**Covid19 -Preparedness Checklist for Service Providers**

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|  | **CORE SERVICE DELIVERY- List B** |
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|  | Fortis consulting  April 2020 |

**INTRODUCTION**

***This checklist covers the first phase of the Business Continuity and Resilience Framework- Preparedness from a Core Service Delivery perspective.***

Ensuring your **Business Resilience and Continuity** is important to us. We have hence developed a **COVID-19 Resilience and Continuity** **Framework in three key organisational areas**to help you navigate successfully through this time of crisis and to minimise disruption. The information contained in this framework is of a general nature and should be considered in line with relevant advice from state and national authorities

This checklist covers the first phase **Preparedness** in **Key area 2: Core Service Delivery** to Consumers

**Preparedness**

**Response**

**Recovery**

Call us on **+61 8 9467 2490** or email us on[**info@fortisconsulting.com.au**](mailto:info@fortisconsulting.com.au)to discuss any support we can provide around **Response** and **Recovery to optimise your current Core (or Primary) Service Delivery processes to manage Covid-19.**

1. **General Business Preparedness- List B.1.1**

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| Area | Preparedness Checklist - Mitigation of Risks/Continuity of Core Service Delivery | Assessment | Comment |
| B.1.1 | * Have you defined and documented your business’s core services? If you were asked to explain to someone what is it you do, how would you describe it to them? | □ Yes □ No |  |
| B.1.2 | * Can you define how you generate income (e.g. fee-for-service, Government funding, membership fees, product sale, other etc)? | □ Yes □ No |  |
| B.1.3 | * Is one service more critical than others to ongoing operations and income? | □ Yes □ No |  |
| B.1.4 | * Are your health records and representative contact details for all consumers/participants up to date? | □ Yes □ No |  |
| B.1.5 | * Where do you serve your clients (consumers/participants)? E.g. on-site, at their home, at another organisation’s facilities, etc. | □ Yes □ No |  |
| B.1.6 | * Have you thought about the impact on your services to your consumers/participants in the event of an interruption? | □ Yes □ No |  |
| B.1.7 | * Have you identified consumers/participants who may be at greater risk - for example because of presence of chronic disease? | □ Yes □ No |  |
| B.1.8 | * Have you informed consumers/participants and their carers/families about Hand hygiene and cough etiquette? | □ Yes □ No |  |
| B.1.9 | * If applicable, have you had conversations and searched the input from your consumers/participants and their carers/families about plans to keep everyone safe, possible scenarios of testing, isolation and quarantine in the case of an outbreak and how this will be managed in their interest? | □ Yes □ No |  |
| B.1.10 | * If applicable, have you developed screening question for external visitors to declare their medical status? Recent travel? Possible exposure? | □ Yes □ No |  |

1. **Residential Care Preparedness- List B.1.2**

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| Area | Preparedness Checklist -Mitigation of Risks/Continuity of Core Service Delivery | Assessment | Comment |
|  | **PLANNING** |  |  |
| B.1.2.1 | * Have you defined your business’s core services? If you were asked to explain to someone what it is you do, how would you describe it to them? | □ Yes □ No |  |
| B.1.2.2 | * Have you documented the ‘ways’ you generate income (e.g. fee-for-service, Government funding, membership fees, product sale, other etc)? | □ Yes □ No |  |
| B.1.2.3 | * Is one service more critical than others to ongoing operations and income? | □ Yes □ No |  |
| B.1.2.4 | * Are your health records and representative contact details for all consumers/participants up to date? | □ Yes □ No |  |
| B.1.2.5 | * Have you clearly documented where you serve your consumers e.g. on-site, at their home, at another organisation’s facilities, etc? | □ Yes □ No |  |
| B.1.2.6 | * Have you thought about the impact on your services to your consumers/participants in the event of an interruption? | □ Yes □ No |  |
| STANDBY\* | | | |
|  | **VACCINATION** |  |  |
| B.1.2.7 | * Have you ensured all residents and their families/carers are aware of the importance of annual influenza vaccination? | □ Yes □ No |  |
| B.1.2.8 | * Have you encouraged GPs to vaccinate residents against influenza? | □ Yes □ No |  |
| B.1.2.9 | * Have you created a list of residents by influenza vaccination status; ensure it is kept updated and accessible? | □ Yes □ No |  |
|  | **INFECTION CONTROL PREPAREDNESS** |  |  |
| B.1.2.10 | * Have you ensured personal protective equipment (PPE), hand washing facilities and alcohol-based hand rubs are available near point of care? | □ Yes □ No |  |
| B.1.2.11 | * Have always you encouraged frequent and appropriate hand hygiene (5 Moments)? | □ Yes □ No |  |
| B.1.2.12 | * Have you ensured infection control signage is available for use? | □ Yes □ No |  |
| B.1.2.13 | * Have you considered how case isolation will be managed? | □ Yes □ No |  |
| B.1.2.14 | * Have you ensured stocked respiratory hygiene stations are at each visitor entrance? | □ Yes □ No |  |
| B.1.2.15 | * If applicable, have you had conversations and searched the input from your consumers/participants and their carers/families about plans to keep everyone safe, possible scenarios of testing, isolation and quarantine in the case of an outbreak and how this will be managed in their interest? | □ Yes □ No |  |
| B.1.2.16 | * Have you developed scenarios to consider when and how you would allow all/some visitors on site and under what circumstances? | □ Yes □ No |  |
| B.1.2.17 | * Have you developed screening question for external visitors to declare their medical status? Recent travel? Possible exposure? | □ Yes □ No |  |

**\***These standby activities already represent the first steps of your response plan. They have been included here to help you fully prepare for aa potential outbreak of the pandemic

1. **Home Care Preparedness- List B.1.3**

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| Area | Preparedness Checklist - Mitigation of Risks/Continuity of Core Service Delivery | | Assessment | | Comment | |
| B.1.3.1 | | * Have you defined your business’s core services? If you were asked to explain to someone what it is you do, how would you describe it to them? | | □ Yes □ No | |  |
| B.1.3.2 | | * Have you clearly documented ‘the ways’ you generate income (e.g. fee-for-service, Government funding, membership fees, product sale, other etc)? | | □ Yes □ No | |  |
| B.1.3.3 | | * Is one service more critical than others to ongoing operations and income? | | □ Yes □ No | |  |
| B.1.3.4 | | * Are your health records and representative contact details for all consumers/participants up to date? | | □ Yes □ No | |  |
| B.1.3.5 | | * Have you clearly documented where you serve your consumers e.g. on-site, at their home, at another organisation’s facilities, etc? | | □ Yes □ No | |  |
| B.1.3.6 | | * Have you thought about the impact on your services to your consumers/participants in the event of an interruption? | | □ Yes □ No | |  |
| STANDBY\* | | | | | | |
| B.1.3.7 | * Have you updated your consumers’/participants records, including their contact details, emergency contact details, cultural/identity/religious needs and backgrounds, and current GP? | | □ Yes □ No | |  | |
| B.1.3.8 | * Have you identified all consumers/participants who may only be contacted by a face to face visit (for example, if they do not have a phone, or cannot use the phone independently)? | | □ Yes □ No | |  | |
| B.1.3.9 | * Have you considered the implications for each consumer, if the delivery of services is interrupted (e.g. the risk to the consumer might be low, if the provider is unable to mow the consumer’s lawn)?   However, for other services (such as cooking) the provider may need to consider alternative delivery models (such as delivering premade meals) to mitigate the high risk to the consumer? | | □ Yes □ No | |  | |
| B.1.3.10 | * Have you contacted the consumer’s family members and friends, to discuss alternative delivery models if required particularly when consumers are from a CALD, ATSI, LGBTQI background? | | □ Yes □ No | |  | |
| B.1.3.11 | * Have you identified whether the consumer has family or friends who can provide assistance in the short-term if the delivery of services is interrupted (e.g. cooking meals for the consumer)? | |  | |  | |
| B.1.3.12 | * Have you identified whether the consumer has the support of family or friends to do online shopping for groceries, and/or delivery of medications? | | □ Yes □ No | |  | |
| B.1.3.13 | * Have you Identified any consumers in high risk categories (such as frail consumers, or those on immunosuppression medications or those with underlying chronic medical conditions, or who identify as ATSI background)? | | □ Yes □ No | |  | |
| B.1.3.14 | * Have you provided consumers and their family with a phone number to call if there is any change to their health condition or circumstances e.g., if they are in self-isolation, have been in contact with a confirmed COVID-19 case, or develop respiratory symptoms. The number must be monitored by a staff member with the capacity to provide advice, assess risk, and notify relevant parties? | | □ Yes □ No | |  | |
| B.1.3.15 | * Have you identified any consumers at risk of harm due to non-compliance with public health requirements e.g., hand hygiene, or self-isolation? | | □ Yes □ No | |  | |
| B.1.3.16 | * Have you identified consumers who have advance care plans and kept a copy (if possible)? | | □ Yes □ No | |  | |
| B.1.3.17 | * Have you encouraged advance care planning, and discussion between consumers, their doctors and families to clarify wishes and intentions? | | □ Yes □ No | |  | |
| B.1.3.18 | * Have you encouraged and promoted flu vaccination? | | □ Yes □ No | |  | |
|  | **EMERGENCY PLAN FOR CONSUMER** | |  | |  | |
| B.1.3.19 | * Have you developed an emergency plan for use by consumers and carers with   + details of the name, address, cultural, spiritual, diverse needs and other contact details of the consumer   + emergency contacts, such as their friends, family, elders, legal representative, or others   + details of any medications they take, including dose and frequency   + details of current GP and any other relevant professionals;   + details of any ongoing treatment   + details of the advanced care plan (if the consumer has one). | | □ Yes □ No | |  | |
| B.1.3.20 | * Have you encouraged the consumer to ask their GP for a shared health summary on their MyHealthRecord (if the consumer has not opted out), and update the shared health summary as applicable? | | □ Yes □ No | |  | |
| B.1.1.21 | * Have you advised consumers who are at risk to have a hospital bag prepared, which includes the details listed above, as well as any planned care appointments and things they might need for an overnight stay (snacks, pyjamas, toothbrush, medication etc.) including a phone and charger if going to hospital? | | □ Yes □ No | |  | |
| B.1.3.22 | * Have you made a list of any services which the consumer’s GP can deliver to keep them safe, such as telehealth consultations, testing for COVID 19 (where required), and advice on local testing arrangements etc.? | | □ Yes □ No | |  | |
| B.1.3.23 | * Have you identified the contact details for the relevant Population/Public Health Unit, State Department of Health, and Commonwealth Department of Health? | | □ Yes □ No | |  | |
| B.1.3.24 | * Are you keeping up to date with the current protocols and logistics for admission to local hospital services as they become more stretched and practices change? | | □ Yes □ No | |  | |
|  | **SUPPLIES** | |  | |  | |
|  | * Have you identified key supplies that are necessary to continue to provide your services? | |  | |  | |
|  | * What is our current store of these supplies? | |  | |  | |

**\***These standby activities already represent the first steps of your response plan. They have been included here to help you fully prepare for aa potential outbreak of the pandemic