What we've heard – Residential out-of-home care and Intensive Therapeutic Care services experiences of managing COVID-19

Thank you to the service providers who generously took the time to share with DCJ and ACWA, their recent experiences in managing COVID-19 incidents in residential and intensive therapeutic care settings. This factsheet brings together the lessons learned by these service providers to assist other providers with their own planning and responses.

Please note that this document does not purport to be a comprehensive list of all actions and considerations related to planning and managing COVID-19 in residential settings, and we encourage service providers to seek out appropriate advice which takes into account the circumstances of individual cases and service environments.

Issue	Why it's important	What's worked for providers during an outbreak	Service provider tips
Outbreak management plan – prepare for the worst	Good planning will help ensure continuity and stability of service delivery. Developing an outbreak management plan will help you be better prepared and avoid a crisis response. ➢ *Are you ready to be agile to adapt and respond quickly to changing events?* ➢ *What steps will you need to take to notify and protect workers and young people?*	• Having a clear plan for the overall organisational approach. • Having clear delegated decision making and reporting lines; and clarity around roles that individuals are expected to play. • Having key assurance measures for both internal and external risk mitigation.	• Test and practise your outbreak management plan to strengthen your readiness and enable staff to act quickly if an outbreak occurs. • There will be a large amount of PPE required, and clinical waste generated throughout an outbreak. Plan for where you may be able to access, store and dispose of PPE equipment. • Have accessible information ready to be retrieved at short notice e.g., staff rosters, who to contact out of hours,

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	➢ *Do you have a good understanding of your staff's individual circumstances or their capacity to work during an outbreak?* ➢ *Do you have processes in place asking staff to disclose if they are working across multiple sites?* ➢ *Do you have a surge staffing plan?* ➢ *Can you access, store and dispose of PPE?* ➢ *Have you thought about how essential services will be managed in an outbreak environment e.g. have you identified contractors who can undertake premises deep cleaning, clinical waste bins and disposal, food and laundry services; have you identified a central pick up/drop off point for these services?*		young person progress notes – who's been doing what etc. • Have a 'Plan B' e.g., contingency staffing, 'back-up' contractors in case the first can't deliver. • Communicate the organisational approach with internal and external stakeholders with distilled objectives. • Ensure staff are clear about the decision-making tree. • Regularly report key measures to Executive and/or Board. • Continually review your systems, governance arrangements and processes to ensure you are well prepared. • As part of initial COVID planning, providers surveyed staff to see who would be prepared to work in the event of positive cases. Now that the situation is 'real', providers are finding that some staff are changing their mind and are now unwilling to work – recheck staff willingness in this area. • Double check and house PPE packs are still there and not contaminated.
Communication is key	During an outbreak, you need to be able to quickly communicate with staff, families, and young people.	• Having a single point of communication within an organisation and with external partners. Your DCJ Contract Manager	• Offer an online intranet platform, if you can, to help create 'a digital library' and

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	➢ *Are you able to contact all employees and other stakeholders promptly to notify them of current problems, how these are being managed and advise them of ongoing developments?*	should be your single contact point of contact, unless they advise you that another DCJ contact will play this role (e.g., District or within the PHU). • Undertaking regular, consistent and comprehensive communications that are multi-faceted e.g., SMS, email, social media, and video. • Having communication that was targeted to groups e.g., staff, birth families, young people. • Linking to authoritative evidenced based NSW Health information (rather than reproduce)	link all communications to this central source. • Test your communications plan before problems arise. • Tailor existing resources to your client cohort, but don't reinvent the wheel unnecessarily. • (Commonwealth and NSW Health have relevant and useful evidence-based information relating to disability and aged care settings). • Ensure someone is doing a daily analysis of sector and public health orders. • Have pre-prepared communication messages ready to send to staff (it's no fun developing these in the middle of night)!
Engage early with key stakeholders – you will need their expertise • **NSW Health** • **Police** • **DCJ contract manager**	You will need to keep delivering care and services while maintaining infection control. The extent of the infection prevention and control procedures required by NSW Health and the level of constant vigilance required will likely be a significant challenge. Police are committed to working productively with agencies to reduce the formal interactions that young people in residential care have with the criminal justice system, therefore working	• Having one point of contact – this can help overcome challenges in communicating with numerous agencies, given it's likely you'll receive instances of conflicting instructions and delays in advice. • Working with Police on a pre-emptive response to risks associated with known absconders. Discussing with Health, the level of risk associated with	• Engage early with the Public Health Unit, Police and DCJ, and any other relevant stakeholders. • Seek to have a single central point of contact from which other activities can generate – answer questions, track testing, cases, and manage positive case conferences.

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	proactively with police to pre-empt responses to young people who may fail to comply with health orders, is consistent with the principles of delivering an integrated agency response to young people under the Joint Protocol.
	
	➢ *Do you know how/who to contact in your Public Health Unit? Police? DCJ?*
	
	➢ *Are you prepared for the time and expertise required to properly use and monitor PPE, for food and laundry services?*
		the young people being in the community.
		
		• Engaging early with the Public Health Unit. The Health response may differ across Local Health Districts, but where Health advice has been the most valuable includes where they:
		
		  o helped with understanding the definition of 'close' and 'casual contact'. This was important because it shaped the response – and decreased the 'pool of exposure'; and helped to develop a cluster map to determine close and casual contacts
		
		  o provided initial PPE
		
		  o provided Infection control training for staff and young people
		
		  o ensure staff and young people understand health risks
		
		  o helped establish donning and doffing stations, sanitisation of shared spaces, signage etc.
		
		  o attended the homes to conduct the tests – young people said this made them more comfortable with the testing process.	

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Respond to the impact of an outbreak on staff	Staff will be required to work under extreme conditions, working long shifts in full PPE, feeling stressed and fearful for the people they are caring for, their colleagues, families and themselves. Over the course of an outbreak, staff may become exhausted and burnt out, staff who have COVID-19 may feel guilty, and if services experience any COVID-19 related deaths, this will have a profound effect on wellbeing.	• Ensuring wellbeing is holistic – physical safety, risk controls and emotional/psychological e.g., ensuring staff can access leave, bonus payments, EAP access, that PPE is available to use.	• Provide counselling and mental health support for staff. Offer debriefing sessions in response to the trauma experienced. • Work with staff to identify what could be done to enable them to continue to work during an outbreak e.g., provide accommodation for staff looking after COVID-19 positive residents who want to take precautions against potentially infecting family members. • Ensure regular communications with affected staff to check in and monitor wellbeing.
Support young person's wellbeing during an outbreak	There will likely be a significant impact of a COVID-19 outbreak and associated restrictions on a young person's wellbeing. Young people may choose not to comply with the health directions and place themselves and staff at risk. In some circumstances, a young person that is positive may need to be moved to an acute (hospital style) setting rather than a residential care environment – this will be difficult for young people and staff alike.	• Consulting with a psychologist to develop a specific behaviour management plan for the setting, and an incident response plan, should the young person display challenging behaviour or abscond • Working with Police on pre-emptive response to situations where are known absconder risks. Discuss with health of the level of risk if these young people were in the community. • Working to negotiate access for staff to support young person where young person is extracted into medi-hotel, given provider staff best at responding to the child's needs and behaviours.	• Peer support or buddy supports for both kids and staff can work and it's cheap • While a client's usual care workers are isolating, consider connecting them with clients via phone or video call to provide continuity of care.

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Maintain documentation	Documentation provides a written account of things as they happen, or very soon after. This is especially important regarding relation to legal matters, audits, or disputes. ➢ *Do you have processes in place to ensure you are keeping good records to enable any reporting to any regulators including OCG, worksafe, DCJ, etc?*	• Keeping good records and documenting all decisions daily with the rationale.	• Track costs to support any claims made to government.
Learning from other sectors	The NSW Health website contains significant detailed information regarding disability group homes that we recommend providers review and adapt in your planning: https://www.health.nsw.gov.au/Infectious/covid-19/Pages/disability-latest-advice.aspx **Key Reflections and Learnings from COVID-19 outbreak in adult disability group home – Parklea cluster** • **Review business continuity plans and develop an Incident Action Plan to manage an outbreak**: https://www.health.nsw.gov.au/Infectious/covid-19/Pages/iap-disability-residential-outbreak-management.aspx The Incident Action Plan outlines the development of an Outbreak Management Team – led by the provider and the local Public Health Unit (PHU). It is recommended providers have a single Outbreak Incident Controller – a senior representative that is the decision maker. In an outbreak, the LHD PHU will direct the operations on the ground. • **Infection control**: Provision of staff with refresher training, in line with IPAC manual https://www.cec.health.nsw.gov.au/keep-patients-safe/COVID-19/COVID-19-IPAC-manual • **Limit mobility of staff**: Limiting mobility of staff across houses to prevent possible spread of infection. • **Consider surge workforce**: A surge workforce may be required in the event of an outbreak and staff are required to self-isolate due to being a close contact. If an outbreak does occur, staff who work in those locations with positive cases may be required to be fully vaccinated; use full PPE (masks, shields/goggles, gloves, aprons); and were subject to regular testing. In the Parklea cluster additional nursing staff were provided by Health. See Contingency staffing options for OOHC providers during a COVID-19 outbreak. • **Consider supply chains for PPE**: In outbreak settings, it is important to consider additional PPE requirements such as face shields and fit-tested masks. Health can support access to PPE if required.		

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	• **Consider supply chains for linen, food and waste**: including centralised pick up/drop off locations, additional requirements e.g., increase clinical waste requirements as a result of disposing PPE. There are NSW Health guidelines regarding waste https://www.health.nsw.gov.au/environment/clinicalwaste/Pages/default.aspx • **Testing**: in outbreak settings, the Local Health District and SHEOC arranged regular testing at change of shift. • **House set-up**: In the event of an outbreak, residents may need to be isolated and the house may be designated red, amber, green zones. e.g., a green zone in the garage for staff to don PPE. Some houses were partitioned to support two different groups of residents with own set of staff based on their exposure. Consider access to facilities for staff outside the home e.g., access to portaloos, marquees for breaks. • **Communications**: consider the key stakeholders who need to be aware of any outbreak e.g., neighbours. Consider appropriate communications for residents who are in isolation. In the Parklea outbreak, the provider issued a press release to address concerns around the activity amongst the houses and presence of Health staff, marquees etc. • **Vaccination**: Health may recommend staff must be vaccinated to work in an outbreak house. E.g., in the Parklea outbreak, staff in the 'red house' (containing residents who tested positive) were required to be fully vaccinated. Staff in the amber houses (close contacts) could have one dose. **Resources shared by NDIA providers**: **Checklists, deployment pack & general resources** Deep clean fact sheet Client wellness check What is happening in my home picture instructions COVID-19 social story Notifying families of confirmed cases script Case conference agenda and responsibility matrix template Operational deployment pack		

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	Client support information/resources COVID-19 flow chart Relocation checklist LWB CRU sign in and temperature testing register Observed practice checklist Primary close contact case families call script **Staff support information/resources** COVID-19 Delta variant Easy English COVID-19 Safe work practices Healthy mind information 5 steps for a healthy transition		