

Workforce Preparedness in Response to COVID-19: Ensuring Continuity of Care for People with Disability

Scope	Disability Service Providers in Queensland, especially disability accommodation services.
Target Audience	Operators of disability services including executives, managers, staff and visiting essential care and support services. Queensland and Australian Government agencies including the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships, Department of Communities, Housing and Digital Economy, Queensland Health, the National Disability Insurance Agency and the National Disability Insurance Scheme Quality and Safeguards Commission.
Purpose	This document has been developed to provide preparation and planning guidance for disability service providers to continue essential services for people with disability in the event of a COVID-19 outbreak. This guidance should be considered alongside the individual and unique needs of people with disability. NOTE: The NDIA maintains responsibility for ensuring continuity of supports for NDIS participants.
Supporting Documents	This document should be read in conjunction with: <ul style="list-style-type: none"> • CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia • Responding to a Suspected Case of COVID-19 in Disability Accommodation and Residential Services • Responding to a Confirmed Case of COVID-19 – First 24 Hours in a Disability Accommodation Service • Disability Accommodation and Residential Services business contingency checklist • Pandemic Response Guidance Personal Protective Equipment in Residential Aged Care and Disability Accommodation Services <p>NDIS providers should refer to guidance from the NDIS Quality and Safeguards Commission.</p>

Rationale

Some people with disability are particularly vulnerable to adverse outcomes associated with coronavirus (COVID-19) due to underlying chronic health conditions, weakened immune systems, low health literacy levels, requirements for personal care and difficulties with physical distancing, difficulties undertaking basic hygiene measures, and disability sector challenges. People living in disability accommodation and residential services are also at a higher risk of contracting COVID-19.

An estimated 306,400 Queenslanders of all ages have a profound or severe disability. People with a profound or severe disability require assistance with everyday activities, including self-care, mobility, communication and self-management. Approximately 87,000 Queenslanders are National Disability Insurance Scheme (NDIS) participants. Of these participants, about one in ten have a psychosocial disability.

Principles

1. People with disability receive the services required to sustain their physical, behavioural, social and emotional wellbeing
2. People with disability, their families or carers and relevant decision makers remain safe, informed and understand actions being undertaken to support them
3. Staff and service providers can safely and reliably deliver supports to people with disability

Risks to staff and sector	Risks to people with disability
<p>Staff reluctant to get tested if symptomatic due to requirement to isolate and subsequent lost pay for casual staff</p> <p>Low understanding of infection control in sector</p> <p>Staff unable to attend work due to isolation/quarantine</p> <p>Inadequate incentives for staff to work in an outbreak</p> <p>Staff intolerance of PPE requirements during an outbreak</p> <p>Staff reluctant to attend work due to risk of transmission to other family/household members</p> <p>Available staff may not have disability experience or expertise</p> <p>Limited opportunity for in-person training or buddy system to supervise new recruits</p> <p>Unable to access staff for specialist roles (e.g. positive behaviour supports, disability related health supports, management team)</p> <p>Staff screening required – e.g. rapid assessment for yellow card, blue card, police checks</p>	<p>Risk of COVID-19 infection from staff, service providers, contractors and visitors</p> <p>Risk of COVID-19 infection in community</p> <p>Essential care needs are not met due to staff or informal carers being unavailable</p> <p>Service providers implement more restrictive measures than is required by Directions (e.g. residents confined to their rooms)</p> <p>Change in staffing routine increases distress/challenging behaviours – new staff are not familiar with de-escalation/behaviour management strategies</p> <p>Long-term health issues as a result of reduced services (e.g. rehabilitation)</p> <p>Transfer to hospital or hotel for isolation can result in health or behaviour challenges</p> <p>Self-managed NDIS participants and people ineligible for the NDIS have limited support to arrange alternative care</p>

Strategy	Actions
Preparation	<p>Accommodation Service Preparation</p> <p>See resource: Disability Accommodation and Residential Services business contingency checklist. This includes topics such as hygiene, PPE management and documenting residents' care needs and communication preferences.</p>

Link with other service providers to identify support / staffing options which might be shared.

Prioritise essential and minimum services and discuss with people with disability, families/carers and relevant decisions makers in advance what service might be ceased or reduced during a COVID-19 event.

Identify and prepare supports that can be delivered through technology platforms and ensure staff responsible for setting them up are familiar and confident with the technology – including telehealth response for infection management in small homes, rural and remote areas.

Consider ICT options for support staff to remain in contact with people with disability and staff to provide support where possible by videoconference.

Education

Educate sector of the changes required during the COVID-19 response – e.g. hygiene measures, reducing staff working across sites, and recording visitors. The [NDIS Quality and Safeguards Commission](#) advises NDIS providers are expected to continue delivering supports to NDIS participants and prioritise supports to meet the immediate needs of participants.

TAFE infection control [training](#) is available for disability service providers.

Ensure staff are familiar with leave entitlements from their agency to prevent staff coming to work unwell.

Understand Resources

Identify vulnerable workforce:

- Know which staff cannot be drawn on in a COVID-19 outbreak
- Know which staff work across multiple care settings – limit this where possible

Employ or engage additional part-time workforce who can surge to additional hours in outbreak.

Providers should contact their regular staff agencies (labour hire) now to determine the level of support they may be able to offer if workforce surge is required.

Prepare Staff for COVID-19 Outbreak

- Staff should be confident and competent in infection control and PPE use
- Undertake face to face training with infection control practitioner in PPE donning and doffing
- Procure adequate supplies of PPE including protective eye wear, gowns, gloves and masks now, so staff are assured that PPE is available
- Identify models of care that would be required with surge staff e.g. expert team leader overseeing a group of surge staff
- Encourage staff to ensure they have up-to-date vaccinations for COVID-19, seasonal flu, Measles, Mumps and Rubella, Pertussis, Varicella and Hepatitis B.

	<ul style="list-style-type: none"> • Address concerns of staff working in vulnerable environments and how to reduce the risk of transmission to members of their household e.g. shower and change before returning home • Work through with staff what should occur in a COVID-19 outbreak <ul style="list-style-type: none"> ○ Ensure that people with disability, families/carers are consulted on the proposed response ○ Scenario plan with staff and residents if possible to understand and explore response options
<p>Current Staff – Surge Workforce Response</p>	<ul style="list-style-type: none"> • Increase hours of part time workforce • Recall staff on recreation leave • Draw from usual agency workforce – in an outbreak scenario some services (e.g. group outings) are likely to be limited so staff can be redeployed. • Explore opportunities for establishment of Partnership/MOU’s with local providers • Keep staff informed and safe - ensure confidence in infection control measures and PPE usage. • Draw additional known staff from workforce agencies • Redeploy Queensland Health funded community nursing providers • Arrange for administrative functions to occur off-site via ICT where possible • See Commonwealth advice “how to access more staff” (this is included in NDIS providers’ business continuity plans)
<p>Additional Staff – Surge Workforce Response</p>	<p>Initially, providers should contact colleague organisations to address staff shortages. If the organisation is a registered NDIS provider, they should discuss their continuity of support requirements with the NDIS Quality and Safeguards Commission or the NDIA.</p> <p>Where current workforce options are exhausted and additional resources are required, the Queensland Government will work with stakeholders to consider the following strategies.</p> <ul style="list-style-type: none"> • A standing order for expert staff identified by major providers • Recruiting from parallel industries for catering and cleaning roles (DSDSATSIP/CSIA) • The ability for Volunteer Care Army and/or Community Recovery Ready Reserve to assist (DCHDE) • Engaging students with Registered Training Organisations and University based Human Services <ul style="list-style-type: none"> • Prepare - discuss options with education providers in advance • Identify the minimum level of education at which the student will be safe and competent • Target students already known to the service with experience with persons with disability • Consider students who have completed course but not yet employed • Consider students outside of the current COVID-19 cluster who might be available to deploy - accommodation and transport options should be considered

	<ul style="list-style-type: none"> • Consider mechanism to engage e.g. education provider to distribute an Expression of interest. • Develop minimum requirement for on-job PPE and infection control training (NDIS, TAFE, etc) • Safeguarding/assessment – ‘no card no start’ for Blue Card / Yellow Card system. <p>Training:</p> <ul style="list-style-type: none"> • NDIS Quality & Safeguards Commission: What is a Reportable Incident; Reporting requirements; the role of the NDIS Quality and Safeguards Commission. • Communication, including with non-verbal residents • PPE & infection control (face-to-face where possible) • For carers: personal care needs – e.g. how to feed and move a person safely; behavioural supports
<p>State and Commonwealth activities to support the Workforce</p>	<ul style="list-style-type: none"> • Workforce is prioritised for COVID-19 testing (GP must record in clinical notes of referral that person works in disability services) – See Testing Framework for People with Disability. • Critical workforce with temporary visas are supported to remain in Australia • Explore preventative paid pandemic leave • Explore options for non-NDIS providers to access PPE if supply exhausted in general stores (including affordability and provision to residents with low income) • Explore options for cleaning and financial viability of supported accommodation providers • Temporary additional funding available to NDIS providers to support COVID related actions