

Contingency staffing options for OOHC providers during a COVID-19 outbreak

The diagram below explains the contingency options available to providers when preparing and responding to staff shortages when a COVID-19 incident is identified among clients or workforce. Options A-D are listed in order of preference for providers to consider.

Contingency option	Staff source	Service provider considerations	Further notes
A Leverage existing workforce	<ul style="list-style-type: none"> Permanent staff Part-time staff Casual staff Office staff Labour hire staff Staff authorised as carers 	<ul style="list-style-type: none"> Co-design contingency plans with staff – Involve staff in developing contingency staffing arrangements which promote their safety and wellbeing. Implement Individual Flexibility Arrangements (IFAs) – Increases shift duration and reduces staff volume. Staff continuity improves client behaviours and limits potential COVID-19 exposure with the staff's family. Access the DCJ's COVID-19 Emergency Action Payment – Available for staff with higher loading and overtime and pandemic leave/isolation payments. Focus on essential service delivery – Divert secondary service delivery staff to essential services. Comply with OCG authorisation – Includes Working with Children Check and national criminal record check. Authorise carer arrangements if appropriate – Staff becomes client carer (follow OCG guidelines). 	<p>ACWA IFAs</p> <p>COVID-19 Emergency Action Payment</p> <p>OCG guidelines for the emergency authorisation of staff</p>
B Staff sharing arrangements	<ul style="list-style-type: none"> Providers agree to share staff with nearby residential care homes 	<ul style="list-style-type: none"> Comply with OCG emergency worker authorisation process – Includes Working with Children Check and national criminal record check. Train staff – Staff should have appropriate induction training to understand the OOHC provider's service context. Understand risk – Consider the risks to be managed when engaging staff from other service providers. 	<p>ACWA will coordinate staff sharing among providers who express interest</p>
C Access similar community services sector workforce	<ul style="list-style-type: none"> Disability workers Other youth services with staff to share 	<ul style="list-style-type: none"> Comply with OCG emergency worker authorisation process – Includes Working with Children Check and national criminal record check. Train staff – Staff should have appropriate induction training to understand the OOHC provider's service context. Understand risk – Consider the risks to be managed when engaging staff from other workforces. 	<p>ASU can access COVID-19 displaced workers – Angus McFarland, National Executive (0417 484 203)</p> <p>PCYC – Steve Kinmond, ACWA CEO (0409 782 614)</p>
D Access other workforces	<ul style="list-style-type: none"> PCYC workforce 		
E Relocate client to alternative accommodation	<ul style="list-style-type: none"> NSW Health staff Provider staff may support 	<ul style="list-style-type: none"> Relocation is the least preferred option – Relocation may reduce stability and distress clients Balance client's health and support needs – Follow health advice alongside ongoing client support needs. Liaise with NSW Health – When supported by NSW Health led advice, arrange alternative accommodation. 	N/A

- Providers must ensure staff have access to appropriate PPE and COVID-19 safe training specific to OOHC. Pre-emptive training of potential workforce in Option A-D is encouraged.
- Consider vaccination status and health vulnerabilities when allocating staff members to support a client with a suspected or confirmed case of COVID-19.
- While a client's usual care workers are isolating, consider connecting them with clients via phone or video call to provide continuity of care.