UnitingCare Pandemic Plan

Contents

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Introduction

Background

The Australian Health Management Plan for Pandemic Influenza (AHMPPI) outlines Australia's strategy to manage an influenza pandemic and minimise its impact on the health of Australians and our health system. At the time this plan was written, the Australian Health Sector Emergency Response Plan for Novel Coronavirus was developed to guide the Australian health sector response to the COVID 19 pandemic. The UnitingCare Pandemic Plan (the Plan) has been developed in the context of the AHMPPI and also considers the Australian Health Sector Emergency Response Plan for Novel Coronavirus.

A 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.

UnitingCare will approach a pandemic by undertaking activities to:

- Monitor and investigate outbreaks as they occur;
- Identify and characterise the clinical severity of the disease;
- Respond promptly and effectively to minimise the novel coronavirus outbreak impact;
- Undertake strategies to minimise the risk of further disease transmission; and
- Contribute to the rapid and confident recovery of individuals, communities and services.

Purpose

This document outlines the pandemic response for UnitingCare. It details the actions the organisation will take to:

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

Guiding principles

The guiding principles for this Plan include:

- minimise transmissibility, morbidity and mortality;
- minimise the burden on / support care / service delivery systems;
- the use of existing systems and governance mechanisms to ensure continuity of services and ensuring the safety of our clients and employees with a particularly focus on those who are most vulnerable;
- an agile and flexible approach (a "can do" attitude) that can be scaled and varied to meet the needs experienced across the UnitingCare service streams at the time;
- a pragmatic and resourceful approach to maintain service provision, revenue and manage labour costs wherever possible while also ensuring effective stewardship of resources required to ensure safety of our clients and employee;
- evidence-based decision making;
- strong linkages with emergency response arrangements;
- clear strategic approaches to the collection of monitoring data; and
- an emphasis on communication and collaboration activities across the service streams and support services as a key tool in management of the response.

Ethical framework

The UnitingCare Mission Framework provides an overall guide to ethical considerations and decision making within the organisation. The Director of Mission and his team actively work with the Operations Team in key areas such as pastoral and spiritual care and support for employee and clients, end of life planning, advanced care planning and decisions about rationing of care.

It is also noted that any evidence-based decision-making will be in accordance with the commitments made under the UnitingCare Human Rights policy which was implemented in response to the *Human Rights Act 2019.*

How to use this document

This Plan will be divided into the following sections:

- Escalation: An explanation of when arrangements will be used and how escalation through the stages will occur;
- Governance: An outline of the roles and responsibilities of key stakeholders, teams and a description of the decision-making process;
- Implementation: An outline of the approach to management of an influenza pandemic and the actions to be implemented in each of the AHMPPI stages; and
- Communications: The communications plan for those involved for implementing the pandemic response.

Scope

It is acknowledged that not all employee will have access to ICT and not all sites and facilities have back-up generators in place. This Plan does not include:

- Immediate emergency response procedures covered in Fire and Evacuation Plans (FEP);
- Restoration activities for a loss of services that are covered in Group and Service Business Continuity Plans; and
- Site / services specific outbreak response arrangements at the operational level as outlined outbreak response plans and procedures exist.

Assumptions

This Plan is based on the following assumptions:

- Employees are available to perform assigned duties;
- The ICT Disaster Recovery Plan is in place for the timely restoration of ICT systems; and
- Communication between UnitingCare locations is available in some form (telephone, mobile, VOIP).

Related documents

- Site / Service Outbreak Management Plans
- Site / Service Infection Control Procedures

Document storage

Storage
UCQDOX – Business and Financial Services – Risk and Assurance – 05 BCP – 04 Business Continuity Plans – 12 Pandemic Plan

Document owner

Owner	Address
Group Executive Hospitals	Level 6, 192 Ann Street, Brisbane
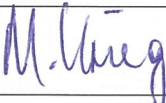
Change history

Version	Date	Amendment	Author
1	May 2020	Initial draft	Sally Philp
1.1	May 2020	Staff accommodation arrangements added	Sally Philp
1.2	December 2021	Updated Succession Arrangements. Included Operations Team Action Plan. Aligned actions with the recommended approach for implementation outlined in the AHMPPI.	Sally Philp
1.3	May 2023	Removed Operations Team contact list. Updated Position Titles.	Sally Philp

Review

This document will be reviewed on an annual basis or as a significant change occurs.

Authorisation

Authorised by	Signature	Date
GE Hospitals	M.King	13/7/23

Distribution

Distribute to
Executive Leadership Team
Intranet

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Escalation

AHMPPI influenza management overview

Influenza is a contagious disease of the respiratory tract which occurs seasonally each year. Due to some pre-existing immunity induced by exposure to previously circulating seasonal strains of influenza virus, most people only suffer a self-limiting illness, lasting from a few days to several weeks. Influenza can lead to complications and for some, such as older people, pregnant women, people with poor immune systems and people with pre-existing respiratory, cardiac and endocrine disease—influenza can be a significant disease and cause death. It can also cause the death of healthy adults and children.

GPs and other health providers, such as nurses, Aboriginal Community Controlled Health Services (ACCHSs), pharmacists and aged care providers manage the bulk of people with influenza within the community. Public health units and communicable disease control services in state and territory health departments manage outbreak response, collect public health surveillance data, administer vaccination programs, develop and implement health promotion and public communications, and provide significant support to clinical services and aged care facilities. Ambulance services, hospital emergency and respiratory wards, and intensive care units support people with complications. Laboratories provide testing processes, advise on management of resources and public health approaches, and participate in research. Surveillance systems and public health units investigate and support management of outbreaks and provide important public information on risk reducing strategies. States and territories work together with the Australian Government and primary healthcare providers under the National Immunisation Program to support access of vulnerable groups to influenza vaccinations.

Escalation from existing arrangements

While there are many similarities to seasonal influenza, there are also significant differences in managing a pandemic. When no pandemic is occurring Preparedness activities will be undertaken on an ongoing basis to ensure our readiness to respond promptly should a pandemic emerge. As part of Preparedness activities monitoring for the emergence of new viruses with pandemic potential will be routinely carried out.

The escalation from existing arrangements will progress across the AHMPPI stages, reflecting the changes in priorities as the pandemic develops. These actions are detailed in the Implementation section of this plan.
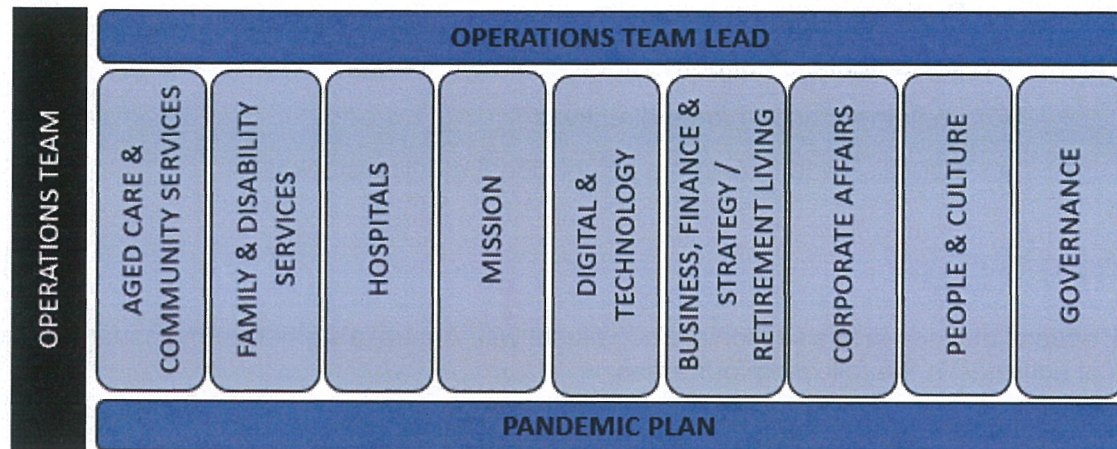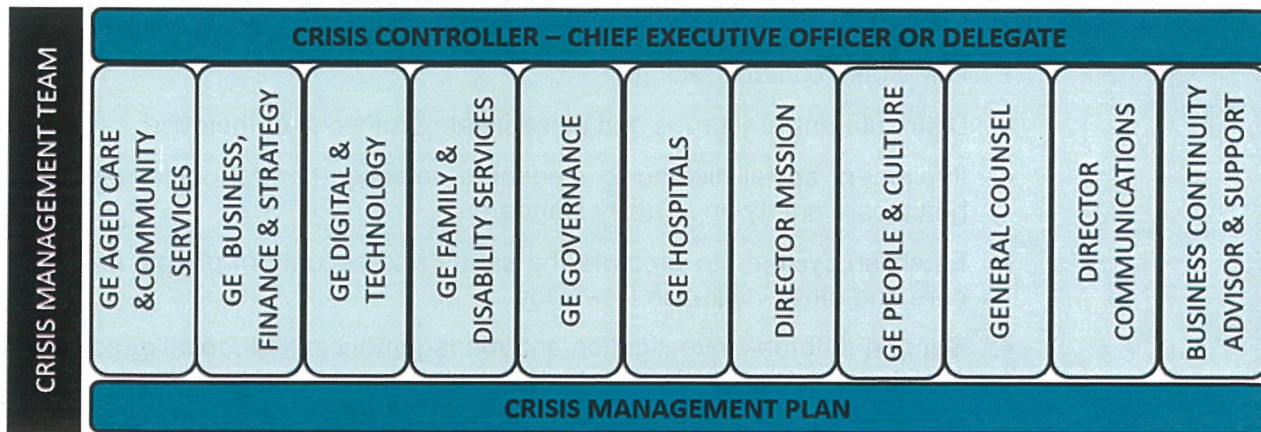
The decision to formally escalate through each stage will be made by the Group Executive (GE) Hospitals. The GE Hospitals will determine the appropriate stage by considering advice from the Department of Health, state and territory government health departments and/or other Lead bodies. (This process is described in the Governance Chapter). The Plan may be escalated directly from Preparedness to the Initial Action or Targeted Action stage if the GE Hospitals considers this warranted by the circumstances. The following triggers are examples of events that may warrant escalation:

- 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; and
- notification from a site or service that assistance in responding to severe seasonal influenza may be required.

Activation of other plans

This Plan may be activated independently of UnitingCare crisis management arrangements. The GE Hospitals will escalate to the Chief Executive Officer if he determines activation of the UnitingCare Crisis Management Team (CMT) is required. Depending on the scope of the event, the CMT may appoint an Operations Team to operationalise CMT decisions.

Team structure diagram below:

CRISIS MANAGEMENT TEAM

CRISIS CONTROLLER – CHIEF EXECUTIVE OFFICER OR DELEGATE

- GE AGED CARE & COMMUNITY SERVICES
- GE BUSINESS, FINANCE & STRATEGY
- GE DIGITAL & TECHNOLOGY
- GE FAMILY & DISABILITY SERVICES
- GE GOVERNANCE
- GE HOSPITALS
- DIRECTOR MISSION
- GE PEOPLE & CULTURE
- GENERAL COUNSEL
- DIRECTOR COMMUNICATIONS
- BUSINESS CONTINUITY ADVISOR & SUPPORT

CRISIS MANAGEMENT PLAN

OPERATIONS TEAM

OPERATIONS TEAM LEAD

- AGED CARE & COMMUNITY SERVICES
- FAMILY & DISABILITY SERVICES
- HOSPITALS
- MISSION
- DIGITAL & TECHNOLOGY
- BUSINESS, FINANCE & STRATEGY / RETIREMENT LIVING
- CORPORATE AFFAIRS
- PEOPLE & CULTURE
- GOVERNANCE

PANDEMIC PLAN

Roles and responsibilities

For further information on the roles and responsibilities of the Operations Team refer to the UnitingCare Crisis Management Plan.

The GE Hospitals may call on additional subject matter experts and / or streams to be created to support the response. This may include the seeking advice and support from Hospital based Infection Control Physicians and Practitioners.

Other stakeholders

Role	Responsibility
Australian Government	- Developing and maintaining systems to monitor communicable disease - Establish and maintain infection control guidelines, healthcare safety and quality standards - Fast track assessment, approve and procure vaccines (where available) - Develop a vaccine policy and program and communicate this information to the general public and health professionals. - Maintaining the National Medical Stockpile (NMS) - Determining international entry requirements (and exit requirements) - Determining preventative biosecurity measures - Recommending the declaration of a human biosecurity emergency under the Act (and utilising the emergency powers once an emergency has been declared)

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Role	Responsibility
Queensland Health	• Undertake contact tracing
	• Distribute antiviral drugs and disseminate protocols for their use
	• Implement social distancing measures, infection control guidelines and healthcare safety and quality standards
	• Establish systems to promote the safety and security of people in aged care and other institutional settings
	• Support outbreak investigation and management in residential aged care facilities, schools, prisons and other institutions
	• Develop, validate, undertake and monitor coronavirus testing
	• Preserve laboratory capacity
	• Implementation of border measures
	• Implement and enforce directives
	• Establish and maintain a jurisdictional medical stockpile.

Implementation

The implementation of actions outlined in this section are consistent with Australia's emergency management with an ongoing cycle of activities in the following four areas:

- Prevention;
- Preparedness;
- Response; and
- Recovery.

To meet the greater need for coordination and guidance in Preparedness and Response, this Plan will focus primarily on these two areas. To reflect the changes in priorities as the pandemic progresses and facilitate the more detailed planning required, Response activities will be further divided into three stages:

- Standby;
- Action; and
- Stand-down.

Note: the AHMPPI stages break down the 'Action' stage into 'Initial' and 'Targeted', however the actions document in this plan do not distinguish between the two.

AHMPPI Stages

AHMPPI STAGES		ACTIVITIES
Preparedness	Preparedness *No novel strain Preparedness* *No novel strain detected (or emerging strain under initial investigation)*	• Establish pre-agreed arrangements by developing and maintaining plans; • Research pandemic specific influenza management strategies; • Ensure resources are available and ready for rapid response; • Monitor the emergence of diseases with pandemic potential, and investigating outbreaks if they occur.
Response	Standby *Sustained community person to person transmission overseas*	• Prepare to commence enhanced arrangements; • Identify and characterise the nature of the disease (commenced in Preparedness); and • Communicate to raise awareness and confirm governance arrangements.
Response	Action *Cases detected in Australia*	Action is divided into two groups of activities: Initial (when information about the disease is scarce) • Prepare and support health system needs; • Manage initial cases; • Identify and characterise the nature of the disease within the Australian context; • Provide information to support best practice health care and to empower the community and responders to manage their own risk of exposure; and • Support effective governance. Targeted (when enough is known about the disease to tailor measures to specific needs.) • Support and maintain quality care; • Ensure a proportionate response; • Communicate to engage, empower and build confidence in the community; and • Provide a coordinated and consistent approach.
Response	Stand-down *The public health threat can be managed within normal arrangements and monitoring for change is in place.*	• Support and maintain quality care; • Cease activities that are no longer needed, and transitioning activities to seasonal or interim arrangements; • Monitor for a second wave of the outbreak; • Monitor for the development of antiviral resistance; • Communicate to support the return from pandemic to normal business services; and • Evaluate systems and revise plans and procedures.

Preparedness

Category	Activity	Responsibility
Planning	Annually review and update this Plan, outbreak response and infection control procedures / plans.	ACCS Lead FADS Lead Hospitals Lead Retirement Living Lead
Surveillance	Monitor the occurrence of diseases with pandemic potential.	Hospitals Lead
ICT	Ensure business continuity arrangements are in place for the UnitingCare Service desk including working from home arrangements for all staff (where possible).	D&T Lead
Human Resources	On an annual basis maintain a list of succession arrangements including: Board delegations, Board succession, financial delegations and financial delegations for the CEO.	Governance Lead
Human Resources	Maintain current employee profiling including current and possible working arrangements to assist with workforce scenario planning.	P&C Lead
Human Resources	Undertake influenza vaccination program for UnitingCare employees in April each year including a guide for Managers for staff that refuse vaccination.	P&C Lead
Human Resources	Record influenza vaccination (and any other vaccinations) centrally and report on status accordingly.	P&C Lead
Human Resources	Maintain a Leave Management Guide and Leave Decision Tree to assist managers and leaders in decision making during a pandemic	P&C Lead
Infection Control	On an annual basis undertake PPE audits.	ACCS Lead FADS Lead Hospitals Lead
Equipment	On an annual basis undertake equipment stocktakes: hoists, sensor mats, giving sets, IV fluids etc.	ACCS Lead FADS Lead Hospitals Lead
Communication	Ensure Corporate Affairs Lead has updat4ed the Communication Outbreak Plan.	Corporate Affairs Lead

Response: Standby

Category	Activity	Responsibility
Finance	Conduct financial and revenue modelling which includes establishing a process to understand the financial implications related to the pandemic.	BF&S Lead
Finance	Develop an online tool to clearly capture pandemic related expenditure. An example of the online tool can be found at: https://form.jotform.com/200768340889870	BF&S Lead
Finance	Allocate an employee to monitor availability of government assistance programs and eligibility.	BF&S Lead
Finance	Monitor opportunities for property rental reductions for sites and services.	BF&S Lead

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Category	Activity	Responsibility
Finance	Increase cleaning services for all sites and services.	BF&S Lead
Human Resources	Validate Executive Leadership Team and Senior Leadership Team succession arrangements.	Governance Lead
Human Resources	Establish Rapid Response Team including: • Command and control format • Palliative care specialists • Psychologies and pastoral support • Infectious disease practitioners • Liaison points between family and residents	ACCS Lead Hospitals Lead P&C Lead
Human Resources	Develop induction training package for employees being deployed to sites during an outbreak.	ACCS Lead Hospitals Lead P&C Lead
Human Resources	Enable COVID tracking module in Kronos.	P&C Lead
Human Resources	Where there are supply stream shortages, consider the use of volunteers for making gowns, face masks etc.	P&C Lead FADS Lead
Human Resources	Implement working from home arrangements for all employees (where suitable) including developing work from home related policies, procedures and fact sheets.	P&C Lead
Human Resources	Collate database of local Uniting Church contacts, congregations and ministry staff. Consider volunteer opportunities for congregations.	Mission Lead
Human Resources	Where child care centres are closed, consider childcare services from the Synod or within Uniting Care for essential employees where child care centres have been closed.	FADS Lead Mission Lead
Human Resources	Establish process for pastoral care for employees impacted by pandemic such as support during isolation, sickness, death and family.	Mission Lead P&C Lead
Human Resources	Investigate cash out leave options for employees experiencing hardship.	P&C Lead
Human Resources	Consider options for employee leave and / or reduce work arrangements.	P&C Lead
Human Resources	Develop workplace register and process to capture employee attendance in the workplace.	P&C Lead
Human Resources	Utilise volunteers for additional roles such as traffic control, welfare checks and support.	P&C Lead
ICT	Consider procuring a stockpile of laptops and mobile phones noting likely impacts to supply chain.	D&T Lead
ICT	Work with the Operations Team to coordination the collection of available spare laptops for redeployment to staff for working from home arrangements and to ensure the return of devices when no longer required.	D&T Lead
ICT	Ensure virtual meeting applications such as Skype, Zoom, Microsoft Teams etc. are enabled for use on employee laptops.	D&T Lead
ICT	Implement an additional service desk line for essential staff working from home to contact for ICT issues.	D&T Lead

Category	Activity	Responsibility
ICT	Consider process for payroll system processing employee negative leave.	D&T Lead P&C Lead
ICT	Consult service streams to identify non-essential ICT projects to be placed on hold. Implement risk assessment process.	D&T Lead
ICT	Implement way of rolling out device updates remotely due to employees working from home.	D&T Lead
ICT	Establish process for hotline services to be able to work remotely.	FADS Lead
ICT	Implement pandemic risk/incident system tracking process.	Governance Lead
ICT	Implement process for expediting ICT needs for Operations Team. For example: Service Now Catalogue Item that is in place for Operations Team and Crisis Management Team members.	D&T Lead
Infection Control	Identify cohorting strategies.	ACCS Lead FADS Lead
Infection Control	Conduct infection control audits.	ACCS Lead FADS Lead Hospitals Lead
Infection Control	Implement virtual meeting only policy and ensure the reduced meeting room capacities are communicated (including signage).	BF&S Lead
Infection Control	Deliver hygiene training too all employees including distributing and displaying posters at all sites and services.	Hospitals Lead
Infection Control	Deliver training and conduct audits of frontline sites and services on signage, infection control practices, preparedness to respond, PPE usage etc.	ACCS Lead FADS Lead
Infection Control	Consider temperature testing and procuring infrared thermometers.	BF&S Lead Hospitals Lead
Infection Control	Implement screening process for sites and services. For example: QR Codes.	Corporate Affairs Lead D&T Lead
Infection Control	Engage Uniting Care Infectious Disease Physician for subject matter expertise.	Hospitals Lead
Partnerships	Establish process with QLD Health for regular meetings and updates.	Hospitals Lead
Partnerships	Share resources with industry partners.	ACCS Lead FADS Lead Hospitals Lead Retirement Living Lead
Planning	Develop Safe Plan for the workplace.	P&C Lead
Planning	Consider biosecurity requirements for remote locations.	ACCS Lead FADS Lead
Planning	Consider how to adapt service models to meet social distancing, hygiene and infection control requirements.	ACCS Lead FADS Lead Hospitals Lead

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Category	Activity	Responsibility
		Retirement Living Lead
Planning	Investigate process for emergency credentialing of intensiveness positions across regional areas.	Hospitals Lead
Planning	Develop hospitality plan for alternate catering / food supply options, laundry and waste management.	ACCS Lead
Planning	Conduct scenario exercise to validate plans.	ACCS Lead FADS Lead Hospitals Lead Retirement Living Lead
Planning	Establish process for closure / suspension of (non-essential) sites and services.	ACCS Lead FADS Lead Hospitals Lead Retirement Living Lead
Planning	Ensure residents and clients have documented advanced care plans.	ACCS Lead FADS Lead
Planning	Establish process for monitoring and implementing government directives.	ACCS Lead FADS Lead Hospitals Lead Retirement Living Lead
Planning	Ensure current facility maps and layouts are incorporated in site specific outbreak management plans.	ACCS Lead FADS Lead Hospitals Lead Retirement Living Lead
Planning	Develop Summary Care Plan for residents.	ACCS Lead
Procurement	Develop PPE plan that considers priority sites / services for kits, kit contents, request process etc.	ACCS Lead Hospitals Lead FaDS Lead
Procurement	Procure and begin stockpiling critical items such as sanitiser, masks, gloves etc. Ensure insurer is advised on stockholdings location.	Operations Team Lead BF&S Lead
Procurement	Establish process for procurement of Personal Protective Equipment (PPE) and other medical consumables noting supply streams will be severely impacted including PPE burn rate calculator.	Operations Team Lead BF&S Lead
Procurement	Utilise Lifeline distribution centres and trucks for stockpile. Consider the use of volunteers for packing supplies.	BF&S Lead FADS Lead P&C Lead
Reporting	Implement process for daily snapshot reporting for the Uniting Care Executive and key stakeholders including pandemic	Hospitals Lead

Category	Activity	Responsibility
	related staff absences, hospital bed availability, client impacts etc.	
Risk	Develop safety response levels (matrix) for service streams.	ACCS Lead FADS Lead Hospitals Lead Retirement Living Lead
Risk	Implement process to monitor and report on pandemic risk.	Governance Lead
Risk	Undertake risk profiling of site / services utilising geospatial analysis tool.	Governance Lead
Risk	Develop risk assessment tool for the re-establishment of suspended services that do not comply with the COVID Safe Plan.	Governance Lead
Communication	Standby any team members required to activate Crisis Communications Plan.	Corporate Affairs Lead

Response: Operations Team Action Plan

Triggers to activate

The below triggers will result in this Operations Team being stood up:

1. If QLD Health move the risk rating to Moderate or High or a directive is issued or changed that affects multiple geographic services;

2. There is an employee who tests positive and residents or clients are considered at risk of transmission; or

3. There is a resident or client who tests positive, and employees are considered at risk of transmission.

Authority to activate

Due to the likely extended duration of a pandemic, the activation of this plan is scalable.

The CMT Crisis Controller or Operations Team Lead in consultation with the ACCS and FADS Leads will consider the scope in which this plan is activated. For example: Depending on the scope of Trigger 1, a partial activation may only be required where some team members are stood up. However, Triggers 2 and 3 will likely result in activation of both the Crisis Management and Operations Teams.

The GE Hospitals or Operations Team Lead have authority to activate this Plan.

Where an Operations Team is activated to support the implementation of this plan, GE Hospitals will ensure each Group / Service identifies an Operations Team representative. The Manager for Business Continuity and Insurance will capture the key contact information for the identified Group and Service Representatives.

Within 30 minutes of notification

Step	Actions	Responsibility
1	Conduct impact assessment and determine the scope of activation necessary considering: - The Safety Response Matrixes; - The resources required; - If the CMT will be required; - If media monitoring is required by Corporate Affairs Team.	Crisis Controller Operations Team Lead

Step	Actions	Responsibility
2	During business hours, notify Operations Team of outbreak situation and convene at Operations Room (Level 5 Ann Street, Training Room 3). Alternatively, distribute Zoom Meeting Request to: OperationsTeam@ucareqld.com.au. See **Appendix 1 Operations Team Contact List**.	Operations Team Lead Governance Lead
3	Outside business hours distribute Zoom Meeting Request to: OperationsTeam@ucareqld.com.au. Note: follow-up text message or telephone will be required. See **Appendix 1 Operations Team Contact List**.	Operations Team Lead
4	Consider if an ongoing booking of Level 5 Ann Street, Training Room 3 is required and car parking for Operations Team members. These bookings are made with the BF&S Business Support Manager.	Governance Lead
5	Advise team members of status and meeting update schedule.	Operations Team Lead ACCS Lead FADS Lead
6	Where the team is partially activated, ensure email correspondence is distributed to the OperationsTeam@ucareqld.com.au email address for information.	Operations Team Lead ACCS Lead FADS Lead
7	Contact the Commonwealth Department of Health at aged care: agedcareCOVIDcases@health.gov.au of any positive cases. The commonwealth will appoint a case manager who is the commonwealth's single point of contact for the Residential Aged Care Facility (RAC). The Case Manager will connect with the service regarding resources to manage the outbreak. Resources include PPE, surge workforce, supplementary testing, and access to primary and allied health care.	ACCS Lead
8	Family and Disability Services team follow the FADS Outbreak Management Plan. Reporting guideline ensuring all relevant Regulators and/or Funding Departments are notified as per the procedures established by each Regulator and/or Funding Department. FADs team to be instructed to access outbreak kits and/or core office site locations (Chermside, Ipswich, Annerley, Rockhampton, Cairns, Hervey Bay, Gold Coast, Townsville) for PPE should stock not be able at identified site.	FADS Lead
9	Refer to relevant Safety Response Matrix.	Operations Team Lead ACCS Lead FADs Lead

30 – 60 Minutes

Step	Actions	Responsibility
10	Release an initial communication which should include residents, staff, families, and key stakeholders (contractors). Consider co-located sites in communications.	ACCS Lead

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		Contact the Customer Service Centre to advise of no new admissions and support requirements. Inform all relevant units/teams (regional, cluster and central support) and other services of outbreak via email.	
11		Consider establishing a Rapid Response Team of clinically trained staff to support the response to a site / service specific outbreak where there are limited succession arrangements in place for that site.	All Stream Leads
12		Document decision points and actions. Where the Operations Team is partially activated, email decision points and actions through to OperationsTeam@ucareqld.com.au cc CMT@ucareqld.com.au.	Governance Lead / All

1 – 3 Hours

Step	Actions	Responsibility
13	Request additional PPE via commonwealth stockpile at agedcarecovidppe@health.gov.au. Request additional PPE via FADS specific Funding Departments as per guidelines.	Operations Team Lead
14	Deploy script / talking points to the Customer Service Centre or develop / amend messaging if more details have been made available.	Corporate Affairs Lead
15	Activate Hospitality Plan arrangements (catering, laundry and waste): Contact: menumanagement@bluecare.org.au.	ACCS Lead

3 – 6 Hours

Step	Actions	Responsibility
16	Establish Operations Team on call roster arrangements and meeting schedule.	Governance Lead

6 – 12 Hours

Step	Actions	Responsibility
17	Consider if shift times need to be amended to 12-hour shifts.	All Stream Leads
18	Request details of stood-down workforce from site or service point of contact.	ACCS Lead
19	Implement support mechanisms (alternate accommodation, shopping, food, medication, pastoral etc) of stood down workforce.	P&C Mission Leads

12 – 24 Hours

Step	Actions	Responsibility
20	Establish a clear and consistent pattern of daily follow-up outbound communications. This will ensure residents, clients, families and stakeholders are informed of developments as they unfold.	Corporate Affairs Lead

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Ongoing

Step	Actions	Responsibility
21	Consider fatigue management of Operational Team staff.	Operations Team Lead
22	Remind leaders to continue welfare checks of staff placed in isolation.	P&C Lead
23	Review pandemic website information to ensure currency and compliance with State guidance.	Corporate Affairs Lead
24	Maintain currency of online task tracking tool.	All
25	Increase cadence of Daily Snapshot reporting.	Operations Team Lead
26	Employees are reminded inquiries from the media will be managed by Director of Marketing and Corporate Affairs, or representative. The CEO and Director Marketing and Corporate Affairs (or their authorised delegate) are the only employee authorised to talk to the media. Under no circumstances are UnitingCare employees or volunteers to make any comment to the media or to members of the public regarding UnitingCare business. All media enquiries must be forwarded to the media phone: 0412 674 013.	Corporate Affairs Lead

Response: Stand down

Individual activities will be regularly assessed and stood down when they no longer contribute to the outbreak response. The **trigger** for the move into the Stand-down stage will occur when the Public Health Unit has declared the outbreak over. Stand-down activities will focus on:

- supporting and maintaining quality care;
- ceasing activities that are no longer needed, and transitioning activities to normal business or interim arrangements;
- monitoring for a second wave of the outbreak;
- communication activities to support the return from emergency response to normal business services; and
- evaluating systems and revising plans and procedures.

The UnitingCare Crisis Controller will stand-down the pandemic response based on the advice from subject matter experts and in alignment with Australian Government stand-down measures.

Stand down checklist

Step	Actions	Responsibility
1	Restock and resupply resources.	Operations Team Lead
2	Resume elective procedures in hospitals.	Hospital Lead
3	Resume non-essential work activities.	All
4	Review policies, procedures and plans.	All
5	Decommission task tracking tool and save information for debriefing purposes.	Governance Lead

| 6 | Conduct debriefing within 14 days of the declaration to stand down and implement lessons learnt. | Governance Lead |
| 7 | Monitor for next wave of pandemic. | Operations Team Lead |

Communication

The UnitingCare Operations Team will continuously monitor updates provided by the Australian Government and Queensland Health. As Australian Government and Queensland Health guidance changes, the Operations Team will operationalise the changes and distribute communications to inform all employee.

A central website will be established as a central point of information for all employee. The website https://www.unitingcareqld.com.au/covid19 was developed for the COVID 19 pandemic.

The Corporate Affairs Team will maintain Monday.com with pandemic related communications material. In addition to this, the Corporate Affairs Team maintain a documented communication process.

Zoom is the preferred application for communications. However, where there are limitations with Zoom, UnitingCare employee may utilise Workplace Chat as an alternative method.

Communications checklist

Type	Activity	✓
Brochure	Develop DL brochure for employees, clients, residents etc. on social distancing, PPE, hand hygiene and infection control.	
Checklist	Work with People and Culture to develop work from home checklist for employees.	
Checklist	Develop checklist for residents and employees entering facilities.	
Factsheet	Develop community preparedness fact sheet.	
Factsheet	Develop DL information card for service streams employees and clients to contact with process of reporting symptoms.	
Key Message	Develop communications for the hospitals including: patient information, visitor information, posters, phone scripts, social media and websites.	
Key Message	Establish schedule and messaging for CEO to all staff.	
Key Message	Develop communications on the vehicle fleet and processes for hygiene.	
Key Message	Develop and distribute messaging to all employees on PPE, hand hygiene, social distancing rules etc..	
Key Message	Develop communications for Lifeline Retail Drivers.	
Key Message	To employees regarding the correct usage / formulation of hand sanitiser.	
Key Message	Develop communications for Lifeline Retail stores closing (posters, social media, media release, posters).	
Key Message	Develop communications to Blue Care Hairdressers.	
Letter	For essential staff to provide to police transiting and when with clients.	
Letter	To all contractors regarding access sites and services.	

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Type	Activity	✓
Letter	To all residents and retirement living regarding pandemic.	
Letter	To all resident or client family and friends regarding pandemic.	
Letter	To all general visitors.	
Letter	Develop letters for employees, volunteers, residents, contractors regarding immunisation program.	
Letter	Develop letters for GP's and family members in the event of an outbreak at a Residential Aged Care Facility.	
Letter	Develop letters for suspected and / or confirmed case in Residential Aged Care Facility.	
Letter	Develop Visiting Medical Practitioner letter for recommencement of surgery in hospitals.	
Newsletter	Include pandemic related information in all newsletters.	
Poster	Develop pandemic posters for all site / service entry points.	
Poster	Develop posters, banners, web and social media information for site / service / store closures.	
Poster	Develop posters for hospital visitor closures.	
Script	For Customer Service Centre Voiceover	
Script	Leader to support employee that is a confirmed positive case.	
Script	Develop script for community cancellations / hold visits.	
Script	For Residential Aged Care Facility greeters	
Script	Develop scripts for employees to conduct welfare checks.	
Script	Develop scripts for communicating with youth. For example: getting tests conducted, following social distancing requirements, hand hygiene etc.	
Social Media	Develop social media tiles for all brands in preparation for proactive messaging.	
Social Media	Monitor social media commenting including Workplace.	
Social Media	Maintain a social media tracking sheet.	
Social Media	Establish schedule for hospital social media messaging.	
Videos	Establish filming schedule for Executives to communicate with staff.	
Website	Develop website as the central source for all pandemic related information.	
Website	Establish process for updating of AARCS website.	
Website	Establish process for hospital website and social media updates.	

Appendix 1: Key Contacts

Crisis Management Team: CMT@ucareqld.com.au			
Uniting Care Operations Team: OperationsTeam@ucareqld.com.au			
Media on-call phone: 0412 674013			
Employee Welfare Support			
Lifeline	Helpline		13 11 14
Benestar	Employee Assistance		1300 360 364
	Pastoral Care	missionteam@ucareqld.com.au	0438 728 641

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