Department of Communities and Justice

COVID-19 Guidelines for Residential Out of Home Care (OOHC) settings and Specialist Homelessness Services (SHS)

Module 1: Managing risks and seeking support

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NSW
GOVERNMENT

1. Purpose and context

Purpose

This set of COVID-19 Guidelines gives practical advice for Department of Communities and Justice (DCJ) funded service providers managing the impact of COVID-19. The Guidelines focus on providers supporting clients and workers in Residential Out of Home Care (OOHC) settings and Specialist Homelessness Services (SHS).

To manage the ongoing risks of COVID-19, OOHC and SHS providers need to:
- protect clients served by OOHC and SHS providers, who are often living in vulnerable circumstances
- provide a safe environment for workers while delivering services safely to their clients
- ensure business continuity.

Context

Module 1: Managing risks and seeking support (this document) is the first module in a series of Guidelines developed by DCJ to offer specific OOHC and SHS provider advice as NSW moves into the 'living with COVID-19' phase. The other documents in this series are:

Module 2: Guidelines for workers

Module 3: Guidelines for supporting clients

Note: Residential OOHC includes Intensive Therapeutic Care (ITC)

Note: Apart from advice on funding streams, guidance provided in this document is also relevant to DCJ funded Youth Justice Residential Rehabs.

Recognising the rapidly changing COVID-19 environment, DCJ also recommends that providers regularly review the Residential Out of Home Care (OOHC) settings and Specialist Homelessness Services COVID-19 Response Quick Reference Guide, the latest NSW Health COVID-19 advice, and relevant changes to legislation such as Public Health Orders.

The Guidelines are to be read in conjunction with the 'Sector support for DCJ service providers preparing COVID-19 Management Plans' guidance.

The sector support guidance document provides practical advice for all DCJ service providers (including SHS and OOHC service providers) to support them to develop their COVID-19 Management Plans and manage COVID-19 risks. It has chapters on what COVID-19 Management Plans need to contain, how to conduct risk assessments, and what risk controls service providers could consider for workers, clients and the work environment. It also has information on personal protective equipment (PPE), rapid antigen testing (RAT), and vaccination.

2. Control considerations for Residential OOHC and SHS provider operating environments

The nature of a service provider's operating environment will influence the types of risks that arise, and which controls are appropriate to implement. The table below provides examples of controls to consider based on typical risk factors that arise in OOHC and SHS operating environments. The NSW Clinical Excellence Commission's site on COVID-19 infection prevention and control guidance for aged and residential care provides useful additional information.

Risk factors based on operating environments	Controls to be considered	NSW resource links
Shared common spaces or amenities	Surveillance testing (Rapid Antigen Testing) for staff	General NSW Health information is available for individuals and businesses
Movement of clients between services or facilities	Physical barriers and deconcentrating premises	Safe return to the office
Not fit-for-purpose sites, e.g. poor ventilation	The ability to physically distance (including reducing the use of shared space and common amenities or staggering access)	Physical distancing
	Keep records of everyone who enters a facility, including use of QR codes (if preferred)	Setting up electronic check-in and QR codes
Potential overcrowding of services	Review and optimise ventilation, heating and air conditioning systems	Guidance on ventilation
Difficulty in monitoring activity of clients	Implement hygiene and cleaning practices	Environmental cleaning and disinfection
Dealing with hypervigilance or indifference in staff or clients	Appropriate use of PPE, including in staff common areas	Personal Protective Equipment (PPE)
	Communication with staff and clients	Signage and posters
Multiple entry points to buildings	One way travel paths and tape markings	COVID-Safe Workplace Blueprint
	Cancellation/redesign of service	Speak to your DCJ contract manager
High levels of thoroughfare	Limiting client volume	Speak to your DCJ contract manager

3. Case study: Managing the operating environment and adapting the service delivery model

Situation: A rural provider in NSW runs an accommodation site for women and children experiencing domestic and family violence, and a second accommodation site for young people who face accommodation crises. Clients often entered the service at night, and the service found it difficult to allocate workers to conduct COVID-19 tests during the night.

Issue: The provider did not want to refuse services to clients but was also concerned about the COVID-19 risk to the wellbeing of its workers. Furthermore, if workers did come into contact with clients with COVID-19, they often struggled to find alternative accommodation as there were accommodation shortages in the local rural area.

Response: For clients arriving at night, the provider used a designated COVID-19 isolation room where there was no physical contact to reduce the chance of exposure or transmission of COVID-19. Instead, a phone was provided to clients so they could talk to the team. In the room, the client had supplies for the night, which included a bed and access to a bathroom. The client could then access a rapid antigen test in the morning.

If clients tested positive for COVID-19, the provider activated its COVID-19 Management Plan to help clients recover from COVID-19 and to help workers to continue running the service safely.

Outcome: Establishing a dedicated isolation room reduced risk for clients and workers. It also relieved pressure on workers to seek alternative accommodation if they came into contact with a client with COVID-19.

Other COVID-19 initiatives that the service provider implemented were:
- Having a registered health practitioner on staff to accurately administer RATs.
- Using a multi-skilled team to work across programs to help with rostering issues caused by COVID-19.
- Using air purification systems and rerouting air conditioner vents to ensure no cross-contamination occurred between workers and client areas, reducing the risk of COVID-19 exposure.
- Using PPE appropriately.
- Having their own equipment to undertake deep cleaning. This allowed a timely clean of the environment if a COVID-19 case occurred and minimised service disruption. This was especially helpful as there were workforce shortages for external deep cleaning teams.

4. Case study: Improving vaccination rates among workers

Situation: The circumstances when a community-based organisation can require their workers to be vaccinated against COVID-19 can be difficult to understand.

Issue: At a large OOHC provider, the management team consulted with its workers across its sites to develop the organisation's COVID-19 Management Plan. The risk assessments they conducted determined that mandatory vaccination of workers was a good risk control measure. However, there was some confusion around the legislation and some COVID-19 vaccine hesitancy among the workforce.

Response: The provider's board had set itself a target of getting all workers vaccinated. The management team wanted to explore how to formalise a mandatory vaccination policy for the organisation.

The OOHC provider reviewed the WHS Act and other relevant laws and decided to seek legal advice. After watching the NSW: Mandatory Vaccine Policies on-demand webinar, they met with Justice Connect. During this meeting, they discussed whether they could make workplace COVID-19 vaccinations mandatory in specific circumstances and learnt more about how to consult with workers to effect this change.

The OOHC provider also discussed vaccine requirements with other organisations that require the vaccination of workers and who have created a mandatory vaccination policy.

Note: Justice Connect is a legal aid organisation providing support to the Not-for-Profit sector. They have a range of COVID-19 resources available.

Outcome: The provider created a policy that required all workers to provide their vaccination status and evidence of vaccination. This supported the organisation to provide a safe workplace for all workers and their clients.

5. Changes in service continuity during COVID-19

As providers transition to the 'living with COVID-19' phase, there are likely to be continued COVID-19 challenges which could affect service delivery. Even where service providers have implemented their COVID-19 Management Plans, they will need to continue managing ongoing COVID-19 positive cases or high-risk exposure cases. Therefore, services should continue to monitor and be prepared to respond to any potential increases in case numbers or further NSW Health advice.

When should service providers communicate with DCJ?

The service provider's relevant contract manager is the single point of contact with DCJ. It is the contract manager's role to update relevant people within DCJ about a COVID-19 incident, including the Central Access Unit (CAU).

1. Confirmed COVID-19 cases

- DCJ now only requires service providers to report COVID-19 positive cases for children and young people in parental responsibility of the Minister (PRM).

2. Service delivery changes

- Service providers should contact their DCJ contract manager on an ongoing basis and particularly if they are required to make any changes to service delivery. An example of this may be when Public Health Orders are put in place, and:
    - providers need to scale down non-essential services to continue to maintain the level of essential services
    - providers are at risk of not being able to maintain essential services.
- In these circumstances, providers should contact their DCJ contract managers as soon as possible, so different service arrangements can be made.
- In addition to contacting their DCJ contract manager, if there is a need to reduce capacity or make changes to service delivery because of the impact of COVID-19, providers might also consider advising other related services in their area so there can be a shared understanding of the changes to capacity and service delivery that may affect related services.

3. Return to regular service delivery

- Service providers should engage their DCJ contract managers in an ongoing way, including when they are returning to regular service delivery.
- DCJ acknowledges that the process for returning to regular service delivery may depend on individual circumstances including location and the type of service provided.
- The Transition to post-lockdown service delivery for Specialist Homelessness Services provides a roadmap and guidance for SHS providers on key aspects of service planning and delivery. It is a high-level summary that includes guidance and useful links to COVID-19 related resources that can assist providers in returning to regular service delivery and help to strengthen their COVID-19 Management Plans.

6. DCJ support for service providers

For many providers, COVID-19 has led to an increased demand for services, disruptions to staffing, and increased costs. DCJ is assisting providers so they can continue to provide services to vulnerable people and communities in NSW*.

How can DCJ providers access additional COVID-19 funds and grants?

The Social Sector Support Fund (SSSF) can assist OOHC and SHS providers in NSW to continue to deliver services in the community by retaining workforce as demand rises during COVID-19. The Workforce Contingency payment (which is part of the SSSF) helps organisations contracted by DCJ to continue to deliver critical social services if they have staffing issues due to COVID-19.

Child and Family services

- Permanency Support Program, Residential Care and Targeted Early Intervention service providers can access the DCJ's COVID-19 Emergency Action Payment. This is accessible for service providers to reimburse costs associated with having to take emergency action during COVID-19.

SHS service providers

- SHS providers can access additional funding for emergency accommodation (for time-limited low-cost accommodation for SHS clients impacted by COVID-19), workforce contingency payments, and other additional payments (purchase of goods and services for clients to establish or maintain their safety during COVID-19).

- Service providers should speak to their DCJ contract manager to find out if they are eligible to access payments. Providers can find more information on government assistance on the DCJ website.

*The funding streams described above do not apply to Youth Justice Residential Rehabs.

7. Case study: Accessing Workforce Contingency funds

Situation: At a women's refuge, several permanent workers tested positive for COVID-19 and needed to self-isolate.

This led to immediate workforce shortages and service disruption. The refuge management team immediately deployed the risk management controls described in their COVID-19 Management Plan (this included redeploying workers from another site and asking them if they would work extended shifts).

Issue: The refuge workforce was still stretched with rising client demand and gaps in the roster. This led to anxiety in the team and workers feeling stressed and overworked.

Response: The manager at the refuge accessed the DCJ COVID-19 response website and looked at what social sector support was available through the Social Sector Support Fund. She noted that the refuge could receive Workforce Contingency funds, a payment for organisations contracted by DCJ to be able to maintain staffing levels and continue to deliver critical services. The manager spoke with their DCJ contract manager, who agreed that the service could access these funds and that DCJ would reimburse actual expenditure based on the invoices paid by the organisation.

Outcomes: The Workforce Contingency funds allowed the organisation to:

- partner with a local labour hire company and backfill the roster with new workers who had the relevant experience and training. This helped to minimise service disruptions and reduce worker fatigue

- cover the costs of the extended hours worked by existing workers.

Because of workforce shortages, the management team also looked at their COVID-19 risk controls and planned how to mitigate this in future. The actions they took included:

- establishing a contractual agreement with the labour hire company to quickly and easily access backfill workers in the future

- partnering with another local service provider whose workers had similar skills. Both organisations agreed to share workers if there were workforce shortages in the future due to the impact of COVID-19.

Note: The Workforce Contingency funds do not apply to Youth Justice Residential Rehabs.
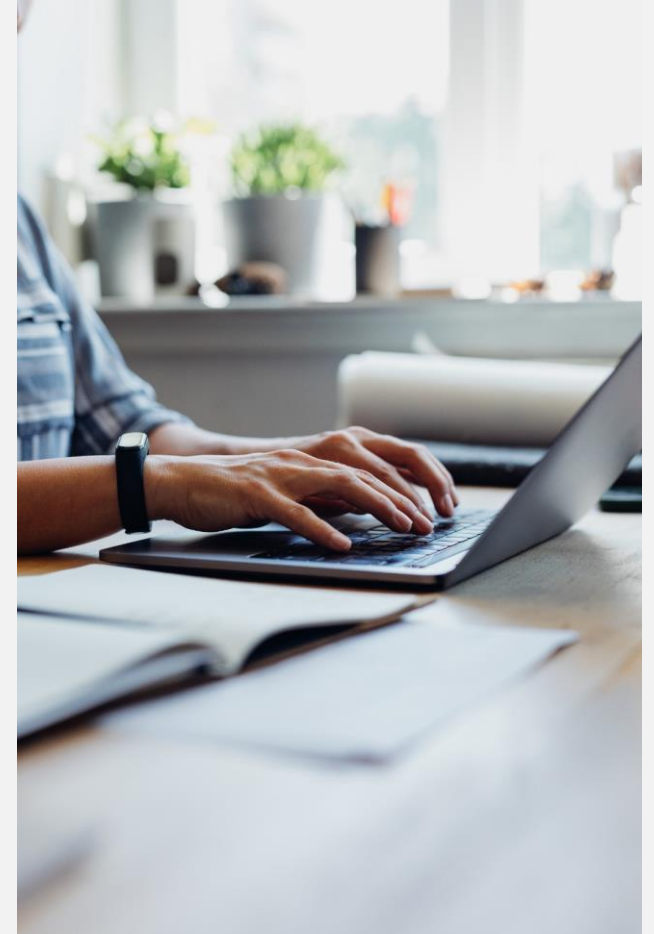
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questions