



Non-family based care suggested preparation and response strategies

COVID-19: Impact on service delivery

The following are to be used a guide only to assist in the review, assessment and continual improvement of business continuity planning for non-family based care services. Please note that due to size, scale and complexity of each organisation, not all strategies may be relevant.

It is recommended that a dynamic approach to business continuity planning is undertaken to ensure preparation and response activities are able to evolve to changes in health advice, business need and/or circumstance.

Governance	
Impact	Strategies
Non-family based care operational workforce: <ul style="list-style-type: none">• Diminished workforce due to staff contracting COVID-19 or having to self-isolate• Staff exposure to COVID-19 in the workplace while caring for young people• School closures and parents unable to work due to care for children at home	<ol style="list-style-type: none">1. Establish Emergency Management Team and conduct regular BCP meetings to review impacts2. Succession plan for key roles3. Frequently monitor government updates (SA Health, DCP, Office of the Prime Minister, World Health Organisation)

Workforce

Impact	Strategies
<p>Non-family based care operational workforce:</p> <ul style="list-style-type: none"> • Diminished workforce due to staff contracting COVID-19 or having to self-isolate • Staff exposure to COVID-19 in the workplace while caring for young people • School closures and parents unable to work due to care for children at home • Recruitment strategy/processes stop • Staff unable to undertake on call • Residential Care Supervisor and Seniors are <u>unable</u> to work from home in the event of isolation/working from home 	<ol style="list-style-type: none"> 1. Provide staff with information, consistent with messaging from Emergency Management Team 2. Establish clear communication channels to provide staff within Residential Care specific information as required i.e. changes in procedures, service delivery, how to get support 3. Centrally record all staff who are overseas, have returned from overseas or intend to travel overseas 4. Centrally record (COVID-19 Tracker) all staff and children who have been tested for COVID-19 or have had contact with a confirmed case. 5. Use of agency staff to maintain workforce 6. Use of casual staff to maintain workforce 7. Use of overtime to maintain workforce 8. Identification of essential duties and non-essential duties. Explore options of mobilising/ redeploying employees from non-essential work areas. 9. Identification of non-essential Residential Care staff, and their roles, responsibilities and skill sets 10. Wellbeing conversations with all staff, led by supervisors 11. Supporting staff who have self-identified with a recognised medical condition that is contra-indicated with COVID-19 12. Undertaking data collection of all projected leave 13. Updating staff - work and personal contacts 14. Prioritising recruitment and training of essential employees 15. Development of a condensed version of induction in the event that this (strategy 14) needs to be implemented 16. Ongoing conversations with HR and DCP about essential and non-essential training and what could be postponed to enable more shift coverage 17. Conduct pandemic specific training i.e. infection prevention and control 18. Review current training methods and transition to new technology platforms to support alternative delivery where possible 19. Risk analysis for each placement to determine whether alternate staffing / roster patterns could be implemented in the event of a significantly diminished workforce. <ol style="list-style-type: none"> a. Passive shifts b. 12hr rosters c. Single shifts d. Staff converting to Specific Child Only (SCO) carers e. Staff remaining in facilities for extended period of time f. Seek permission to exceed current placement numbers g. Explore foster care capacity to take on additional children

Workforce

Impact	Strategies
<p>Non-family based care workforce:</p> <ul style="list-style-type: none"> • Diminished workforce due to staff contracting COVID-19 or having to self-isolate • Staff exposure to COVID-19 in the workplace while caring for young people • School closures and parents unable to work due to care for children at home • Recruitment strategy/processes stop • Staff unable to undertake on call • Residential Care Supervisor and Seniors are <u>unable</u> to work from home in the event of isolation/working from home 	20. Risk analysis for each placement to determine minimal ratio of staff to child in the event of a significantly diminished workforce.
	21. Discussion with HR regarding implications of altered work conditions and remuneration within a pandemic situation.
	22. Discussion with Unions regarding implications of altered work conditions within a pandemic situation
	23. Orientation document to be made available at each placement for non-Residential Care Staff
	24. Daily updates regarding rostering pressures and patterns being provided to senior staff
	25. Ensure staff are aware of escalation/ incident management protocols
	26. Consider separating seniors/supervisors to minimise risk exposure. Non-frontline staff to work from home where possible.
	27. Limit sharing of staff across houses where ever practical
	28. Limit non-essential meetings and use alternative mediums (i.e. Microsoft Teams, Zoom, Skype, phone or other technological solutions) to communicate where practical.
	29. Scenario Planning – school closures, carer infection, child infection, exposure and self-isolation

Children and Young People

Impact	Strategies
<p>Children and Young People:</p> <ul style="list-style-type: none"> • Quarantined at home as a result of school closure or lockdown • Having to isolate as a result of coming into contact with a confirmed case of COVID-19 • Contracting COVID-19 • Anxious and concerned about COVID-19 • Are cared for by less than the current required staff • Are not compliant with isolation, placing themselves and others at risk • Are cared for by staff they don't know • Children are at potential risk if staff don't have up to date First Aid Qualifications 	<ol style="list-style-type: none"> 1. Communication with children and young people regarding preventative measures such as hygiene and social distancing. Residential Care leaders actively encouraging age appropriate information is shared with children and young people. 2. Develop protocols and role model safe hygiene and social distancing (acknowledging all residential care facilities are considered close contact). 3. Cease all non-essential contact, inclusive of sports and social activities outside of the facilities. 4. Identify vulnerable young people who are high risk if infected and develop individual plans 5. Increase frequency of health monitoring of young people as required, i.e. taking temperature 6. Auditing of all children and young people who refuse to isolate placing themselves and others at risk. Discuss with case managers. Work with DCP, SA Health and SAPOL regarding how this is managed moving forward 7. Audit of children and young people with pre-existing medical conditions that could make them more vulnerable to COVID-19, Information stored centrally and made available to all managers 8. Audit of children and young people's medication and medication supplies requirements ensuring that there is adequate supplies in the event of a period of isolation. Requirements should include items like paracetamol and other first aid items 9. Make thermometers available to staff as required 10. Consideration and preparation to how children will be entertained in the event of a period of isolation 11. Refer to current SA Health advice in caring for children in relation to COVID-19 12. Staff to be provided with clear, current and consistent information on symptom recognition 13. Consider localised communication strategy to advise children and young people about possible staff shortages and changes 14. Case managers to explore alternative family contact arrangements i.e. via phone in the event of isolation 15. Follow State Government and DCP direction regarding school attendance 16. Audit of children and young people's access to laptops and tablets to support learning needs and entertainment in the event of school closures and periods of isolation 17. Work with case manager to plan for additional tablets, laptops and arrange WIFI access for young people to continue their education at home and assist with increased time in facilities

Resourcing, Facilities, Equipment & Essential Goods

Impact	Strategies
<ul style="list-style-type: none"> Reduced access to food, medical supplies and essential items 	<ol style="list-style-type: none"> Bulk purchasing of goods/stock for essential and non-perishable items. Allocation of more temporary purchase cards to assist with essential goods
<ul style="list-style-type: none"> Reduced flexibility in placement options (including the need to isolate or house infected people together) 	<ol style="list-style-type: none"> Ensure adequate cleaning and hygiene products are available for staff and young people. Ensure staff are provided with cleaning instructions (check list). Implement more frequent cleaning schedules i.e. all touch points cleaned twice daily or as required Ensure contracted cleaners are following SA Health suggested cleaning protocols Ensure forensic cleaning of facilities is set up in the event of confirmed COVID-19 exposure
<ul style="list-style-type: none"> Increased demand for placements/staff due to potential sector loss of workforce and placement breakdowns 	<ol style="list-style-type: none"> Up to date medical kits and thermometers (audit has been undertaken) Contacts, addresses and key lock box codes for each placement currently being audited and recorded centrally Exploration of alternative and additional accommodation by facilities, inclusive of unused premises, new properties, holiday rental etc. Bedding packages to be sourced for staff who are required to undertake passive shifts that previously have not
<ul style="list-style-type: none"> Facilities require industrial clean following confirmation of COVID-19 	<ol style="list-style-type: none"> Bedding packages to be sourced for children who are required to move locations due to <ol style="list-style-type: none"> industrial clean medical needs staff shortages resulting in house closure. Audit of each placement to ensure a spare paper log book is available Source personal protective equipment (PPE) for staff and young people (noting supply shortage) Establish practice guidance for the use of personal protective equipment Local orientation pack for staff in the instance they are required to work at a placement they are not familiar with. Undertake analysis of who requires a laptop to enable workforce operations to continue Information to placements re hygiene, noting the potential sharing of equipment within these locations Explore option of meal preparation by local café/restaurant in required Establish distribution function that can be mobilised as required to distribute resources to placements as required Ongoing communication with DCP Contract Manager regarding financial and contractual impact of unique care arrangements

Work Health & Safety

Impact	Preparation Strategies
<ul style="list-style-type: none"> • Staff voicing concerns re lack of PPE in facilities to care for potentially unwell children and young people • Staff with recognised medical condition that are contra-indicated with COVID-19 may not attend workplace 	1. Ensure staff are trained in infection control
	2. Encourage staff to access appropriate vaccinations
	3. Source PPE – Sanitiser, gloves, masks in the event that staff have to care for children with a confirmed diagnosis of COVID-19
	4. Liaise with organisation’s relevant Work Health & Safety (WHS) team to ensure most recent advice in regard to PPE
	5. Liaise with HR regarding the attendance at work if staff have contra-indicated medical conditions
	6. Liaise with WHS and HR regarding a position re work cover implications if COVID-19 is contracted in the workplace
	7. Develop a clear understanding of WHS procedures moving forward so staff can be provided consistent and accurate information.
	8. Identifying and supporting staff who have self-identified with a recognised medical condition that is contra-indicated with COVID-19