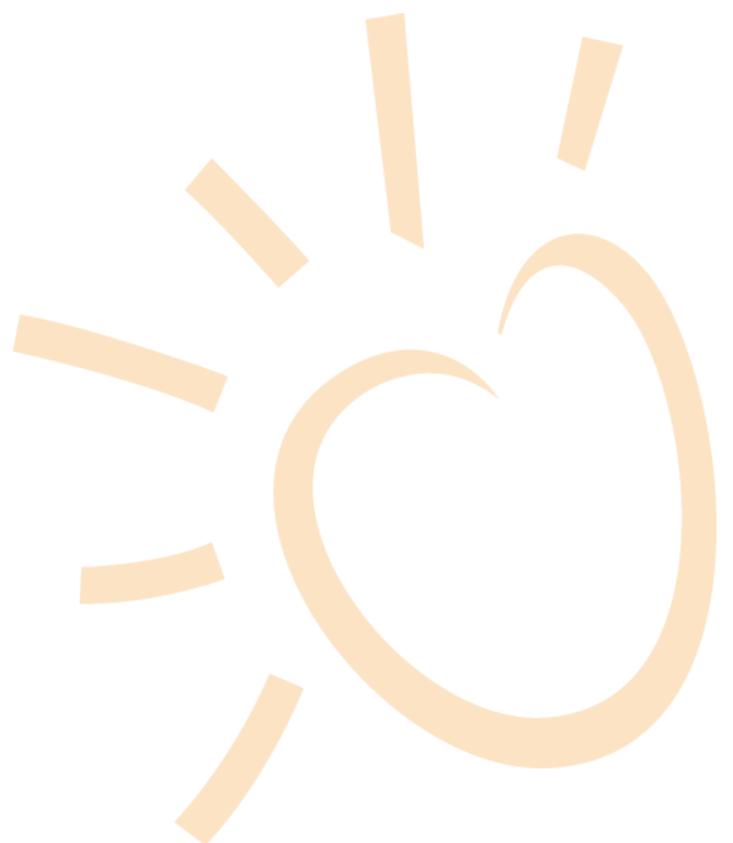


# Client Visit Risk Assessment

COVID-19 Protocols for Service Delivery

Effective: 23 March 2020



## Protocols for Client Visits

The situation we currently find ourselves in as a community and as an agency is dynamic and rapidly changing. All OzChild staff have a responsibility to the broader community and to our children, young people, their families and the carers and volunteers we work alongside.

As an agency and individual staff members, we need to take all steps to minimizing the spread of COVID-19 while still safely delivering services to children, young people, families and carers for as long as possible, particularly those that are identified as being at highest risk.

As of 23<sup>rd</sup> March 2020 OzChild, will continue to be delivering face to face services to children, young people, their families and carers. It is important, however, to ensure this is undertaken in the safest possible way for not only our staff but the children, young people, carers and families we work alongside.

As such OzChild has developed the following risk assessment tool to assist staff to make decisions about the necessity and safety, or otherwise, of face to face contact.

It is also widely acknowledged that Aboriginal and Torres Strait Islander Peoples have the worst health and wellbeing rates than any given population group in Australia. Consequently, if COVID-19 is contracted by many of our First Nation Peoples, it is highly likely that they will not easily overcome the additional susceptibility and burden of the virus, due to underlying chronic diseases, overcrowding, lack of food security, inadequate income and many other social determinants impacting our Aboriginal and Torres Strait Islander communities. There is no immediate quick fix to this current pandemic. Therefore, communication with at-risk groups, such as our Aboriginal and Torres Strait Islander Peoples, is particularly important to tailor measures to their needs based on their greater need and vulnerability, on a case by case basis

**OzChild's current approach to home visiting only applies whilst a Public Health and Safety State of Emergency is in place to combat impacts of COVID-19 and will be actively reviewed by the Executive Leadership and National Services Leadership Teams.**

### RISK ASSESSMENT TOOL

#### Client visit risk assessment

Prior to **all** face to face visits with clients, their families and or OzChild carers and volunteers, staff will ask the following questions:

1. Is there increased risk to the safety of children and young people (C&YP) or a placement breakdown for a C&YP if not supported by a face to face visit (consideration should be given to the number of days between face to face visits that would ordinarily reflect service delivery in each case)? **(if NO go to Q2, if YES go to Q3)**
2. **If it not deemed necessary to visit families or carers face to face** and there will be no impact or escalation of risk as a result of these visits not occurring, **face to face visits should not occur** and contact should move to other engagement and service delivery modes such mobile phones, face time, Skype or other online platforms depending on what suits the staff member, C&YP, family or carer. In these instances, **an alternative face to face support plan** will need to be developed, endorsed by your team leader or supervisor and entered into Family Journey, or relevant client information system, with a review date of no longer than 14 days. **(END)**



3. Is the OzChild staff member at risk of exposure to COVID-19 preventing them undertaking face to face visits? **(if YES go to Q4, if NO go to Q5)**
  - a. Recently returned from overseas travel (in the last 14 days)
  - b. Recently exposed to a person confirmed with COVID-19
  - c. Demonstrating poor social distancing practices (this is a self-assessment, using professional judgement and definitions provided by government – [VIEW HERE](#))
4. Is there an alternative OzChild staff member available to undertake this face to face within the team, program or wider organisation? **(if YES go to Q5, if NO go to Q8)**
5. Is the OzChild staff member at risk of serious infection due to being in a higher risk category as defined by the those outlined [here](#) **(if YES go to Q4, if NO go to Q6)**
  - a. The staff member is Aboriginal or Torres Strait Islander?
  - b. The staff member is over the age of 60?
  - c. The staff member has any chronic health issues?
  - d. The staff member has a weakened immune system?
  - e. The staff member resides with a vulnerable person?

If you are experiencing any of your own health issues or are in the above identified risk cohorts you should discuss this with your line manager, and this will inform whether you should be undertaking face to face visits/appointments. All staff should implement adequate social distancing practices during visits and practice good hygiene before and after visits with staff washing their hands before and after every face-to-face client interaction and clients being asked to do the same.

6. Is the client/carer household at risk of exposure to COVID-19 preventing them being part of face to face visits?? **(if YES go to Q8 if NO go to Q7)**
  - a. Recently returned from overseas travel in the last 14 days
  - b. Recently exposed to a person confirmed with COVID-19
  - c. Demonstrating poor social distancing practices – review these [HERE](#)

If COVID-19 symptoms are present and/or the client/family/carer has had recent contact with known COVID-19 and/or has been overseas in the last 14 days:

- Ensure they have contacted their GP, local hospital or Aboriginal Health Service. This should initially be done over the phone rather than just presenting.
- If they meet the criteria and/or they have been advised by a medical practitioner to self-isolate, discuss with the family/carer their plans to self-isolate for 14 days. Check if there is anything OzChild can do to support them in this process.
- Ask parent or carer to contact any schools involved to inform them of their symptoms and plans.

Discuss with your line manager options for ongoing work and support to the family/carer including mobile, facetime or Skype until their symptoms or self-isolation resolves.



7. Is the client/carer household at risk of infection? *(if YES go to Q8, if NO go to Q9)*
  - a. Is any member of the household Aboriginal or Torres Strait Islander?
  - b. Is any member of the household over the age of 60?
  - c. Is any member of the household diagnosed with a chronic health issue?
  - d. Does any member of the client household have a weakened immune system?
  
8. Discuss with your Team Leader the need to develop an **alternative face to face support plan** and include in your discussion: *(go to Q9)*
  - a. What is the status of other services/family or support that is known to be engaging with the family or carer household?
  - b. What is the staff member's current safety risk assessment for the child or young person and whether reporting to the relevant State Department needs to occur due to the reduction of face to face contact?
  
9. Record on Family Journey, or relevant client information system, the outcome of risk assessment with a review date of not less than 14 days. ***(END)***

## **Implementation & Review**

At a local level Service Directors and Program Managers will assist with the implementation of **this risk assessment tool**.

Teams are required to come together (via skype) in the **next 24 hours** to talk through the implementation of this assessment tool for your teams, children, young people, families, carers and volunteers.

This risk assessment tool will be reviewed very regularly, and changes will be made in line with Commonwealth and State Government advice and direction recognising the dynamic environment we are current operating in.

Michelle Van Doorn  
National Executive Director of Services  
**22<sup>nd</sup> March 2020**

