# **COVID-19 Contingency Planning**

# **Self-Assessment Checklist, and Collective Needs Identification**

WANADA appreciates many alcohol and other drug services have progressed a COVID-19 response plan.

The Mental Health Commission need a clear picture of any identified gaps or barriers to service continuity experienced by the alcohol and other drug sector. This will enable the MHC and WANADA to collaboratively work on an approach to address sector needs.

The following self-assessment[[1]](#footnote-1) covers some obvious areas of concern. Hopefully completing this will be of benefit to your organisation, as well as serving to identify needed solutions to any barriers.

Please complete and return to WANADA **a separate form (below) for each service type** delivered by your organisation. We need this information as soon as possible (preferably by COB Thursday 2 April). WANADA will collate the information provided and relay any collective and service type specific concerns to the MHC.

Any indication of funding needed to support service continuity would also be welcomed. This is not intended to inhibit organisations informing the MHC of any concerns or funding needs directly.

Kindest regards

Jill Rundle

CEO

WANADA

31 March 2020

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| **Organisation Name:**  |
| **Service type (please circle one option – a separate form is needed for each service type delivered by your organisation)** * Residential treatment
* Non-residential treatment
* Harm reduction
* Withdrawal
* Sobering-up
* Patrol/Community Connector
* Other – please tell us \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Workforce considerations** | **Comments and developments** |
| Identified minimum FTE requirements to maintain service continuity |  |
| Identified key roles that are critical to maintain service continuity and developed contingency plans for these roles |  |
| Determined which shifts can be rearranged to minimise risk of infection across the workforce |  |
| Identified workers who are in the at-risk cohort or those likely impacted by restrictions e.g. people with chronic health conditions, Aboriginal workers over 50, non-Aboriginal workers over 60, parents or carers, etc.  |  |
| Identified workers with appropriate credentials for redeployment and who are willing to be redeployed |  |
| Determined what work can be conducted remotely and what resources are necessary and implemented as practicable |  |
| Identified key skills, qualification and certifications (e.g. Working with Children Checks) by role type and training/resource needs for redeployment  |  |
| Identified and enabled worker training to support management of an outbreak on-site e.g. training on the proper use of PPE |  |
| Processes in place for ongoing assessment of worker wellbeing, and provision of additional supports |  |
| **Barriers/gaps/needs related to workforce** |
| What are the staff gaps to enable minimum service continuity?What training and resources are needed to support the workforce at this time?Are there IT/communication barriers to enabling remote service delivery?Other workforce barriers, gaps or needs? Funding needs to support service continuity regarding workforce? |

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| **Site considerations** | **Comments and developments** |
| Assessed site capacity in relation to infection control measures and government restrictions, including social distancing and hygiene (with or without PPEs) |  |
| Assessed isolation and quarantine capability while maintaining the service focus |  |
| Determined requirements for re-purposing of site as necessary (e.g. offering site as a quarantine space) |  |
| Identified alternative sites for delivery of services and/or places of residence that can be used for workers and consumers if required  |  |
| **Barriers/gaps/needs related to site**  |
| How have measures adopted impacted on service capacity?Other site barriers, gaps or needs? Funding needs to support service continuity related to site considerations? |
| **Risk management considerations**  | **Comments and developments** |
| Identified critical supplies needed to maintain service continuity e.g. PPE, cleaning supplies, food, medication (pharmacotherapy, alcohol maintenance, NRT), injecting equipment |  |
| Identified processes required for transporting and transitioning people from one service/site to another e.g. from IPWU to residential  |  |
| Secured expertise from health service providers as necessary e.g. testing, supporting on-site isolation and quarantine measures  |  |
| Identified changed priority access to reduce hospital presentations e.g. people with limited alternative self-isolation options |  |
| Processes for monitoring and managing consumer social and emotional wellbeing  |  |
| Processes for monitoring and responding to changes in consumer needs based on the impact of COVID-19 |  |
| Communicated organisational COVID-19 response and changes to service delivery to workers, existing consumers and organisation stakeholders as relevant |  |
| **Barriers/gaps/needs related to risk management** |
| What are the service’s minimum stock levels for critical supplies required to maintain service continuity?Other risk management barriers, gaps or needs?Funding needs to support service continuity related to risk management? |
| **Exit planning and continuity of care considerations** | **Comments and developments** |
| Identified exit/transition options, and resource supports needed, to maintains consumer and community safety |  |
| Identified additional options for continuity of care  |  |
| **Barriers/gaps/needs related to exit planning and continuity of care** |
| Any exit planning and continuity of care barriers, gaps or needs during this crisis?Funding needs to support service continuity related to exit planning and continuity of care? |

1. WANADA would like to thank Mission Australia for sharing their template capacity assessment tool to inform this document. [↑](#footnote-ref-1)