Joint Guidelines: COVID-19 Outbreak in a Public Housing Setting

Multi-agency Emergency Management Guidelines to Support a COVID-19 Outbreak in a Public Housing Setting

Version 3 - March 2021



Table of Contents

1.	Executive Summary4
	1.1 Exercise Contages
	1.2 Purpose
	1.3 Authority
	1.4 Revision History
	1.5 Activation
	1.6 Scope
	1.7 Assumptions
	1.8 Goals9
	1.9 Audience
	1.10 Linkages
	1.11 Maintainance
2.	THE EMERGENCY RISK CONTEXT
	2.1 The Hazard
	2.2 Consequences
3.	PREVENTION13
	3.1 Prevention Strategies13
4.	PREPAREDNESS
	4.1 Emergency Planning15
	4.2 Operational Readiness
	4.3 Community Resilience
5.	RESPONSE
	5.1 Concept of Operations Overview18
	5.2 NSW Police Force Response

5	5.3 Welfare Services Functional Area Response	.20
5	5.4 Department of Communities and Justice Response	.22
5	5.5 Health Services Functional Area Response	.25
5	5.6 Support Agency Responses	.27
5	5.7 Other Functional Area Responses	.27
5	5.8 Control and Coordination	.28
5	5.9 Notification and Escalation	.28
5	5.10 Information Management	.28
5	5.11 Communications Strategy (Information and Warnings)	.29
5	5.12 ADF Support	.30
5	5.13 Withdrawal from Response	.32
6. R	RECOVERY	.32
7. A	ADMINISTRATION AND FINANCE	.32
8. A	APPENDICES	.34

Executive Summary

These guidelines have been collaboratively developed by key Functional Area(s) and Agencies in order to enable a cohesive emergency management response to a COVID-19 outbreak in a public housing setting. These guidelines specifically address a multi-agency emergency manegement response involving a targetted lockdown component. The guidelines have been developed in the context of the Sydney Metropolitan Emergency Management (EM) Region, however there is scope for adpatation by other EM regions as required. These guidelines can be adapted for use by community or social housing providers.

The COVID-19 Pandemic has tested, and continues to test local, regional and state Emergency Management capabilities to plan, prepare and respond to its impacts, both in health and broader social and economic terms. This is complicated by the dynamic and rapidly changing situation with border closures, lockdowns, quarantine, and numerous Public Health Orders all featuring in the response. Until a COVID-19 vaccine is developed, we can expect the COVID-19 Pandemic to continue to be managed as a health emergency in Australia for the foreseeable future.

Current NSW Emergency Management arrangements are recognised as appropriate to manage a localised COVID-19 outbreak and associated lockdown. An indicator of the robustness and suitability of these arrangements in managing unprecedented incidents is the flexibility they afford in the enhancement of multi-agency interactions during not only the COVID-19 Pandemic, but other extraordinary events, including the 2019/20 Catastrophic Bushfires. The development of these guidelines is testament to the adaptability of NSW Emergency arrangements in forging solutions within unprecedented operational contexts.

Sydney Metropolitan Region regularly engages with emergency management stakeholders from a range of agencies, largely through quarterly Local and Regional Emergency Management Committees, attendance at multi-agency exercises and participation in reviews and drafting of key emergency management plans. NSWPF is also responsible for fulfilling the role of Region Emergency Operations Controller (REOCON) and Local Emergency Operations Controllers (LEOCONs).

In New South Wales, the State Emergency Operations Centre (SEOC) has remained operational as at 17 March 2020 with much of this time spent operating out of the joint Health/SEOC Operations established at the Rural Fire Service State Operations Centre in Sydney Olympic Park. Emergency Management is coordinated at a local, regional and state level.

To slow the spread of COVID-19, measures have been put in place across the country and within jurisdictions, to practice social/physical distancing and limit public gatherings. Despite this there is still the potential for rapid spread and clusters of cases. Data based on community infections indicates

COVID-19 has the potential to cause catastrophic health complications in some vulnerable individuals. This data continues to evolve as we discover more about the transmission capability of COVID-19, and its health impacts on the human body.

The guidelines acknowledge that public and social housing tenants come from a wide range of diverse backgrounds such as culturally, linguistic and religious backgrounds, and those who experience a wide range of health, disability and aged care issues as well as psychosocial, education and employment disadvantage. The agencies acknowledge that wherever possible, services and support provided through these Guidelines will endeavour to meet our clients' individual needs based on their backgrounds and circumstances

In recognition of ongoing threat presented by COVID-19 and the concerning escalation of community transmissions in Victoria, the NSW State Emergency Operation Controller (SEOCON) identified the need to test regional capability to respond to a localised outbreak to maintain service delivery. A series of desktop exercises were undertaken between 20 July 2020 and 31 July 2020 across four (4) emergency management regions to examine and test existing emergency management arrangements:

- Sydney Metropolitan Region: Exercise Contages (Public Housing Lockdown)
- South West Metropolitan Region: Exercise Subitis (LGA Lockdown)
- Southern Region: Regional Town Lockdown
- South Eastern Region: Exercise Proten (State Border Closure)

Opportunities were identified across the exercises to further enhance emergency management arrangements to increase effectiveness. One of these opportunities was the development of Joint Guidelines to manage a COVID-19 outbreak in a public housing setting, which was the catalyst for this document.

1.1 Exercise Contages

Exercise Contages was developed and implemented by Sydney Metropolitan Region to examine operational readiness in response to the lockdown of high-density public housing estates. Exercise Contages acknowledged that the flexibility of functional areas, combat agencies, local stakeholders and emergency services to respond and adapt processes contributed to the readiness of arrangements should an outbreak in a public housing setting occur.

During Exercise Contages it was established NSW Police Force will assume responsibility for the coordination and control of public housing lockdown sites, including the coordination of security and enforcement aspects of a targeted lockdown in a public housing setting. NSW Police Force will complete this function in support of the Health Services Functional Area response.

A predominant aspect of operational readiness is underpinned by proactive planning, inclusive of the development of multi-agency guidelines that will enable a cohesive, streamlined emergency management response. A key recommendation arising from Exercise Contages was to: 'develop multi-agency guidelines which can be used to underpin specific processes and SOPs within specific Functional Area and/or Agency operational contexts, including a communications strategy and information sharing processes. The Guidelines articulated in this document are the direct implementation of this recommendation.

Note: More information regarding Exercise Contages is available in the Exercise Contages Exercise Outcomes Report, developed by Sydney Metropolitan Region (NSW Police Force).

1.2 Purpose

The purpose of these guidelines is to streamline the Emergency Management response to the lockdown of public housing areas for the purpose of quarantining residents to mitigate the risk of further COVID-19 transmission. It is acknowledged that a lockdown of this nature is highly intrusive and will have a significant impact on residents and the broader community. For this reason, a lockdown of this nature would conceivably be implemented should other health interventions, such as the extraction or management of COVID-19 confirmed cases and close contacts, be exhausted due to resourcing limitations and/or a significant escalation in infection rate within the respective public housing setting.

1.3 Authority

These guidelines were written and issued under the authority of the State Emergency and Rescue Management Act 1989 (NSW) (SERM Act) and the NSW State Emergency Management Plan (EMPLAN). In addition to these instruments, the following Plans and Guidelines apply within the context of an Emergency Management response to a COVID-19 outbreak in a public housing setting:

- NSW Health Services Functional Area Supporting Plan
- NSW Welfare Services Functional Area Supporting Plan
- NSW Human Influenza Pandemic Plan
- <u>State Emergency Management Plan Evacuation Management Guidelines</u> and Evacuation Management Guidelines COVID-19 Supplement
- Public Information Services Supporting Plan
- Transport Services Functional Services Supporting Plan
- Telecommunications Services (TELCOPLAN) Supporting Plan
- NSW Recovery Plan
- The State-wide High-Rise Emergency Action Plan July 2020

Functional Areas are business units within New South Wales Government agencies that, consistent with the scope of their portfolio, perform specific emergency management functions. This may be to support Combat Agencies to resolve the consequence of an emergency, or they may provide emergency risk management leadership within a sector (EMPLAN para 428). They derive their authority from the SERM Act and EMPLAN.

These guidelines support existing Emergency Management arrangements. They were prepared by the Sydney Metropolitan Regional Emergency Management Officer (REMO) and approved by the Sydney Metropolitan Regional Emergency Operations Controller (REOCON). The guidelines were endorsed by the State Emergency Operations Controller (SEOCON) on 8 March 2021.

Revision History

Date	Description of Revision	Actioned by (Role and Agency)
8 March 2021	Guidelines Endorsed	Sydney Metropolitan REMO – NSW Police Force

1.4 Activation

There are predefined triggers which will inform specific thresholds for escalation in response to a COVID-19 outbreak in a public housing setting. As previously indicated, the lockdown of a public housing building is considered a last resort, with a preference being for early health interventions in managing any localised public housing outbreak. However, it must also be acknowledged some individuals have a predisposition to acquire and spread COVID-19 rapidly - and the indicators or enablers of this propensity within some individuals are not yet fully understood by the medical community. As more COVID-19 transmission data is collated and analysed, a holistic and accurate narrative regarding COVID-19 transmission mechanisms will be obtained and further inform the government's response in protecting the community.

Triggers and thresholds are defined by the Health Functional Area and utilise a combination of risk management processes and scientific COVID-19 data. The clear articulation of trigger points will permit an overlayed, multi-agency response characterised by the implementation proactive measures where possible. For instance, should indicators suggest a lockdown will be required to manage an outbreak, streamlined messaging can be utilised to inform impacted residents.

Given the diversity and unique variances of specific public housing buildings, the development of trigger points will require the implementation of specific risk assessments based on:

- The demographic, psychosocial, disability and health characteristics of residents and their assessed vulnerability to COVID-19 health complications;
- The number of residents in the public housing building or area (both registered and visiting);
- The propensity of COVID-19 transmission within the public housing area context, and escalation of infection rates;
- General adherence to protocols and testing compliance by impacted residents and the broader community;
- The physical structure and characteristics of the public housing area, and number of 'high contact points' and communal facilities and/or living areas;
- The assessed compliance levels of any applicable Public Health Orders;
- The incidence of other outbreaks occurring within the broader community;
- Resourcing implications, including medical facility impacts and local available ICU capacity.

Please note, this list is not exhaustive. Other factors or indicators may be utilised as appropriate to develop a risk assessment which will underpin the definition of specific thresholds which will trigger the implementation of these guidelines.

1.6 Scope

These guidelines describe the coordination of government agencies to implement key services before, during and after a COVID-19 lockdown in a public housing setting.

A working group – consisting of membership from the following Functional Areas and agencies, collaboratively developed these guidelines:

- NSW Police Force
- NSW Ministry of Health
- Welfare Services Functional Area (Resilience NSW)
- Department of Communities and Justice
- Department of Customer Service

The guidelines outline the agreed roles and responsibilities of the agencies, organisations and businesses across the prevention, preparation, response and recovery (PPRR) cycle. It includes:

- the range of tasks and outputs that relevant agencies and Functional Areas can provide;
- the policy and programs in place to provide such services before, during and after an emergency;
- the coordination arrangements for providing services at state, regional and local levels;

- a description of the partner agencies, organisations and businesses involved in providing services and their status as participating or supporting organisations;
- links to sources of information where the reader can obtain further detail.

The guidelines do not include detail about the operational activities of individual agencies, organisations or businesses; this plan does not address specific Standard Operating Procedures (SOPs). These processes are developed by specific Functional Areas and agencies to support their implementation of these guidelines.

These guidelines do not apply to local incidents that can be resolved exclusively through the utilisation of local resources.

1.7 Assumptions

The planning assumptions for these guidelines include:

- ESO, Functional Areas and their service providers have internal plans, processes and Standard Operating Procedures to support the implementation of these guidelines;
- Where deficiencies or opportunities for enhancement are identified, ownership rests with the ESOs, Functional Areas and/or their service providers to address these matters;
- Engagement has been made with key local agencies and agreement reached on utilising their local knowledge and resources to assist with a public housing lockdown; The resources that these guidelines rely upon would be made available when required;
- All member organisations have prepared, tested and maintain appropriate internal instructions and/or standard operating procedures required to facilitate the arrangements detailed in this plan.

1.8 Goals

The goals for these guidelines are to:

- 1. Preserve life through COVID-19 transmission risk reduction in a public housing setting.
- 2. Promote protective behaviours in the community to mitigate risk of COVID-19 transmission. This includes promotion of consisent, timely and accurate messaging.
- 3. Relocate people to safer locations if required (example: management of chronic health conditions or serious COVID-19 health complications).
- 4. Protect assets and locations that support the local economy and assist in recovery.
- 5. Promote resident and broader community recovery post lockdown and quaratine.

There are four key guiding principles underpinning these guidelines:

1. Ensure a proportionate response

a. Aim to achieve a response that is proportionate to the level of risk, acknowledging that the risk is not the same across different community groups, different density social housing, and geographic location.

2. Flexibility

a. The implementation of public health measures may vary across different social housing estates, particularly in relation to timing of implementation and stand down, however the Outbreak Management Team will ensure a coordinated and consistent approach

3. Communication and consultation

- a. Communication is key to ensure responders are provided with timely, accurate and comprehensive clinical information and advice to effectively manage residents; to implement public health control measures; and minimise their own risk of exposure.
- b. Consultation with responders, residents and with the public will be essential to inform decision-making.
- c. Public communication will be used to address any public concern caused by the outbreak and to engage the public in strategies to manage the impact of the disease. Information about the implementation of activities and arrangements will be used to build public confidence in the capacity of health services to manage the response.

4. Sharing of information

a. The sharing of information in a timely manner and utilise existing MOUs where possible to ensure each agency can access the information, they need in order to make informed decisions.

1.9 Audience

The audience for these guidelines is the NSW Government and agencies within the emergency management sector, including non-government organisations (NGOs) business and community groups with a significant role in emergency management within the context of a public housing COVID-19 outbreak.

1.10 Linkages

These guidelines reflect current legislation as at August 2020, the arrangements in the EMPLAN, the strategic direction for emergency management in NSW and the accepted State practice for emergency management. The EMPLAN arrangements have not been repeated unless necessary to ensure context and readability. Any variations from these arrangements have been identified and justified.

1.11 Maintainance

Sydney Metropolitan Regional Emergency Management Officer/s will coordinate the maintenance of these guidelines by:

- 1. Ensuring that all emergency service organisations, Functional Area(s) and officers included in these guidelines are made aware of their roles and responsibilities.
- 2. Conducting exercises to test arrangements (note: Exercise Contages was completed in July 2020).
- 3. Reviewing the contents of the guidelines subsequent to their implementation and:
 - a. Inserting specific triggers as they emerge.
 - b. Updating any aspects of the threat environment assessment as they are identified (including population/s at risk).
 - c. Making amendments if there are changes to the machinery of government, alterations to the agreed guideline arrangements or as determined by the NSW SEMC.

Typically, Emergency Management Plans are reviewed every three (3) to five (5) years. Given the continuously evolving aspects of the COVID-19 Pandemic, it is recommended that these Guidelines are consistently maintained through routine updates for the duration of the COVID-19 Pandemic and until there is clear and irrefutable evidence that the COVID-19 community threat has either dissipated substantially or has been eradicated completely. This is particularly important in the context of the Public Housing outbreak risk, and the potential increased levels of vulnerability the pandemic is exacerbating in other aspects of day-to-day life, including unemployment and erosion of mental health.

Post COVID-19 Pandemic, these guidelines will be reviewed at minimum every five years, with the first review due in 2025. Should COVID-19 no longer be a consisent threat to the community at time of review, there is scope for these guidelines to inform the basis of similar guidelines involving a component of targetted lockdown within a public housing setting. A working group comprised of membership from key Functional Area(s) and Agencies will take collective ownership of ensuring respective components of these guidelines are reflective of current internal practices and processes. In instances where these may change, it is the responsibility of each agency or Functional Area to advise the working group of these amendments, and update these guidelines.

2. The Emergency Risk Context

2.1 The Hazard

The spread of COVID-19 Pandemic is at a **high** level of clinical severity, meaning it is a pandemic virus causing severe illness across NSW. Of concern, COVID-19 involves:

- High death rates for at-risk groups;
- Healthcare staff absences may be high;
- Clinical presentations for influenza-like illness may be very high in the population; and
- Specialist and critical care capacity in hospitals may be challenged.

Recent national and global experiences indicate COVID-19 infection can be fatal for some individuals. The linkage between susceptibility to COVID-19 health complications and physical vulnerabilities continues to be closely studied by the medical community. Current indications are that COVID-19 is particularly dangerous to elderly individuals, and individuals with pre-existing medical conditions, such as people who are immunocompromised.

As an increased understanding of these impacts continues to be built, there are some emerging factors which increased risk of these complications in some individuals. COVID-19 is highly communicable between individuals, particularly in high traffic areas or communal areas.

In accordance with the guiding principles listed in Section 3.2 of the <u>NSW Health Influenza Pandemic Plan</u>, NSW Health will:

Recognise the additional needs of at-risk and vulnerable groups – to ensure that additional health support is provided for groups at risk of severe disease, such as Aboriginal people and people with chronic conditions, and which recognises the needs of people from culturally, linguistically and religiously diverse backgrounds in NSW.

In the context of a public housing lockdown for the purpose of quarantining residents, it is expected a risk assessment will be completed by Health to determine level of risk presented to the residents, and capacity to manage a widespread outbreak through other means (such as the extraction of infected individuals into Health Motels).

The known factors of COVID-19, particularly regarding its impact on vulnerable communities make it a serious hazard for residents in high-density public housing.

2.2 Consequences

Indications are that widespread COVID-19 community infection would have catastrophic impacts, both in terms of loss of life and impacts on the NSW healthcare system.

Medical complications arising from COVID-19 infection are common in individuals with pre-existing medical conditions and often involves resource intensive medical intervention.

Further consequences arising from a lockdown event, may involve increased mental health issues amongst tenants and their need to access health services.

3. Prevention

3.1 Prevention Strategies

There is a strong positive correlation between the implementation of effective prevention strategies and risk reduction. In contexts where effective prevention strategies have been implemented, the risk of widespread COVID-19 transmission has been greatly reduced. For instance, the positive impact of International and inter-state border control, physical distancing adherance and limitations on mass gatherings is evident in the reduced numbers of COVID-19 community transmissions in Australia. In global communities where such strategies either were not adopted, or adopted intermittently, widespread COVID-19 transmissions occurred (and continue to occur) – leading to catastrophic impacts on healthcare systems and substantial loss of life. In some cases, even when a considered prevention strategy has been implemented, COVID-19 has spread rapidly – and we continue to work through the unknown transmission mechanisims and communicability potential of COVID-19.

The below table is a summation of some of the whole-of-government prevention strategies currently (or previously) implemented to mitigate the COVID-19 community transmission risk. This table has been developed to contextualise prevention activities rather than articulate a complete list of government actions. The list also contextualises prevention strategies which have a direct impact on COVID-19 transmission in a public housing setting through reduction in broader community exposure.

It is important to note that prevention strategies may operate simultaneous to other facets of the prevention, preparedness, response and recovery (PPRR) cycle. This is particularly evident during a global pandemic, where there is reduced ability to clearly differentiate between discrete phases – and in some cases we will perpetually cycle through the PPRR comprehensive model continuously. Some actions listed below will integrate with all aspects of the PPRR model.

Strategy	Actions (taken and/or underway)
Reduce the likelihood of COVID- 19 transmission	 Unified community messaging with robust linkages between Local, Regional and State operation (overseen by the Public Information Services Functional Area). Routine media briefings reinforcing specific messaging, such as promotion of the use of face masks. Surveillance and increased testing in targeted locations where indicators suggested unknown sources of transmission. Identification of transmission locations and implementation of deep cleaning protocols. Promotion of effective hygiene practices, distancing and testing within internal agencies, the community and business sector through various media pathways, including social media. This includes management of social venues, recreational facilities and public places. Amendment of existing Emergency Management Plans and processes to incorporate COVID-19 transmission risk (example: COVID-19 Evacuation Management Supplement). Utilise messaging, where appropraite for culturally and linquistically diverse communities.
Assist COVID-19 infected individuals, their close contacts and others directly impacted by COVID-19 infection	 Monitor and assist COVID-19 infected individuals as they progress with the symptoms associated with COVID-19 to reduce/prevent exposure to other people or groups.
Border controls and mandated quarantining of returned travellers, including restriction of movement	 Monitor returned travellers for COVID-19 infection to reduce risk of community transmission from interstate and/or international sources. Restriction of movement between inter-state and international borders to mitigate risk of widespread transmission.
Facilitation of Economic and Social Recovery	 Multi-layered economic allowances and/or support structures to assist now unemployed individuals and their employers.

	 Increased provision of mental health services and enhanced accessibility through alternative means, such as online. Provision of support structures for vulnerable individuals, such as the elderly, CALD communities, young adults and children. This may include food security as well as access to adequate technology and medical care
Enforcement of Public Health Orders to promote compliance	 Encouraging community members to self-regulate. behaviours and attitudes in alignment with government advice – including being mindful of high risk exposure locations, such as public transport. Engage advocates for tenants from the local community Communicate the requirements of the PHO with residents on a regular basis High visibility/proactive patrols and compliance checks. Issuing of infringement/penalty notices for compliance breaches (which may discourage future breaches).

4. Preparedness

Preparedness includes arrangements, guidelines or plans to deal with an emergency or the effects of an emergency. A series of operating procedures and plans have been developed by the Sydney Metropolitan Emergency Management (EM) Region in reconciling and absorbing known features of COVID-19 virus transmission pathways and health impacts. These known features have assisted to shape the undertaking of operational activity in the current landscape. For instance, the usage of PPE by emergency services is guided by the advice disseminated by the Health Services Functional Area.

In the context of the COVID-19 Pandemic, the Health Services Functional Area undertakes the primary role in guiding the Emergency Management response. This includes developing guidance to be utilised by the broader Emergency Management sector and communities being impacted. Given the global threat of COVID-19, the Health response transcends into all aspects of emergency management and will continue to do so for the foreseeable future.

4.1 Emergency Planning

Sydney Metropolitan EM Region proactively drove the implementation of emergency management structures across the region throughout the COVID-19 and early recovery period, including the activation of local and regional emergency management committees. These structures were essential to strengthening multi-agency coordination at the local and regional levels and have further reinforced the key relationships with emergency management stakeholders.

At the direction of the SEOCON, the Sydney Metropolitan Region developed and implemented Exercise Contages, an exercise examining the readiness of existing Emergency Management arrangements in responding to an outbreak within two high density public housing estates located in the Sydney Metropolitan Region. The exercise was well attended by Emergency Management stakeholders and achieved its intended outcomes in support of the ongoing enhancement of Emergency Management processes. The development of these guidelines is a direct outcome of Exercise Contages.

4.2 Operational Readiness

The COVID-19 response resulted in the activation of several emergency management arrangements, including Local and Regional Emergency Management Committees, the Police Operations Centre and the State Emergency Operations Centre.

While the Sydney Metropolitan Emergency Management (EM) Region has had significant exposure in responding to a range of hazards and incidents, the region has not been required to respond to an incident on the scale of COVID-19. At initial onset, Sydney Metropolitan EM Region had the highest caseload of positive COVID-19 cases across NSW, with around 27% of the state total.

The significant multi-agencies required to respond to the COVID-19 pandemic resulted in the activation of local and regional emergency management committees. At the direction of the acting CMR Regional Emergency Management Controller (REOCON), LEOCONs were required to meet weekly with members of their Local Emergency Management Committees (LEMCs) during the initial response and provide weekly situational reports outlining local response activities and any emerging issues requiring a regional or state response. The REOCON also established a weekly teleconference with LEOCONs and LEMOs to ensure a coordinated response across local government areas to the implementation of Ministerial Health Directions.

The establishment of regular reporting structures for local and regional emergency management committees enhanced multi-agency coordination, particularly between local health districts, hospitals, councils and police. It allowed Police Commanders to rapidly address emerging local issues, such as large gatherings on public lands and public health concerns in backpackers and boarding houses, as well as to support and share common messaging on enforcement of ministerial restrictions.

The Police Operations Centre was also established as part of the state-level emergency response, in order to coordinate tasking to PACs from the State Emergency Operations Centre (SEOC). Police taskings included management of quarantine hotels, COVID-19 welfare checks, and enforcement activity. COVID-19 operational tasking had a significant impact on Sydney Metropolitan Region, due to the particularly high case rate in the region and requirement to support COVID-19 operations and critical infrastructure within the region.

An increase in the spread of COVID-19 in Victoria resulted in the implementation of lockdowns throughout the state. The quarantining of social housing tenancies has been a particularly challenging aspect of the Victorian lockdown. This is a large operation which resulted in significant community attention. The NSW Government seeks to adopt these Guidelines as a pre-emptive response to ensure all agencies are well prepared should the quarantining of Public Housing buildings be required in NSW

4.3 Community Resilience

Bolstering community resilience against a backdrop characterised by turbulence and uncertainty is exceptionally challenging. Upon its initial detection in early 2020, through to the initial wave of COVID-19 infections in NSW, communities are grappling to reconcile the impacts of COVID-19 – which for some NSW communities is compounded by the impacts of the 2019/20 Catastrophic Bushfire Season and recent storm/weather events.

Notwithstanding the significant health impacts of COVID-19 on some individuals, the immediate economic and social impacts of COVID-19 are outwardly apparent. Indicators include businesses closing, unemployment rising, and many people now relying on government support.

A quasi-forecast is underway by NSW Department of Premier and Cabinet (DPC) on key indicators of these impacts. It is anticipated this research will inform community resilience bolstering activities into the future. Additionally, the DPC is <u>responding rapidly by adapting planning systems</u> to ensure continued productivity, investment and community wellbeing.

In bolstering community resilience, strategies have been implemented within the Sydney Metropolitan EM Region. These include strategic communications strategies, enhancement of community awareness and education/engagement activities. These strategies have been developed in a collaborative forum with key agencies and Functional Areas. Where opportunities to enhance community resilience are identified within Sydney Metropolitan EM Region, a coordinated, multi-layered approach is (and will continue to be) adopted.

These guidelines support continuous resilience bolstering and the embedding of resilience enhancement for the future. There is scope to apply some of the principles of these guidelines within other contexts. Examples include multi-agency information sharing arrangements described in the response section of this document.

In the context of public housing, a number of key stakeholders, including NSW Health Local Health Districts, Department of Communities and Justice, Local Councils, NGOs & community groups, and local Police Area Commands (PACs) have collaboratively engaged with public housing residents to streamline processes and effectively service the needs of residents. This includes utilising communication pathways with residents from CALD backgrounds or with other diverse needs. These engagements will

continue to be enhanced over time and as more is known about the impacts of COVID-19, particularly in high-density housing environments and the factors which may heighten the risk of COVID-19 health complications in some individuals.

5. Response

The State Emergency Operations Controller (SEOCON) is coordinating the response to the COVID-19 Pandemic. The SEOCON is coordinating the response of the functional areas as authorised by the State Emergency Management Plan (EMPLAN). The SEOCON is a member of the NSW Police Force Senior Executive Service.

In the context of a public housing lockdown, NSW Police Force will assume the control and coordination of the public housing lockdown site, including taking carriage of the enforcement and security aspects of lockdown implementation. This will be undertaken in support of the Health Services Functional Area response.

The response section of these guidelines is focused on:

- Activities undertaken during the response phase;
- The coordination of response activities;
- How the community will kept apprised (communications strategy).

5.1 Concept of Operations Overview

The lockdown of Public Housing will necessitate cooperation between the Functional Areas and extensive collaboration between a range of government agencies and community partners. Broadly, there are four (4) fundamental activities to be undertaken immediately following a Ministerial Direction to lockdown a public housing estate for the purpose of COVID-19 quarantining:

- 1. Site Control, Security & Enforcement (NSW Police Force)
- 2. Provision of Health Services (Health Services Functional Area)
- 3. Duty of Care, Welfare Provision and public housing tenant communication (Welfare Services Functional Area and Department of Communities and Justice)
- 4. Public Communications and Community Engagement (Public Information Functional Area and other agencies as required)

Although additional contributions will be essential, responsibility for the execution of four key activities are attributed to:

- NSW Police Force
- The Health Services Functional Area (NSW Health and NSW Ministry of Health)

- The Welfare Services Functional Area & Department of Communities and Justice
- Public Information Services Functional Area & Department of Customer Service
- Local stakeholders including Local Councils

It is important to note that these four (4) activities are not discrete and there will be significant overlap between agency and Functional Area processes during their implementation. This highlights the importance of a coordinated approach, characterised by effective communication pathways and resource pooling where appropriate. Some consideration towards the aligning the rostering arrangements of specific ESOs, Functional Area co-ordinators and agency representatives to ensure continuity of service will benefit these arrangements.

Although these guidelines outline a process for effective response, it is important to note that ongoing consultation will be essential in order to confirm the current roles of all relevant stakeholders, as these may evolve over time.

5.2 NSW Police Force Response

The lockdown of a public housing area will be a police-led operation. NSW Police Force will lead the operational activities required to lockdown public housing areas as a result of a COVID-19 outbreak, subsequent to a Ministerial Direction and issuing of a Public Health Order.

NSW Police Force operational activities may be supported through appropriate planning, including the development of SOPs which align with pre-existing planning and processes.

In response to a public housing lockdown, NSW Police Force will undertake the following actions:

- Provide State Emergency Operation Coordination (SEOC) of relevant agencies through existing Emergency Management arrangements.
- Provide the first response, including the development and implementation of access controls and restriction of entry/exit points (utilising situational awareness of local police).
- Coordinate Site Control, including the appointment of a Site Controller.
- Enforce NSW Public Health Orders.
- Retain responsibility for the security of the site: it is reasonable to anticipate that an increased security presence will be required if public housing properties are subject to quarantine requirements. Pre-existing complexities among the resident cohort and the stress of the situation would necessitate multifaceted security arrangements.
- Work collaboratively with key stakeholders.
- Risk assess ongoing situation and potential for simultaneous emergency and engage with other Emergency Services as required.
- Develop a Response Checklist which will articulate the initial steps required in responding to a Public Housing Lockdown.

- Facilitation of the Police Operations Centre (POC) to support operational activities (including provision of guidance and information management) and ensuring appropriate deployment of resources.
- Manage residents who may be the subject of criminal legal proceedings or other criminal enforcement action.

5.3 Welfare Services Functional Area Response

The Welfare Services Functional Area (WSFA) is hosted within Resilience NSW and has overall responsibility for disaster welfare in NSW. WSFA is supported by a large number of DCJ employees who provide services such as the management of evacuation centres at the local level. The WSFA has been heavily involved in the COVID-19 response in the provision of welfare services to the general public as well as people located in the quarantine hotels. In the context of a public housing lockdown, WSFA will oversee the provision of welfare services to residents, in collaboration with other key stakeholders, including community partners and NGOs.

In response to a public housing lockdown, Welfare Services Functional Area will undertake the following actions:

Food Hampers

- Disaster Welfare Services have partnered with Foodbank to assist with the provision of food hampers to vulnerable persons in quarantine.
- Hampers are only to be provided to those who cannot meet their own needs.
- In so far as possible, food hampers are inclusive of the following non-perishable items:

2 x Pasta

1 x Rice or Noodles

1 x Simmer meal

The remaining space in the hamper is then filled with a combination of:

- Cans of fruit / veg
- Tea / coffee
- Jams / spreads
- Chocolates / biscuits
- Fruit juice (less than a litre)

- Foodbank have agreed to maintain food hampers in reserve for Resilience NSW. This arrangement will be reviewed and could be extended in order to prepare for the possibility of a DCJ Housing lockdown.
- Foodbank maintains food hampers in stock and can produce up to 1000 hampers per day if required.
- The Salvation Army have advised that they may be able to supplement these non-perishable hampers with fresh food hampers if required. The Salvation Army have proposed that these hampers would contain fresh fruit and vegetables as well as bread.
- It is important to note that, although the Welfare Services Functional Area can facilitate the provision of fresh food hampers, care must be taken not to include items which may spoil easily and present a health risk if left unrefrigerated.

Special Dietary Requirements

• Strategies for dealing with tenants' dietary needs will be managed on an individual basis. Agencies will ensure tenants' needs are met through services that can provide food appropriate to their dietary needs.

Personal Care Hampers

- Disaster Welfare Services have partnered with Foodbank to assist with the provision of personal care hampers to vulnerable persons in quarantine.
- Hampers are only to be provided to those who cannot meet their own needs.
- In so far as possible, personal care hampers are inclusive of the following items:

PERSONAL CARE HAMPERS		
1x Pack of toilet paper (whatever fits, ideally a 9 pack but minimum 6)		
1 x pack of women's sanitary pads (minimum 14pc)		
1 x pack of soap bars (minimum 2 bars)		
1 x Full size tube of toothpaste		
1 x unisex spray deodorant or 2x roll on		
1 x set of shampoo and conditioner (or a two in one)		
1 x bottle of disinfectant or pack of disinfectant wipes		
1 x pack of disposable unisex razors (+ small shaving foam if possible)		
1 x 2pc pack of toothbrushes		
1 x small bottle of dishwashing detergent		
1 x small box of washing powder.		
1 x box of tissues		

- The Welfare Services Functional Area can procure a range of different nappies to be stored locally. Gender and sizes of nappies will be required to meet the specific needs. Alternatively, these items can be sourced and dispatched as required.
- Foodbank are currently working to compile a high number of personal care hampers.
- Foodbank have agreed to keep hampers in reserve for Resilience NSW for the forseeable future.
 This arrangement will be reviewed in early October and could be extended in order to prepare for the possibility of a DCJ Housing lockdown.

Hamper Delivery

Within the current operational context, food hampers are distributed directly to the recipient via StarTrack. Hampers can generally delivered within 24 hours within the Sydney region. If notice is given, pallets of hampers can be pre-positioned in locations where they are expected to be required.

If deliveries were to be dispatched in response to individual requests, NSW Health and NSW Police would need to approve of the delivery process. This may require facilitation by a concierge service or some alternative mechanism.

Hampers could also be dispatched or pre-positioned by the pallet. These pallets would need to be stored within DCJ offices or another central location. Provided that hampers could be stored by the pallet at the local level, DCJ would also need to supply a concierge or liaison officers for each quarantine site. These officers would document the needs within a particular block and arrange for the movement of hampers between the storage site and the intended recipient.

Management of Donations

The best approach to dealing with donations is to adopt strong public messaging in the first instance If attempts are made to leave donated items at a quarantined site, on site staff should be engaged to discourage these attempts.

If the aforementioned strategies are unsuccessful, a not for profit such as "GIVIT" could be engaged to manage these donations in consultation with NSW Health to ensure COVID safe practice.

Department of Communities and Justice will work closely with lead NGOs in the event of a public housing lock down to discourage donations where possible, and instead inform the community of other ways they can support affected tenants.

Psychological First Aid

The Red Cross will provide Psychological First Aid to tenants over the phone.

This service could be provided proactively for all tenants, or a targeted approach could be utilised in order to focus on the most vulnerable clients.

DCJ would be required to provide telephone contact details for residents in order to facilitate the provision of this service. Translating and Interpreting Services will be available through All Graduates Interpreting and Translating Services for non english speaking tenants.

5.4 Department of Communities and Justice Response

The Department of Communities and Justice (DCJ) Housing provides housing options for those most in need in NSW. In the context of a pandemic, DCJ continues to provide support to their clients. Where required, DCJ will work with the Functional Areas to ensure continuity of support to clients during a pandemic.

In response to the past events that took place in Victoria, Department of Communities and Justice (DCJ) has developed an emergency action plan to support a similar response in NSW should there be a need to lockdown one or more public housing buildings or areas.

Dedicated DCJ Housing Response team

In the event of a public housing lockdown, DCJ will stand up a dedicated housing response team immediately. This team will be focused on communicating with and addressing the needs of residents, including where necessary disseminating food and essential items within the locked-down buildings. A senior officer from DCJ will be appointed to be the key liaison with NSW Health and NSW Police and Resilience NSW.

DCJ will arrange for staff or contractors to act as porters to deliver food, mail and other deliveries from outside the building to individual residents' doors. All staff will be trained in infection control, the use of PPE and basic welfare disaster techniques.

Enhanced deep cleaning of high-rise buildings and common areas

For public housing high rise buildings, the Land and Housing Corporation (LAHC) has intensified the standard common area cleaning programs. Additional deep cleaning activities include disinfecting lift operation buttons, door handles in high traffic areas, cleaning of letter boxes, bin chutes and stairwells.

These additional activities adhere to NSW Health guidelines and assist with health and hygiene management in shared spaces.

In the event of a building lockdown, LAHC contractors are well equipped to manage expanded cleaning operations at short notice.

Access to fresh and frozen meals and snack packs

Additional to the food hampers provided by WSFA, DCJ has engaged OzHarvest to provide 2 meals and snack packs per day per person. Individual dietary needs can be catered for including vegetarian, halal, gluten free etc.

Management of rubbish and recycling collection

DCJ has acquired rubbish and recycling bags for all residents to use in the event of a lock down.

DCJ will arrange for rubbish and recycling to be picked up from each resident's door once a day and disposed of, removing the need for any residents to leave their homes or use communal bin bays.

Management of laundry and linen services

DCJ has an agreement in place with HealthShare to provide laundry and linen services to residents in public housing buildings in the event of a lock down.

A fresh linen pack consisting of pillow cases, sheets and towels will be provided to each resident twice a week, and laundry will be taken off site for cleaning and drying to remove the need for residents to use communal laundry facilities.

Education for school aged children

In the event of a lock down, The Department of Education will liaise with schools to provide learning materials to ensure the education continuity for school aged children.

The Department will nominate a senior officer to be the liaison officer to work with NSW Police and NSW Health to implement internal protocols to ensure that school aged children have access to learning materials and wellbeing supports during this time. This may include the provision of technology such as laptops or ipads and internet dongles.

Access to support for clients of NDIS, Trustee and Guardian and Aged Care Services

DCJ has engaged with both NDIA and NSW Public Trustee and Guardian to ensure tenants have access to services they need if lock down of a public housing building were to occur.

Management of pets

Advice from the University of Sydney, Sydney School of Veterinary Science indicates that pets should be kept with tenants in the event of a lock down where possible.

Situations where pets will remain at the property include:

Tenant is in a public housing building or area of lock down, but has tested negative for COVID 19

 Tenant is in a public housing building or area of lock down, but has tested positive for COVID-19. In this instance the tenant is to receive advice around limiting contact with the pet where possible

Pet to be removed from the residence and placed in quarantine if a tenant has moved from the property (such as a health hotel or hospital due to COVID-19).

Tenants will have access to emergency vet services as required.

Strategies to enable dogs to leave the unit complex for toileting and walking has been considered.

Facilitate set up of lead NGO to support public housing building in lock down

DCJ has engaged with local lead NGOs who have been identified as key NGO stakeholders to support and engage with tenants in a public housing building in lock down, and with the local community. It is anticipated that their main role will be to act as a central point of contact for teams, local community members and other NGO agencies that engage with tenants in the relevant buildings.

Amnesty for residents affected by a lock down event

In the event of a lockdown, DCJ will enact an amnesty for all residents located in the affected public housing building. This amnesty will allow residents to declare any unauthorised additional occupants during the lockdown period with no repercussions to their tenancy. The amnesty protects the tenant from any requirement to pay back rent for the occupant if they declare they have an additional occupant during the amnesty period.

Communications approach for tenants and general public in the event of a lock down

If a lockdown of high rises were to occur, a dedicated phone line (freecall 1800 695 043) and specialist housing team will be established at the Housing Contact Centre (HCC). The phone line would be in place within an hour, and the dedicated team will be established on the same day as the lock down being initiated. The purpose of this dedicated team and phone line will be to respond to any tenant enquires in relation to the lockdown.

Additional advice will be updated on the DCJ website to provide up to date information on the lockdown arrangements and to answer questions about tenant access to food, medication and services. SMS and email campaigns can also be up and running within a matter of hours delivering critical information to tenants.

DCJ will utilise social media platforms (Facebook and Instagram) to promote the dedicated phone line and to direct people to information on the website.

All Graduates Interpreting and Translating Services will be engaged to broadcast messages to tenants in languages other than English. Tenant communications will be translated into other languages where

practical, and if required translators may be provided on the ground to deliver messages door to door for those tenants that do not have phones or online capabilities.

Tenancy and property information

DCJ will undertake the following actions:

- Conduct an audit of tenant profile information (including details of known household members and their ages) and take necessary steps to ensure that relevant information can be shared with relevant stakeholders as required.
- Tenant profile information will include details of demographical data and will be made available to NSW Police Force. Health information and other information held on tenant databases will be communicated as the need arises, if it is available.
- Ensure that site plans are available for all premises and that key elements of each site are mapped out.

Liaison officers and support staff

DCJ will undertake the following actions:

- Provide an on-site team for each location. This team should liaise with clients and ensure that all residents have access to relevant information and appropriate support.
- Provide an Executive Liaison Officer for each site.
- Arrange for DCJ staff or contractors to act as porters to deliver food, mail and other deliveries from outside the building to individual resident's doors.

Cleaning and sanitation

Land and Housing Corporation (LAHC) to undertake the following actions:

- Develop and implement a plan for deep cleaning during lockdown
- Liaise with NSW Health, relevant councils and other stakeholders to develop a plan for rubbish collection and waste management during lockdown.

With respect to cleaning and sanitation, DCJ will undertake the following actions:

 Ensure that face masks are available for public housing tenants and PPE is provided to all DCJ staff attending the public housing building or area

Telephony

DCJ will undertake the following actions:

- Create dedicated phone line (freecall 1800 695 043) and specialist housing team at HCC.
- Ensure that processes are in place to ensure a flow of information from HCC intake point to Liaison Officers and other support staff.

- Ensure that processes are in place to ensure that translators can be accessed and that services can be provided in languages other than English.
- Audit the availability of telephones within impacted tenancies and develop options to fill gaps.

Maintenance

LAHC will undertake the following actions:

 All urgent and compliance related property maintenance will continue to be performed in properties under LAHC's management. The contractors will follow their Safe Work Method Statements concerning COVIDsafe practices outlined by NSW Health guidelines. In the event of a lockdown, any works that have commenced or are scheduled within the building of a planned nature will be reviewed and where safe to do so, will be postoned.

DCJ

• Work with NSW Health to establish a process for the transfer of residents to 'Health Hotels'in circumstances where maintenance issues render a property uninhabitable.

Management of lock down due to COVID-19 in Community Housing managed properties

Community Housing Providers across NSW have been strongly encouraged to develop their own individual action plans in liasion with their local Health Districts and Local Area Commands to prepare for any eventuality.

If their buildings or areas are affected, DCJ will act as the central liaison point for them to access the services listed above that are offered by WSFA.

5.5 Health Services Functional Area Response

During the COVID-19 Pandemic, the Health Services Functional Area (comprised of NSW Health and NSW Ministry of Health) has implemented a range of procedures for case finding, diagnosis, and contact tracing. These procedures are being used to manage COVID-19 infections, identify close contacts and develop a holistic dataset of virus transmission pathways, prevalence and features. These procedures will be adapted where required and implemented in response to a Public Housing Lockdown.

NSW Health and the NSW Ministry of Health will provide guidance to agencies and functional areas in support of operational activity. NSW Health will take carriage of the health needs and requirements of residents. This includes individuals who are infected with COVID-19 and residents who have chronic health conditions requiring treatment and supervision. This also includes individuals with drug and alcohol dependencies, and mental health concerns.

The initial Health response to a public housing outbreak will be the extraction of confirmed COVID-19 cases from residences and relocation to Health Motels or hospitals. More information regarding the

initial Health response is contained in the Social Housing and COVID-19 guidelines prepared by NSW Health and DCJ. However, if a significant outbreak occurs, this process may be exhausted.

In summarising the Health Services Functional Area Response to a Public Housing Lockdown, the following list has been compiled:

Legislative

- NSW Health to issue Public Health Order for mandatory lockdown of the housing block.
- NSW Health to manage and consider any exemptions to the Public Health Orders.

Health checks

- NSW Health to engage Healthcare Australia (HCA) to provide on-site support in the form of doctors, nurses and mental health practitioners.
- HCA to contact tenants regularly and conduct health checks (inclusive of mental health).
- HCA to facilitate health screening for other on-site staff.

Medication

HCA to arrange medication for tenants as necessary.

Testing and illness

- HCA to undertake testing and refer out if necessary.
- Tenants who fall ill are to be assessed by HCA and taken to hospital or a 'Health Hotel' as necessary.

Transfer of patients off site

• NSW Health to facilitate the transfer of patients to 'Health Hotels' or hospitals.

Disability, Aged Care and NDIS participants

- Disability support services are the responsibility of NSW Health;
- DCJ to engage with National Disability Insurance Authority (NDIA) to ensure tenants have access to services they need if lock down were to occur

Mental Health

Mental health support is the responsibility of NSW Health. DCJ do not retain a definitive list of
clients with complex needs and those receiving mental health support. This information will be
sourced from NSW Health.

Drug and Alcohol Services

• Drug and alcohol services are the responsibility of NSW Health. Where possible, support agencies may be engaged to support the provision of these services.

Infection Control and Safety

- NSW Health will take the lead on infection control by providing instruction, advice and subject matter expertise to all stakeholders.
- The use of Personal Protective Equipment (PPE), including hand sanitisers, should be used as instructed by NSW Health. It is important that these protocols are adhered to by residents and staff as well as any visitors to the site.
- Appointment of an on-site Safety Team to coordinate first responder safety.
- Deep cleaning, particularly of communal or high traffic areas will need to be prioritised.

5.6 Support Agency Responses

Department of Customer Service

As previously outlined, the Department of Customer Service manage the COVID-19 advertising campaign and communicate to the NSW community through social, digital print, search, radio and television as well as CALD and Aboriginal radio, print and social. DCS to be alerted that an outbreak has occurred. DCS will review affected audiences, locations and messaging required and the best channels to communicate.

Land and Housing Corporation

LAHC can assist with on-site security, access to CCTV networks and blueprint maps of resident towers. Additional on-site security may also be requested if required to supplement on-site operations as required.

Transport for NSW

If required, Transport for NSW may provide buses to assist in relocating residents and traffic diversion.

NSW Ambulance

NSW Ambulance suggest the establishment of an on-site triage point – which is considered particularly beneficial given stretched resources across NSW Ambulance as it affords an escalation pathway. This will also assist non-COVID19 patients requiring medical assistance and reduces transportation requirements.

5.7 Other Functional Area Responses

Public Information Services Functional Area Response (PIFAC)

Public messaging and media engagement is the responsibility of the PIFAC.

- Communications teams within DCJ, Resilience NSW and NSW Health to provide information to provide information to the PIFAC as required.
- Press Conferences spokespeople will continue to be the NSW Premier, NSW Health Minister and SEOCON/NSW Police Force Commissioner.
- Media messaging to include:
 - No donations will be accepted
 - Details of support being provided to tenants
 - Checking on friends/relatives; no visiting

Agriculture and Animal Services Functional Area (AASFA)

The needs of domestic animals (pets) will be managed by the Agriculture and Animal Services Functional Area (AASFA). Local councils often retain information on domestic animals who have been microchipped and/or desexed and can extract this data with a view to providing to stakeholders. The opportunity to capture domestic animal data during an initial snapshot of domestic animal data.

5.8 Control and Coordination

- NSW Police Force will manage the operation including security management.
- The SEOCON will coordinate the functional areas response and support through SEOC. The REOCON will support the SEOCON in this coordination role and act as a conduit of information to Region and Local level operations.
- NSW Health will manage exemptions and mandate direction on Health-related decisions.
- DCJ will manage the overall contact and support requirements to their clients.
- Local level engagement will be integrated into operational processes in order to harness local
 contacts and communication pathways. The integration of local knowledge and networks in the
 response phase is a primary driver for success. A cohesive approach which amalgamates and
 appreciates the importance of local level operations is imperative.
- All efforts will be made to utilise local agencies who have existing food service deliveries in place with our tenants. Tenant's who do not receive asistance will have access to food hampers and frozen meals from Oz Harvest and Foodbank etc

5.9 Notification and Escalation

- The State Emergency Operations Centre (SEOC) is a crucial mechanism for interagency coordination.
- Regular briefings to take place in order to facilitate inter agency communication and escalation.
- Relevant agencies will identify key points of contact who can answer enquiries from other stakeholders as required.

5.10 Information Management

Information management will underpin the enabling of effective operational decisions. Information sharing arrangements will support the provision of support services to residents, in addition to maintaining site safety and security.

A framework supporting multiagency information collection, collation and sharing will be utilised during a public housing lockdown. This framework may capitalise on pre-existing processes deployed in other Public Health Order enforcement contexts, such as Hotel Quarantining or border restrictions. Pre-planning will support the implementation of this framework, with Sydney Metropolitan Region engaging closely with partner agencies in developing a streamlined, technologically viable mechanism for the collation, updating and retention of information. All information will be managed in accordance with overarching legislation and policies.

Where appropriate MOU arrangements will be utilised to facilitate the sharing of information. Information obtained through multi-agency engagement will only be used for the purpose of executing the lockdown of public housing, and to support impacted residents appropriately.

Further information regarding information management processes is located within respective internal agency indices and may be accessed by authorised agency representatives.

Emergency Management Operations System (EMOS)

Strong consideration should be given to utilising EMOS as a common operating picture during lockdown operations. There is great value in having a centralised location for capturing information of relevance to the local and regional level.

There is also the added benefit of keeping neighbouring counterparts/stakeholders apprised and identifying opportunities to share resources and/or lessons learned. Once the operational activity reaches a conclusion, we will have a comprehensive trail of information to underpin any After Action Reviews (AARs) and identify opportunities to improve or enhance BCPs moving forward.

An EMOS user guide is available through Resilience NSW and/or REMOs.

5.11 Communications Strategy (Emergency Information and Warnings)

A whole-of-government communications strategy will be utilised. The messaging disseminated to residents and the broader community should be consistent, timely and accurate – and readily adaptable to community languages. Messaging should utilise mixed methodologies – including inperson, leaflets (printed), online and phone communications.

Internal communications to clients will be the responsibility of Department of Communities and Justice (DCJ). This includes translation of messaging into key community languages.

DCJ will liaise with all relevant stakeholders to ensure that communications are accurate.

PIFAC and NSW Health would need to endorse communication to clients.

Mechanisms for communication with clients may include:

- Information sheets
- Telephone outreach
- Telephone intake
- SMS
- Email
- Websites and social media

Department of Customer Service Role

The Department of Customer Service (DCS) will manage the COVID-19 advertising campaign and communicate to the NSW community through social, digital print, search, radio and television as well as CALD and Aboriginal radio, print and social. DCS to be alerted that an outbreak has occurred. DCS will review affected audiences, locations and messaging required and the best channels to communicate.

DCS will ensure consistent messaging approved by PIFAC/ Health is communicated and translated across social, display and search channels.

To increase speed template communications and messaging will be pre-approved and only require specific location details to dispatch.

Social and digital channels can be geotargeted for the affected areas with messaging to communicate the lockdown and to those in neighbouring areas to avoid them. Testing messaging will also be upweighted in affected areas and across the state to increase testing rates to reduce risk of further transmission.

If the outbreak occurs in a regional area DCS is able to utilise print ads to reach these communities and will review other channels if required.

DCS will work closely with Multicultural NSW and Multicultural Health on advertising messaging and community engagement for CALD communities and Aboriginal stakeholder group across the sector for Indigenous messaging.

As the situation progresses, DCS to be alerted if any changes are required to messaging or other media channels that could be utilised as required.

5.12 ADF Support

Australian Defence Force (ADF) operational capability is a support mechanism within Emergency Management arrangements. Recent examples of ADF deployment in Emergency Management incidents include 2019/2020 Bushfire Season recovery activities and support of COVID-19 Quarantine operational activity undertaken by NSW Police Force. There is scope to engage ADF support in the context of a public housing lockdown if required.

The appropriate way to engage ADF resourcing is to firstly undertake operational planning to identify any operational gaps. Upon the identification of any gaps, the ADF may be requested to assist through an official request. Examples of assistance ADF may provide include logistical support, meals provision, medical support and perimeter control – however this list is not exhaustive.

It is preferable to engage ADF early into the planning process to ascertain potential deployment prospects, and any potential challenges.

ADF personnel may require meals and accommodation if they are not deployed on a self-sufficient basis.

5.13 Withdrawal from Response

Withdrawal from response will comply with advice issued from NSW Health regarding the reduction or elimination of COVID-19 transmission risk in the public housing. The indicator(s) for outbreak resolution will be defined by NSW Health. The primary indicator for outbreak resolution is a reduction in confirmed cases, with continued heightened surveillance.

In the event ongoing surveillance or testing is required on-site, NSW Health will facilitate these processes and engage the assistance of other agencies or Functional Areas as required.

Consideration should be given to hosting an After Action Review (AAR) to reconcile lessons learned and action any enhancement opportunities, including the amendment of these guidelines.

6. Recovery

The arrangements for recovery operations in New South Wales are outlined in the NSW State EMPLAN and further described in the State Recovery Plan.

Appropriate consideration of recovery activities must be made to ensure resident welfare needs are met beyond lockdown cessation. Recovery activities may include ongoing engagement with residents and will be a collaborative effort with DCJ and local community groups/stakeholders.

7. Administration and Finance

These guidelines are underpinned by the following administrative assumptions:

- The mandatory lockdown of DCJ Housing premises would be instigated with the issuing of a Public Health Order.
- The Minister for Health and Medical Research issues Public Health Orders, under section 7 of the Public Health Act 2010.
- Exemptions to Public Health Orders are authorised by the Minister for Health and Medical Research.
- NSW Health would be required to manage any exemption requests in relation to this order.
- NSW Treasury to provide guidance as to the appropriate funding source.
- Finance teams from each agency would be required to facilitate the allocation of costs and the recouping of funds as required.
- Logistics and financial arrangements are described in EMPLAN Part 10.