COVID-19 amendment to Homelessness Services Guidelines and Conditions of Funding – November 2021

OFFICIAL

This document is an amendment to the COVID-19 Homelessness Services Guidelines and Conditions of Funding released in December 2020.

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homes victoria

VICTORIA State Government

Background

Transitioning to COVID-normal

What has changed:

On 18 November 2021, Victoria reached its target of 90 per cent of Victorians aged over 16 fully vaccinated, and Victoria will now align with the Australian Government's National Plan: Phase D.

Victoria is transitioning to 'COVID-normal', with a focus on learning to live with COVID-19 within our community. As our response to COVID-19 shifts from elimination of the virus to minimising the spread, Victoria's Roadmap indicates state-wide lock downs will no longer be expected. However, localised restrictions or lockdowns may be put in place if necessary to reduce transmission. This amended guidance is tailored for both COVID-normal operations and what to do in the event of localised lockdowns.

What this means for the Specialist Homelessness Sector (SHS):

- preparing for and transitioning to the future COVID-normal environment over the coming weeks

- adapting to the phase down in use of hotels for COVID-19 emergency accommodation and return to business as usual responding to heightened case numbers within the community

For the latest COVIDSafe settings, always refer to the Victorian Government's COVIDSafe guidance <https://www.coronavirus.vic.gov.au/coronavirus-covidsafe-settings>.

For more information on current coronavirus (COVID-19) updates, including Victoria's roadmap for reopening, visit the Victorian Government's coronavirus website <https://www.coronavirus.vic.gov.au/>.

Purpose

This document is an amendment to the current Department of Health and Human Services Homelessness Services Guidelines and Conditions of Funding (May 2014) <https://dhhs.vic.gov.au/sites/default/files/documents/201705/Homelessness-Services-Guidelines-and-Conditions-of-Funding-May-2014.pdf>, as well as the COVID-19 amendment guidelines, December 2020 https://www.dhhs.vic.gov.au/coronavirus-amendment-to-homelessness-services-guidelines-and-conditions-of-funding-covid-19-doc.

The guidelines are intended to be a first point of reference for service providers. While Victoria is moving to COVID-normal, it is possible that localised lockdowns will be used to manage outbreaks. Services will need to be flexible and use their lessons learnt about what has worked during the COVID-19 pandemic to inform handling possible future lockdowns.

All providers should consider these guidelines, alongside other materials provided by the Victorian Department of Health and the Australian Department of Health, to determine how COVID-19 may impact their service, their residents or clients and their workforce, and use those insights to determine further planning and preparedness as required.

1. Roles and responsibilities - overview

Background

As the Specialist Homelessness Sector transitions to a COVID-normal environment, there will be changes to the roles and responsibilities of government and services in responding to COVID-19.

In February 2021, the Department of Health and Human Services was separated into two departments: the new Department of Health and the new Department of Families, Fairness and Housing. The separation aims to provide a dedicated focus on our health system and on the social recovery of Victoria following the COVID-19 pandemic. Current roles and responsibilities are outlined below.

Victorian Department of Health

- leads the overall public health response and provides direction about the level and type of response required to manage COVID-19 in different settings
- manages the health needs of people who are COVID-19 positive
- has overall management and oversight of vaccination programs, including any potential mobile clinics in hotels, high-risk accommodation and exposure sites
- provides advice and guidelines around infection, prevention and control, vaccinations, personal protective equipment, and the level of outbreak response required where positive cases are identified.

Homes Victoria (formerly Housing Division), Department of Families, Fairness and Housing (DFFH)

- provides guidance and communication with the housing and homelessness sector (including through the homelessness bulletin – please subscribe via email request to haas@dhhs.vic.gov.au)
- liaises with department local areas
- prioritises and provides state-wide coordination and escalation of essential community housing and homelessness services
- engages, supports and consults with the SHS sector regarding implementation of changes
- collaborates with the Department of Health to implement their health directions.

DFFH Local areas / Agency Performance and System Support

- facilitate local coordination
- approve diversion of existing agency funding and targets.

Local Area Service Network (LASN) Homelessness Networkers

The Homelessness Emergency Accommodation Response Teams (HEARTS) played a significant role during COVID-19 in responding to area-based networks and responses. HEARTS, previously delivered through the

LASNs, are no longer operating as a coordinated response. Moving into the new COVID-19 normal, the LASNs will resume their role in mapping local homelessness resources and supporting the coordination of service provision. This will include:

- convening LASN meetings

- providing local knowledge and intelligence to Homes Victoria, DFFH and the Department of Health around service implementation, local responses and gaps in service provision

- in collaboration with the department's Agency Performance and System Support teams, map local homelessness resources to contribute to any COVID-19 outbreaks and keep an updated record of available resources.

Homelessness service providers

All service providers have a responsibility to:

1. follow public health directions

2. update and maintain a COVIDSafe Plan

3. engage in Business Continuity Planning

4. provide and promote best practice workforce safety.

Follow public health directions

Agencies must follow the workplace directions of the Chief Health Officer. The latest workplace directions are in effect between 18 November and 15 December 2021 and further information is available on the Department of Health's Directions issued by the Chief Health Officer website < https://www.health.vic.gov.au/covid-19/directions-issued-by-victorias-chief-health-officer>. In a COVID-normal environment, Homelessness services are deemed essential and staff can attend workplaces if their work cannot be done from home. Workers who must attend onsite due to the nature of the work may continue to do so and there is no limit on the number of people who can attend. However, agencies should continue to monitor and relevant density limits as prescribed by the Department of Health. <https://www.coronavirus.vic.gov.au>.

Services must manage outbreaks in accordance with Victorian and Commonwealth guidelines and instructions, in conjunction with the Department of Health. They should also ensure all clients are supported to access relevant and up to date information in a format they can understand.

Practical health and safety tips include:

- displaying posters encouraging staff, clients and renters to regularly wash their hands (available on the Department of Health website https://www.health.gov.au/resources/publications/coronavirus-covid-19-practise-good-hand-hygiene

- reiterating good coughing and sneezing etiquette/hygiene messages (poster available on the Department of Health Website < https://www.health.gov.au/resources/publications/coronavirus-covid-19-keep-that-cough-under-cover>.

- removing unpackaged food from shared kitchens

- providing closed bins so staff, clients and renters can hygienically dispose of tissues

- implementing a more frequent cleaning schedule for common areas and use strong cleaning agents
- encouraging staff and residents/clients to use greetings that do not involve physical contact
- follow the department's cleaning instructions if there is a confirmed case in the workplace
- staff continuing in the workplace should be provided with information about infection control and appropriate equipment to enable effective infection control and hygiene practice.

Note: a range of video, posters and radio resources are available on the Department of Health's COVID-19 campaign resources website <https://www.health.gov.au/resources/collections/coronavirus-covid-19-campaign-resources>

Health guidance for the broader Community Services Sector

This guidance is specific to homelessness services. The former Department of Health and Human Services also published a range of resources for community services at Community Services – all sector – COVID-19 https://www.dffh.vic.gov.au/community-services-all-sector-coronavirus-covid-19. This website is regularly updated with the latest information.

Further information about safe working requirements is also available at 'How we work', which outlines industry and business restrictions <https://www.coronavirus.vic.gov.au/how-we-work-current-restrictions#community-services>.

Update and maintain a COVIDSafe Plan

All Victorian businesses, including not-for-profit organisations are required to have a COVIDSafe Plan. For more information see COVIDSafe Plan <https://www.coronavirus.vic.gov.au/covidsafe-plan>.

Services may need to update COVIDSafe Plans to reflect Victoria's transition from elimination of COVID-19 to minimising spread. The COVID-19 response model has shifted from provision of intensive on-site support, to enabling isolation in place and agencies must consider the potential impacts of this change. As part of this process, service providers are encouraged to review lessons learnt from operating remotely and implement changes to practice if efficiencies can be gained or it better meets client's needs.

Updates to COVIDSafe Plans may include:

- implementation of check ins via the Victorian Government QR codes, guidance on using QR codes is available at: <https://www.coronavirus.vic.gov.au/register-to-use-vic-gov-qr-code-service>
- changes to procedures for clients with a confirmed case of COVID-19 to enable isolation in place
- processes for supporting clients to isolate in place, including ensuring adequate provisions of food, medication and other items
- a system to track the number of clients with a confirmed case of COVID-19 and the length of their infectious period
- seeking out testing of close contacts through existing testing sites or by contacting DFFH's Readiness, Response, Emergency Management (RREM) outbreak team where dedicated on-site testing through the Department of Health may be facilitated <rremoutbreak@dffh.vic.gov.au>
- staff rosters, including a potential return to prioritised serviced delivery while supporting clients to isolate in place
- note: resources and support to assist clients isolate in place are listed in Attachment 2 Quick reference guide.

Free review of COVIDSafe Plans

The Victorian Government is offering a free, confidential service through Ernst & Young, who will review and provide advice on organisations' COVIDSafe Plans. This service will include:

– consideration of your COVIDSafe Plan and any relevant information

– a meeting with you to discuss how you have implemented the plan.

– Confidential advice on how to address any gaps or areas for improvement.

To book this service:

• email covidsafeplanreview@djpr.vic.gov.au with the following details:

– your business name

– the name of the best person to contact, and

– their phone number.

Engage in Business Continuity Planning

Services should prepare staff and clients for a future COVID-normal environment. This includes developing and implementing business continuity plans to ensure critical supports and services continue to be provided to people experiencing or at risk of homelessness while reducing risk of exposure to coronavirus (COVID-19) for both clients and staff.

Changes to Business Continuity Plans will be required to shift from virus elimination to COVID-normal.

Updated Business Continuity Plans (the Plan) need to identify:

• how service delivery will be maintained if staff, including specialists, must be furloughed or clients become infected

• dependencies such as use of third-party providers and service level agreements, including consumables and increased cleaning requirements

• identify the processes or tasks that if interrupted could lead to serious impacts (financial, health, reputational, legal, or other)

• risk management planning, including risk assessments and mitigations

• date of the Plan update, current staff members, their responsibilities and back-up staff for key roles

• services should develop protocols to support the above and the following:

– protocols for infection prevention and control procedures, including updates, staff education and audits

– protocols for COVID-19 positive clients to isolate in place

– protocols for suspected COVID-19 positive clients to isolate in place while they await a test

– protocols for outbreak management in your setting and reporting of cases

– protocols for escalation of care to other settings (e.g. hospital) for confirmed and suspected COVID-19 cases

    – <mark>staff furlough protocols, such as minimising or splitting and rotating staff on site</mark>

    – <mark>protocols for staff who are unvaccinated</mark>

    – consumables planning.

Other practical considerations include:

- appointing a COVID-19 risk manager to be the point of contact for staff, clients and renters to report to if they or someone they are in contact with has COVID-19 or is a close contact of a positive case.

- briefing and educating designated workplace health and safety officers of what to look out for and what to report to the risk manager.

- reviewing business continuity insurance and any other relevant insurance policies, as well as understanding your reporting obligations.

- providing staff, clients and renters with regular updates (through various forms of communication e.g. email, SMS, signs around the workplace). For the latest signs, templates and posters visit: <<https://www.coronavirus.vic.gov.au/signs-posters-and-templates>>

- requiring staff to declare before each shift that they are free of COVID-19 symptoms. See Appendix 1 for staff health questionnaire.

- ensuring staff, clients and renters know they are required to report, and how to report, any increased risk of infection, including if they travelled overseas, to a hot spot or red zone within Australia or have been in contact with a person with COVID-19.

- an essential component of business continuity in the current climate is robust channels of communication between the department and service providers.

- service providers should contact department local area staff if there are concerns regarding:

    – department expectations of continued provision of service delivery

    – discussion of preparedness and any known issues

    – assistance and guidance service providers may require and availability of current information.

The department encourages agencies to contact 'like' service providers and their Local Area Service Network to share examples of good practice. As the situation continues to evolve, so will agencies' mitigation strategies. An ongoing spirit of collaboration and information sharing between agencies is important.

Provide and promote best practice workforce safety

<mark>COVID-normal</mark>

<mark>Services need to determine on-site work requirements for fully vaccinated staff in line with the Victorian Road Map and Chief Health Officer COVID-19 Mandatory Vaccination Directions. Further information regarding these directions is available on the website,</mark> <mark>Directions issued by Victoria's Chief Health Officer</mark> <https://www.health.vic.gov.au/covid-19/directions-issued-by-victorias-chief-health-officer>

<mark>From 22 October 2021 homelessness workers were required to have received their first dose of the COVID-19 vaccine (unless they have a medical exemption) to attend work. From 26 November 2021 workers are required to provide evidence to their employer that they have received their second dose (unless they have a medical exemption) to attend work.</mark>

For staff who work remotely, employers should ensure that staff are equipped to work remotely and have a safe environment in which to do so. Continue to advise staff that it is essential that they do not attend on-site work if they are unwell. Encourage staff to report any symptoms and follow public health advice.

To provide and promote a safe workplace, services should also:

- promote and assist clients to access vaccinations, including booster doses

- ensure staff are trained in infection prevention and control as appropriate

- ensure staff have access to personal protective equipment (PPE) in line with health guidance. Community services - all sector - coronavirus (COVID-19) <https://www.dffh.vic.gov.au/community-services-sector-covid-19#personal-protective-equipment-ppe-for-community-service-organisations>>

Resources for infection prevention and control are available on the Department of Health's website:

- https://www.health.vic.gov.au/covid-19/infection-prevention-control-resources-covid-19

Training resources are also available online:

- **Free infection control training:** Click here to access a Victorian Government resource of short accredited training courses for customer-facing employees to identify and manage the ongoing risk of Coronavirus (COVID-19) infections. These courses, which are delivered by Victorian TAFEs and Registered Training Organisation, will support businesses to reopen safely and continue to control the outbreak of coronavirus (COVID-19) across. You are encouraged to review the resources and consider whether this training is appropriate for your staff.

- **eLearning modules:** Click here to access three online training modules, developed in conjunction with Anglicare Victoria and Eve Learning for the community services sector. These courses offer practical guidance on how to use PPE (including face masks) correctly and reduce the risk of COVID-19 transmission. Please encourage your staff to complete this training.

Further information on working as we move to COVID-normal can be found on the Victorian Government's website How we work: Victoria <https://www.coronavirus.vic.gov.au/how-we-work-current-restrictions>.

Furloughing of staff

To assist providers with workforce planning and assessing risk when workers encounter potential COVID-19 exposure, the Department of Health have released guidance for homelessness services.

- contact assessment and management guidance: workplaces, business and industry <https://www.coronavirus.vic.gov.au/sites/default/files/2021-10/2021-10-21_Workplaces%20business%20and%20industry.pdf>

- contact assessment and management guidance: primary care, community-based healthcare and emergency services <https://www.dhhs.vic.gov.au/primary-care-community-based-healthcare-and-emergency-services-doc-covid-19>

These documents can be used to guide assessment and management in the following circumstances:

- when a staff member should be furloughed due to close contact with a confirmed case of COVID-19
- how long workers should be furloughed if they encounter a positive case whilst providing services
- testing requirements for staff guidance.

This guidance is informed by levels of exposure to potential transmission, PPE use and vaccination status.

Note:

- you are a household contact if the person you normally live with tests positive to COVID-19

- the guidance provided is general. In the event specific guidance is sought, public health authorities may provide different advice based on a risk assessment and tailored outbreak management responses

- the guidance will be updated as required in line with the Victorian Government's public health response.

The table below recommends which guidance document is most relevant for community services.

Contact assessment and management guidance: Workplaces, business and industry	Contact assessment and management guidance: Primary care, community-based healthcare and emergency services
Centre-based services: - neighbourhood houses - men's sheds - in-clinic/group-based services, eg. children and family services, family violence and sexual assault services, homelessness services - disability day programs - supported disability employment settings Residential settings (workers not employed to provide direct care on-site): - public and social housing (low, medium, high-rise public housing and community housing) - rooming houses	Residential and accommodation settings and services, including: - residential disability services - eligible Specialist Disability Accommodation (SDA) enrolled dwellings - homelessness staffed residential services - short-term accommodation and assistance dwellings - secure care services - supported residential services - residential care for children and young people - family violence refuges - respite services. Services providing supervision (including transport), care and services within a person's home or a controlled environment, including: - child protection - disability in-home support services.

Looking after staff wellbeing

- be vigilant in relation to the emotional challenges responding to COVID-19 may take on your workforce

- services should promote self-care, watch for symptoms of fatigue or stress and encourage staff to take a break from media coverage

- encourage and enable staff to take leave wherever possible

- ensure there are clear channels for staff to ask for help and promote your Employee Assistance Programs.

- further guidance on employment-related matters for the Community Services sector in relation to COVID-19 can be found at: Victorian Council of Social Services <www.vcoss.org.au>.

COVID outbreaks/localised lockdowns

In the event of a localised lockdown, Specialist Homelessness Services should refer to the service prioritisation tables in section 3 of these Guidelines. **Advice for delivery of services may change and all service delivery must be in line with public health directions at the time.**

2. SHS service delivery in COVID normal

Overarching advice for all settings and services

From November 2021, Specialist Homelessness Services will operate in a COVID-normal environment.

Keep up to date with health advice from the Victorian Government

Face-to-face service delivery can resume but must be in line with advice from the Victorian Government and current restrictions. The following modifications should be applied:

- provide current public health messages and materials developed by the department: Latest news and data – COVID-19 < https://www.coronavirus.vic.gov.au/latest-covid-19-data>

- ensure you keep up to date with current restrictions <https://www.coronavirus.vic.gov.au/last-step-coronavirus-roadmap-reopening>

- wherever possible contact clients by phone and screen all service users in relation to current COVID-19 symptoms

- service provider must develop an appropriate mechanism to store evidence of staff COVID-19 vaccination status to ensure public health directions are met

- services should prioritise clients who may benefit the most from face-to-face visits (clients who may not have been engaging with phone and other alternatives)

- services should seek the agreement of the client prior to visiting where possible

- staff to declare before each shift that they do not have COVID-19 symptoms

- staff and clients should wear appropriate personal protective equipment (PPE). See advice available at Community services – all sector – coronavirus (COVID-19) at Community services - all sector - coronavirus (COVID-19) < https://www.dffh.vic.gov.au/community-services-sector-covid-19> for more information.

- meet client outdoors where possible

- maintain 1.5m distance throughout visits and ensure chairs allow for physical distancing

- engage in additional surface cleaning regularly, including duty rooms, waiting rooms, stationery,

- provide hand sanitiser to clients and staff and ask people to use it

- provide client information on COVID-19 and prevention measures – including good hygiene and frequent hand washing

- check in with clients and assess vulnerability, develop isolation or quarantine support plans with clients, including agreed phone contact plans

- where clients are supported in case management services, services should assess their needs and vulnerability and develop plans with clients, including the context of health, isolation and for families, potential school closures

- when working with families, support workers should ensure that families are linked in with schools and are aware of education advice.

Privacy

Service providers should not disclose health or personal information, including if a person has tested positive to COVID-19, unless it is necessary to do so to protect public health and safety, and then should only use and disclose the minimum amount of information needed.

Disclosing a client's COVID-19 status

In a pandemic setting, services should consider how they can share information about COVID-19 cases without revealing the identity of the people involved. For example, notifying another service provider that there is or may be COVID-19 positive people at a particular location. As we learn to live with COVID-19 in the community, it is reasonable to assume that people accessing services may have COVID-19 and agencies must manage this risk appropriately. The need to share COVID-19 related information to mitigate risk should be assessed on a case-by-case basis. In all situations, the emphasis must be on protecting people's privacy.

Identifying health information about a person can only be shared in limited circumstances including:

- threats to public health and safety
- with the consent of the individual.

Further guidance in relation to sharing health information is available at: <https://ovic.vic.gov.au/privacy/covid-19-and-privacy-considerations/>.

Entry points

In line with the transition to COVID-normal, entry points will need to:

- commence planning to enable the return of onsite service delivery.

- continue to consider the individual context and physical environment of each service location and align with advice from the Department of Health as they transition to face-to-face service delivery.

- return to delivering Initial Assessment and Planning service in person although providers should continue to offer phone service where this is the preference of the client. Other reviews of service delivery may be required for services to remain in line with changing health directions, including:

  – review external notices outside buildings and replace with updated information as required

  – display promotional materials and notices about changed practice to protect health of clients and staff

  – all clients accessing a service must sign in using the QR code on the Service Victoria app or through a visitor log and show this to staff

  – if a client does not have a phone, screen in relation to current health and exposure status where a person is exhibiting COVID-19 symptoms (see self-assessment tool)

  – if a client is at risk of having COVID-19, attempt to isolate the individual and assist them to contact the coronavirus hotline

  – where possible, ask the client to go to a separate duty room to speak with a worker via a phone

  – where clients have made appointments and can be contacted via phone prior to the appointment– rearrange to a phone appointment

  – remove all high touch items from waiting room (toys, magazines etc).

- if there are multiple clients in a waiting room, give each client an appointment time and request they return for their appointment.

- ensure staff follow physical distancing and surface cleaning guidelines

- photograph any required documents to avoid handling them

- make electronic payments to avoid exchanging cheques

- if possible, bulk purchase phones to provide to clients who do not have phones

- when assessing clients, ask about known existing health conditions

- prioritise clients most at risk, including older people and people with existing health conditions

- display material and promote vaccination.

Use of hotels

The effective date for entry points to enact this guidance is 8 November 2021.

In July 2020, the Homelessness Hotels Emergency Response was set up to provide people experiencing homelessness or sleeping rough with a safe place to stay during the COVID-19 pandemic and ensure they could comply with public health directions, including stay at home directions. With Victoria achieving its 70 per cent double vaccination milestone and restrictions continuing to be lifted across the state, this program no longer serves its original purpose.

Due to the shift from elimination of COVID-19 to minimising transmission of the virus, the hotels program is being wound down. A concerted effort is underway to ensure residents exit emergency accommodation having received vaccinations and can move to safe and appropriate accommodation. To access this funding, clients are required to:

- engage with the local homelessness service provider to develop a housing exit plan suitable to their needs

- co-contribute no more than 30 per cent of a household income to emergency accommodation costs.

Refusal of offers of alternative accommodation

If a client is residing in purchased emergency accommodation and refuses an offer of suitable alternate accommodation, funding will no longer be provided.

A suitable offer is one of the following options: public and community housing (including community rooming houses), crisis supported accommodation (i.e., Ozanam House, Southbank, Flagstaff), private rooming houses, Supported Residential Services, head-leased properties, transitional housing and affordable private rental. Efforts to sensitively convey the options to clients must be demonstrated.

From Homelessness to a Home (H2H)

The From Homelessness to a Home (H2H) program will provide 1,845 households with access to stable medium and long-term housing and support packages to people experiencing homelessness who are residing in emergency accommodation due to the coronavirus (COVID-19) pandemic prior to 6 December 2020.

Clients residing in hotels who are allocated a supported housing package as part of the H2H program will be assisted to remain in EA until a property is sourced as part of this program on the condition that they are

engaging with their package. H2H clients and households who remain in hotels are to be reported on daily to understand the breakdown of people in hotels who are H2H clients waiting for housing.

Detailed H2H Program Guidelines, published 18 October 2021, can be found on the DFFH service provider website <https://providers.dffh.vic.gov.au/sites/default/files/2021-10/H2H%20Program%20Guidelines%20%28As%20of%2018%20October%202021%29%20.pdf>

Homes for Families (H4F)

HEF for families and children in emergency hotel accommodation

As of 29 October 2021, the Victorian Government has allocated additional HEF funding to provide up to 250 eligible families and children with safe, stable and secure accommodation along with tailored wrap around support, to exit emergency accommodation. The funding will ensure up to an estimated 400 children and their caregivers are provided with better opportunities to access a safe and stable home. These families will be supported to stay in emergency accommodation until their housing exit is identified as part of a Housing First response. All families are expected to exit by end of June 2022. Accessing this funding is contingent upon:

- engaging with homelessness service provider to develop a housing exit plan

- a co-contribution of no more than 30 per cent of a household income to emergency accommodation costs. The department will not reimburse entry point providers for HEF expenditure above these funding allocations.

HEF for singles and couples in emergency hotel accommodation

As of 26 October 2021, the Victorian Government has allocated additional HEF funding to support singles and couples in emergency accommodation. This funding will enable clients to transition from hotel accommodation into safe, stable and secure accommodation. The engagement requirements attached to this funding include:

- engaging with homelessness service provider to develop a housing exit plan.

- a co-contribution of no more than 30 percent of a household income to emergency accommodation costs.

Homelessness agencies will work with singles and couples to identify suitable housing exit pathways. As emergency accommodation HEF funding the hotels program is wound down, residents are expected to leave progressively through November and December 2021 and January 2022. The expectation is that all clients have exited the hotel program and it is concluded by 1 February 2022. The department will not reimburse entry point providers for HEF expenditure above these funding allocations.

Brokerage

Housing Establishment Fund (HEF) – COVID-normal

HEF funding can be used flexibly to meet the needs of people impacted by housing-crisis, homelessness and COVID-19. Beyond the updates listed above, homelessness services should ensure they are working within their allocated HEF budget and manage service demand to their allocation.

Beyond the program requirements outlined above homelessness services may continue to use emergency accommodation as part of a range of options and within their HEF budget at their discretion. Unless otherwise

confirmed, services will not be reimbursed by the department past 16 November 2021 for spending HEF outside their existing allocation.

Note:

A client having no income, as may be the case for people seeking asylum and new migrants awaiting residency status, does not preclude them from accessing emergency accommodation. Homelessness is the criterion for entry. When presenting for housing assistance, clients who are without income must be assessed for eligibility based on their immediate need for housing (and other types of assistance), regardless of financial status.

Full details of the HEF Guidelines can be found by logging into the funded agency channel, via the following website <https://fac.dhhs.vic.gov.au/>

Private Rental Assistance Program (PRAP)

In the 2021-22 Victorian Budget, the department increased the PRAP allocation to existing service providers to respond to COVID-19. Services may see a surge of demand in assistance of PRAP brokerage as people employed in marginal employment or in industries impacted by economic impacts of COVID-19. Service providers may consider diverting staff from other programs to respond to this demand if necessary. Service providers are encouraged to use this brokerage flexibly to meet the needs of people impacted by COVID-19.

On site staffed residential facilities

Shared facilities including supported crisis accommodation, youth refuge, youth foyers, permanent supportive housing and modular units will move to COVID-normal in line with current health advice. The following considerations should be made when transitioning to COVID-normal:

- consider reviewing service agreements/ contracts with clients to incorporate any necessary measures (for example visitors, use of shared space etc)

- provide adequate supplies for good hygiene, including easy access to clean and functional handwashing facilities including soap, paper towels, and alcohol-based hand sanitiser (for example, in kitchens, reception areas, bathrooms)

- do not share objects such as cups, food, and drink. Cutlery, utensils and crockery should be washed thoroughly with detergent and hot water.

- implement a more frequent cleaning schedule and routinely clean and disinfect all frequently touched surfaces and objects, such as doorknobs, bannisters, countertops, taps, keyboards and phones

- provide residents of the congregate living facility and employees with accurate information about updates on the coronavirus and steps they can take to protect themselves

- require all contractors and residents to wash hands upon entering building and to wear a face mask

- visitors should only be permitted in line with current restrictions – refer to the Visiting care facilities website <https://www.coronavirus.vic.gov.au/visiting-care-facilities>.

- group activities can be delivered in line with current physical distancing guidance

- if meals are provided, the time offered to residents should be extended where possible, ensuring that safe physical distancing measures can be applied

Confirmed case(s) of coronavirus (COVID-19) in accommodation settings

Where there are confirmed case(s) of coronavirus in accommodation settings, clients should be supported to remain in their accommodation to complete their isolation period depending on site arrangements including the type of kitchen/laundry/bathroom facilities available to residents.

If a client is unable to safely isolate in place and meets the relevant criteria, they should be referred to the COVID-19 Isolation and Recovery Facility (CIRF), via email (CIRFteamleader@svhm.org.au) using the CIRF referral form between 8am and 8pm, 7 days a week.

A referral for alternative emergency accommodation can also be made to the Integrated Intake Assessment and Triage Service (IIATS).

Referral can be made via:

- – Phone: 1800 365100
- – Email: IIATS@justice.vic.gov.au
- – Online form: <https://iiatsreferral.justice.vic.gov.au/>

- if a client experiencing homelessness is unable to isolate in place or access accommodation via the CIRF or IIATS, advice should be sought from Readiness, Response and Emergency Management in the department at COVIDhomelessresponse@homes.vic.gov.au.

- For people required to isolate, develop a support plan and seek advice from the Department of Health and Human Services coronavirus website <https://www.dhhs.vic.gov.au/coronavirus> and the coronavirus hotline 1800 675 398.

- if an on-site residential facility experiences a notable outbreak of confirmed cases, the Department of Health and Department of Families, Fairness and Housing will work with homelessness services on a case-by-case basis to ensure an appropriate response.

Managing challenging behaviours and non-compliance

Prevention: People experiencing homelessness have often experienced trauma in their lives. Trauma responses, including challenging behaviours, are often triggered by feelings of anxiety, stress and a loss of control. Likewise, general health concerns are more common for people experiencing chronic homelessness.

Staff should model calm behaviour, frequently check in with clients in relation to their mental health and explain the purpose behind impactful policy or practice decisions. Understanding the reason behind decisions can give people a sense of control and clarify that what they are feeling is normal in the current environment. Give people clear and accurate information referring to advice on the Department of Health and Human Services coronavirus website <https://www.dhhs.vic.gov.au/coronavirus>

Response: Service providers have existing risk assessment and management procedures. These should be adapted to consider risk in relation to (COVID-19).

Responses should include warnings where possible and may include exiting clients from shared residential facilities when they pose a risk to staff or others. Services should make all efforts possible to place the client in alternative emergency accommodation.

If clients are non-compliant in isolation or quarantine settings, a referral can be made to the Integrated Intake Assessment and Triage Service (IIATS) via:

- the IIATS online form which is also available on the Victorian Government's coronavirus website at <www.coronavirus.vic.gov.au/emergency-accommodation-community-members-who-cannot-quarantine-home>
- Or contact IIATS on 1800 365 100 or IIATS@justice.vic.gov.au

Assertive outreach

Assertive outreach services will continue to be crucial in identifying people rough sleeping who are most at risk if they contract COVID-19, including the elderly and people with health vulnerabilities. People experiencing chronic homelessness often have poor physical health and may be at greater risk due to an inability to isolate or access hygiene facilities. Assertive outreach programs will focus on referring clients who are COVID-19 positive to a safe place to receive support, isolate and recover.

If the Covid Isolation and Recovery Facility (CIRF) is at capacity and a referral to the Integrated Intake and Assessment Team is not successful, clients should be supported to obtain hotel accommodation.

Considerations to minimise transmission risk in assertive outreach service delivery include:

- if possible, where clients are known to services, contact clients by phone

- increase frequency of outreach visits to people who may be at greater risk if they contract COVID-19, particularly older people, people with existing health issues or people who are known to be unvaccinated

- encourage people sleeping rough to access the CIRF or hotel quarantine for their infectious period. Staff to facilitate referrals where the client is open to either option

- keep a register of those moved into accommodation with support plans and essential items (for example, medication, food and toiletries)

- ensure clients have phones, using brokerage to purchase if required

- provide clients with sanitary items and information on nearby hand washing facilities and bathrooms.

Transitional Housing Management

Tenancy management

Tenancy Managers can re-instate face-to-face office or home-based contact for renters. As of 6pm, 29 October 2021 this includes:

- showing properties to potential renters in line with current guidelines (for unvaccinated households, or where vaccination status is unknown inspection one household may view a property by appointment only)

- signing leases in person

- inspecting properties

- conducting conditions reports and end of lease inspections.

Service providers should use the following to assist in reducing COVID-19 transmission, wherever possible:

- services should seek the agreement of the renter prior to visiting where possible and use available mechanisms such as access notices to conduct rental inspections

- staff to declare before each shift that they do not have COVID-19 symptoms

- meet renter outdoors where possible or open windows if meeting indoors.

Rent collection

<mark>As Victoria enters COVID-normal it is possible that people will continue to experience impacts related to job insecurity, job losses and financial hardship and may not be able to pay rent.</mark>

<mark>Agencies should continue to follow their policies and procedures related to rent arrears and financial hardship; however also use discretion, sensitivity and flexibility when a renter has rental arrears.</mark>

Urgent repairs and maintenance

Before meeting with a renter or visiting a property, housing providers, the Housing Call Centre, After Hours Call Service and Local Department Offices and contractors may ask renters a series of questions regarding COVID-19 when they call to request maintenance work.

These include asking:

Have you or an occupant of the property:

- *been overseas in the last two weeks or been in contact with anyone who has returned from overseas in the last two weeks?*

- *met in person with anyone who has since been advised they have COVID-19?*

- *tested positive for COVID-19?*

- *are you experiencing any of the following: fever, runny nose, cough, sore throat, fatigue, shortness of breath or breathing difficulties?*

If the renter answers 'NO' to all the above questions face-to-face contact can be completed as per usual process, in line with current health guidelines. The job will be issued to the contractor with no recommended precautions in the job Special Instructions.

If a renters answers 'YES' to any of the above questions the job order will include the following in the Special Instructions "ADDITIONAL PRECAUTIONS RECOMMENDED". If the call is received by the After Hours Call Service, the operator will advise the contractor by phone that COVID-19 precautions are required.

The contractor must follow the procedure outlined below:

- contact the renter via phone and advise that due to the information provided to the operator who took their initial call for the maintenance job, contractor staff will need to take some safety precautions when attending the property. Confirm as much as possible over the phone as to what the maintenance issue is and what is needed to complete the job

- if works are required to the inside of the dwelling, the renter is to be advised over the phone that they will need to wait in another room of the house with the door closed while the contractor completes the job. If works are required to the exterior of their dwelling or the area surrounding their dwelling, then the renter is to be advised they are to wait inside their home while the contractor completes the job.

- if the renter cannot be reached on the phone number provided in the job order, prior to attending the property the contractor is to undertake Steps 1 and 2 above when they attend the property.

- when contractor attends the property, the renter is to show the contractor the location of the issue if required amend then do as instructed under Step 2. The renter and contractor should aim to maintain a minimum of 1.5 metres physical distance between them.

- contractor is to complete the job as quickly as possible while still being thorough.

- if the contractor needs to speak to the renter during the job for additional information or clarification, the contractor is to do so as briefly as possible.

- contractor is to notify the renter when they have finished, then leave the house and property immediately (closing front door behind them if they have been working inside the dwelling). The Contractor is not required to have the renter sign an Inspection and Test Plan before leaving.

- contractor is to place any personal protective equipment (PPE) in a garbage bag (supplied by contractor) and securely tie the bag. Contractor is to wash or sanitise their hands.

- contractor is to dispose of the garbage bag as rubbish (but not using the renter's rubbish bin).

Priority and Normal jobs

If a renter answers 'NO' to all the above questions, the job will be issued to the contractor without any recommended precautions in the job Special Instructions; and the job is to be completed consistent with the usual process. If however, the contractor does not contact the renter to arrange a time to attend the property within two days of receiving the job order, the contractor is to ask the renter the above questions.

If the renter answers 'NO' to all the questions, the contractor is to complete the job as per the usual process. If the renter answers 'YES' to any of the questions, the contractor is to advise the renter they will not be able to attend to complete the works, and they will contact the renter after two weeks has passed. The contractor is to then proceed from Step 1 above.

If a renter answers 'YES' to any of the above questions and the job order will include the following in the Special Instructions 'ADDITIONAL PRECAUTIONS RECOMMENDED – CONTRACTOR TO PLACE JOB ON HOLD'. The contractor is to then follow the procedure outlined below:

- the contractor is to change the status of the job in HiiP Repairs to 'On Hold' and the on-hold reason is to be 'HOSP Renters in hospital'.

- the contractor is to contact the renter after a two-week period. The contractor is to ask the renter the above questions again.

- if the renter answers 'YES' to any of the questions, the contractor is to advise the renter they will not be able to attend to complete the works and will contact the renter after a further two weeks has passed.

- if the renter answers 'NO' to all the questions, the contractor is to complete the job as per usual process.

Contractor to seek their own advice

Each contractor is to also seek their own health and safety advice on safely working in an environment where occupants have, or are suspected to have COVID-19. If the contractor receives advice that conflicts with the process outlined above, the contractor is to raise this with the superintendent.

Queries on correct job allocation

If the initial questions in the procedure identify a renter or occupant has or may have COVID-19, and the maintenance job has been allocated as a critical or urgent job, but the contractor does not believe the matter is critical or urgent in nature, then they are to contact the superintendent for clarification on whether the job should be completed or placed on hold.

Support services and case management

For all support programs, services must provide clear communication to clients regarding changes to service delivery as we move to COVID-normal. Support will need to be ongoing for many people, particularly those with complex needs, but how it is provided, and the frequency may vary.

Transporting clients

Prior to the COVID-19 pandemic and subsequent restrictions on services, homelessness services frequently transported clients. As services transition to COVID-normal service delivery, services should use discretion in determining the necessity of transporting clients. Arranging a taxi for clients may be a suitable alternative where the client is not suspected of being COVID-19 positive. If a client requires emergency medical treatment, an ambulance should be called.

Day meal programs or day and night drop in services

Day programs and drop-in services for fully vaccinated individuals can resume in line with health advice.

Group work programs

Group work programs for fully vaccinated individuals can resume in line with health advice.

3. Further considerations for specific cohorts

Elderly or have pre-existing medical conditions

Services should consider known clients who may be most vulnerable if they have COVID-19. While most people will only have mild symptoms, anybody can become very sick with COVID-19.

Older people are more likely to get very sick with COVID-19 because immune systems become less effective with age. Having pre-existing medical conditions also makes people more likely to become very sick with COVID-19. This includes people with diabetes, chronic lung disease, kidney failure and people with low or suppressed immune systems.

For further information specific to COVID-19 in older people and for carers, refer to the Department of Health's website: <https://www.health.gov.au/node/18602/coronavirus-covid-19-advice-for-older-people-and-carers >

Consideration for Aboriginal and Torres Strait Islander clients

Aboriginal and Torres Strait Islander people over the age of 50-years or those that have a pre-existing health condition, such as diabetes, asthma, heart and lung conditions, or immune problems are at higher risk of developing a severe illness associated with coronavirus (COVID-19).

For specific information relating to COVID-19 advice for Aboriginal and Torres Strait Islander peoples, refer to: https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/advice-for-people-at-

risk-of-coronavirus-covid-19/coronavirus-covid-19-advice-for-aboriginal-and-torres-strait-islander-peoples-and-remote-communities

Mainstream health and community services are required to provide culturally safe workplaces and services through the development of strategies, policies, practices, and workplace cultures that address unconscious bias, discrimination and racism.

Further information is available at the department's Aboriginal and Torres Strait Islander cultural safety framework webpage <https://www.dhhs.vic.gov.au/publications/aboriginal-and-torres-strait-islander-cultural-safety-framework>.

Alcohol and other drugs

Youth Projects commenced an initiative in October 2021, focusing on providing people experiencing homelessness who are living in hotels with Alcohol and other Drug support. A multi-disciplinary outreach team will offer the following:

- proactive overdose response
- naloxone training and education
- peer support
- safer using information and needle and syringe exchange
- secondary consultation

The Hotel Outreach Team will provide a holistic and flexible intervention that is respectful of the individual needs of residents in temporary accommodation. Whilst reducing harms and improving awareness to support staff in hotels. For further information, please contact:

– Phone: (03) 9945 2100
– Email: livingroom@youthprojects.org.au

Clients impacted by Family Violence

Protecting Victorians is a top priority during the coronavirus (COVID-19) pandemic. Family violence frontline services, including crisis accommodation, police and courts continue to operate to support women, children and families during the COVID-19 pandemic.

- all family violence, sexual assault and The Orange Door services are operating and continue to deliver critical functions.
- Safe Steps is the state-wide access point for those who need to leave a violent situation and access emergency crisis accommodation. Safe Steps can be contacted 24/7 by:
  – Phone: 1800 015 188
  – Email: safesteps@safesteps.org.au
  – the safe steps web chat support service is available Monday to Friday, 9am to 9pm.
- the Family Violence Multi-Agency Risk Assessment and Management (MARAM) Framework supports workers across the service system to better understand their responsibilities to undertake risk assessment and management, including information sharing and working collaboratively. A range of practice notes were released in 2020, to support professionals respond to the increased family violence risk during the COVID-19 pandemic. Resources are available in the COVID-19 pandemic specific section:
  – Practice notes: <https://www.vic.gov.au/maram-practice-guides-and-resources>

- – COVID-19 pandemic specific practice guides and resources are also available at: <https://www.vic.gov.au/maram-practice-guides-and-resources>
  - – MARAM information: <https://www.vic.gov.au/family-violence-multi-agency-risk-assessment-and-management>
- Victoria Police continue to address and help prevent family violence as a priority. The police response remains unchanged, identifying risks and taking the appropriate action to hold perpetrators to account and keep victims safe.
- all Magistrates' Courts are open. Family violence matters – including Family Violence Intervention Orders
  - – continue to be heard, with urgent and high-risk matters being prioritised. Telephone appearances for family violence matters will be introduced where appropriate, and support services will be provided over the phone where possible. Applications for family violence intervention orders can be made via the Magistrates' Court of Victoria website if it is safe to do so. Applications can still be made in person at Court if that is the safest option.
- the Men's Referral Service continues to provide help and support for people at risk of family violence on 1300 766 491.
- perpetrator accountability continues during the COVID-19 pandemic: social isolation is no excuse for violence. Police will respond in the same way as they would in a non-COVID-19 environment.
- sexual assault support services are continuing to provide essential support for those impacted by sexual assault. If you need help, call the Sexual Assault Crisis Line on 1800 806 292.
- if people involved in a family violence incident present with compromised health issues, police will take a risk-based approach for safety and wellbeing. Where police assess the risks and either the victim or the perpetrator need to be removed from the home, standard procedures will still apply. Where required, police will notify the receiving services if that person has been isolating because they have COVID-19.

Children and young people

As services adapt to COVID normal, it is important that agencies be mindful of the impact the pandemic has had on children and young people. Services should acknowledge that children and young people are clients within their own right and have their own unique experience of homelessness. It is expected that services adopt child inclusive practices. This includes where possible, ensuring that they have contact with children and young people who present to services and hear their voices directly

If agencies require support in relation to working with children and young people, resources are available to support SHS services via the State-Wide Children Resource Program website: <https://statewidechildrenresourceprogram.weebly.com/>. Contact details are also available in the contact us section.

The State-Wide Children Resource Program is funded by the Department of Families, Fairness and Housing to assist, support, and resource homelessness and other non-government services to respond more effectively to the needs of children who have experienced homelessness and/or family violence.

Program Coordinators offer flexible and tailored support to agencies across their areas within the state of Victoria including:

- secondary Consultation
- training and Resource Development
- networking and Capacity Building
- brokerage.

•

4. SHS service delivery in the event of a localised lockdown

<mark>The following information is intended to provide broad advice for prioritisation of service delivery in the event of a localised lockdown. This advice may change based on the specific circumstances of the localised lockdown and service delivery must be in line with public health directives at the times.</mark>

<mark>In the event of a localised lockdown homelessness services will continue to be an essential service. If services are required to temporarily prioritise service delivery, they must discuss their intention with their APSS contact. Providers may need to return to or adapt services based on previous prioritisation strategies.</mark>

Programs are prioritised as follows:

Priority homelessness services – ongoing

Programs that are critical to continue operations, with appropriate physical distancing and other necessary service modifications to ensure safe environment for residents and staff. These programs may require additional/surge staff (who are appropriately skilled to undertake the role and functions required) to be redeployed from other secondary priority programs.

Priority homelessness services – transition

Programs essential to assist with transitioning services either into or out of restrictions.

Secondary priority services

Services that may be unable to continue in their current form during heightened restrictions or may require significant adjustment to the service model to operate when easing restrictions. It may be necessary to deploy staff from these services to assist with the delivery of essential services.

This is a non-exhaustive list; service providers should contact their local department area with questions or concerns in relation to specific programs. Modifications for each function are detailed in this document.

Summary table: prioritisation of homelessness service delivery

PRIORITY HOMELESSNESS SERVICES – ONGOING		
Programs that are critical to continue operations, with appropriate physical distancing and other necessary service modifications to ensure safe environment for residents and staff.		
Function	*Examples*	*Direction*
On-site staffed residential programs	Congregate crisis accommodation facilities, youth refuges, youth foyers, permanent supportive housing, modular units	Essential ongoing
Transitional housing property management	Transitional Housing Management - Crisis and General properties.	Essential ongoing
Entry point, including Housing Establishment Fund and Initial Assessment and Planning and Private Rental Assistance Program	Local entry points, private rental assistance brokers and brokerage and state-wide afterhours service	Essential ongoing

PRIORITY HOMELESSNESS SERVICES – ONGOING		
Programs that are critical to continue operations, with appropriate physical distancing and other necessary service modifications to ensure safe environment for residents and staff.		
Assertive outreach Hotel Emergency Response	Rough Sleeping Action Plan funded Assertive Outreach teams, Rough Sleepers Initiative, Melbourne Street to Home, Homelessness Emergency Accommodation Response Teams	Essential ongoing
PRIORITY HOMELESSNESS SERVICES – TRANSITION		
Defined as programs required to assist with transitioning services either into or out of restrictions. These services will be considered essential for a defined duration.		
Function	Examples	Direction
Support services and case management support	Transitional support programs, Accommodation Options for Families, Supportive Housing Teams, Family Mediation, Parenting support, PRAP Plus, Indigenous Tenancies at Risk	To be reviewed as directed by Victorian Government
SECONDARY PRIORITY SERVICES		
Services can continue under the easing of restrictions outlined by the Chief Health Officer.		
Function	*Examples*	*Direction*
Day programs and day and night drop-in services	Open access centres, day meal programs and day and night drop-in services	According to current restrictions
Group work programs	Art therapy groups, parenting groups, consumer groups	According to current restrictions

To receive this document in another format, phone 03 9285 3522, using the National Relay Service 13 36 77 if required, or email DFFH Covid Homeless Response email <covidhomelessresponse@homes.vic.gov.au>.

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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.

Appendix 1 Staff health questionnaire

Staff COVID-19 Health Questionnaire

We encourage each staff member to complete this questionnaire before starting any shift and give your completed questionnaire to the shift manager for record keeping purposes.

Staff name:

Date: Time of shift

Are you currently required to be in isolation because you have been diagnosed with coronavirus (COVID-19)?
YES □ NO □
Have you been directed quarantine for 14-day (or long period of) quarantine by the Department of Health and Human Services (DHHS) as a result of being a close contact of someone with coronavirus (COVID-19)?
YES □ NO □

If you answered YES to either of the above questions you should not attend work until advised by the Department of Health and Human Services that you are cleared from isolation or until your quarantine period is complete.
If you answered NO to the above questions, proceed to the symptom checklist below.

Are you experiencing any of these symptoms?

Fever   □ YES □ NO
(If you have a thermometer, take your own temperature. You are considered to have a fever if above 37.5C)

Chills   □ YES □ NO   Cough □ YES □ NO

Sore throat   □ YES □ NO   Shortness of breath   □ YES □ NO

Runny nose   □ YES □ NO   Loss or change of sense of smell or taste   □ YES □ NO

If you answered YES to any of the above questions you should not enter your workplace (or you should leave your workplace, if already there). Tell your employer, go home, and get tested for coronavirus (COVID-19). Stay at home until you get your results.

If you answered NO to all the above questions, you can enter your workplace.

If you develop symptoms, stay at home and seek further advice from the 24-hour coronavirus hotline 1800 675 398 or your general practitioner

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Appendix 2 Local Public Health Units (LPHUs)

Stakeholder Factsheet

Local Public Health Units (LPHUs)

Stakeholder Factsheet – Updated 12 October 2021

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Contents

What are Local Public Health Units?

In 2020, the Victorian Government established nine Local Public Health Units (LPHUs) to help slow the spread of COVID-19 in Victoria. Six regional and three metropolitan health services were selected to lead one of the nine LPHUs.

With central support and oversight from the Department of Health (the department), the LPHUs strengthen Victoria's public health response to COVID-19. They support engagement with their local communities, and work in collaboration with community partners, general practitioners and hospital-based services.

The role of LPHUs

The LPHUs are responsible for:

- Identifying, notifying and managing COVID-19 positive cases, providing an "end-to-end" case management function from initial contact through to clearance from isolation

- Identifying and managing contacts, exposure sites and outbreaks as they occur, including relevant reporting to the department

- Effectively engaging with its local community to deliver public health services, including devising appropriate strategies for all facets of the community

- Supporting the health services and working with other LPHUs, agencies and organisations in the planning and coordination of local and system wide COVID-19 testing and vaccination services to their communities

- Engaging with the department, other agencies and the LPHU network to partner for delivery of the services to the standards required

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Catchment Areas

LPHU catchments align to the existing health service partnership boundaries. Each catchment has one LPHU with the exception of Hume which is shared between two LPHUs, Goulburn Valley and Albury Wodonga.

Figure 1: LPHU Catchment Areas

COVID-19 Amendment to the Homelessness Guidelines

Key Contacts for LPHUs

LPHU	Lead Health Service	Partner Health Service	Residential postcodes
Western Public Health Unit (WPHU) Phone: N/A Email: wphu@wh.org.au Address: 176 Furlong Road, St Albans, VIC 3021 Days/hours of operation: 8:00AM – 8:00PM	Western Health		3000, 3003, 3006, 3008, 3010, 3011, 3012, 3013, 3015, 3016, 3018, 3019, 3020, 3021, 3022, 3023, 3024, 3025, 3026, 3027, 3028, 3029, 3030, 3031, 3032, 3033, 3034, 3036, 3037, 3038, 3039, 3040, 3041, 3042, 3043, 3044, 3045, 3046, 3050, 3051, 3052, 3055, 3056, 3057, 3058, 3060, 3335, 3336, 3337, 3338, 3340, 3427, 3429
South Eastern Public Health Unit (SEPHU) Phone: N/A Email: SEPHU.TRACE@monashhealth.org Address: 246 Clayton Road, Clayton, VIC 3168 Days/hours of operation: 8:00AM – 10:00PM daily	Monash Health		3004, 3141, 3142, 3143, 3144, 3145, 3146, 3147, 3148, 3149, 3150, 3161, 3162, 3163, 3165, 3166, 3167, 3168, 3169, 3170, 3171, 3172, 3173, 3174, 3175, 3177, 3178, 3181, 3182, 3183, 3184, 3185, 3186, 3187, 3188, 3189, 3190, 3191, 3192, 3193, 3194, 3195, 3196, 3197, 3198, 3199, 3200, 3201, 3202, 3204, 3205, 3206, 3207, 3781, 3783, 3800, 3802, 3803, 3804, 3805, 3806, 3807, 3808, 3809, 3810, 3812, 3813, 3814, 3815, 3910, 3911, 3912, 3913, 3915, 3916, 3918, 3919, 3920, 3921, 3926, 3927, 3928, 3929, 3930, 3931, 3933, 3934, 3936, 3937, 3938, 3939, 3940, 3941, 3942, 3943, 3944, 3975, 3976, 3977, 3978, 3980, 3981, 3984
North Eastern Public Health Unit (NEPHU) Phone: N/A Email: NEPHU@austin.org.au Address: 145 Studley Road, Heidelberg, VIC 3084 Days/hours of operation: 8:00AM – 9:00PM daily	Austin Health	Eastern Health, Northern Health	3002, 3047, 3048, 3049, 3053, 3054, 3059, 3061, 3062, 3063, 3064, 3065, 3066, 3067, 3068, 3070, 3071, 3072, 3073, 3074, 3075, 3076, 3078, 3079, 3081, 3082, 3083, 3084, 3085, 3086, 3087, 3088, 3089, 3090, 3091, 3093, 3094, 3095, 3096, 3097, 3099, 3101, 3102, 3103, 3104, 3105, 3106, 3107, 3108, 3109, 3111, 3113, 3114, 3115, 3116, 3121, 3122, 3123, 3124, 3125, 3126, 3127, 3128, 3129, 3130, 3131, 3132, 3133, 3134, 3135, 3136, 3137, 3138, 3139, 3140, 3151, 3152, 3153, 3154, 3155, 3156, 3158, 3159, 3160, 3179, 3180, 3428, 3750, 3751, 3752, 3754, 3755, 3757, 3759, 3760, 3761, 3765, 3766, 3767, 3770, 3775, 3777, 3778, 3779, 3782, 3785, 3786, 3787, 3788, 3789, 3791, 3792, 3793, 3795, 3796, 3797, 3799

Barwon South West Public Health Unit Phone: 03 4215 3531 Email: phu@barwonhealth.org.au Address: The University Hospital Geelong, Ryrie Street, Geelong, VIC 3220 Days/hours of operation: 8:00AM – 8:00PM Mon – Fri, 8:00AM – 5:30PM Sat & Sun	Barwon Health		3211, 3212, 3213, 3214, 3215, 3216, 3217, 3218, 3219, 3220, 3221, 3222, 3223, 3224, 3225, 3226, 3227, 3228, 3230, 3231, 3232, 3233, 3234, 3235, 3236, 3237, 3238, 3239, 3240, 3241, 3242, 3243, 3249, 3250, 3251, 3254, 3260, 3264, 3265, 3266, 3267, 3268, 3269, 3270, 3271, 3272, 3273, 3274, 3275, 3276, 3277, 3278, 3279, 3280, 3281, 3282, 3283, 3284, 3285, 3286, 3287, 3289, 3292, 3293, 3294, 3300, 3301, 3302, 3303, 3304, 3305, 3309, 3310, 3311, 3312, 3314, 3315, 3321, 3322, 3323, 3324, 3325, 3328, 3329, 3330, 3331, 3332, 3333, 3407
Grampians Public Health Unit Phone: 1300 988 908 Email: phu@bhs.org.au Address: Grampians Public Health Unit, Drummond Street North, Ballarat, VIC 3353 Days/hours of operation: 8:00AM – 8:00PM Daily	Ballarat Health		3317, 3318, 3319, 3334, 3341, 3342, 3345, 3350, 3351, 3352, 3355, 3356, 3357, 3358, 3360, 3361, 3363, 3364, 3370, 3371, 3373, 3374, 3375, 3377, 3378, 3379, 3380, 3381, 3384, 3385, 3387, 3388, 3390, 3391, 3392, 3393, 3395, 3396, 3400, 3401, 3409, 3412, 3413, 3414, 3415, 3418, 3419, 3420, 3423, 3424, 3458, 3460, 3461, 3464, 3465, 3467, 3468, 3469, 3472, 3477, 3478, 3480, 3482, 3483, 3485, 3487, 3488, 3489, 3491, 3525, 3527
Loddon-Mallee Public Health Unit Phone: 1800 959 400 Email: phu@bendigohealth.org.au Address: 100 Barnard Street, Bendigo, VIC 3550 Days/hours of operation: 8:30am – 8:30pm; 7 days per week	Bendigo Health		3430, 3431, 3432, 3433, 3434, 3435, 3437, 3438, 3440, 3441, 3442, 3444, 3446, 3447, 3448, 3450, 3451, 3453, 3462, 3463, 3475, 3490, 3494, 3496, 3498, 3500, 3501, 3505, 3506, 3507, 3509, 3512, 3515, 3516, 3517, 3518, 3520, 3523, 3529, 3530, 3531, 3533, 3537, 3540, 3542, 3544, 3546, 3549, 3550, 3551, 3555, 3556, 3557, 3558, 3559, 3561, 3562, 3563, 3564, 3565, 3566, 3567, 3568, 3570, 3571, 3572, 3573, 3575, 3576, 3579, 3580, 3581, 3583, 3584, 3585, 3586, 3588, 3589, 3590, 3591, 3594, 3595, 3596, 3597, 3599, 3622
(Hume) Goulburn Valley Public Health Unit Phone: 1800 313 070 03 5823 7911 Email: phu@gvhealth.org.au	Goulburn Valley Health		3521, 3522, 3607, 3608, 3610, 3612, 3614, 3616, 3617, 3618, 3620, 3621, 3623, 3624, 3629, 3630, 3631, 3633, 3634, 3635, 3636, 3637, 3638, 3639, 3640, 3641, 3644, 3646, 3647, 3649, 3658, 3659, 3660, 3662, 3663, 3664, 3665, 3666, 3669, 3670, 3672, 3711, 3712, 3713, 3714, 3715, 3717, 3718, 3719, 3720, 3722, 3723, 3725, 3726, 3727, 3728,

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Address: 2 Graham Street, Shepparton, VIC 3630 Days/hours of operation: 8:00AM – 8:00PM Daily			3730, 3732, 3753, 3756, 3758, 3762, 3763, 3764
(Hume) Albury-Wodonga Public Health Unit Phone: 02 6048 1000 Email: phu@awh.org.au Address: 475 Townsend St, Albury, NSW 2640 Days/hours of operation: 8:30AM – 8PM Mon – Fri, 9:00AM – 5:30PM Sat & Sun	Albury Wodonga Health		3673, 3675, 3677, 3678, 3682, 3683, 3685, 3687, 3688, 3690, 3691, 3694, 3695, 3697, 3698, 3699, 3700, 3701, 3704, 3705, 3707, 3708, 3709, 3733, 3735, 3737, 3738, 3739, 3740, 3741, 3744, 3746, 3747, 3749
Gippsland Public Health Unit Phone: 03 5173 5451 Email: phu@lrh.com.au Address: 10 Village Avenue, Traralgon West, VIC 3844 Days/hours of operation: 8:00AM – 5:00PM daily	Latrobe Regional Hospital		3816, 3818, 3820, 3821, 3822, 3823, 3824, 3825, 3831, 3832, 3833, 3835, 3840, 3842, 3844, 3847, 3850, 3851, 3852, 3854, 3856, 3857, 3858, 3859, 3860, 3862, 3864, 3865, 3869, 3870, 3871, 3873, 3874, 3875, 3878, 3880, 3882, 3885, 3886, 3887, 3888, 3889, 3890, 3891, 3892, 3893, 3895, 3896, 3898, 3900, 3902, 3903, 3904, 3909, 3922, 3923, 3925, 3945, 3946, 3950, 3951, 3953, 3954, 3956, 3957, 3958, 3959, 3960, 3962, 3964, 3965, 3966, 3967, 3971, 3979, 3987, 3988, 3990, 3991, 3992, 3995, 3996

For urgent after-hours queries, contact:
1300 651 160 (24 hours)
Please keep Triple Zero (000) for medical emergencies only

To receive this document in another format phone 1300 651 160 using the National Relay Service 13 36 77 if required, or email Project Management Office Communications < COVID-19PMO-Communications@health.vic.gov.au>.

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Available at: DHHS.vic – coronavirus (COVID-19) <https://www.coronavirus.vic.gov.au>

Available at DHHS.vic –Translated resources - coronavirus (COVID-19) <https://www.coronavirus.vic.gov.au/translated-information-about-coronavirus-covid-19>

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5. Appendix 3 - Quick reference guide

COVID normal scenarios and responses

Category	Situation	Options	Lead agency	Contact details / further information	Escalation
Confirmed case of COVID-19 in people experiencing homelessness	A COVID-19 positive client has no appropriate accommodation	1. Refer the client to the COVID Isolation Recovery Facility (CIRF)	St Vincent's Hospital Melbourne	Email CIRFteamleader@svha.org.au between 8am – 8pm, 7 days per week	CIRF capacity changes regularly. If the CIRF is full or the client is not prioritised, refer to step 2.
		2. Refer the client to the Integrated Intake Assessment and Triage Service (IIATS)	Department of Justice and Community Safety	Phone: 1800 365 100 Email: IIATS@justice.vic.gov.au Online form - https://iiatsreferral.justice.vic.gov.au/	If IIATs referral unsuccessful or further support required, refer to step 3 and encourage client to isolate in place.
		3. Contact the Readiness, Response and Emergency Management division	DFFH - Readiness, Response and Emergency Management (RREM)	Email: rremoutbreak@dffh.vic.gov.au	
		4. Consider the use of standard Housing Establishment Fund (HEF) if	Local Access Point	Refer to the Homelessness Guidelines and COVID-19 amendments for further information on HEF <https://fac.dhhs.vic.gov.au/news/new-guidelines-funded-homelessness-service-providers-related-covid-19>	N/A

Category	Situation	Options	Lead agency	Contact details / further information	Escalation
		appropriate for the client			
	A client in a hotel or high risk accommodation setting tests positive to COVID-19	1. Support the client to isolate safely in place. Support is available at specific hotels via: • Homelessness Hotel Response • Youth Projects Hotel Outreach Team	Agency supporting client DFFH Youth Projects	Homelessness Hotel Response – available at the following hotels until January 2022: • Ibis Kingsgate, Melbourne • Quality Hotel Parkville • Somerset Apartments • City Edge Apartments A'Beckett St, Melbourne • City Edge Apartments South Melbourne • Alto Hotel Melbourne Youth Projects can be contacted via the Living Room: • Phone: (03) 9945 2100 • Email: livingroom@youthprojects.org.au	If client unable to isolate safely in place, refer to step 2.
		2. Refer the client to the Integrated Intake Assessment and Triage Service (IIATS)	Department of Justice and Community Safety	Phone: 1800 365 100 Email: IIATS@justice.vic.gov.au Online form - https://iiatsreferral.justice.vic.gov.au/ Note, that if a client is unable to isolate or quarantine safely and their needs are assessed as requiring the complex care program, this will be activated within the Relief and Community Support program. Wrap around support is available and if clients have existing supports, a top up or additional support will be provided to avoid duplication of services.	

Category	Situation	Options	Lead agency	Contact details / further information	Escalation
	My agency is based in regional Victoria. How can I get assistance from RREM to find alternative accommodation for clients who have COVID-19 and can't safely isolate in place?	Consider the use of standard HEF if appropriate for the client	Local Access Point	N/A	
		Contact Readiness, Response and Emergency Management (RREM)	DFFH – Readiness, Response and Emergency Management (RREM)	Email: rremoutbreak@dffh.vic.gov.au	
	Is specific support available for families from multicultural backgrounds?	The Family Recovery Program is available state-wide to families from multicultural backgrounds to support recovery from COVID-19. Cohealth provide coordinated, culturally	Co-Health	Refer via the online form <https://forms.office.com/pages/responsepage.aspx?id=xMYIFZVfdU-KZ5mS34Mn6G73E6ZEreFDkYC1kS-kdMVUOE9QU0lMMzJSMDlMRVVUSVhaVDkxWEE5SS4u> For further information: Visit https://www.cohealth.org.au/family-recovery-program/	N/A

Category	Situation	Options	Lead agency	Contact details / further information	Escalation
		responsive case management for up to 3 months.		• Email the Family Recovery Team frp@cohealth.org.au • Call 9448 6845 Monday to Friday, 9am to 5pm.	
Close contacts of a confirmed case	Multiple clients are confirmed close contacts of a positive COVID-19 case	Support clients to access a testing site Support client to access other services as required	Department of Health	https://www.coronavirus.vic.gov.au/where-get-tested-covid-19 • If appropriate, onsite testing may be arranged either through in-reach over a day or door-to-door testing. • This may be provided to other impacted residents depending on site arrangements (including the type of kitchen/laundry/bathroom facilities available to residents). • Similarly, relief (food and medications) may be provided for positive cases through the State's emergency relief arrangements either initially or over the isolation period. Contact the Coronavirus Hotline on 1800 675 398 (follow the prompts for relief). The Relief and Community Support program support people who have tested positive to COVID-19 or are a close contact to access food and other urgent items. • For public health advice and health support coordination, contact your Team A, Intelligence, Case, Contact and Outbreak Management (ICCOM) via email: team-a@health.vic.gov.au	

Category	Situation	Options	Lead agency	Contact details / further information	Escalation
	A worker is a confirmed close contact of a positive COVID-19 case	Notify the Department of Health via the online form	Department of Health	Action the four immediate steps to be taken, listed on the following website under 'Start here' heading: https://www.coronavirus.vic.gov.au/confirmed-case-workplace Centre-based services (e.g. in-clinic/group based services such as homelessness clinics) and residential settings where workers are not employed to provide direct care on-site (e.g. social housing, rooming houses) should use **Workplaces** guidance. • contact assessment and management guidance: Workplaces, business and industry <https://www.coronavirus.vic.gov.au/sites/default/files/2021-10/2021-10-21_Workplaces%20business%20and%20industry.pdf> Residential settings such as homelessness staffed residential services should use **Primary Care** guidance. • contact assessment and management guidance: Primary care, community-based healthcare and emergency services <https://www.dhhs.vic.gov.au/primary-care-community-based-healthcare-and-emergency-services-doc-covid-19>	N/A
	What are the isolation requirements for staff if in contact with	• If you live in the same house as the confirmed COVID-19 case, you must	N/A	Use the above Contact Assessment and Management Guidance to determine furloughing requirements.	

Category	Situation	Options	Lead agency	Contact details / further information	Escalation
	a person who has COVID-19?	quarantine for at least 10 days. • If you are fully vaccinated and **DO NOT** live with a confirmed case, you must still quarantine. Check current health advice. A negative COVID-19 test result is required no sooner than day 6 to be cleared from isolation • If you haven't had both doses of the vaccine and **DO NOT** live with a confirmed case you must quarantine. Check current health advice.			
Hotel accommodation	A hotel operator has asked an	1. If the client is still residing at hotel, attempt to negotiate with hotel owner for	Support agency	N/A	If client forced to leave, refer to step 2.

Category	Situation	Options	Lead agency	Contact details / further information	Escalation
	individual client to leave as they have COVID-19. Where can they go to safely isolate?	client to remain at hotel.			
		2. Refer the client to the CIRF	St Vincent's Hospital Melbourne	Email CIRFteamleader@svha.org.au between 8am – 8pm, 7 days per week	If the CIRF is full or the client is not prioritised, refer to step 3.
		3. Refer the client to the Integrated Intake Assessment and Triage Service (IIATS)	Department of Justice and Community Safety	Phone: 1800 365 100 Email: IIATS@justice.vic.gov.au Online form	If the IIATs referral unsuccessful or further support required, refer to step 4.
		4. Escalate to Readiness Response Emergency Management (RREM)	Readiness Response Emergency Management (RREM)	Email: rremoutbreak@dffh.vic.gov.au	
Privacy	I am referring a client to a hotel, where I know there are confirmed cases of COVID-19.	General advice can be shared if this does not identify individuals.		Further information regarding sharing health information is available at: https://ovic.vic.gov.au/privacy/covid-19-and-privacy-considerations/	

Category	Situation	Options	Lead agency	Contact details / further information	Escalation
	Do I tell the person I am referring?				
High risk accommodation settings	A person with a confirmed case of COVID-19 is not complying with requirements of isolating in place. This is putting other residents at risk. I need some guidance on how to manage this situation.	Contact the Readiness Response Emergency Management Team	Readiness Response Emergency Management (RREM)	Email: rremoutbreak@dffh.vic.gov.au	N/A
	There are multiple residents with confirmed cases of COVID-19	Contact Readiness Response Emergency Management (RREM)	Readiness Response Emergency Management (RREM)	Email: rremoutbreak@dffh.vic.gov.au	N/A

Category	Situation	Options	Lead agency	Contact details / further information	Escalation
	in a congregate living setting. Who do we contact for support in managing this outbreak?				
Vaccination	Where can a person experiencing homelessness be supported to get the COVID-19 vaccination?	• Attend fixed vaccination hub e.g. Melbourne Town Hall • Local pharmacies and GP clinics • Neighbourhood pop up • If persistent barriers persist contact the C-19 vaccination program to discuss options and if a vaccination team can visit a particular site	Department of Health C-19 Vaccination Program	https://www.coronavirus.vic.gov.au/book-your-vaccine-appointment To discuss on-site vaccination hubs contact RREM via email: rremoutbreak@dffh.vic.gov.au	N/A

Category	Situation	Options	Lead agency	Contact details / further information	Escalation

Emergency relief for clients who are isolating	Where can I refer clients to access emergency relief while isolating?	Contact the Coronavirus hotline	Department of Justice and Community Safety	• Referrals via the Coronavirus Hotline on 1800 675 398 (follow the prompts for relief).
				
				  – An appropriate meal will be provided for the first night along with any urgent supplies.
				
				  – A referral may also be activated to the local council or through the Red Cross to provide a food pack for 14 days (or length of quarantine)
				
				  – If the client has been referred to the Integrated Intake and Assessment Team by public health, a referral will automatically be activated for complex needs.
				
				• A fact sheet for clients on the COVID Positive Pathways program provided by the Department of Health is available at: https://www.coronavirus.vic.gov.au/sites/default/files/2021-08/Dept%20of%20Health%20COVID-19%20factsheet%20for%20patient%20070821.pdf
				
				Culturally appropriate food:
				
				• If you are in Melbourne, you can also contact the Australian Multicultural Community Services to receive food parcels and Coles vouchers. Visit <https://www.amcservices.org.au> or phone 9689 9170.
				
				• Noting that if a client is receiving food supplies (following a referral from the relief team via the Coronavirus hotline) then culturally appropriate food will be supplied via the local council who provides the food pack
					Alternatively you can search for food charities in your area through **Ask Izzy**, a free and anonymous website, using your postcode or suburb name: <https://askizzy.org.au/food/>

Category	Situation	Options	Lead agency	Contact details / further information	Escalation
				Medication • Panadol can be provided in the food pack • All other requests for medication via a script will be assessed by the Relief and Community Support program on a case by case basis.	Contact the Local Public Health Unit (LPHU) in relevant catchment. Refer to Appendix 2 for the details of the LPHU in your local area.