.g. dust exposures), they must continue to do so. For controlling the risk of COVID-19 infection, masks and gloves may be considered as part of a range of controls.
- ❑ Instruct therapists to practise good hygiene by frequently cleaning their hands. Hand washing should take at least 20 to 30 seconds. Wash the whole of each hand, covering all areas with soap before washing with water. If hand washing is not practical, alcohol-based hand sanitiser containing at least 60% ethanol or 70% iso-propanol is recommended.
- ❑ Reduce the sharing of equipment and tools, and remove books, magazines and iPads from waiting areas.
- ❑ Refrain from using product testers or samples on more than one client. Clients should refrain from any unnecessary contact with products they are not purchasing.
- ❑ Refrain from offering communal refreshments or water stations.
- ❑ Clean frequently touched areas and surfaces at least hourly with detergent or disinfectant (including shared equipment and tools, Eftpos equipment, tables, counter tops and sinks).
- ❑ Any surfaces used by clients must also be cleaned between clients. Ensure appropriate sterilisation of relevant equipment between clients. Ensure sufficient time is kept between appointments to allow for this.

6. Deliveries, contractors and visitors attending the premises

- ❑ Where practical, direct delivery drivers or other contractors visiting the premises to minimise physical interaction with workers.
- ❑ Use electronic paperwork where practical. If a signature is required, discuss providing a confirmation email instead, or take a photo of the goods onsite as proof of delivery.



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7. Review and monitor

- Regularly review your systems of work to ensure they are consistent with current directions and advice provided by health authorities.
- This checklist is a key part of your COVID Plan as outlined on the WorkSafe website.
- Publicly display this signed checklist as evidence that you are a COVID Safe business.
- Ensure you have a copy of this signed checklist which must be produced if requested from a relevant compliance/enforcement officer. This may include providing an electronic copy.
- Keep up to date and find additional guidance at www.covid19.qld.gov.au & www.worksafe.qld.gov.au
- Employees with a general work-related complaint can call WHS Queensland on 1300 362 128 or their union.
- Business owners that would like to better understand their WHS duties regarding COVID-19 can call 1300 005 018 or their industry association.
- Customers who have concerns about whether a business is complying with this checklist can call 13QGOV (13 74 68).

<p>Name of person(s) conducting business or undertaking as defined in the Work Health & Safety Act 201 Signature & date:</p>	
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Enclosure 26: Key Points for Businesses requiring COVID Safe Checklists

- You are required to complete and display COVID Safe checklist before trading once Stage 1 Easing of Restrictions commence on 11.59pm on 15 May 2020.
- These checklists tell you what you need to do if you are a business in the above two categories to be COVID Safe. The checklists include input resulting from consultation with key industry stakeholders.
- You must complete the Checklist to ensure you comply with essential health requirements to enable you to open and provide a safe environment for your customers and your staff.
- You must complete, sign and display the checklist in a prominent, visible location at your business premises.
- You are not required to submit this checklist to Queensland Health, however a relevant enforcement officer can check compliance at any time and/or may ask for a copy of the signed checklist.
- Your staff must complete mandatory COVID Safe mandatory training within two weeks of your business commencing. Staff that commence with your business after this two-week period must complete this training before commencing. See the COVID Safe mandatory training section below for more details.

COVID Safe Mandatory Training

An online training program is currently being developed to provide all staff in industries requiring a COVID Safe Checklist with training which will allow them to help ensure a COVID Safe work environment. This training will be mandatory and must be completed within two weeks of a business opening/reopening. Staff that commence with your business after this two-week period must complete this training before commencing.

- The COVID Safe training programs will be available online for dining services and beauty therapy services through TAFE Queensland shortly. Details will be made available on the COVID 19 website soon and you can register for the training here <https://tafeqld.edu.au/covid-safe>. You will be notified once the training is online.

COVID Safe Plans

More information will soon be provided around the COVID Safe Plans referred to in the Roadmap to Easing Restrictions. These will be industry best practice and demonstrate that businesses in compliance with the plan have created a safe environment which may allow greater flexibility in the application of the restrictions.

Enclosure 27: National Mental Health and Wellbeing Pandemic Response Plan (Appendix - Full detailed 51 page plan is available)

Link to full plan [National Mental Health and Wellbeing Pandemic Response Plan](#)



Mental Health and Wellbeing Pandemic Response Plan

Aims	Monitor and predict	Reach people in community	Provide clear pathways of care
Participation Partnership and collaboration Integrated social and emotional wellbeing Best practice care Flexible Solutions Equity and Equality			
Immediate Actions	Immediate monitoring and modelling of mental health impact of COVID-19	Services accessible in homes, workplaces, aged care, schools and other community sites	More connectivity through improved service linkage and coordination
Response and Recovery Priority Actions	<ul style="list-style-type: none"> • Strong governance • Data collection, data sharing and modelling • Clear roles and responsibilities 	<ul style="list-style-type: none"> • Addressing complex mental health needs • Reducing risk factors • Meeting needs of vulnerable populations • Coordinated suicide prevention action 	<ul style="list-style-type: none"> • Meeting immediate needs - adapting current services • Implementing new models • Facilitating access to care • Clear communication • Supporting a multidisciplinary workforce
All priorities can be implemented flexibly to meet unique state and territory conditions			