Department of Communities and Justice

Sector Support: Providing updated guidance to assist service providers to update their COVID-19 Management Plans

Acknowledgement of country

Housekeeping (1/2)

How to join the meeting

Option 1: Use the following link

https://us02web.zoom.us/j/83508696566?pwd=MVBmZDh0emQyaVV0RmRaSTJnZFZ1UT09

Option 2: Insert the Meeting ID and password

Meeting ID: 835 0869 6566
Passcode: 9WrQiy9qw1

Contingency: If for some reason you cannot access the video-conference meeting you can dial by location

+61 8 7150 1149 Australia
+61 2 8015 6011 Australia
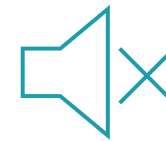+61 3 7018 2005 Australia
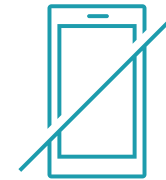+61 7 3185 3730 Australia
+61 8 6119 3900 Australia

Key Protocol

Turn on your camera

Stay on mute

Turn off mobile phones
and email applications

Housekeeping (2/2)

How to ask questions

- Use the **CHAT FUNCTION** to ask questions / respond to discussion points (bottom centre)

- We will take questions at the end of each section

- Any questions which go unanswered (due to time constraints) will be recorded and responded to offline

Additional information

- This session will be recorded and published on the DCJ website

- We have allocated 5 mins at the end of the webinar to complete a short post-event evaluation survey. This will help us refine content for upcoming webinars.

Training Agenda

#	Topic	Duration
1	Introductions	5 mins
2	Background: A recap of the previous COVID-19 Management Plan work	15 mins
3	Emerging issues and updates for the sector	30 mins
4	Community of practice discussion and Q&A with DCJ	35 mins
5	Wrap up and post-webinar evaluation survey	5 mins
	Total	**90 mins**

1. Introductions

1. Introductions – Rebbeck & DCJ

Rebbeck

- Rebbeck is an Australian consultancy focused on reforming health systems and public services through innovative commissioning practice.

Rebbeck Facilitators

- Jay Rebbeck – Project Lead
- Mika Kato – Project Consultant
- Christopher Foster-McBride- Project Consultant
- Amy Duong – Project Support
- Anna Baker – Project Coordinator

NSW Department of Community & Justice

- Sophie Holloway, Director, Policy and Practice
- Michelle Dowd, Policy and Practice
- Shae Baxman, Policy and Practice

We also have in attendance DCJ District and Program area attendees

- Felicity Lindsay, Manager, Early Interventions Programs and Implementation
- Claire Edmonds, Senior Project Officer, Early Interventions Programs and Implementation

1. Introductions: Purpose, Context, Objectives

Purpose

- Review the DCJ COVID-19 guidance and provide updates to service providers, taking into consideration the impact of the new Omicron variant and the implications this has on COVID-19 Management Plans
- Facilitate discussion and create a community of practice forum for shared learning

Context

Rising COVID-19 numbers, driven by the Omicron variant have disrupted the implementation of COVID-19 Management Plans as initially drafted
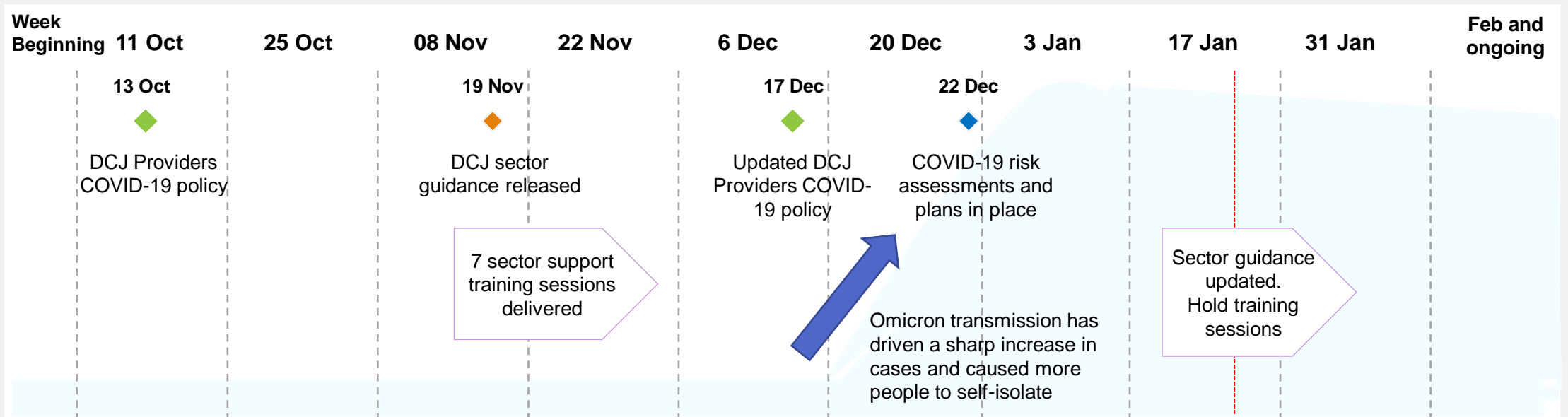
Objectives

1. Explain how the emerging themes need to be considered and incorporated into provider's COVID-19 Management Plans
2. Help service providers apply learnings from the sessions to real life examples
3. Offer an interactive forum to ask questions and share common experiences

2. A recap on previous work

2. DCJ COVID-19 sector support project update & timeline

The COVID-19 pandemic is continuing to evolve, and DCJ guidance is aiming to support service providers as they respond to the new wave of cases and service disruptions driven by the Omicron variant.

| Week Beginning | 11 Oct | 25 Oct | 08 Nov | 22 Nov | 6 Dec | 20 Dec | 3 Jan | 17 Jan | 31 Jan | Feb and ongoing |

13 Oct
◆ DCJ Providers COVID-19 policy

19 Nov
◆ DCJ sector guidance released

17 Dec
◆ Updated DCJ Providers COVID-19 policy

22 Dec
◆ COVID-19 risk assessments and plans in place

7 sector support training sessions delivered

Omicron transmission has driven a sharp increase in cases and caused more people to self-isolate

Sector guidance updated. Hold training sessions

Important existing documentation can be accessed below:

- [Guide to recovery and sector support for COVID-19 management | COVID-19 (coronavirus) response (nsw.gov.au)](#) – published 19th November 2021
- [Service provider COVID-19 management and vaccination policy | COVID-19 (coronavirus) response (nsw.gov.au)](#) – updated 17th December 2021

2. Scope of the guidance document

This guidance DOES
1. This guidance **DOES** apply to service providers in respect of the services contracted to provide on behalf of DCJ.
2. This guidance **DOES** provide considerations for common legal questions. Justice Connect can be contacted to provide specific legal advice on a one-on-one basis.

This guidance DOES NOT
1. This guidance **DOES NOT** apply to organisations only receiving grant(s) from DCJ.
2. This guidance **DOES NOT** provide specific legal advice. DCJ recognises provider questions are often complex legal issues with contextual nuances which will require specific support.

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2. Legal requirements

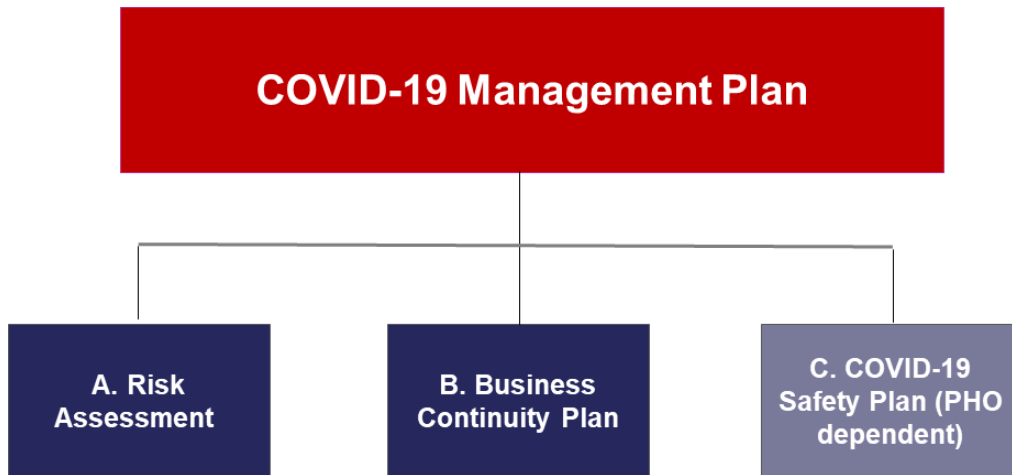|	
What does the Work Health and Safety Act 2011 (WHS Act) mean for me?	• The WHS Act requires employers to eliminate or minimise risks to health and safety as far as is **reasonably practicable**. This means service providers are required to identify, assess and minimise the risk of COVID-19 as much as possible. • The WHS Act makes it a general duty of employers to consult with workers on all safety measures. Consultation is required when identifying, assessing and controlling risks, and when reviewing control measures.
What is reasonably practicable?	Reasonably practicable refers to the highest level of protection in the circumstances to eliminate or minimise the hazard or risk. This must consider: • Likelihood of the hazard or risk occurring • Degree of harm that might result from the hazard or risk • Knowledge about the hazard or risk, and ways of minimising or eliminating the risk • Availability and suitability of ways to eliminate or minimise the risk • Costs associated with the available ways of eliminating or minimising the risk
Is there any other legislation to be aware of?	• Public Health Orders • Anti-Discrimination • Privacy • Industrial Relations • Workplace Law

2. The COVID-19 Management Plan

These plans make up the COVID-19 Management Plan

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┌─────────────────────────────────────────┐
│                                          │
│      COVID-19 Management Plan            │
│                                          │
└─────────────────────────────────────────┘
        │           │              │
┌──────────┐  ┌──────────┐  ┌──────────────┐
│ A. Risk  │  │ B. Business│ │ C. COVID-19  │
│Assessment│  │ Continuity │ │ Safety Plan  │
│          │  │ Plan       │ │ (PHO         │
│          │  │            │ │ dependent)   │
└──────────┘  └──────────┘  └──────────────┘
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These processes and activities make up part of the COVID-19 Management Plan
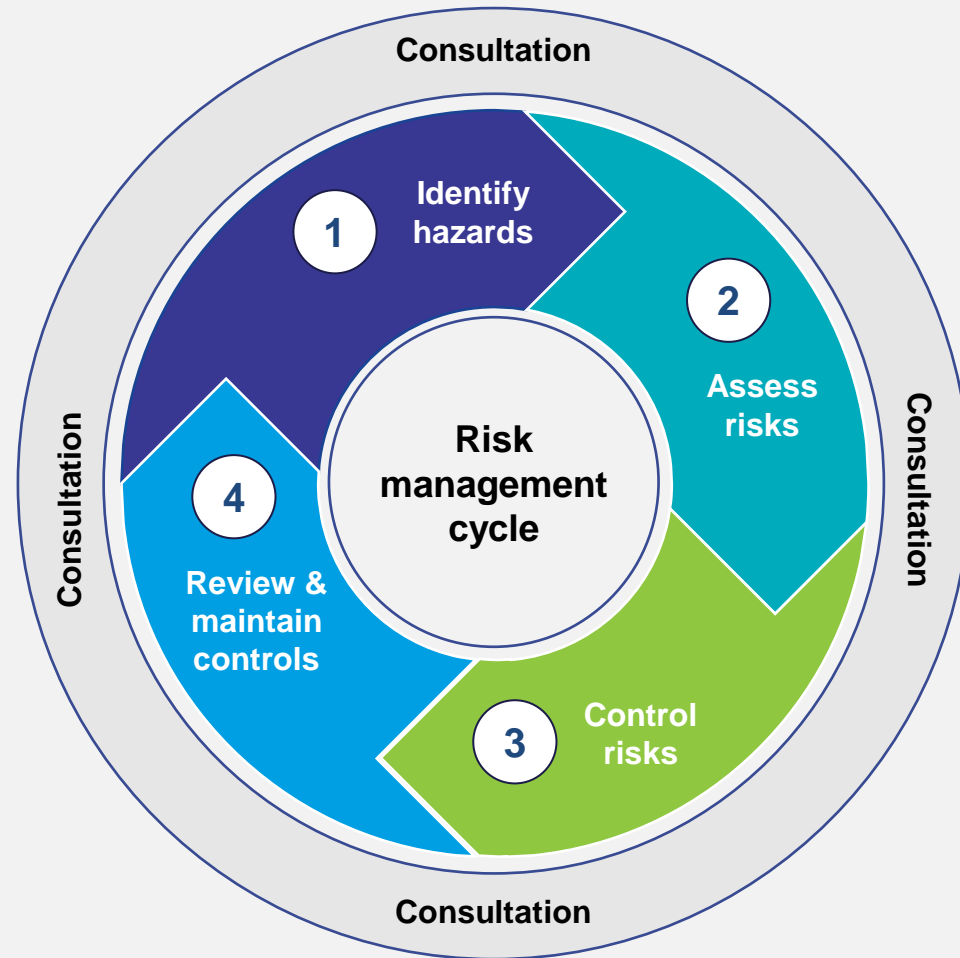
- Respond to a confirmed or suspected case of COVID-19 in the workplace

- Support a client who is unvaccinated

- Support a client with a confirmed or suspected case of COVID-19

- Record, monitor compliance and manage medical exemptions if vaccination is a requirement to control COVID-19 risk

- Record visitors to the workplace, including the use of QR codes

- Support testing, tracing and isolating workers and clients exposed to COVID-19 in line with public health requirements

Note: COVID-19 Safety Plans and processes for recording visitors to the workplaces, including the use of QR codes, are now optional. However, their use is encouraged as part of COVID-19 Management Plans if indicated by the risk assessment. Indication of their use will be likely due to the current Omicron environment,

2. The risk assessment

A risk assessment should be developed for:

- **each service setting (place of work)**;

- with a **plan to respond to each risk** in day-to-day business.

Important: With regular changes in the risk environment, risk assessments should be revisited frequently. Risk controls must be reviewed and maintained.

Consultation

1 Identify hazards

2 Assess risks

Risk management cycle

3 Control risks

4 Review & maintain controls

Consultation

Consultation

Consultation

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3. Updates

3. Updates

Part 1: The context changes

1. The COVID-19 pandemic is evolving, and the Omicron variant has seen a sharp rise in case numbers that has disrupted services

2. Services are under strain, being driven by Omicron and higher case numbers

Part 2: Implications for workforce

1. COVID-19 Management Plans should be reviewed when there are changes to the workforce

2. Critical workers may now be exempt from self-isolation

Part 3: Implications for controls

1. Controls must be reviewed based on the changing environment

2. Rapid antigen tests can be used by businesses to detect COVID-19

3. Risk control and various options to purchase Personal Protective Equipment

Part 1: The context changes

3. The COVID-19 pandemic is evolving, and the Omicron variant has seen a sharp rise in case numbers

The Omicron variant is now a variant of concern. More people are affected by it than previous variants (i.e., more people are testing positive, and more people are becoming close contacts). This is impacting our clients, and how service providers are delivering services and are managing risks.

Context

We are living through an epidemic wave, and the NSW government is providing resources and guidance to ensure that NSW can 'live with COVID-19'

Trends

What we understand about Omicron

1 It is estimated 50% of NSW residents may catch Omicron in the first wave

Source: NSW Chief Health Officer, 14 Dec 2021

2 The Omicron variant is more transmissible than the Delta variant

Source: WHO, 17 Dec 2021

3 A booster can increase efficacy for Omicron to 98.2% for severe infections

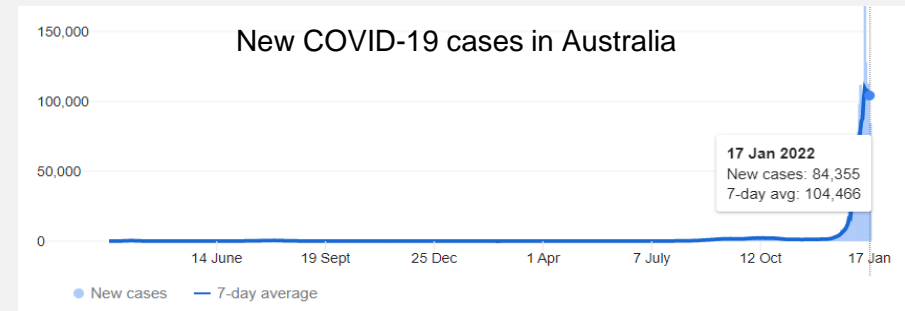Source: ATAGI, 24 Dec 2021

Purpose
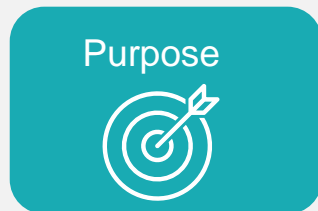
We understand there are emerging issues driven by the Omicron variant, and DCJ is providing guidance to assist service providers to update their COVID-19 Management Plans.

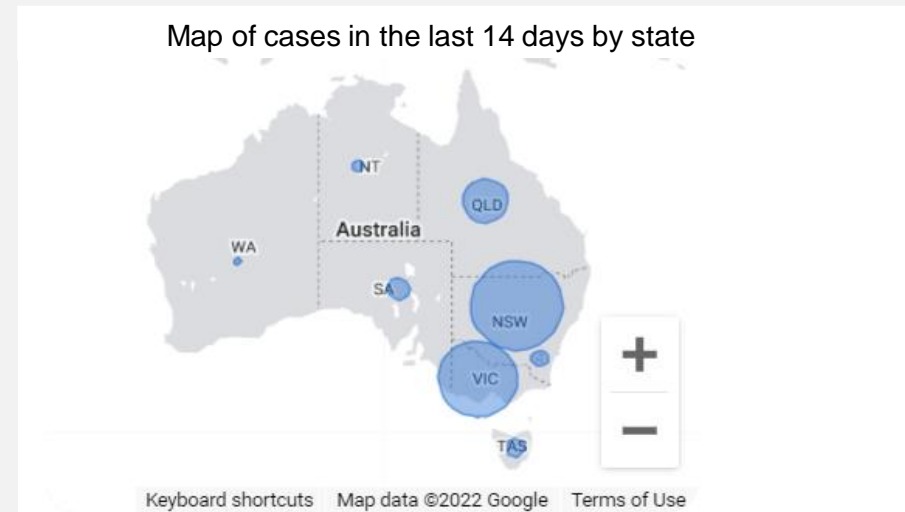# 3. Services are under strain, being driven by Omicron and higher case numbers

There has been a sharp increase in COVID-19 cases since mid-December across NSW. This has been driven by the Omicron variant.

We understand this has impacted services and some key issues are:

- The increased number of positive cases and people being close contacts has reduced staff availability and increased pressure on workforces

- A higher demand for services as COVID-19 is affecting our clients and they are now in need of more support and advice

New COVID-19 cases in Australia

150,000

100,000

50,000

0

17 Jan 2022
New cases: 84,355
7-day avg: 104,466

14 June   19 Sept   25 Dec   1 Apr   7 July   12 Oct   17 Jan

• New cases   — 7-day average

Source: Our World in Data

Map of cases in the last 14 days by state

NT

QLD

WA

Australia

SA

NSW

VIC

TAS

Keyboard shortcuts   Map data ©2022 Google   Terms of Use

Source: JHU CSSE COVID_19 Data
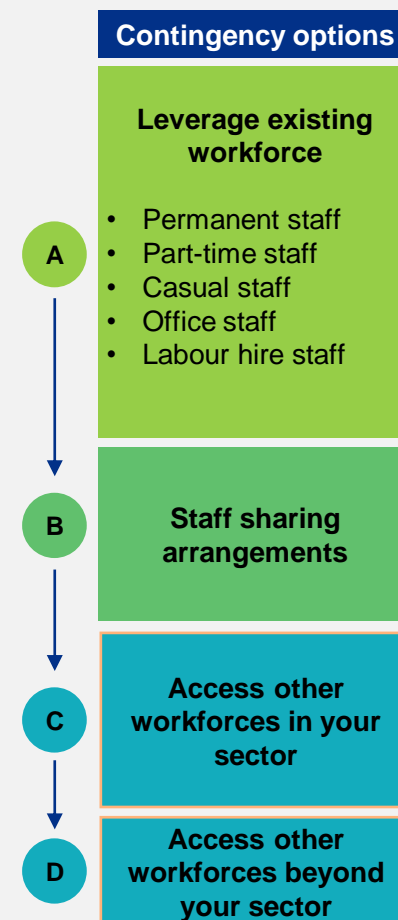
Part 2: Implications for workforce

2. COVID-19 Management Plans should be reviewed when there are changes to the workforce

Providers have faced operational difficulties because of the effects of COVID-19 on the workforce.

For ease of reference, some workforce options that can be considered when reviewing COVID-19 Management Plans are linked below:

- Implement Individual Flexibility Arrangements (IFAs) – Increases shift duration and reduce staff volume

- For Permanency Support Program, Residential Care Service and Targeted Early Intervention Service Providers, access the DCJ's COVID-19 Emergency Action Payment

- The Social Sector Support Fund provides Workforce Contingency grants for DCJ providers delivering critical face-to-face supports.

- For Specialist Homelessness Service Providers, access additional funding for Emergency accommodation, workforce contingency payments, and other additional payments

- Focus on essential service delivery – Divert secondary service delivery staff to essential services

- Co-design contingency plans with staff.

Contingency options

A
Leverage existing workforce
- Permanent staff
- Part-time staff
- Casual staff
- Office staff
- Labour hire staff

B
Staff sharing arrangements

C
Access other workforces in your sector

D
Access other workforces beyond your sector

3. Some critical workers may be exempt from self-isolation when they are close contacts

To deal with the public health risk of COVID-19 and its possible consequences, NSW Health has published several exemptions to the Public Health Order (COVID-19 Self-Isolation), under section 7 of the Public Health Act 2010. Public Health Orders and exemptions can be updated frequently.

Timeline of Public Health Order (PHO) exemptions:

4 December

Public Health (COVID-19 Self-Isolation) Order (No 4) 2021

31 December

Health worker exemption from the Public Health Order

9 January

Critical worker exemption from the Public Health Order (No 1)

14 January 2022

Critical worker exemption from the Public Health Order (No 2)

Note: PHOs change regularly, providers must keep up to date with guidance

3. When a worker is a close contact, they must meet eligibility requirements to be exempt from self-isolation

In order to be eligible to be exempt from isolating when deemed a close contact, workers must be:

1. Considered a critical worker
2. From certain sectors or in particular roles

1. A critical worker

Workers must be a critical worker as determined by the employer:

- The person's absence from the workplace poses a high risk of disruption to the delivery of critical services or activities, and
- The person is unable to work from home

2. Sector or roles

For the health care and social assistance sector, workers must be:

- a person employed or engaged by DCJ to provide housing or homelessness services, or child protection services,
- a community housing provider,
- a person employed or engaged to provide:
  - o family violence and sexual assault services, and
  - o drug and alcohol services.

Key message:

- **Exemption of staff from self-isolation is an option for providers, not a requirement**
- **Providers must decide whether it is appropriate to provide exemptions based on their own risk assessments**

Close contact: A household contact, or where more than four hours of exposure has occurred in a residential setting; and Contacts in a setting where Health has determined there to be a high level of transmission.

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3. Critical workers exempt from self-isolation must adhere to additional requirements

If the employer has deemed the worker is exempt from self-isolation as a close contact, in order to come back to work, they must agree to:

1. Wear a mask,

2. Travel directly to and from their place of residence and their workplace,

3. Take Rapid Antigen Tests for a period of 7 days from when they last had contact with the diagnosed person, and

4. Comply with risk management strategies put in place by their employer

Critical worker self-isolation exemption guidance

What happens if the close contact critical worker then tests positive or develops symptoms?

- If the critical worker tests positive for COVID-19 following the RAT they must immediately self-isolate for 7 days

- If the critical worker develops symptoms of COVID-19 and has a negative RAT, they must immediately self-isolate and only return to work with evidence of a negative PCR test taken after the onset of symptoms.

Health risks associated with close contacts remain real and must be managed by the employer

Steps for employers to consider in managing these risks within the workplace:

- All people in the workplace should wear masks,

- Close contacts should use separate facilities, and

- Close contacts should be given work that involves minimal interaction with others, or is in a well-ventilated area

Part 3: Implications for controls

3. Controls must be reviewed based on the changing environment

With the increasing number of COVID-19 cases, providers should revisit their COVID-19 Management Plans and related controls. Even with new control measures such as RATs, the basic principles of the hierarchy of controls still apply.

Most effective

Least effective

Hierarchy of controls	Key considerations
Elimination	• Removing existing hazards for example, cancelling face to face service provision or switching to telehealth-based services
Substitution, isolation and engineering	• Substitution: replacing hazards with alternatives. E.g., switching from shared to single room accommodation • Isolation: physically separating the hazard. E.g., plastic barriers between clients and workers, managing the capacity of premises • Engineering: mechanical devices / process. E.g., vaccinations, rapid antigen testing, avoiding using recycled air in heating, ventilation, and air conditioning systems
Administrative	• Work methods / procedures to ensure minimal exposure and safety. E.g., QR code check-in • Workers who need to self-isolate and are unable to work while waiting for COVID-19 test results may be eligible for the COVID-19 Test and Isolate payment
PPE	• Minimise remaining risks, ensure PPE is proportionate to hazard, hygienic and working. Users should receive clear instructions. E.g., use of masks, face shields and gowns.

Key message

• DCJ considers vaccination an important control-measure against COVID-19

• DCJ strongly encourages the vaccination of children from ages 5-12, especially for services with clients in this age group, where possible

• DCJ strongly encourages booster shots

3. Rapid antigen tests can be used by businesses to detect COVID-19

Using RATs for workplace screening

- Workplaces may choose to implement a rapid antigen self-testing program. Rapid antigen tests (RAT) are a quick way for businesses to detect COVID-19 and protect their workers and clients.

- Providers must decide whether it is appropriate to establish a RAT program based on their own assessments.

The NSW government's website on rapid antigen testing information for businesses provides further information, including:

- How the test works,
- Testing at workplaces,
- What RAT kits can be used,
- Who covers the cost of RATs,
- What to do if a worker receives a positive or negative result, and
- What to do if a worker has symptoms of COVID-19.

Using RATs in lieu of PCR tests

A RAT should be used when:

- COVID-19 symptoms are exhibited,

- There has been contact with a positive case, and

- Visiting or working with vulnerable people, or when in a high-risk setting with a confirmed outbreak

Note: From 12 January, positive RATs must be registered via the Service NSW website.

> Consider the use of RATs with clients, particularly those in residential services

Procurement of RATs

Businesses are responsible for procuring their own test kits and covering the cost of implementing testing on-site at workplaces.

Important: DCJ funding, including COVID-19 grant funding that has been distributed throughout the pandemic, can be used to support the purchase of RATs.

DCJ recognises that there are supply issues of RATs in NSW, and is working with NSW Health to make RATs available for some vulnerable clients and the providers serving them.

3. Risk control and various options to purchase Personal Protective Equipment

PPE as a risk control

As part of provider COVID-19 Management Plans and risk assessments:

- consider how PPE should be used, and

- ensure adequate supplies are maintained.

How to access PPE

DCJ funds, including COVID-19 grant funding, can be used to purchase PPE.

The NSW Government has a list of suppliers of PPE for industry and the community during the pandemic.

Some providers may be able to access some PPE through Resilience NSW – contact your local council and speak to the Local Emergency Management Controller.

If providers experience difficulty purchasing PPE, contact the relevant contract manager.

Tip: See DCJ's PPE matrix to help identify appropriate PPE for different work situations. For example, when to wear gloves, gowns or goggles
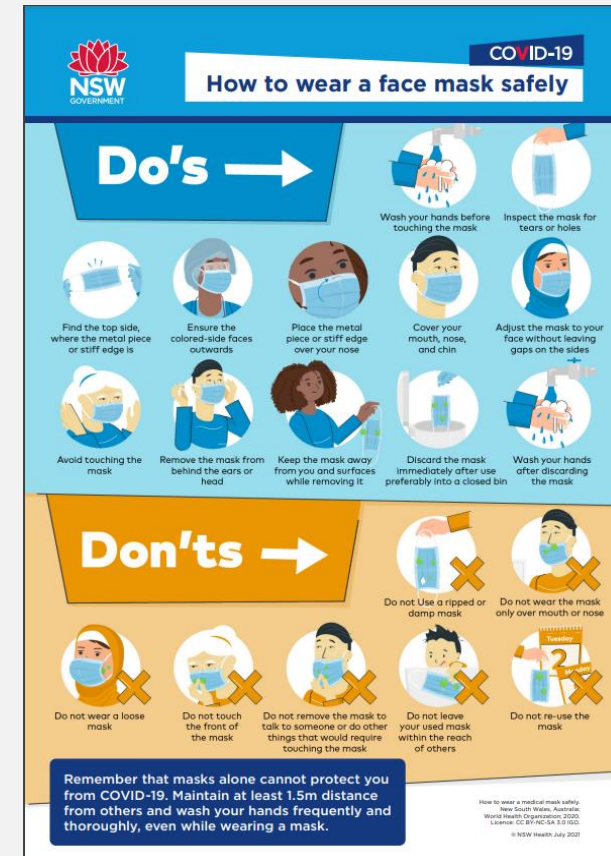
NSW Health Poster: How to wear a mask
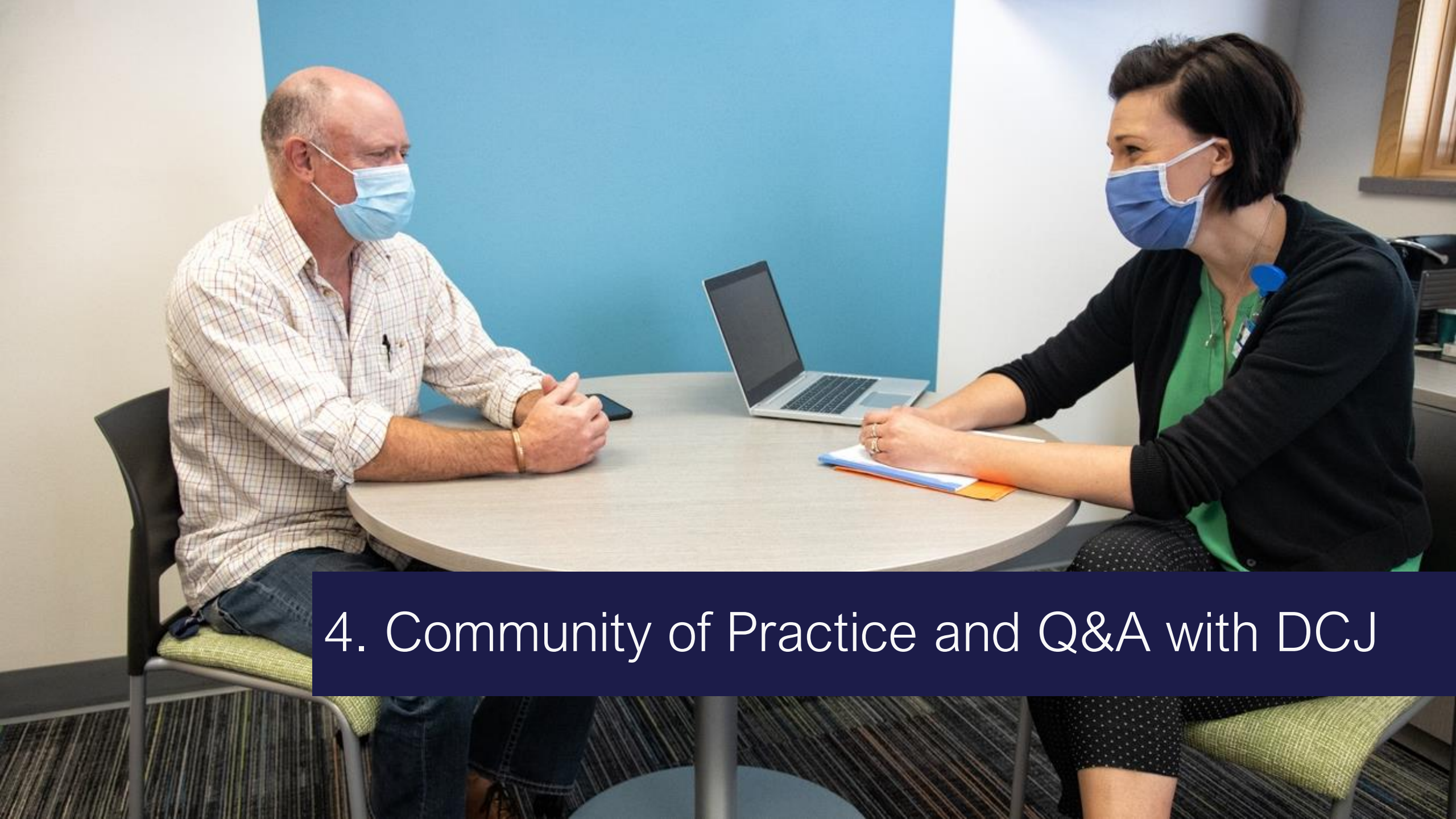
4. Community of Practice and Q&A with DCJ

5. Community of practice and Q&A

Think about everything we have discussed today. This is an opportunity to ask questions and share common experiences.

Discussion questions

Q. Are there any other COVID-19 related issues or factors that we have not addressed today that you would like to discuss?

Q. Do you have examples of initiatives or controls you have implemented that have helped manage COVID-19 related risks that others could learn from? How have these benefited workers and clients in your service?

5. Wrap up and post-event survey

Thank you for attending and please complete the post event survey: We welcome your feedback

Please kindly complete the attached survey so that we may continue to make informative webinars

Session 3

Friday 28th of January from 9:30 am to 11:00 am

Target Audience: Other services, including centre-based services (incl. Targeted Earlier Intervention Sector)

Survey Link: https://www.surveymonkey.com/r/GDZTHQS

DCJ Service Providers COVID-19 Recovery Webinars Session 3 (28th January 2022) Survey (surveymonkey.com)