

COVID-19 in Residential Aged Care

Workforce Framework

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Context

Experience from other jurisdictions has shown that workforce issues impact significantly on the ability of Residential Aged Care Facilities (Facilities) to manage infection and deliver continuity of service and care for residents in the event of a COVID-19 incident.

This COVID-19 in Aged Care Workforce Framework has been designed to supplement the Rapid Response – COVID-19 in Residential Aged Care Facilities, providing additional detail and context on potential workforce responses.

Scope

This document is aimed at residential aged care providers (providers) and is intended to:

- Provide guidance regarding practical steps that providers can take to plan and prepare for workforce requirements in response to COVID-19;
- Reflect learnings from other jurisdictions and Queensland's experiences of COVID-19 in residential aged care; and
- Provide information for providers about the process to access workforce supports from the Commonwealth and Queensland Government.

The document and workforce planning requirements apply to both Residential Aged Care Facilities (RACF) and Multi Purpose Health Services (MPHS). The Commonwealth Government will provide workforce support to all MPHS and RACFs as outlined in this document. However, state run MPHS are not be eligible for the Commonwealth Aged Care Support Grants Scheme, which provides funding for additional staff costs associated COVID-19 related isolation or infection and reimburses reasonable travel and accommodation costs for additional or replacement staff.

Aims

That the Queensland and Commonwealth Governments work collaboratively to support providers to implement workforce responses that ensure:

1. Residents receive the services required to sustain their care needs, health and wellbeing;
2. Residents and their close contacts/families remain safe and understand the situation and the actions that are being undertaken; and
3. Carers and staff remain safe and feel supported in their ability to provide services and care.

Assumptions

This Workforce Framework has been developed based on the following assumptions:

1. That workforce will be vitally important in the management of infection and in ensuring continuity of service and continuity of care for residents - a high priority for providers, the Commonwealth and the Queensland Government.
2. That many providers have undertaken workforce planning and implemented strategies but that sharing learnings and advice may support additional activity and improvements in workforce planning.
3. That, in the event of an COVID-19 event in a facility, workforce demands will exponentially increase due to:
 - Illness of both staff and residents;
 - Reduced efficiency e.g. increased time needed for donning and doffing of Personal Protective Equipment (PPE) and surge staff who are unfamiliar with the facility;
 - Fatigue due to longer and more frequent shifts;
 - Attrition due to surge workforce who are unfamiliar with the facility and challenging working conditions;
 - Unwillingness of staff to come to work due to safety concerns; and
 - Some people being unable to work in an outbreak environment due to age, qualification, availability, recency of practice, aged care experience, health conditions and so on.
4. That the Commonwealth Government and Queensland Government should work collaboratively with the sector to support preparedness through sharing information and providing system leadership.
5. That aged care providers will have developed Workforce Management Plans and will be implementing workforce responses in preparation for a COVID-19 event, but that further information will help strengthen these responses.

Roles and Responsibilities

Aged Care Providers

Workforce remains the primary responsibility of the aged care provider. Providers are responsible for managing staff, including rostering, encouraging and facilitating testing and quarantine/isolation measures for exposed staff and residents as required through best practice guidelines and legislation.

Under the Aged Care Quality Standards, providers are required to deliver safe, effective and quality personal and clinical care, including minimization of infection-related risks through implementing standard and transmission-based precautions to prevent and control infection.

Commonwealth Government

The Commonwealth Government workforce surge support includes:

- Access to a temporary surge workforce, to help providers if they are unable to fill critical skills because of infection or staff having to quarantine or isolate;
- Emergency response teams which are on standby if there's a significant outbreak in a residential aged care facility; and
- Remote locums to support aged care providers in remote Australia if they are unable to source staff.

The Commonwealth Government has funding arrangements in place for each of the workforce surge supports for eligible aged care providers. It will either pay the costs upfront or providers will be able to seek reimbursement of costs via the [COVID-19 Aged Care Support Grant Program](#).

Further information about the Commonwealth's role can be found at

<https://www.health.gov.au/resources/collections/coronavirus-covid-19-national-health-plan-resources>

Queensland Government

As part of its overall approach to planning for surge workforce, Queensland Health has developed options to mobilise additional nursing staff to respond to COVID-19 including in aged care facilities.

Queensland Health may also be able to draw on existing COVID-19 partnership contracts with Private Health Providers to deliver surge workforce.

Noting that service continuity failures and spread of COVID-19 will result in increased demand on the hospital system, Hospital and Health Services may also provide limited staffing support for facilities.

Workforce Strategies for Immediate Implementation

The Residential Aged Care COVID-19 Workforce Planning Checklist at [Appendix 1](#) has been developed to help providers consider key issues as they undertake workforce planning.

Staff who work across multiple facilities

Providers should monitor requirements with regard to single site working under [Queensland's Aged Care Directions](#).

Generally, facility operators must ensure, to the extent possible, that employees, contractors, volunteers and students do not work across multiple care facilities.

Where employees, contractors, volunteers and students work across multiple care facilities, they must wear appropriate personal protective equipment in accordance with the [Pandemic Response Guidance: Personal protective equipment in Residential Aged Care and Disability accommodation services](#).

As part of outbreak preparedness activities, facilities should develop processes and strategies to ensure they are able to comply with these requirements. This includes ensuring all staff, including night staff, weekend staff and surge staff know where to access and are familiar with the Outbreak Management Plan and other related documents.

The importance of ensuring single site working to the extent possible should be discussed with staff and with other stakeholders such as employment agencies.

Up to date electronic lists of staff contact details and electronic rosters should be accessible to facilitate development of emergency rosters in response to a confirmed case.

People working across multiple facilities and workplaces must advise each employer of their other workplaces. The residential aged care facility must keep a record of this advice.

Workforce Management Plan

Queensland Aged Care Directions require all aged care facilities in Queensland to develop a workforce management plan that:

- a) requires employees, contractors, volunteers and students to notify a residential aged care facility of their additional place of employment, if relevant;
- b) requires employees, contractors, volunteers and students if they become aware of a COVID-19 case identified at an additional place of employment, to notify the operator of a residential aged care facility;
- c) identifies how workforce surge requirements will be met if there is a COVID-19 event at the facility, in accordance with relevant guidance provided by Queensland Health;
- d) provides that the operator must notify the local Health Emergency Operations Centre of a critical workforce shortage for notification purposes.

The requirement to develop a workforce management plan has been implemented to reduce the risk of transmission of COVID-19 into aged care facilities; support contact tracing and ensure facilities are prepared to respond to workforce issues in the event of a confirmed case.

As part of their work force management plan, facilities should outline key roles, responsibilities and lines of communication.

Residential Aged care facilities must have staff personal details easily accessible for the purposes of contact tracing e.g. the ability to send bulk emails/text messages at short notice.

The RACF's Outbreak Management Plan should cover how food preparation/service; waste disposal; incoming deliveries and laundry will be managed.

The development of clear procedures, processes and documenting roles, responsibilities and accountabilities will help to make sure that everyone is on the same page about what will happen before the crisis situation occurs.

Workforce planning should include all staff for example, nursing staff, personal care workers, catering, cleaning and lifestyle support.

Networks

Smaller providers or facilities in rural remote areas should consider developing networks arrangements that would enable staff from unaffected facilities to be deployed to facilities experiencing outbreaks within the local area.

Cohorting of Staff

One of the major challenges experienced by facilities in the event of a confirmed case/outbreak is the stand down for isolation/quarantine of staff who are close contacts of a confirmed case.

Facilities may be able to limit the impact of isolation/quarantining requirements by implementing measures to cohort their facilities' operations prior to and in the event of an outbreak. Cohorting facility operations may include rostering and workflow practices that segregate staff into defined groups with limited contact between staff groups – for example, in a facility with 3 wings, staff may be rostered to work in a specific wing, with no cross-over of staff between wings. Hand-over practices can be modified through use of technologies to minimise cross-infection potential between shifts. Consideration should be given to ensure that cohorting measures are sufficiently comprehensive and account for potential contacts both on and off shift.

Providers should consider cohorting staff as a preventative measure to minimise the risk of infection and potentially reduce the number of staff that are furloughed. This includes:

- Creating zones within which groups of staff work and take breaks and requiring strict adherence to those zones e.g. by signage, staff wearing colour-coded badges so it is clear which cohort they belong to;
- Reducing car-pooling and ceasing carpooling across cohorts;
- Reducing social interactions e.g. staggered breaks, not having multiple people in smoking areas;
- Promotion of physical/social distancing;

- Plan additional break rooms – consider which spaces may be able to be converted especially if break rooms are required for other uses during an emergency; and
- Regularly communicating the reasons for and importance of strictly adhering to an allocated cohort.

Transport

Providers should consider supporting staff who travel on public transport to reduce the risk of transmission and of them being exposed to the virus on the way to and from work. This may include providing dedicated transport options.

Staff using public transport should wear a mask and use alcohol-based hand rub.

Scope of Service

Concurrent with addressing issues, providers should also consider planning to adjust the scope of service and mode of service (e.g. using electronic delivery where possible).

The Residential Aged Care COVID-19 Workforce Planning Checklist at [Appendix 1](#) has been developed to help providers consider key issues as they undertake workforce planning.

Communication with Staff

Providers should ensure that there is regular communication with staff about workforce issues and the emergent COVID-19 situation. Implementing communication early, in low risk, low pressure environments will help to ensure that systems are established and embedded should an outbreak occur.

In addition to screening requirements, facilities should ensure that they are providing clear, consistent and frequent messaging to their workforce (including contractors, service providers, students and volunteers) about the importance of ensuring that they arrange testing and do not work while unwell; that they follow screening, infection control, hygiene, PPE and social distancing protocols; and that they comply with any restrictions in place.

Facilities should work with staff to ensure that they are aware of supports that are in place in the event that they are unable to work due to being unwell or have undergone testing. Particular attention needs to be paid to service providers and staff that move between facilities.

Stress and Scenario Testing

Stress and scenario testing are recommended to help the adequacy and appropriateness of Workforce Management plans.

Providers may like to consider trialling a two-week period of roster changes and/or engaging staff on initial or widespread outbreak scenarios through roundtable discussions, consultation sessions on operational detail or simulation/desktop exercises to step through employer and employee roles and responsibilities in implementing a single site arrangement.

Actively engaging staff in scenario testing will also help support workforce preparedness and identify any issues prior to the outbreak situation.

Implementation of Strategies

Implementation of strategies should be progressive and should not be dependent on a confirmed outbreak in a facility. As part of their workforce planning, providers should consider at what stage they will roll out each strategy e.g. immediately, as community transmission increases, when there are confirmed cases in local facilities etc.

In the Event of a Confirmed Case

Roles and Responsibilities

It is possible that an affected facility's leadership and site management team will be required to isolate/quarantine and will be unable to work. Consideration should be given to how leadership and site management would be provided in these circumstances. The Workforce Management Plan should ensure senior management are easily accessible to facilitate and put the outbreak management plan into action.

In the context of potentially reduced numbers of staff who know residents and their families, consideration should be given to how communications with residents and their families will occur. Significant resources may also be needed for media liaison, and this should be taken into account in workforce planning.

Engaging additional administration staff to assist with rostering and other tasks will help to free up key clinical staff to focus on delivering clinical care.

Engaging additional support staff to assist with cohorting of residents (e.g. door monitors) may also prove useful during the response

Communication

Staff may be concerned about their safety in the event of a COVID-19 outbreak so providers should ensure that staff understand what will happen and the steps that will be taken to keep them safe.

Onboarding

Regular Infection prevention and control training and education including donning and doffing practice for staff may help to reassure staff of their safety in the workplace and aid in the reduction of absenteeism. Easily accessible online infection prevention and control is available on the [Commonwealth Department of Health website](#). At a minimum, this training should be supplemented with face to face assessments of donning and doffing of PPE.

Staff should be engaged throughout the planning process and engaged in scenario testing where possible.

In a situation where a surge workforce is required to respond to an outbreak and regular staff are stood down, processes and guidance should be in place to ensure the surge workforce is able to perform its role. This includes:

- Processes to onboard and manage surge staff particularly if managers are quarantining/isolating/working from home;
- PPE and infection prevention and control training and ensuring availability of supplies;
- Readily accessible documented guidance on the needs of individual residents, including photographs and information on behaviours, likes/dislikes, personalities
- Plans/maps of the facility layout

- Processes specific to the facility including meal preparation, meal service, laundry and waste services;
- Access to IT systems, swipe cards and keys;
- Consideration of meals and accommodation for surge workforce staff (particularly for regional and remote sites); and
- Implementing virtual working arrangements for staff who have been stood down e.g. provide and participate in virtual handovers, virtual introductions to residents and so on.

Strategies for Surge Workforce

In the event of a confirmed COVID-19 case in a Residential Aged Care Facility, a significant number of staff are likely to be stood down for testing, isolation and quarantine. At the same time, staffing requirements within facilities will increase to meet the care, treatment and cleaning requirements of an outbreak response.

A higher proportion of nursing and ancillary staff will be required to deliver the clinical response (testing and observations) and, additional cleaning and care staff will be needed to support an outbreak response. Attrition of surge workforce due to illness and quarantine/isolation requirements should be expected.

Consideration should be given to how services will continue in the new environment which will include staffing constraints, rostering requirements and staff and resident cohorting. Services to be considered are:

- food preparation/service;
- waste disposal;
- incoming deliveries;
- storage of supplies; and
- laundry.

Facilities should implement strategies to develop a surge workforce, including:

- Recalling and cancelling leave;
- Identifying healthcare workers, nurses, allied health staff and ancillary staff that may be interested in working within your organisation – e.g. past employees;
- Determining low priority work that can be postponed;
- Determining work that can be done by other staff so nursing staff can focus on direct care (scope of practice);
- Exploring whether current part-time staff can work extra shifts;
- Exploring whether employment agencies can provide extra staff at short notice;
- Block booking of agency staff for periods of up to 2 weeks (at least) where possible - provides staff continuity and stability (for the facility, residents and the agency staff) and supports single site working; and
- Where facilities belong to large organisations, assessing whether organisation-level surge workforce arrangements can be developed.

Online job matching platforms are one avenue for providers to access surge workforce. While there are numerous platforms available, Community Services Job Match is funded by the Queensland Government.

Community Services Job Match includes profiles of workers with a range of experience, skills and qualifications. Potential candidates have industry experience or transferrable skills, such as a cooking or cleaning, that can support aged care surge workforce needs.

You can find out more at www.csialtd.com.au/jobmatch or by email at jobmatch@csialtd.com.au

Nursing and Midwifery Students

Students, including Nursing Students associated with Registered Training Organisations and Universities, are a potential workforce surge option.

The Nursing and Midwifery Board of Australia (NMBA) has published [COVID-19 guidance for nurses and midwives](#), including employment of students enrolled in NMBA-approved nursing and midwifery programs of study.

The NMBA acknowledges that as demands on healthcare resources escalate, students in NMBA-approved nursing programs of study may be required to work as employed students of nursing or midwifery to support the COVID-19 response.

Only students who are currently enrolled in an NMBA-approved nursing or midwifery programs of study and registered as a student with the NMBA can be employed as a student nurse or midwife as part of the COVID-19 response. However, if a student is enrolled in a Board-approved program of study or clinical training in nursing or midwifery, the student does not need to apply for registration as a student, as the education provider forwards this information to the NMBA.

The role of the employed student is to provide delegated clinical nursing care to assist the nursing teams to provide safe, high quality care.

Employed students must always work under the delegation and supervision of a registered nurse, in addition to their employing organisation's defined scope of practice and individual scope of practice.

Students enrolled in the second or third year of an NMBA approved nursing program are likely to have the level of skill and competence to work as employed students.

Where nursing students in NMBA-approved programs of study are engaged in an employed student role, it is important that they are appropriately employed, supervised and that they work within the scope of their education and competence.

At this stage, the NMBA has not indicated support for Enrolled Nursing students to be utilised in response to the COVID-19 pandemic.

Assistant in Nursing or Personal Care Worker

Working as an Assistant in Nursing (AIN) or a Personal Care Worker (PCW) is different to being employed as a student nurse. Students enrolled in NMBA approved programs of study can work as an AIN or PCW at any time subject to usual employment arrangements. Students enrolled in these nursing programs who work as an AIN or PCW are reminded they must work in accordance with their position description.

For further information, refer to the NMBA [COVID-19 guidance for nurses and midwives](#).

Allied Health Students

Employing allied health students can assist access to and the efficiency of allied health services in contexts where a surge workforce is required. Students can apply their existing knowledge and skills in their given profession to perform basic duties under the close clinical practice supervision of a more experienced health practitioner of the same profession. The allied health professional who allocates

the clinical activities to the student employee maintains responsibility for client care and provides oversight and supervision of the clinical activities delivered by the student employee. Where appropriate, supervision may be provided remotely using telehealth modalities. This model of using an allied health student workforce has been successfully employed in aged care facilities where residents have been confined to their rooms, to help prevent physical and cognitive decline.

An allied health student employed as a student employee can deliver allocated clinical activities for which they have been trained and assessed as competent. Clinical activities should be allocated under the direction and supervision of an allied health professional. They will generally include activities the student has performed on clinical placement/s but may also include those learned through workplace-based training in the student employee role. The role of the student employee should be clearly defined and documented. This should include the clinical activities and duties that the student will deliver. The list of activities should be documented and approved by the service manager or delegate.

In general, student employees will be allocated activities from an allied health professional from the same profession. A student employee may be allocated activities by another profession if:

- the student employee is trained and competent in the activity being allocated
- the professional allocating the clinical activity has a scope of practice that includes the activity being allocated and can provide supervision for the activity
- the multidisciplinary team has an agreed workload allocation procedure that supports the process.

Allied Health Assistants

Allied health students with limited or no clinical placement experience may be better suited to being employed as an allied health assistant under a delegation model as described in the [Queensland Allied Health Assistant Framework](#) and undertake delegated clinical tasks and other duties. Tasks undertaken by students employed in allied health assistant roles must be consistent with tasks delegated to other non-student allied health assistants. Students working as Allied health Assistants must work in accordance with their position description.

Accessing Surge Workforce

In the event of a confirmed case in an RACF or MPHS, the Commonwealth Department of Health will assign a Commonwealth Case Manager to support the outbreak response.

Aged care providers should work with their assigned Commonwealth Case Manager to manage workforce issues.

Where the provider cannot meet surge workforce requirements (e.g. within the facility, within the broader organisation, using agency staff etc.) the Commonwealth will provide additional workforce support.

The Commonwealth will determine an appropriate surge workforce arrangement which may include a deployable team of clinically trained workforce for a sustained period. This may include surge workforce support from a contracted provider (the Contractor), which will assess outbreaks and identify workforce needs.

Surge workforce arrangements may be comprised of staff from one or several workforce surge agencies depending on the needs of the facility and the availability of staff through particular agencies to fill these roles.

The Contractor(s) will provide surge workforce, support continuity of care for residents, and provide expertise in infection control and measures to reduce risk of further transmissions once an outbreak is confirmed.

If the facility can demonstrate they have exhausted all other means, the Contractor will support with surge workforce for up to 60 days (period can be extended).

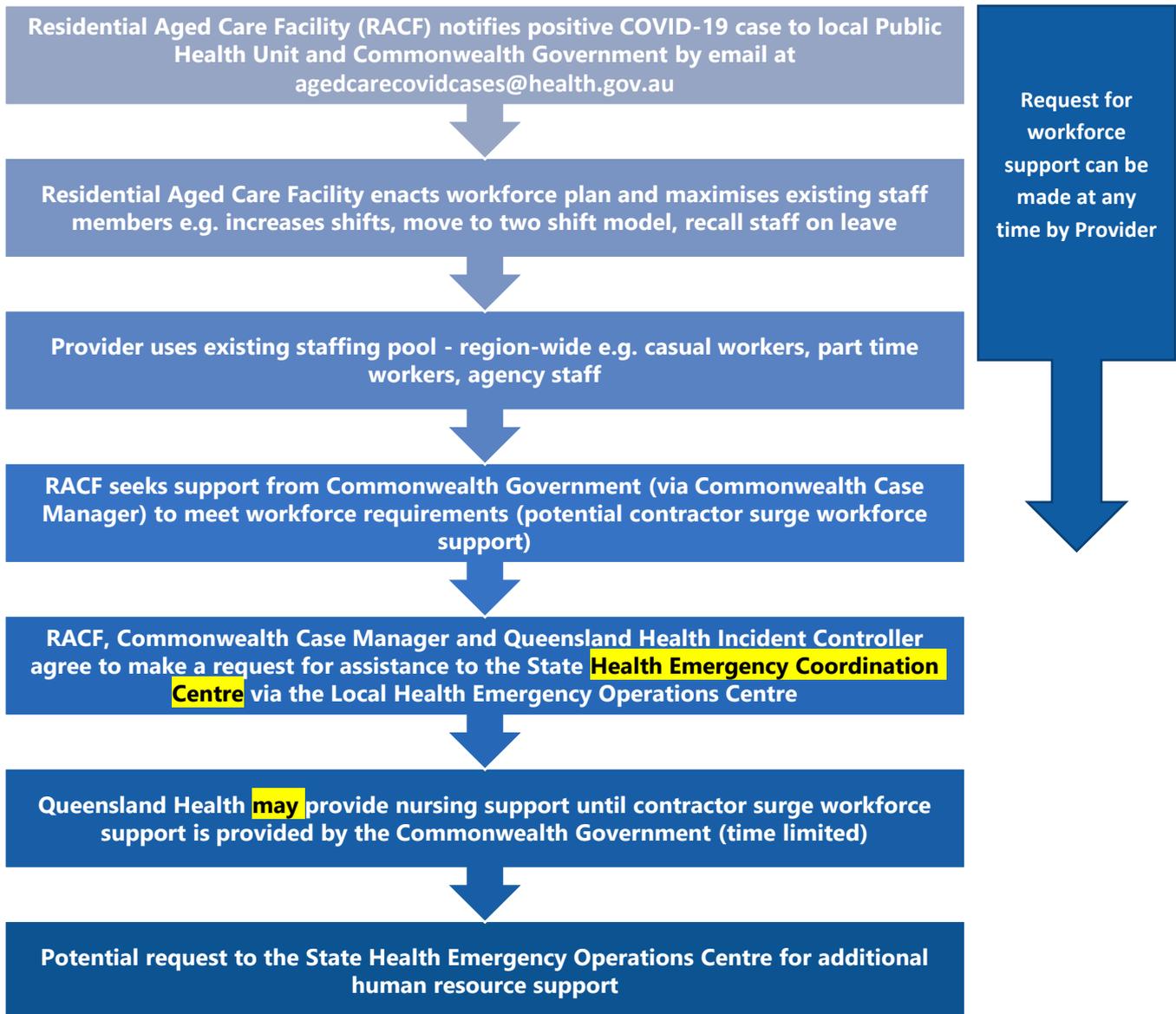
Queensland Health will participate in workforce discussions at the facility level via the regular Outbreak Management Team meetings.

Where the facility is unable to engage the staff required to ensure infection control and continuity of care for residents, Queensland Health may provide workforce support. Generally, this support will continue until the Contractor is on site (anticipated to be 72 hours). Once the contractor is established and has met identified workforce need within the facility, Queensland Health will step down its workforce support.

The need for workforce support from Queensland Health should be discussed with the Commonwealth Case Manager and Queensland Health Incident Controller who will make a request for assistance via the local Health Emergency Operations Centre to the State Health Emergency Coordination Centre.

Facilities should ensure they are aware of processes and requirements to access emergency staff via the Commonwealth. The Commonwealth document [FAQS – Aged Care Workforce Measures](#) provides guidance on this.

Process for Accessing Surge Workforce Support During COVID -19 Outbreak



APPENDIX 1: Aged Care COVID-19 Workforce Planning Checklist

Aged Care providers are encouraged to use this checklist to guide their approach to strengthening planning for workforce responses to COVID-19.

Planning

Providers should be well advanced in planning for workforce issues. The following checklist provides prompts for consideration:

Action	Complete	Notes
Review workforce structure and operational needs both during regular operations and during outbreaks		
Determine if /how staff that are stood down can contribute virtually to the care of residents – e.g. virtual clinical supervision, virtual handovers, virtual resident introductions		
Undertake skills and training audit and mapping including consideration of transferable skills that can be drawn on during outbreak and approaches to fill skills/training gaps. The Nursing and Midwifery Board of Australia provides further Covid-19 guidance for nurses whose clinical context changes in response to COVID-19 https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/COVID19-guidance.aspx		
Develop a register of employees who work across multiple sites and implement mitigation strategies		
Undertake workforce scenario plan with staff to empower them to understand and develop responses		
Map employee preferences for work hours and shifts		
The processes for developing and confirming rosters should be agreed in advance.		
Consider how the facility would operate in the absence of the leadership team <ul style="list-style-type: none"> • Consider who will manage the situation, fulfil their role and manage the facility • consider how leadership team members who are stood down (e.g. pending test result) can provide support from home e.g. virtual participation in handover activities, virtual supervision/support. • Larger organisations may be able to call on other facilities’ managers/supervisors/leadership to provide virtual support • Test, document and communicate these arrangements during the planning phase. 		

<p>Explore options which respond to identified issues such as:</p> <ul style="list-style-type: none"> • 80% of facility staff are likely to be stood down at least in the initial stages • There will be high attrition of rostered staff e.g. no shows and surge staff will generally be less efficient – consider adding 30% staff loading to cover this 		
<p>Identify the vulnerable members of the workforce to understand which staff members will not be able to work in a COVID-19 outbreak.</p>		
<p>Identify models of care that would be required with surge staff e.g. expert team leader oversighting a group of surge staff</p>		
<p>Plan for daily onboarding of new staff e.g. training and induction e.g. infection control and use of PPE may be necessary daily to ensure onboarding of new staff.</p>		
<p>Consider accommodation options for surge workforce</p>		
<p>Develop a whole of organisation surge plan (larger providers)</p>		

Steps that Can Be Taken Now

Providers should take immediate steps to mitigate risks and prepare for workforce issues that may arise in the event of a COVID-19 event.

Action	Complete	Notes
Scenario test the workforce plan e.g. undertake a desktop exercise		
Implement staff cohorting strategies to reduce the impact on staffing if there is an outbreak.		
Document and communicate roles, responsibilities and accountabilities		
Document processes and procedures to support surge workforce		
Develop a photo board of staff to assist new surge workforce members		
Ensure electronic lists of staff details are up to date and accessible by surge staff who are unfamiliar with the environment		
Ensure electronic rosters are maintained and accessible		
Employ or engage now, additional part-time workforce who can surge to additional hours in a COVID-19 event.		
Call for expressions of interest to develop a pool of potential employees these could be pre-screened/interviewed/provide some training and kept on a recruitment waitlist or employed on a casual basis.		
Contact employment agencies to determine the level of support they may be able to offer if workforce surge required		
Develop an onboarding checklist to ensuring staff new to the site are provided with key points of knowledge (e.g. incident management procedures, a map of the premises or section of the premises that they will work in etc.)		

<p>Consider screening requirements for new staff including, but not limited to:</p> <ul style="list-style-type: none"> • Aged Care Criminal History Check • Elder Abuse Awareness Training • Checks for people working with NDIS clients: <ul style="list-style-type: none"> • Before 1 February 2021, staff and volunteers in risk assessed roles will be required to have: <ul style="list-style-type: none"> ○ An acceptable aged care provider check (https://www.health.gov.au/resources/publications/police-certificate-guidelines-for-aged-care-providers) ○ An acceptable check in accordance with state and territory transitional arrangements • These checks will be valid for three years, from the date of issue <ul style="list-style-type: none"> • From 1 February 2021: <ul style="list-style-type: none"> ○ all NEW workers in risk assessed roles without a valid check must undergo an NDIS Worker Screening Check and receive a clearance ○ all EXISTING workers in risk assessed roles whose acceptable check expires must undergo an NDIS Worker Screening Check and receive a clearance 		
<p>Take steps to ensure information about the facility can be quickly handed over to surge staff e.g.</p> <ul style="list-style-type: none"> • Key policies and procedures • Map of facility including zoning/cohorting • Door codes/security access information 		
<p>Take steps to ensure residents can be easily identified and that information about them can be quickly handed over to surge staff e.g.</p> <ul style="list-style-type: none"> • Wrist bands • Photographs/photo board 		

<ul style="list-style-type: none"> • One-overview page care plans including resident’s preferences • Advance Care Directives or other documentation that outlines resident wishes 		
Implement work zones and cohort staff in these zones		
Provide regular infection prevention and control training and practice – <ul style="list-style-type: none"> • Each staff member to have a practice kit to reduced amount of PPE used in training exercises • Include PPE donning and doffing assessment with infection control practitioner with masks and fit checking 		
Plan to have Infection prevention and control monitors on shifts to reinforce safe practices and provide on the spot advice and assistance		
Procure adequate supplies of PPE including protective eye wear, gowns, gloves and masks, so staff are assured that PPE is available.		
Address home and family safety concerns: <ul style="list-style-type: none"> • Regularly communicate information on how to keep home and family safe e.g. – change into/out of work clothes including shoes and shower (including hair) • Consider at work shower and change facilities 		
<ul style="list-style-type: none"> • Upskill all staff to help ensure the palliative care needs of residents can be met. For example, undertaking mock training activities in relation to palliative care. Further information is available at the End of Life Direction for Aged Care (ELDAC) “Being Prepared for COVID-19”, Centre for Palliative Care Research and Education (CPCRE) and PalliAged sites. 		

Planning to Adjust Scope of Service Delivery

Concurrent with addressing issues, providers should also consider planning to adjust the scope of service and mode of service (e.g. using electronic delivery where possible).

Action	Complete	Notes
Determine indirect resident care work that can be deferred or transferred to other staff to free up capacity of nursing and care staff		
Prioritise essential and minimum services Determine low priority tasks that can be placed on hold or deferred. Ensure agreement across organisation and communicate to staff		
Discuss with clients, representatives and families in advance what service might be ceased or reduced during a COVID-19 event		
Review models of care – move to team care model i.e. expert leader overseeing less experienced team		
Identify and prepare services to be delivered virtually through technology platforms (e.g. Teams, Zoom, Telehealth) and ensure platforms are available and understood		
Ensure devices are available to deliver virtual services (e.g. tablets, mobile phones)		

Students in the Surge Workforce

Students associated with Registered Training Organisations and Universities are a potential workforce surge option

Action	Complete	Notes
Identify the minimum level of education at which the student will be safe and competent as above		
Prepare - discuss options and develop plans with education providers to access new graduates or students who meet the minimum standard of education		
Target students already known to the service with experience with clients		
Consider students who have completed course but not yet employed		
Consider mechanism to engage such as using the education provider to distribute an Expression of interest.		
Consider essential screening requirements for new staff including, but not limited to: <ul style="list-style-type: none"> • Aged Care Criminal History Check • NDIS yellow card if facility has NDIS clients (from 1 December) • Elder Abuse Awareness Training 		
Plan and implement processes to ensure that students are supervised and work within the scope of their education and competence		

	Date of Publication	Approved By	Contact
Version 1.2	17/02/21	Minor changes endorsed via CSLF secretariat.	Strategicpolicy@health.qld.gov.au

	Key Amendments
Version 1.2	Minor amendments for clarity shown as yellow highlights.