



Department of Communities and Justice

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

Module 2: Guidelines for workers

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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 2: Guidelines for workers (this document) is part of a series of modules developed by DCJ to offer specific OOHC and SHS provider advice as NSW moves into the 'living with COVID-19' phase. The other documents are:

- [Module 1 Managing risks and seeking support](#)
- [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. Preparing for and responding to COVID-19 in the workplace (1/2)

The [COVID-19 management and vaccination policy for DCJ service providers](#) requires most service providers to have a COVID-19 Management Plan, including a risk assessment. The '[Sector support for DCJ service providers preparing COVID-19 Management Plans](#)' guidance sets out how to meet your obligations under the [WHS Act](#) and to prepare your COVID-19 Management Plan and risk assessment. Outlined below are suggested risk controls that OOH and SHS providers could put in place.

Establish and communicate processes and activities

- Develop and communicate processes and activities around responding to COVID-19 cases for both workers and clients.
- Develop policies for worker protection if workers are absent due to illness or exposure with a positive COVID-19 case.
- Establish procedures for when a worker shows symptoms.
- Utilise and share with workers the COVID-19 Management Plan (which consists of a risk assessment and business continuity plan, and a COVID-19 Safety Plan if required).

Vaccinations

- After consultation with workers and clients, communicate any internal vaccination policies that have been developed and ensure workers are vaccinated (where applicable).
- Communicate the benefits of vaccination and share the link to [NSW Government information about vaccines](#).
- Emphasise that vaccination is an important component of risk management. More information on risk controls can be found in the risk management section of the '[Sector support for DCJ service providers preparing COVID-19 Management Plans](#)' guidance (section 2.5).
- Ensure workers can voice concerns around vaccinations.

Testing the workforce

- The [Public health guidance for testing and management of COVID-19 cases in Residential Out of Home Care \(OOHC\) settings and Specialist Homelessness Services \(SHS\)](#) provides advice to providers about preparing a RAT schedule for early detection of COVID-19 and during a COVID-19 outbreak.

Training

- Require workers to complete mandatory online e-learning on preventing infection. NSW Health has developed [COVID-19 Infection Control Training](#) for all care sector workers.
- Educate workers to recognise the symptoms of COVID-19 and what to do if they develop symptoms.
- Provide training to all cleaning workers on-site before providing cleaning tasks.
- Train workers on the proper use of PPE, including face masks and glove use. NSW Health has developed [COVID-19 Infection Prevention and Control Resources](#), which advises on the correct usage of PPE.

Protecting vulnerable workers and vulnerable clients

Additional controls should be put in place to protect vulnerable workers who are disproportionately affected by the COVID-19 pandemic. These include:

- relocating vulnerable workers from frontline roles to roles where they can work from home
- reallocating workers who are not considered vulnerable into frontline roles
- using technology to ensure vulnerable workers can hold meetings remotely and avoid face-to-face contact with their clients.

2. Preparing for and responding to COVID-19 in the workplace(2/2)

Service provider workers need to be appropriately prepared to respond to COVID-19 cases. The diagram below outlines some options available to service providers when responding to workforce challenges. When allocating workers to support clients with high-risk exposure or clients who are confirmed cases of COVID-19, workers must have their vaccinations up-to-date, and service providers must consider health vulnerabilities of workers.

Options	Service provider considerations
<p>A</p> <p>Leverage existing workforce</p> <ul style="list-style-type: none"> • Permanent workers • Part-time workers • Casual workers • Office workers • Labour hire workers 	<ul style="list-style-type: none"> • Co-design contingency plans with workers – Involve workers in developing contingency working arrangements that promote their safety and wellbeing. • Implement Individual Flexibility Arrangements (IFAs) – Increases shift duration and reduce worker volume. Worker continuity is beneficial for clients and limits potential COVID-19 exposure. • For Residential OOH service providers, access DCJ’s COVID-19 Emergency Action Payment – Available for the additional costs of the workforce when the existing workforce is in isolation. This funding stream is not available to Youth Justice Residential Rehabs. • For SHS providers, access COVID-19 additional funding – Available for emergency payments, workforce contingency payments, and other additional payments (purchase of goods and services for clients to establish or maintain their safety during COVID-19). This funding stream is not available to Youth Justice Residential Rehabs. • Focus on essential service delivery – Divert secondary service delivery workers to essential services.
<p>B</p> <p>Worker sharing arrangements</p>	<ul style="list-style-type: none"> • Train workers – Workers should have appropriate induction training to understand the service provider’s service context. • Understand risk – Consider the risks to be managed when engaging workers from other service providers.
<p>C</p> <p>Access other workforces in your sector</p>	<ul style="list-style-type: none"> • Train workers – Workers should have appropriate induction training to understand the service provider’s service context. • Understand risk – Consider the risks to be managed when engaging workers from other workforces.
<p>D</p> <p>Access other workforces beyond your sector</p>	<ul style="list-style-type: none"> • Train workers – Workers should have appropriate induction training to understand the service provider’s service context. • Understand risk – Consider the risks to be managed when engaging workers from other workforces.

Rostering to ensure service continuity

- Ensure rosters manage workloads and provide workers regular breaks.
- Reduce the number of workers on-site, where possible.
- Reduce the number of workers who work across multiple sites.
- Workers who are finishing a rotation should screen the workers taking over the shift (starting the rotation).

Improving working conditions:

- Rotate workers from high-stress to lower-stress functions.
- Partner inexperienced workers with their more experienced colleagues (a buddy system helps to provide support, monitor stress and reinforce safety procedures).
- Initiate, encourage and monitor work breaks.

When service provision changes, contact your DCJ contract manager – see section 5 in Module 1 Guidelines for managing COVID-19 risks in Residential Out of Home Care Settings and Specialist Homelessness Services

3. Workers with symptoms / high risk of exposure or a confirmed case

What happens if a worker shows COVID-19 symptoms?

If a worker develops any COVID-19 symptoms, they must get a test, self-isolate and follow [NSW Health Self-isolation and testing advice](#). The process of isolating may change – monitoring of NSW Health updates is required.

If this disrupts staffing levels and/or service delivery, please contact the relevant DCJ contract manager to discuss available options.

Regardless of the results, the cleaning protocols from NSW Health are the same. If someone is presenting as unwell, thorough cleaning of contact areas with a disinfecting detergent should be completed.

What happens if a worker was at high risk of exposure to a COVID-19 confirmed case?

Workers must follow the self-isolation advice for those at high risk of exposure to a COVID-19 case. When isolating, workers must stay at home, except when seeking medical care, or obtaining a COVID-19 test. They need to also follow the [NSW Government Information for people exposed to COVID-19](#) on specific testing and isolation requirements.

Please tell workers and clients to notify medical providers that they have COVID-19 symptoms before seeking medical care.

DCJ understands that service providers may have reporting requirements to other funding bodies to consider and act upon.

- There are decision trees on pages 7 and 8 to help providers understand how to respond to a worker exposed to COVID-19.
- There is a decision tree on page 9 that explains the process for workers with a confirmed case of COVID-19.

Critical workers may be exempt from self-isolation

When a worker has been a close contact, they must meet eligibility requirements to be exempt from self-isolation. Additional information can be found in the [PHO relating to critical worker exemptions](#) and [NSW Government Critical worker self-isolation exemption guidance](#). Additional information on critical workers that may be exempt from self-isolation can be found in [Appendix B.2 of the sector support guidance](#).

Note: An exempt critical worker can be a person employed or engaged by the Department of Communities and Justice to provide housing or homelessness services, or child protection services.

What happens if a worker tests positive to COVID-19?

The worker must self-isolate immediately and follow [NSW Government Testing positive and managing COVID-19 at home advice](#). Ensure the safety of the workplace and workers, for example by cleaning and disinfecting all areas used by the person who tested positive for COVID-19.

Assess how much exposure other workers had with the person who tested positive for COVID-19, while that person was infectious in the workplace. Use the [NSW Health Managing COVID-19 contacts in a workplace factsheet](#) and any [NSW Government Industry-specific Safety Plans](#) to help with this assessment. If you need assistance with this process, call SafeWork NSW on 131 050.

Assess the workplace risk, guided by the NSW Health contact risk assessment matrix, to determine if workers have had high, moderate and low risk exposures. In this situation, direct the workers to the NSW Health advice in the [NSW Health Managing COVID-19 contacts in a workplace factsheet](#) and the [NSW Government Information for people exposed to COVID-19](#) (the contact risk assessment matrix can be found on this NSW Health page).

Advise workers and contractors of the situation in your workplace. Consult with workers about the identification and management of any remaining health and safety risks.

4. Decision tree: Workers who have had high risk exposure to a COVID-19 positive case

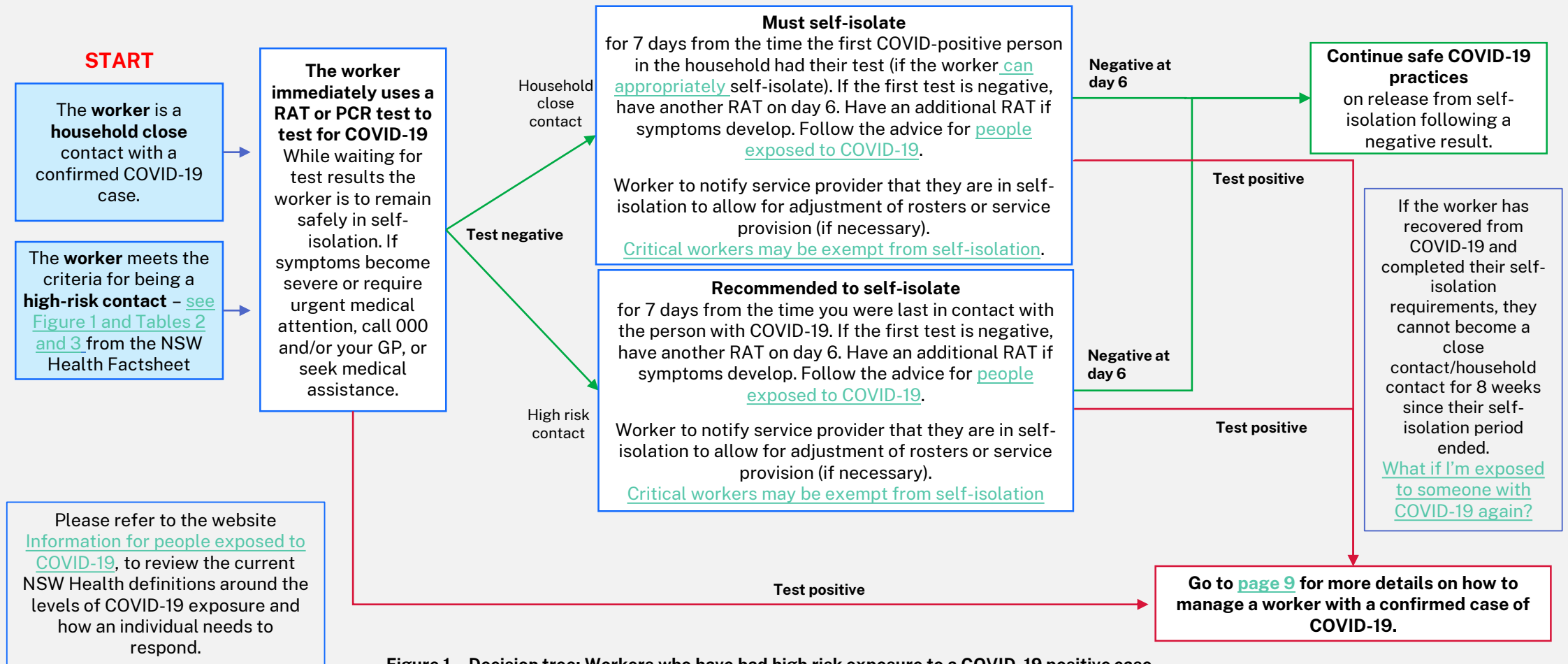


Figure 1 – Decision tree: Workers who have had high risk exposure to a COVID-19 positive case

5. Decision tree: Workers who have had moderate or low risk exposure to a COVID-19 positive case

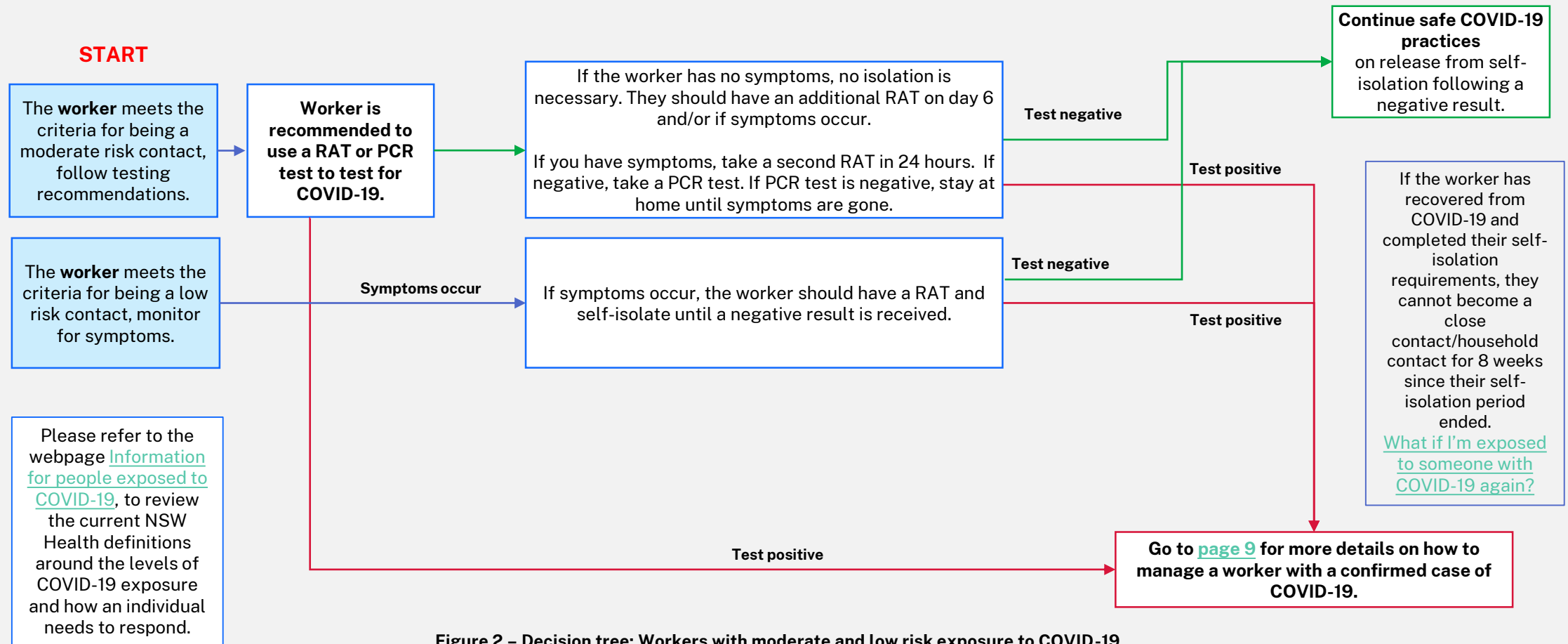


Figure 2 – Decision tree: Workers with moderate and low risk exposure to COVID-19

Source: [NSW Health](#) and the [Department of Communities and Justice](#)

6. Decision tree: Workers with a confirmed case of COVID-19

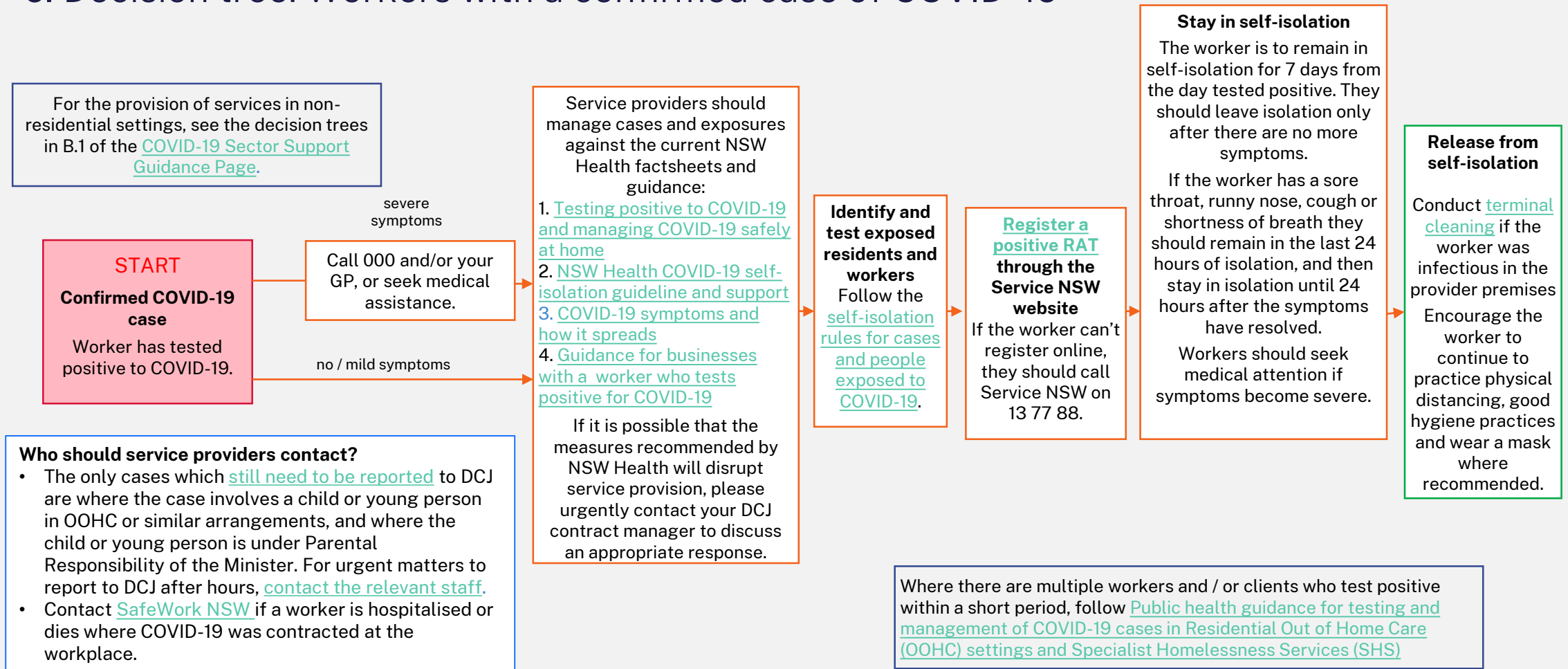


Figure 3 – Decision tree: Workers with a confirmed case of COVID-19

Source: [NSW Health](#) and the [Department of Communities and Justice](#)

7. Worker wellbeing

Supporting workers wellbeing

Working in high-risk COVID-19 settings is likely to cause significant anxiety in workers. Service providers should actively seek out methods to minimise worker burnout and protect their wellbeing. These could include:

- promoting self-care, watching for symptoms of fatigue or stress and encouraging workers to take a break from media coverage
- monitoring changes in worker's behaviour. Workers may face burnout and/or personal issues (for example, caring for elderly family members)
- extending support to workers in isolation
- establishing forums for workers to share their feelings, thoughts and opinions either face to face (maintaining social distancing rules) or online in a safe and respectful space
- ensuring processes around positive cases are robust by communicating with workers after they have had COVID-19. There is an opportunity for service providers to learn how the service response can be improved. Workers should be asked if they felt adequately supported and how their organisation could improve protocols, responses, and communications.

The [DCJ Employee Assistance Program](#) is available to provide confidential support, counselling and advice to workers and their immediate family. Providers contracted by DCJ that do not have a similar assistance program in place are eligible to access these services free of charge. The service is monitored as the COVID-19 pandemic changes.

The [Industry Partnership](#) has courses and resources available to support worker wellbeing.

Helping workers to rejoin a service after recovering from COVID-19

People recovering from COVID-19 may face physical and mental health issues. For employees who are very anxious about returning to work, ensure that a thorough health and safety risk assessment is carried out.

COVID-19 related stigma may occur in the workplace. This can be reduced through actions such as:

- maintaining confidentiality regarding positive workers
- advising workers that it is safe for their colleagues to return to work once their isolation period is over
- not making determinations of risk based on race or country of origin, or stereotypes about the behaviours of certain ethnic or cultural groups
- inviting workers to privately discuss any concerns about COVID-19.

'Long COVID-19' is a form of COVID-19 with prolonged symptoms after infection. Organisations should consider how they can support workers who have recovered from COVID-19 in the long term, especially for those who suffer from long COVID-19.

Consider flexible work arrangements and role adjustments to allow workers with long COVID-19 to continue to work.



8. Case study: Managing and supporting exempt critical workers

Situation: NSW Health published several exemptions to the Public Health Orders (PHO) to deal with the public health risk of COVID-19 and its possible consequences. Some [critical workers may be exempt from self-isolation](#) even if they have been exposed to COVID-19.

NSW Health terminology has also changed in relation to people being close contacts to people exposed to COVID-19 (and high, moderate or low risk of exposure).

Issue: A Residential OOHC team that looks after children and young people wanted to understand if the PHO exemption applied to their workforce. The provider's workers wanted to continue working. They felt that if one of their clients became a COVID-19 positive case, the workers would be exempt from self-isolation because the workers lived and stayed overnight in the same house as their clients as part of their role.

After reviewing the organisation's risk assessment, the management team decided that their workers are considered critical (the workers are critical because they work in child protection services, which is listed as an exempt role in the PHO, and that the workers' absence from the workplace posed a high risk of disruption to the delivery of critical services on behalf of DCJ). Therefore, the provider decided it was appropriate to provide exemptions.

Response: A manager met with the team and discussed the [critical worker self-isolation exemption guidance](#) and outlined the processes to manage exempt critical workers. As part of the discussion the manager highlighted that if the worker is exempt from self-isolation, in order to come back to work, they had to agree to:

- wear a face mask
- travel directly to and from their place of residence and their workplace

- take regular RATs (supplied by the provider) for a period of 7 days from when they last had contact with the diagnosed person
- comply with risk management strategies put in place by the organisation.

The team also discussed the new working environment for the exempt critical workers, which included using separate facilities (e.g., kitchen and bathrooms) and trying to minimise interaction with others.

Finally, the manager stated that if the critical worker tests positive for COVID-19 following a RAT, they must immediately self-isolate for 7 days. If the critical worker developed symptoms of COVID-19 and had a negative RAT, they had to immediately self-isolate and only return to work with evidence of a negative PCR test taken after the onset of symptoms.

Outcomes: The organisation was able to reduce worker shortages and bring clarity to the workforce on the process for exempt critical workers. The provider also set up a system to monitor and record the exemptions.

Note: An exempt critical worker can be a person employed or engaged by the Department of Communities and Justice to provide housing or homelessness services, or child protection services.



NSW Government
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questions