

Pandemic Operational Plan

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Staff Support & Deployment Centre
24-hour Help Desk (Carnegie Office)
phone 8574 4700

PART 1 WHAT IS A PANDEMIC?

World Wide

Pandemic: 'worldwide spread of a disease', from the Greek word 'pandemos' meaning 'across the people'. Pandemics are remarkable events that can rapidly infect virtually all countries and result in substantial disease, death, and expense. Once international spread begins, pandemics are considered unstoppable. The most important warning signal comes when clusters of patients with clinical symptoms are detected.



In Australia

The Spanish epidemic of 1918-19 caused nearly 12,000 deaths in Australia and caused many disruptions to community life. Bird flu in 2006, and swine flu in 2009 caused community alarm. Australia implemented strategies to respond to H1N1 flu throughout 2009.

In Yooralla

The Yooralla Pandemic Plan was implemented for five months in 2009 from May through to October 2009. Cases of swine flu were prevalent throughout the Melbourne and Victorian communities. During the implementation phase of the plan Yooralla:

- Implemented the role and responsibilities outlined in the plan including the role of the Pandemic Operations Manager (POM) who assumed operational control of services affected by the swine flu virus (in consultation with relevant General Managers and People and Culture)
- closed offices and services (3 ECI service closures, Balwayn School Service, Library, Surrey Hills office). Social isolation at VASS and a number of other services.
- asked staff to stay at home if they had come into contact with the swine flu virus
- asked clients to exercise social isolation strategies (i.e. stay at home) if they had come into contact with the virus
- developed and implemented the staff redeployment register
- established and implemented the control centre at Carnegie including establishing a 24 hour hot line to answer queries from staff, clients and families
- stockpiled and issued large quantities of personal protective equipment
- implemented the communication strategy (including daily meetings between the POM and the OH&S Unit, daily bulletins at the height of the pandemic to Senior Managers and DHS, e-newsletters to all staff, letters to clients, families and staff in the case of service closures and subsequent re-openings)
- liaison discussions with DHS, DEECD, DFACSA
- had discussions with senior bureaucrats about our approach
- shared our pandemic plan with other organisations, DHS, DFACSA, and NDS
- established a sharepoint site to store all information

The implementation of this plan was reviewed in February 2010 and this document has been updated in light of learnings and recommendations made.

PART 2 HEALTH AND SAFETY



Infection control underpins the management of a pandemic. Effective infection control helps stop the virus moving from person to person, from service to service and throughout the community. Infection control is part of all induction sessions for new staff conducted by Yooralla. Refresher training is also available to all existing staff. Good infection control starts with YOU!

2.1 How can you and your household prepare for a pandemic?

- Have a **plan** ready in case you and your family have to stay at home for a week or so during a pandemic. Talk to your family and friends about this.
- If you live alone, or are a single parent of young children, or are the only person caring for a frail or disabled adult, having a plan is an especially important precaution.
- Think of **someone you could call** on for help if you became very ill, or were unable to leave home. Discuss this possibility with them.
- Think of someone that you could call on to **care for your children** if their school or daycare centre is closed and you are required to work. Discuss it with them.
- Think of someone who could **help you with food and supplies** if you and your family are ill. It is important that anyone with symptoms remains distant from all food preparation activities.
- Having a **telephone network** for you and the people who live close by is a good idea.
- Put the **phone number of your family doctor and your state information line** in a prominent place.
- Keep a record, or care **log, of any symptoms** for each person in the household.

Government authorities recommend planning for at least a two-week supply of food and bottled water.

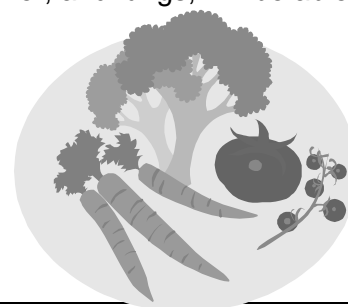
Some extra supplies you might consider are:

- Cans of food and non-perishables. Seek foods that provide the most nutrition.
- Some extra freezer foods.
- Drinks. You may use more liquids than meals in a pandemic.
- Some water, in case there is a problem with supply.
- Torch and radio batteries, candles, matches,
- A medicine kit, including paracetamol, aspirin, cough and cold medication, anti diarrhoea medication, thermometer etc. Gatorade.
- Perhaps a bottle of Vitamin C supplement and also a bottle of Omega 3 supplements.
- Supplies of any prescribed medicines
- Extra disinfectant items, tissues, toilet rolls, soaps, garbage bags.
- Extra toiletries and personal needs.
- Ensure portable gas barbeques bottles and similar items are filled.
- Extra entertainment and diversionary activities.

As part of a being prepared it will be wise to eat very healthy food, stop smoking, get plenty of sleep, and if illness strikes in the household, try to maintain a calm environment. The healthier people are the more successfully the human organs, such as heart, liver, and lungs, will be able to withstand the virus.

The main messages for anyone with symptoms are:

- Go to bed and get as much **rest** as possible.
- **Keep warm**, but don't get overheated.
- Make sure you **drink plenty of fluids** and be sure to prevent dehydration.



- **Take painkillers**, such as paracetamol, to relieve headaches and fever.

If your household becomes infected (and even before, if a pandemic strikes) keep everyone's personal items separate. Avoid sharing pens, clothes, papers, linen, utensils, blankets etc.

Keep hands away from eyes, nose and mouth to prevent germs from entering your body. Do not take it for granted that your government(s) or emergency services will be able to provide necessary and timely help.

2.2 Food and other essentials for storage in case of a pandemic

In the event of a pandemic, stocks of food and essential goods may not be available. You may be unwell, or fearful of catching an infection if you go out. You may be caring for a family member and be unable to go out. Remember, household utilities such as electricity, gas and water may also be disrupted during a serious outbreak. You may not be able to use your normal banking systems.

The following list of food and items for the pantry has been prepared as a guide to use when stocking your cupboards. The list does not include fresh fruit and vegetables, although it is acknowledged that these are the healthiest options. Non-perishable food and hardware items have been chosen.

Pantry:

- Stocks of sugar, flour, coffee, tea, sauces (soy, tomato, sweet chili etc), tetra pack fruit juices, long life milk and/or powdered milk, Oils – vegetable, olive etc, jam, vegemite, peanut butter
- Dried goods: Fruit and nuts, rice, pasta, cereal, crisp bread, soup, jelly
- Canned or bottled goods: baked beans, soup, tuna, salmon, sardines, ham, vegetables, pasta sauces, beetroot
- Semi-perishable goods (rotate regularly through to ensure an adequate stock that is within use by dates): Cheese, biscuits
- Bottled Water in case water supplies are interrupted.
- Candles, a torch with spare batteries, matches

Freezer

You may want to stock the freezer, but remember, there may be disruptions to power supplies so you may lose food if it defrosts. You will also need to rotate frozen food to ensure that it remains at its best when eaten – all food has a frozen shelf life and this needs to be considered and adhered to. However, items to consider are: soup, casseroles and stew; meat; frozen fruit and vegetables, ice-cream

Other items

Make sure you have warm blankets, disinfectant, toiletries such as soap, shampoo, shaving cream, deodorants and personal items, dish washing and laundry liquids or powders, garbage bags, disposable gloves

PART 3 RESPONSE TO PANDEMIC IN FIVE STAGES

Stage	Action to be Taken	Involvement by Yooralla
Stage 1 – Pre-Pandemic	Watching Brief – Be Ready	Senior Management Team
Stage 2 – Cases in Australia	Initiation of Yooralla Plan	CEO
Stage 3 - Cases in Victoria	Closure of Services in Affected Areas	Pandemic Operations Manger
Stage 4: Pandemic in Victoria	Full Implementation of Yooralla Plan	CEO, Pandemic Operations Manager
Stage 5: Review	Review of all Phases and Regrouping	Senior Management Team

The stages are outlined in more detail below:

STAGE 1 Pre-Pandemic – Watching Brief: ‘Being Ready’

Goal:

- To ensure that Yooralla is aware of the status of the pandemic, the possibility of infection in Australia/Victoria and is prepared to take action where necessary.

Responsibility and timeline:

- Senior Management Team

Strategies:

- Regular communication through regular communication channels.
- Reviewed Pandemic Operational Action Plan on the Yooralla intranet and internet.
- Review staff redeployment register to ensure data is still relevant and is ready to be activated, in consultation with staff.
- Media campaign developed and ready to go.
- Yooralla help/information lines ready to be activated. The number for the Help Desk is: ???????
- List of clients for whom service must be maintained is available, having been updated bi-annually during non-pandemic phase.
- Essential services have developed lists of non-perishable foods, including water, that can be purchased at short notice (enough for at least 10 days).
- Complete Appendix 2 Emergency Contact Details sheet.



Outcome:

- Staff aware of roles, responsibilities and status of virus progression.
- Clients and families aware of Yooralla’s planning around a pandemic.
- Staff aware of chain of command during a pandemic.
- Staff and clients aware of essential services that will remain open.
- Staff aware of where to locate appropriate information and training materials.

STAGE 2 Cases in Australia – Initiation of Yooralla Plan

Goal:

- To ensure Yooralla target audiences are aware of status of the pandemic, cases reported in Australia, and are prepared to implement the Yooralla Action Plan.

Responsibility:

- CEO - initiated by the first reported cases in Australia.

Strategies:

- Email to all staff and clients.
- Communication to clients and family members/primary carers.
- Information posted on Yooralla website, daily if necessary. Any news is to be posted on the website.
- Team meetings to review and confirm next steps – possible service closures, possible staff redeployment.
- Implementation of designated Operations Manager role to liaise closely with the DHS.
- Deputy Pandemic Operations Manager to liaise closely with DEECD, DFACSA and DVA.
- Essential services purchase emergency foodstuffs and water.
- Contact with local media re Yooralla plan.
- List of clients for whom service must be maintained to be updated weekly – or more often.
- When cases are reported in Victoria, monitoring and isolation strategies will be enacted in services.
- Management Roster for 24-hour help-desk finalised and circulated. All members of the Senior Management team to play a role in the management of the Pandemic.
- Social distancing plan is developed.
- Staff Redeployment Register is updated.
- Staff Re-training Register is updated.
- The Staff Support and Deployment Centre is ready for activation.
- Appointment of Yooralla regional personnel as Liaison Officers to maintain contact with the DHS and emergency services.
- Acquisition and distribution of infectious waste bins (where not already in place).
- Facilities to top up emergency supplies.
- Extra supplies of client medication are procured
- Plans for pets are made being guided initially by requirements of the DHS Health Department.
- Any new members of the On Call team to receive training in Lifestyle Support and Choice On Call Manual procedures and protocols to ensure that advice given is relevant and appropriate.

Outcome:

- Staff aware of status of pandemic.
- Staff aware of roles and responsibilities during next phase.
- Clients and families aware of what services may close, and the circumstances that will trigger closures.

STAGE 3 Cases in Victoria – Closure of Services in Affected Areas

Goal:

- To ensure that Yooralla's target audiences are aware of status of the cases reported in Australia.
- To monitor areas of infection, reduce likely cases, and maintain critical services where possible.

Responsibility and timeline:

- Pandemic Operations Manager and Service Managers.

Strategies:

- Daily monitoring of Department of Health Website and links.
- Regular newsletter (provided by Health Department and the Yooralla Pandemic e-newsletter) to be posted on Yooralla Website and emailed to all service sites.
- Re-issue of infection control instructions to staff and clients – electronically and in hard copy.
- Close liaison with Department of Education Employment and Training, and DHS in relation to children’s services.
- Liaison with Department of Veteran’s Affairs, Transport Accident Commission, and agreement on temporary cessation of e.quip and non-critical case management services.
- Activate the Staff Support and Redeployment Centre and the single phone number is advertised to staff.
- When there are identified cases within Yooralla, the essential service plan will be enacted.
- Instruction ready to inform staff and clients of service closures e.g. schools, Early Childhood Intervention Services, and other non-essential services where infection is likely.
- Staff on the redeployment register will be contacted and details updated – weekly information, and possibly more frequently, to these staff members around possible redeployment measures.
- Liaison with families who have indicated their family member can return home – dates set according to identified triggers.
- Contact with local media regarding the Yooralla plan.
- Development of a ‘script’ for staff to respond to queries around a client or staff member who has died.

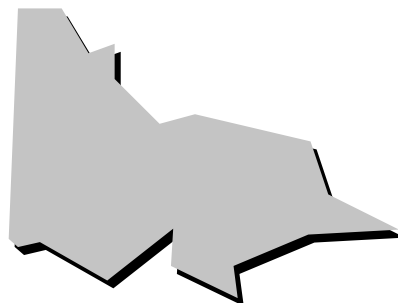
Outcomes:

- Information up-to-date with all queries answered.
- All staff aware of, and implementing, infection control measures.
- Closure of non-essential services in areas of infection.
- Redeployment of staff to essential services in identified localities.

STAGE 4 Pandemic in Victoria – Full Implementation of Plan

Goal:

- To ensure Yooralla target audiences are aware of status of the cases reported in Victoria and in Yooralla services
- To reduce sickness and mortalities and to maintain critical services



Responsibility:

- Chief Executive Officer and Pandemic Operations Manager.

Strategies:

- CEO to declare Yooralla to be in a state of emergency with altered lines of accountability until further notice.
- All staff and clients/families to be informed and kept up to date around closure of all non-essential services – by telephone, email and in hard copy.
- Pandemic Operations Manager to be in charge of all essential services including working with local managers around movement of residents to designated houses.
- Operations Manager to work with People and Culture to redeploy of staff to critical services –daily monitoring of staffing requirements across all essential services.
- Daily bulletins, prepared by the Pandemic Operations Manager in conjunction with the Manager Occupational Health and Safety, and newsletters on Yooralla website.
- Operations Manager to appoint Regional Liaison Officers.

Outcomes:

- All non-essential services closed.
- Essential services operating on revised rosters.

- Staff, clients, and families informed as much as possible about daily changes in status of infection throughout the organization and current strategies.

STAGE 5 Review of all Phases and Regrouping

Goal:

- To review the effectiveness of the Plan, make any necessary adjustments and prepare for the next wave.

Responsibility and timeline:

- Emergency Management Committee and Pandemic Working Party.

Strategies:

- Give notice to clients and staff about return to normal service - timeline, staffing levels, any major changes - email, in writing, telephone.
- Review of redeployment register and confirmation with staff around roles for possible next wave.
- Implement recruitment for positions that may be permanently vacant.
- Address gaps in plans, policies, and procedures in previous stages.
- Debriefing and grief counselling where necessary.
- Review training around infection control and retrain where necessary.

Outcomes:

- Non-essential services reopened.
- Review of staffing completed with recruitment in place for permanent vacancies.
- Liaison with DHS and health services around next steps (detailed below)

PART 4 ROLES AND RESPONSIBILITIES OF YOORALLA MANAGEMENT – DIRECT SERVICE DELIVERY

In order to ensure that Yooralla delivers its critical business processes during a pandemic, planning and preparation is required. At a national level it is acknowledged by the Australian Government that emergency management and overall national recovery will be greatly facilitated if essential services are available without significant interruption during a pandemic.

Planning for a pandemic includes the following basics:

- Identifying essential business activities, and the core people and skills to keep them running, or alternative back-up arrangements.
- Identifying the infrastructure and resources required for the organization to continue operating essential services.
- Developing mitigating strategies for business and economic disruptions, including possible shortages of supplies, and contingency plans for continued operation.
- Ensuring that relevant employees, clients, and suppliers are aware of the contingency arrangements, and that they work.
- Minimising illnesses in workers.

Yooralla has been taking these matters into account in recent times and has planned to ensure continuity of essential service delivery and effective and appropriate management of staff issues.

4.1 Who is in Charge?

At the Federal level, the Department of Health and Ageing is the lead agency for advice on, if or when, the overseas or Australian pandemic phase changes. The Department's information hotline is 1800 004 599.

In Victoria, routine responsibility for managing infectious disease emergencies lies with the Communicable Diseases Section of the DHS. A significant threat or occurrence of a pandemic would constitute an emergency under the Victorian Government's Emergency Management Act 1986 and the DHS' 'Public Health Emergency Management Plan', which outlines the policies, procedures and emergency management arrangements for public health emergencies, would be activated.

In the event of a pandemic in Victoria, Yooralla will, wherever possible, work cooperatively with Federal and State Governments, Local Government Authorities, Emergency Services, and other disability support service providers to ensure the ongoing delivery of essential support services to people with disabilities. It is anticipated that Local Government authorities will take a lead role in the provision of support in local communities.

The following protocols have been developed to guide decisions around the circumstances under which Yooralla will work with other services.

Yooralla will:

- Take advice from the Chief Medical Officer of the Health Department around the stages of pandemic and the general procedures that should be followed, for example, a watching brief, containment, immediate response, and isolation aspects.
- Take a lead role in negotiating a framework for a cooperative working relationship with the DHS, including (if appropriate and applicable) the resourcing of support arrangements for other organizations.
- Undertake decisions around deployment of resources of any kind outside of Yooralla under the direction of the Chief Executive Officer, acknowledging that these will reflect prior

consultations with the Working Party and/or the Yooralla Senior Management Team, as appropriate.

- Ensure that the essential services identified internally are supported before any resources are committed outside of the organization.
- Follow all recommendations from the Department of Health regarding domestic pets.

4.2 Yooralla Chain of Command

Sanjib Roy will continue to carry out the duties of the Chief Executive Officer and take the lead role in liaising with the major funding bodies and the Yooralla Board members. Organizational decisions and directions will come from the CEO. The CEO (or the most senior manager available) will announce changes to the pandemic status within the organization and/or at service level.

The **designated Pandemic Operations Manager** is Jennifer Boulton, General Manager of Lifestyle Support and Choice. The Pandemic Operations Manager will:

- Be in charge of all essential services, including working with local managers around movement of residents to designated houses and provision of staffing support to identified clients living in the community.
- Work with the People and Culture group to redeploy staff to critical services, with continuous monitoring of staffing requirements across all essential services.
- Work with the Manager Occupational Health and Safety to maximize the wellbeing of Yooralla staff and clients.
- Wherever possible consult with the relevant General Manager prior to making decisions that affect services.
- Work closely with all managers within Yooralla to ensure clear and timely communication strategies are in place.
- Assume control of essential service delivery within Learning, Information, Family and Technology services (LIFT) that continue to operate, with other service General Managers acting at her direction to support operations to essential services. All LIFT managers and staff will take direction from the Operations Manager unless they have been assigned a specific role prior to the pandemic taking hold.
- Take the lead liaison role with DHS and the TAC.

Tracy Larsen White, General Manager of LIFT will

- assume the role of Deputy Pandemic Operations Manager
- take the lead role in liaising with DEECD, DFACSA and DVA.
- Take the lead role in liaising with Belmore and Glenroy Special Schools.

A 24-hour Help Desk to deal with staff queries will be established at the Yooralla Carnegie office. Experienced managers will be rostered to the Help Desk coming from Lifestyle Support and Choice and LIFT and will be either familiar with, or trained in, rostering and support for people with disabilities. The Help Desk will be linked with the current on-call system to ensure round the clock coverage. Capacity to deal with a high level of demand will be inbuilt. The single phone number for the Help Desk is ????????

Information on actions being undertaken within Yooralla, and/or instructions around infection control and service closures, will be posted on the Yooralla Website and circulated to all staff.

4.3 Succession order for overall DIRECT service management

In the event of a pandemic the following senior management succession plan will come into effect for the management of Essential Services:

- Jennifer Boulton (GM LSC), Pandemic Operations Manager. If she becomes unavailable responsibility will shift to the following managers in order (if and when each becomes unavailable responsibility will shift to the next manager on the list)

- Tracy Larsen White – Deputy Pandemic Operations Manager (GM LIFT)
- Teresa McClelland
- Jo Hine
- Jane Cusdin
- Ian Edlin
- Gaye Sheppard

Within each DHS Regional area, day-to-day management issues will be dealt with by the following managers in the same way as described above:

Eastern Metropolitan Region:

1. Teresa McClelland
2. Gavin Hardidge
3. Jacinta Powell
4. June Sutton-Ryan

Southern Metropolitan Region:

1. Gaye Sheppard
2. Sasha Partridge
3. Carolyn Duffey

Gippsland:

1. Helen Bassenese
2. Justin Smith
3. Vanessa Bleir

North West Metropolitan Region:

1. Joanne Hine
2. Peta Fencham
3. Eileen Dicker
4. Daniela Lobello

During a pandemic regular meeting arrangements will be put on hold. Essential meetings may take place using conferencing facilities or other appropriate electronic mechanisms. Meetings of managers responsible for the continuing operation of essential services would take place on an 'as needed' basis. A morning teleconference between the Pandemic Operations Manager and the Manager OH&S will be a minimum required to ensure ongoing coverage and resourcing of essential services for that day. Email will be an essential means of communication, but only instructions from the designated manager 'in charge' will be acted on.

4.4 Liaison with the Health Department and Emergency Services

The occurrence of a pandemic would constitute a Category One Incident and would activate the Health Department's State Level Emergency Management Plan. The Department's Emergency Coordination Centre would be activated to manage response and recovery operations. Staff will be appointed to act as liaison officers representing response and recovery interests, assess and monitor the incident and its impacts, provide information and advice to senior management and ministers, and approve distribution of written and verbal information.

A Community Information line will be established in Victoria to provide a central contact point for members of the public to obtain personal health and safety advice.

Yooralla's plans to manage a pandemic will reflect the recommended strategies identified within the government Plan.

Role of Yooralla Liaison Officer with DHS during a pandemic

The principal contact point between Yooralla and the DHS, DEECD and DFACSA will be between the CEO and the Executive Director of Disability Services (DHS), Regional Directors in DEECD and State Manager in DFACSA. Contact at this level will be focussed on the impact of the pandemic on the disability service sector and organizational implications, including widespread service closures, mass redeployment of staff and impact on financial viability.

At the operational level Yooralla's Operations Manager will appoint regional liaison officers whose role will be to:

- Keep regional DHS DEECD and DFACSA coordinators up to date with Yooralla services including closures, essential services
- Seek information from Departmental coordinators around emergency procedures and services available within the Region
- Work closely with Departmental coordinators and local government workers to ensure Yooralla staff and clients are aware of local arrangements including availability of essential health care
- Negotiate any special requirements for the maintenance of essential services within Yooralla e.g. access to personal protective equipment, waiving of usual standards (e.g. reporting restraints)
- Ensure Yooralla is receiving all information around the spread and/or containment of the pandemic that is available through the Departments
- Ensure that Departments have a list of Yooralla services that are still operating with contact details
- Ensure that Departments have a list of Yooralla services that are closed with a contact number within Yooralla
- Inform DHS of any client deaths due to the pandemic
- Inform DHS of any infectious areas/houses within Yooralla
- Seek information from DHS coordinators around infectious areas/services in the local area/s

The Yooralla liaison person is to ensure that all new information from the Health Department and other government bodies is passed back through to the Operations Manager.

PART 5 ESSENTIAL SERVICES

5.1 Essential Services within Yooralla

It has been determined that the following are Yooralla essential services that MUST be maintained during a pandemic:

- Residential services, including Eton Street, for clients with no other option. Where possible, the number of service sites will be reduced through consolidation
- Identified clients receiving in-home support where that support is essential for survival (e.g. HomeFirst, TAC funded clients receiving attendant support)
- High intensity/complex needs clients in receipt of in-home respite support
- Facility based respite services for relinquished clients who predate the pandemic
- Family Options
- Payroll
- Finance
- IT back-up to Internet and network
- Public Relations (communications, media management, etc)
- People and Culture

5.2 Identified Residential and Respite Support Services

NB: The hierarchy of control for operational services is fully outlined in section 3 of this manual.

The Operations Manager and the Lifestyle Support and Choice managers have identified those residents who may be able to return to their family during a pandemic. At Stage 3, when the risk of a pandemic is acute, arrangements will be made with residents and their families.

Depending on the location of the outbreaks, residents may be asked to move to different locations to maximize the staffing support available and/or to minimize the risk of infection.

A list of residents and houses that must remain operational has been developed and is filed with the Operations Manager. This list is to be reviewed twice a year.

It is anticipated that there may be a number of clients who receive regular respite (or other Yooralla support services) through Yooralla who may require ongoing support should their families/carers become ill during a pandemic. Respite will be made available to clients whose regular support arrangements have broken down – this will be outside of the normal planned respite arrangements which will be put on hold during a pandemic until any risk of infection has passed. Respite houses may also be used to isolate clients – either clients who are showing symptoms of the virus, or who need to be moved away from other clients who are ill.

All children within the Family Options program will require ongoing support during a pandemic.

5.3 Identified Individual Support Services (Clients assessed as requiring essential support services at home)

Individualised Support clients requiring ongoing attendant support in order to survive have been assessed. There are less than ten people in this category. This list is filed with the coordinator within Lifestyle Support and Choice and is reviewed twice a year.

5.4 Financial and Infrastructure Services

NB: Separate hierarchy and emergency operational documents are held by the managers of each section to ensure essential financial and infrastructure services continue during a pandemic.

5.5 Pay Office Department – people and functions

It is essential that staff continue to be paid during a pandemic. The hierarchy of control within the pay office will be:

- Payroll Manager – Tristan Pham
- Payroll Manager absent – Teresa Belvedere (Department Supervisor) undertakes the role.
- Department Supervisor absent – either Anita Chandra or Darrel Moroz can fulfil this role.
- Where both the above were absent – Anita & Darrel would jointly fill the role.
- The part time staff member (Scott Muscat) could be brought in full time and additional hours would be required by the staff on the ground.

5.6 Finance department - people and functions in Financial Services

- It is also essential that the finance department continues to operate to ensure funds are in the bank in order to pay salaries and bills. Bruce Morrison will manage the department with written instructions in place for processes in case of illness.
- For purposes of management of the accounts code is **CC083 A/C 2792**.

5.7 Information Technology Department – people and functions

Information Technology back-up will be essential to ensure timely information can be loaded on to the internet, and that the network is maintained (for client management and financial processing).

The Yooralla Website will be updated by Peter Sartzetakis and his backup, in case he is not available, will be Gary Rodi. The Website can be updated from Yooralla Head Office (Flinders St) or remotely from either Peter's or Gary private residence. They will be available to update information during business hours but also on weekends and after hours where required.

The hierarchy of control is:

- Kris Tsaknis
- If the Information Technology Manager is absent - Sam Psathas will undertake the role, in conjunction with phone link-ups with the Information Technology Manager.
- If the above two are absent - Paul Pritchard and Sandra Grasso would work in conjunction with the Information Technology Manager and/or Sam with phone links.

5.8 People and Culture team

NB: Separate hierarchy and emergency operational documents are held by the manager to ensure essential corporate services continue during a pandemic.

In reviewing the scope of work undertaken by the People and Culture Department, the following tasks have been defined as critical:

- Regular review of staffing needs across services that will be maintained through out the pandemic. Provision of advice and assistance to the Senior Management Team in relation to meeting emergency staff requirements.
- Interpretation of awards, leave and stand down provisions, poor performance management, and advice on remuneration arrangements related to the redeployment of staff.
- Consultation and continual review of redeployment strategies.
- WorkCover claims management and return to work.
- Organising training for core functions - particularly for redeployed staff, record keeping of training.
- Volunteer recruitment, training, deployment, support, and management.
- Police, medical and reference checks for volunteers and direct care staff and other staff needed during this period of time.
- Contract and remuneration management.
- Invoices.
- Liaising with payroll/maintenance of ingenuity and Customer Relationship Management (CRM) data base information.
- Liaising with unions and employer bodies in relation to redeployment of staff.
- Provision of advice and assistance to management and staff with questions.

- Management of occupational health and safety issues arising within services, including ensuring purchasing of personal protective equipment and monitoring of news bulletins pertinent to area of concern.
- Incident reporting management and response.

In addition, People and Culture Department staff must be available as a back up to assist payroll should the need arise.

In the event of pandemics the following management plan will take effect within the PAC team. If the person becomes unavailable, responsibility will shift to the next person on the list

Overall Coordination and any areas not covered below

1. GM, People and Culture (Connie Gardner)
2. Learning and Development Manager (Margie Arthurson)
3. Principal Advisor (David Stephenson)

Redeployment registers updates and coordination

1. Human Resources Coordinator (Pippin Perisanidis)
2. Senior Recruitment Advisor (Chris Knight)
3. Recruitment & Employment Officer (Natasha Daloukas)

OHS advice, supplies and bulletins

1. OHS manager (Rhonda Grant)
2. OHS Advisor (Kylee Brehaut)
3. OHS Advisor (Nicky Horton)

Payroll backup

1. Human Resources Officer (Vicky Aspinell)

Learning & Development Coordinator (Sarah J. Long)

PART 6 SERVICE CLOSURES

Should a pandemic occur, Yooralla will close services based on the degree of reliance that any client would have on a service for day to day survival, the impact on family members/carers of service reduction or closure, the risk of continued operation within 'closed' environments, and the impact on staff. One of the key unknowns in the development of the closure hierarchy is the duration of any epidemic and the ebbs and flows of absenteeism that may occur.

There will always be some services that cannot close due to the reliance of residents/clients on **essential** day-to-day support. Others are less clear as the consequences of closure may be significant and must be considered carefully. Within this mix of responses, the need to maintain core activities within corporate services is also critical to the on-going management of the organisation. See Part 8.

However, during Stage 3 of a pandemic (see Part 4 of this manual for an outline of the stages of a pandemic and the impact on Yooralla) the closure of some Yooralla non-essential services in affected areas will commence.

6.1 Non-Essential Services

Non-essential services will start to close during Stage 3 of a pandemic. Variables around which services will close include:

- Geographic location of outbreaks of infection.
- Severity of outbreaks.
- Potential of risk to clients and staff.
- Availability of staff within essential services.
- Flexibility of services to operate from alternate locations e.g. staff members' homes.

Decisions around service closure will be made by the Chief Executive Officer, and the General Manager of the division, in consultation with group and service managers. Written notification will be sent to staff members, clients and family members with as many notices as possible, but bearing in mind that decisions may be made quickly if the pandemic is fast spreading.

Services that will be considered first for closure:

- Library
- Equipment Library
- ComTec
- Aids and Equipment Program
- e-quip
- Independent Living Service (except for one individual, potentially based at home who can provide information on equipment needed for emergency care)

Services that would be considered second for closure are:

- Community Living and Learning
- Breakaway Respite service
- Recreation
- School based therapy and school outreach program (in liaison with the Department of Education)
- Early Intervention Services, including the Kindergarten Support Program
- Individualized Support/Outreach where individuals are not reliant on support
- In-Home Respite where families can manage without support
- Employment Services
- Non-essential Specialist Case Management/Infection Response

Services that would be considered third for closure are:

- Restless Youth Program

- Pathfinder
- Steppin out
- First Base
- Residential services for clients who can go home

In considering the need for closure, the planning required, and dealing with implications arising from such an action, Yooralla management will confer with the DHS, the Victorian Department of Education, the Transport Accident Commission, the Department of Families Community Services and Indigenous Affairs, and any others identified as relevant at the time.

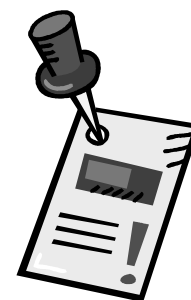
6.2 Closing services in an emergency

Once the decision is made to close a Yooralla service, the following steps should be taken:

- The relevant Supervisor/Coordinator will provide the most recently updated listing of service users and their primary emergency contacts to the relevant manager.
NB: These lists should be updated regularly to ensure that the details are correct.
- The manager will ensure that the approved Yooralla person has initiated the organisational communication strategy that advises all relevant internal and external personnel and organisation that the service/s will be closing, as well as any other relevant information such as expected length of closure, emergency contacts for information during closure, etc.
- The manager and/or any designated authorised person will then contact both staff and service users to advise of the closure. It will be important to ensure that all affected people are aware of the reasons for the closure, and how they will be able to get information about the situation during the closures.
- It is anticipated that there will be some people who cannot be contacted at short notice, so contingency arrangements for supporting and responding to service users who arrive at the site must be considered. These should include staffing, transport options and infection control equipment and information. These arrangements will be made by the service coordinator and/or manager.
- Managers must ensure that the service site is left secure and a Notice of Closure should be posted in a prominent place to ensure that all are aware of the closure and any alternative contact points for the duration of the situation.
- Once all affected people are notified and no longer on-site, it is anticipated that the organisational response plan will be activated and all further directions, etc, will be provided through the pre-determined information and communication points.

PART 7 COMMUNICATION STRATEGY

The goal of the Yooralla pandemic communication strategy is to ensure that all key stakeholders are aware of the actions that will be taken to minimize the impact of a pandemic on people with disabilities using Yooralla's services, staff and families.



The objectives of this strategy are to:

- Identify each of the key groups who either have a role in minimizing the impact or who will be affected by Yooralla's decisions and actions.
- Ensure an effective and consistent approach to communication to all identified key groups.
- Establish a set of key messages that will be used during the lead up to, and during, a pandemic.
- To the extent that this is possible, ensure that the expectations of clients and key groups are met and that there is confidence in the proposed Yooralla Strategy Plan (or where expectations/needs are not met, the rationale is understood).
- Explore a range of options ensuring effective communication including the use of technology available.
- Ensure that all communication is in plain English free of jargon and cliché.
- Oversee the implementation of the communication strategy across the organisation and to external target audiences.
- Take steps to check that the organisation's communication strategies are working, and continue to be effective during a pandemic.
- Ensure the wider community can be reached where necessary.

The strategic approach is for the organisation to:

- Provide information and training – 'Be Prepared'.
- Undertake pro-active planning – ongoing conversations with stakeholders with clear plans that are practiced and refined over time.
- Link with DHS information circulars so that information gets to staff and clients. It will not be assumed that people will seek out the information themselves.
- Be sure about how technology can assist in getting information out quickly to those who need it.
- Provide regular news bulletins throughout active 'waves' of a pandemic, with new information and coping mechanisms with a theme of 'we will get through this together'.

7.1 Key Messages

The following key messages need to be communicated to all stakeholders in Yooralla service delivery. Yooralla:

- Has planned for a pandemic, should it occur.
- Will support clients, families and staff wherever possible during a pandemic.
- Has developed a planned rationale for service closure, should this become necessary.
- Has identified critical services and clients, and will deploy all available resources to ensure these services continue during a pandemic.
- Has a range of strategies to keep everyone informed.
- Acknowledges that everyone has a role to play during a pandemic – everyone will understand his or her rights and responsibilities during a pandemic.
- Will work co-operatively with government(s) and other agencies during a pandemic.

7.2 Key Target Groups and Communication Plan

The communication strategy is aimed at the following six key target audiences. It should be noted that no single means of communication to reach these audiences should be relied upon.

TARGET AUDIENCE	MEANS OF COMMUNICATION
<p>1. People with disability using Yooralla services.</p>	<ul style="list-style-type: none"> • Information to continue to be provided through mail and email. • Information sheets in plain English to be distributed as required and based on current assessed level of threat. • Any information sheets to be posted on Yooralla website. • Managers to be available to meet with clients and family members as and when required. • Complaints to be documented and logged on the complaints register so that learnings and strategies can be shared across the organisation. • Regular news bulletin on the Yooralla website during waves of the pandemic containing new information and coping strategies. • Lists of up-to-date family and emergency contacts in each service site.
<p>2. Family members and primary carers (parents, immediate family members providing direct support and foster families).</p>	<ul style="list-style-type: none"> • Information sheets in plain English to be distributed on a regular basis and as a minimum at the commencement of service delivery and at annual reviews. • Information sheets to be posted on Yooralla Website. • Managers to be available to meet with clients and family members as and when required. • Complaints to be documented and logged on the complaints register so that learnings and strategies can be shared across the organisation. • Regular news bulletin on the Yooralla Website during waves of the pandemic containing new information and coping strategies. • Lists of up-to-date family and emergency contacts in each service site. • Clear rationale for service closures to be proactively promoted through media.
<p>3. Yooralla staff (direct support workers, therapists, case managers, coordinators, office based staff, managers at all levels).</p>	<ul style="list-style-type: none"> • Protocols and clear lines of responsibility for conveying information are established. • A Staff Support & Redeployment Centre, with a 'Help Desk', including a dedicated phone line, will be established for use during a pandemic to answer critical questions. • Daily pandemic update bulletins to be sent to members of the Yooralla Senior Management team and all funding bodies during Stage 4 of the Pandemic within Yooralla. The Pandemic Operations Manager will prepare and distribution the daily update bulletins in conjunction with the Manager of Occupational Health and Safety. Members of the Senior Management team will be responsible for ensuring all staff within their areas receive the information contained in the daily update bulletins. • Regular news bulletin on Yooralla website during waves of the pandemic containing new information and coping strategies. • Twitter and other forms of electronic communication to be used to contact and inform staff wherever possible (IT unit to assist with appropriate electronic communication strategies). • Letters to unions about Yooralla strategies and rationale. • Communication with staff through local managers around rationale, roles and training. Coordinators and team leaders to develop a 'communication tree' to ensure that all staff are fully informed at all times with clear strategies, roles and responsibilities in place for passing on vital information. • Input from staff members around their skills and availability for work in essential services. • Clear and timely access to information on client needs in individual services.

TARGET AUDIENCE	MEANS OF COMMUNICATION
	<ul style="list-style-type: none"> • Development of a redeployment register (regular updates will be required). • Use of CRM to establish rosters for direct support building on staff skills and matching to client need • Clear lines of contact and access to People and Culture Manager (roster information, absences, and gaps). • Use of mobile phones and email. • Communication of critical decision points • Clear rationale for service closures to be communicated and explored through consultative processes (where possible and appropriate). • All information relevant to the Pandemic to be stored on the Yooralla Pandemic Sharepoint site. The site will be managed by the Executive Assistant to the General Manager of Lifestyle Support and Choice.
<p>4. Yooralla Board members.</p>	<ul style="list-style-type: none"> • Protocols and clear lines of responsibility for conveying information must be observed via copy of this Plan. • Management hierarchy to be given to Board. • Information to continue to be provided to the Board through Board reports from the Chief Executive Officer. • Clear lines of accountability and decision-making as stated in this Plan to be observed during a pandemic. • Resources that may be required, to be identified and included in the budgets. • Use of mobile phones and email.
<p>5. Funding bodies and service partners.</p>	<ul style="list-style-type: none"> • Negotiations will take place to develop contingencies for incapacity to deliver on agreed targets. • Ensure regular information to funding bodies around impacts and contingency planning (including Department of Human Services, Department Education and Early Childhood Development, DFACSLA, TAC and Department of Veteran's Affairs). • Provide funding bodies a copy of Yooralla's Pandemic Operational Plan. • Use of mobile phones and email. • Clear rationale for service closures to be communicated and explored through consultative processes.
<p>6. Health and emergency services.</p>	<ul style="list-style-type: none"> • Use of mobile phones and email. • Clear rationale for service closures to be promoted directly and through media. • Establishment of a 'pandemic' information page on the Yooralla Website. • A series of media releases will be prepared, to cover possible scenarios that could be used during a pandemic. • Media releases to be developed for local papers around impact on local services. • Regular news bulletin to be on Yooralla Website during waves of the pandemic containing new information and coping strategies for distribution to media outlets.

7.3 On Call coordination

The Lifestyle Support and Choice On Call system will have additional team members added to the roster to ensure that staff can cope with an increased workload. This will be done by either reducing the On Call period to 12 hours or by adding additional people to undertake the On Call system concurrently, or both. A second line On Call will also be considered in this context. New members of the On Call team will need to receive training in Lifestyle Support and Choice On Call Manual procedures and protocols to ensure that advice given is relevant and

appropriate. The Management Team will also receive training in Lifestyle Support and Choice procedures and protocols to ensure that advice given is relevant and appropriate.

There is an On Call manual/guide that should be referred to for instructions about the operation of this system.

7.4 Help Desk

The 24 hour Help Desk will be open during business hours, but will be linked to the Lifestyle Support and Choice On Call system in order to provide 24 hour coverage, seven days a week during a pandemic. The Help desk will provide information, advice, and support to staff and to clients on such areas as infection control and access to counselling and debriefing services in the event of deaths and serious illness of colleagues and clients. (All Counselling and Debriefing services will be outsourced).

7.5 Maintaining call log records

The Call Log Sheet will be used to log requests. The Reception Team can take the information over the phone, receive it by email or fax, or get it in person. The Log Sheet will enable effective maintenance of records and flow of activity for review after the event.

7.6 Media Strategy

The following is the organisation's pre-prepared media release in the event of a threat of a pandemic:

"Yooralla's emergency plans

Yooralla has spent many months preparing an emergency plan to protect its clients and staff in the event of an outbreak of any kind. It has done this taking advice from the Victorian DHS.

Should a pandemic become reality, Yooralla is poised to activate a plan that will seek to ensure that essential services remain in place for people with disabilities. This will mean that a number of services will close down on a needs basis, and staff will be redeployed from these services into other areas. These will include residential, respite, and some home-based personal care services where clients require around-the-clock care.

Yooralla's plans are designed to ensure that essential services remain open in the event that Yooralla is threatened with the loss of a major percentage of its workforce due to infection.

In activating its plans, Yooralla will take its lead from the Health Department in the first instance, followed by other government and emergency services as appropriate.

Depending upon the way in which the pandemic unfolds, Yooralla will close non-essential services, region by region, on a needs basis. Where this happens, information will be communicated internally through its email network and Website, directly to stakeholders and externally through major mass media.

In this way, people with disabilities, their families, and Yooralla staff will be kept updated at all times".

For more information call: Yooralla Public Relations Department on 9666 4528

PART 8 STAFF

Analysis of the issue by Mercer Human Resource Consulting suggests that organisations should anticipate absenteeism rates of between 20% and 60% for periods of two to four weeks at the height of each pandemic wave. Each wave is anticipated to last from three to eight weeks. It is also suggested that with successive waves of the virus, it may take up to two years before the pandemic has run its course.



Yooralla plays an important role in the delivery of disability services in Victoria. Yooralla:

- Provides direct support to 3,500 people with disabilities across Victoria.
- Provides information services to thousands of people with disabilities and their families.
- Employs 1,500 staff
- Has 70% of its staff providing direct support to people with disabilities.

During a pandemic, at the organisational level Yooralla could be faced with:

- Sick clients who are infectious, posing risks to other clients and staff members.
- Staff who are sick and absent from work. It is anticipated that during a pandemic the absentee rates will be something no service has ever dealt with before – and it will not disappear. High levels of absenteeism are expected to come in waves.
- Staff with sick relatives requiring care at home, adding to the absenteeism rate.
- Staff in critical areas and/or with critical roles within the organisation being absent for long periods of time.
- Staff reluctant to travel or work at other sites
- A high percentage of long term vacancies due to the inevitable high mortality rate.
- Closure of non-essential services for unspecified periods of time.
- Staff being seconded to industry and community call centres.
- Failure of communications systems.
- Significantly diminished levels of service from emergency and other key community services.

8.1 Reduction of employee contact

Yooralla accepts that in the event of a pandemic, wherever possible, there will need to be changes to the way work is done, where possible, to reduce non-essential contact between people. This 'social distancing' approach could include:

- Working from home agreements, with agreed plans registered including when they should become operational.
- Working flexible hours, where possible, to reduce the number of people in the workplace at any one time. These decisions will be made by managers in light of their needs.
- Avoidance of non-essential travel and cancellation of non-critical training and meeting gatherings.

- Telephone conferencing or email contact instead of face to face meetings.
- Moving some staff from particular work groups to other locations where possible to avoid cross infection of a whole function. These decisions will be made by managers in light of their needs.
- Avoidance where possible of public transport, especially during peak hours.
- Encourage the bringing of lunch from home so as to avoid unnecessary crowded cafes and eating places. Stagger lunch times so that numbers of people in staff/lunch rooms are minimised.
- When meetings are necessary, choose large meeting rooms and sit at least one metre away from one another if possible. Avoid shaking hands and physical contact. Consider holding meetings in the open air.
- In cases where staff travel on aircraft overseas, consideration should be given to the prospect that if they have visited a country affected by they may be required to go into home quarantine on their return. This would be for three days.

Staff will need to be clear about what the symptoms are, action to take if they believe they are demonstrating those symptoms, and what to do internally should they believe someone they work with (staff or client) is showing symptoms.

8.2 Staff redeployment

In order for redeployment strategies to work effectively, communication and consultation during the planning process will be critical. The communication around core roles will need to be carefully handled, as all staff need to feel their normal roles are important to the organisation.

As part of consulting with employees, staff at non-core services will be provided with the opportunity to identify problems regarding the acceptance of redeployment. Staff to be deployed to direct support services must be physically fit to do so.

Yooralla management will still have an obligation to provide a safe workplace for all staff. In some cases staff will need to undertake particular training e.g. People and Culture Department staff training in running the pay roll; non-direct support staff who will be redeployed as direct support staff in manual handling, managing challenging behaviours etc. A register of staff against positions to which they can be redeployed will be built, so that skills already in existence can be identified and training requirements established.

It will be reasonable to expect that children's services such as schools will be among the first to be closed by the government, so Yooralla will expect staff from school and Early Childhood Intervention services to be among the first to be available for redeployment.

A staff support and redeployment centre will be established. Tiers of communication will be employed, with text messaging, email, and telephone all used as key communication tools.

8.3 Role allocations to identified Essential Services

In the event of a pandemic the major priority in relation to service provision will be to ensure that identified essential services are supported, and to address the need for adequate staffing resources. This will involve the identification of shift vacancies and deployment and redeployment of staff to direct support services.

A Staff Support and Deployment Centre will become operational at the Carnegie office. The role of the Staff Support and Deployment Centre will be to:

- Provide the management and functions of a central point for staff to contact in regard to shift vacancies, and;
- Deploy permanent and casual staff, and volunteers, to fill these vacancies, and;
- Provide support to essential services and respond to staff queries.

8.4 Staff Support and Deployment Centre

The Centre will act as a control point regarding staffing, client support, urgent maintenance and supply issues, safety concerns, and internal communications.

The Staff Support and Deployment Centre will follow up people who don't appear at work and whose situation is not notified to Yooralla.

A Staff Support and Deployment Centre will become operational at the Carnegie office. The role of the Staff Support and Deployment Centre will be to:

- Provide the management and functions of a central point for staff to contact in regard to shift vacancies, and;
- Deploy permanent and casual staff, and volunteers, to fill these vacancies, and;
- Provide support to essential services and respond to staff queries.

8.5 Work teams at the Staff Support and Deployment Centre

Callers will use the Carnegie Office's main telephone number (Tel: 8574 4700) to call in.

Additional lines have been installed to deal with an anticipated increase in call volume. Initially all calls will be received and logged by reception staff and referred on as appropriate.

A number of critical roles have already been identified for the Centre and staff will be drawn from a variety of areas of the organisation, based on skills and willingness to be redeployed.

It is anticipated that work teams will include:

- Reception Team (enquiries and call referrals)
- Allocations Team (shift filling and staff availability)
- Service Support Team (urgent maintenance and supplies)
- Therapy, Equipment Support and Training Team
- Health and Safety Support Team (infection control, debriefing, counselling referrals)

It is not expected that all support personnel would be based at the Centre, but rather the Centre would be used as a coordination point for incoming enquiries. The Centre will also act as a clearing-house for people who want to volunteer and for clients and services in need of volunteer assistance.

8.6 Maintaining allocations and availability data-bases

Yooralla's CRM system is to be used as the main vehicle for rostering and shift management. We will know how many shifts are available at any one time, where they are, and what support requirements need to be met. The data-base will also need to contain information on staff availability, including logistical constraints and skills sets. This data-base will make it easier to identify and match staff and volunteers to vacant shifts. However, this information will need to be constantly updated by an allocated administrative worker within the Staff Support and Development Centre, with details on time, place and support requirements based on information relayed to the Centre.

8.7 Filling direct support shifts

The process for filling vacant direct support shifts during a pandemic will be:

- A Redeployment Register will be developed.
- The CRM will be used to note the existence of redeployed staff available for rostering.
- If there is a shift which cannot be filled by normal and redeployed staff, the vacant shift information will be sent to Randstad.
- If a vacant shift remains, the Staff Support and Deployment Centre (At Lifestyle Support and Choice' Carnegie office) will seek to source other agency staff or seek additional staff prepared to be redeployed.

Should Randstad be unable to continue to operate, there may need to be an increase in staffing of the Staff Support and Deployment Centre telephone lines. This function is planned to be operated 24 hours per day, seven days per week basis during the pandemic.

8.8 Principles for allocation of staff during pandemic

There will be no action on the creation of a redeployment register until Stage 2 is reached. At this point, there will be a call for staff who voluntarily are waiting to re-deploy. The principles are as follows:

1. A redeployment register will be developed for staff who agree that they are prepared to undertake other roles, either within their current level of skills or with appropriate training.
2. Staff will be maintained in their current roles as long as possible, based on assessment of personal and organisational risk, utilising where feasible previously planned arrangements for working at home, or in alternative locations, to minimise the spread of disease.
3. Staff on the redeployment register will be the first to be redeployed to areas of shortage.
4. Staff will be provided with appropriate training to undertake any roles to which they are redeployed, unless they already have the skills and knowledge to undertake the role.
5. Staff whose work areas are subject to closure and whose first choice is not redeployment may take accrued annual leave.
6. Staff whose work areas are subject to closure but are not on the voluntary redeployment register, and do not wish to take annual leave, will be given redeployment options.
7. There will be four categories for re-deployment to direct care roles:
 - Those who can be redeployed to do the same job in different locations, for example, for direct service workers for whom redeployment would not result in a loss of penalties relating to standard work arrangements.
 - Therapists who can be redeployed to different locations to do training for redeployed staff with skill deficits.
 - Staff with skill deficits who are willing to redeploy.
 - Staff willing to pick up additional hours.
8. As a last resort staff may be directed to undertake suitable alternative roles where such a decision is necessary in managing the organisation's risks.

Staff unwilling to be redeployed will be offered:

1. Redeployment to non-direct service roles, if these are available.
2. Leave – which will be either paid leave, or leave without pay.
3. Stand down (this will be avoided if possible).

8.9 Redeployment of therapy staff

The following guidance covers occupational therapists, physiotherapists, and speech pathologist staff employed in School Services (including Outreach), Early Childhood Intervention, Day Services, and the Community Learning and Living Service.

It is anticipated that School Services and Early Childhood Intervention services will be closed early in the event of a pandemic. Day Services have also been identified for early closure by Yooralla.

Tasks that may be carried out by redeployed therapists include:

- Assessment and training for mealtime assistance.
- Mealtime assistance for clients at risk.
- Communication device trouble shooting.
- Production of emergency mealtime profiles.
- Manual Handling training, including hoist training.
- Transfer and mobility training.
- Chest physiotherapy.
- Self Care training.

- Emergency activity and program planning.
- Call Centre support for direct services.

8.10 Plans for redeployment of therapists

Regional or site based teams of occupational therapists, physiotherapists and speech pathologists will be established and individuals or teams will visit each centre in their designated region daily to:

- Ensure that all staff are equipped to work safely with clients.
- Conduct group or individual training.
- Assist with direct client care where clients are at risk.
- Provide other co-ordination support.

Where advance notice of direct care staff who can be redeployed into a Lifestyle Support and Choice service is available, block training will be organised at central locations for example, at Glenroy School, Pendle Street facility, Acacia Street facility, and others. A decision about congregating staff together for training will be made at the time based on the assessed risk of transmission and adherence to infection control guidelines.

Each team will most likely be able to maintain computer and network access. This will mean that other non-direct service activities such as record maintenance, equipment applications, and communication accessed through email and the Yooralla Website, etc will be continued if time permits.

Deployment of teams in response to requests, outside of the pre-arranged schedule, will be managed by the Staff Support and Deployment Centre based at Lifestyle Support and Choice Carnegie.

8.11 Leave arrangements

The circumstances will mean that Yooralla will need to change the way in which it deals with leave entitlements. Extra sick leave based on appropriate methods of certification will be granted to those who become ill, who have been knowingly exposed to the virus (seven to ten days incubation before illness emerges), or who need to care for someone who has the illness. This includes carers leave. Managers must send staff home if they are showing symptoms, and staff will need to comply. Staff in these circumstances would continue to be paid.

8.12 Training strategy

Training for all staff prior to a pandemic is essential. Work has been undertaken to develop links across the sector to ensure effective and efficient training is available to all organisations. Infection control training is an important part of managing a pandemic and is included in induction training for all Yooralla staff. Specific task training during a pandemic will be conducted during stage 2 of a pandemic with Lifestyle Support and Choice managers and LIFT therapists taking a lead role as trainers around individual client needs.

8.13 Use of volunteers

The Yooralla People and Culture Department, has advertisements for use in volunteer recruitment. There is a Volunteer Application/Registration form UF250 available on the intranet for completion by prospective volunteers: this form includes a section for volunteers to indicate the services they are interested in volunteering in and roles they are willing to undertake.

People interested in becoming volunteers during a pandemic might include friends, family members, disability and nursing students. Internet Websites that might be of assistance in the recruitment of volunteers will be listed as part of the communication strategy.

8.14 Staff Support and Deployment Centre preparations

The following activities are to be undertaken at Stage 2 of the Yooralla Pandemic strategy:

- Establish liaison protocols with staffing agencies and internal support services to determine notification processes (phone or email) for change of management procedure or contact points.
- Update the Operational Procedures Manual for the Staff Support and Deployment Centre.
- Identify roles and responsibilities for each work team and allocate personnel.
- Develop the roster for the Staff Support and Deployment Centre including:
 - Designating one or more persons to take all calls. (As the centre becomes busy, we will need to expand, using designated staff and volunteers).
 - Designating one or more persons to take agency calls.
 - Designating one of more persons to take service related calls.
 - Nominating Shift Supervisors.
- Identify roles that require mobile phone access and ensure provision.
- Set up 'Shift Availability' and 'Staff Availability' databases.
- Ensure that copies of maps are readily available so that call centre staff can direct staff to shift locations easily.
- Set up a 'Call Log' Register and see that hard copies are available for the reception team. Have plenty of copies available.
- Designate and equip the following four work areas for the various support teams:
 - Front workstation area: For the reception team of up to four operators.
 - Rear workstation area: For allocations teams of up to four operators
 - Training room: For training and operations briefings. Utilise in times when demand is slow to orient new staff to the pandemic situation and to train them in the Staff Support and Deployment Centre operational procedures.
 - Upstairs kitchen area: For use as a restroom.
- Provide copies of the Staff Support and Deployment Centre Operational Procedures Manual to all work teams and provide a briefing session.
- Physically transfer the On-Call divert phone from Alfrieda Street to the Staff Support and Deployment Centre:
- Get volunteer intake forms ready.
- Schedule times to orient and train new reception and allocations staff.
- Maintain accurate contact lists (See Appendix 2), including key command personnel, service contacts, and internal support services, that is, those personnel who are not centre based.
- Ensure that there are sufficient stores/refreshments in stock.

PART 9 REVIEW OF PLAN AFTER EACH WAVE OF THE PANDEMIC

Plans will need to be assessed and re-tested for their suitability, particularly in light of how well they served the organisation during the time of crisis. Management, with the assistance of staff, will need to consider which parts of the plan need to be reviewed, increased, reinforced, monitored more strictly etc. Included in this assessment will be the organisation's readiness to re-implement the (revised) plan at short notice.

This process of business continuity planning will need to be undertaken after each wave of the pandemic has waned.

The importance of record keeping for future reference cannot be underestimated, particularly to assist future processes of audit and review.

Tasks to be undertaken during Review Process

9.1 External contacts

- Liaise with the Federal Government with regard to its plans and strategies via its websites and personal contact with relevant public servants. Undertake a review of plans and preparation accordingly.
- Liaise with the DHS and Emergency Services in relation to what happened during the previous wave of the pandemic. Undertake a review of plans and preparation accordingly.
- Assess the nature and suitability of working relationships with other non-government service providers during the recent past and consider adjustments and changes that might be recommended for action.

9.2 Communication

- Assess the suitability of the Yooralla communications strategy in light of experience, and update/make plans according to future need.
- Particular attention must be paid to the performance, under strain, of the Help Desk and the On Call functions. Specifically, the ability to respond adequately to all kinds of demands and emergencies in times of unrelenting stress.
- Assess the usefulness of the Yooralla Pandemic Operational Plan as to its usefulness and accessibility, gaps in information, and ability to assist staff and volunteers in a time of emergency. Does it provide clear, accurate information and advice about the actions that can and should be taken? Update as required and ensure that a sound retrieval (of the old) and re-distribution (of the new) process is actioned.

9.3 Service delivery

- Undertake an audit and assess the performance and current situation within the service divisions/areas of Yooralla on a region by region and then a service by service basis. This will involve many aspects including: staffing levels and response to redeployment requirements, the current 'bank' of professional skills and experience, ability to manage the needs of clients, supplier performance during the crisis, how staff managed commuting issues and rest between shifts etc.
- It will be important to audit, review, and monitor the current level of resilience within the service delivery management structure in order to ensure that service delivery remains operational at a level that can sustain essential services safely and effectively. Without an effective and experienced management team, continuation of service delivery becomes questionable.

9.4 Infrastructure and financial

- Ensure that security arrangements are in place in each Yooralla site for parts of the business that are not operating.

- Assess the ability of Yooralla's critical property and equipment infrastructure to be repaired, or recovered quickly, and how it might operate in the future.
- Claim on any insurance policies that might be applicable and review insurance arrangements for the future.
- Assess the performance of the Payroll, Finance, Public Relations, and Information Technology in light of the crisis and update plans/make the necessary changes accordingly.

9.5 People and Culture

- Audit and review the organisation's management and hierarchy structure - its ability to perform in times of crisis and its ongoing capacity to manage the future. It is likely that not all the names in the pre-pandemic management team list will still be able to perform in their roles as designated in the organisation's earlier plans. Expediently adjust and make new arrangements accordingly.
- Review and re-establish the minimum staffing levels for every service and administrative responsibility across the organisation in its current form.
- Review the performance and suitability of volunteers during the recent past and project these findings into future planning.
- Review session content of the Yooralla Induction Program for ongoing suitability in light of recent past experience.
- Assess the performance of People and Culture in light of the crisis and update plans/make the necessary changes accordingly.

9.6 Infection control and occupational health and safety

- Check with relevant authorities for new/additional techniques that should be included into instructions for staff, volunteers, and clients and their families.
- Assess if social distancing strategies need to be increased.
- Assess the effectiveness of the infection control procedures when under considerable duress.
- Check that staff and volunteers knew, and still know, how to use personal protective equipment.

PART 10 POST PANDEMIC RECOVERY

Once the threat of any further waves of the pandemic has passed, Yooralla clients and staff would, along with other members of the community, be faced with a significant recovery stage.

At the community level there may be:

- Continued disruptions of essential services including public transport, financial services, and security services, causing massive social and economic disruption.
- Continued demands on the health and emergency services systems that stretch its capacity to respond.
- Lack of normal communication systems.
- Short supplies of food and goods.
- Wide spread grief and depression.
- A loss of approximately 30% of the population, many within the young working age group.

At the organisational level Yooralla could be faced with:

- A loss of 30% (plus) of staff.
- Extreme difficulty in recruiting new staff.
- Loss of key personnel within the organisation, e.g. within the Senior Management Team, manager/coordination level and direct support staff.
- Vacancies within all services due to client deaths.

Difficulties meeting funding targets.

- Failure of communications systems.

Organisational recovery will take place at many levels but will include:

- Ensuring that strong leadership is still in place at the Board and Senior Management Team levels.
- A full financial review looking at the impact of Occupational Health and Safety claims, additional leave requirements, cost of recruitment to vacant positions, additional salary levels during the pandemic. The review would need to include an impact statement in relation to the current budget with recommendations to the Board and Government around recovery strategies. Financial recovery will include discussions at senior levels with funding bodies such as DHS, Department of Family & Community Services & Indigenous Affairs, and the Transport Accident Commission.
- A full review of the impact on People and Culture within the organisation – most importantly what resources need to be deployed to assist clients and staff to deal with grief and loss. In addition, tasks will need to be undertaken such as: how many staff have been lost, how many more are away for extended periods of time, how recruitment will take place in a reduced employment market, etc.
- At the service level reviews will need to take place with strategies around recruitment, rostering, retraining/training being put in place.
- At the service level a process will need to be put in place to fill client vacancies where long-term places have become available.

A further important step is to review the Pandemic Operational Plan for its usefulness during a disaster of a different type.

APPENDIX 1 EMERGENCY CONTACT DETAILS

LOCAL / YOORALLA SITE - EMERGENCY CONTACT DETAILS

Regional Victorian DHS contact:

Local Doctors

Nearest Hospital(s)

Client's Doctors

Local Chemist(s)

MAJOR / CENTRAL - EMERGENCY CONTACT DETAILS

Yooralla:

Staff Support & Deployment Centre, 24-hour, (Carnegie Office - Help Desk): 8574 4700

Canberra:

- Federal Department of Health & Ageing, Information Hotline: 1800 004 599
- Canberra Office of FDH&A General Enquiries - Freecall: 1800 020 103
- Federal Department of Health & Ageing, Media Enquiries: 02 6289 7400
- Federal Department of Health & Ageing, Websites: www.health.gov.au
www.news.health.gov.au
- Victorian Office of the Federal Department of Health & Ageing: 9665 8888

Victoria:

- DHS, Administration & General Enquiries: 1300 650 172
- DHS, Communicable/Infectious Diseases Section: 1300 651 160
- DHS, Emergency Co-ordination Centre:
- DHS, Cemeteries enquiries: 1800 034 280
- DHS, Website: www.dhs.vic.gov.au
- State Emergency Services (SES): 132 500. Website: www.ses.vic.gov.au
- Information Victoria: 1300 366 356

World Health Organisation www.who.com