

## APPENDIX H – Guidance on practical steps to prepare for and implement a single site workforce

### Guidance on proposed actions

Single site arrangements are one of many infection control measures which can help to limit transmission of COVID-19. The Guiding Principles Support Hub Advisory Committee (including delegates from peak bodies, unions and the Commonwealth) has prepared the following guidance to help ensure a smooth transition to single site arrangements when and if required for:

- aged care providers
- governments
- peak bodies
- unions.

These guidelines are in line with the escalation tiers and outline suggested actions for each of the following tiers:

1. **Tier 1:**

- no local transmission or acquired cases
- only cases are from people who have returned from overseas.

2. **Tier 2:**

- local outbreaks with cases occurring in households, licenced venues, fitness centres, shopping centres, or
- a single case in a setting with high transmission risk such as a correctional facility or a residential aged care facility, or
- a flag such as an upstream source cannot be identified.

3. **Tier 3:**

- COVID-19 in the community.

Enforcing single site arrangements may not occur until there are local outbreaks (Tier 2) or community transmission (Tier 3). However, residential aged care facilities can prepare for how they would they would respond to COVID-19. These actions should not initiate structural change in the workforce across the sector and are point-in-time and temporary. They are also not mandated nationally at this stage.

### Steps for providers

#### Step 1: workforce review (Tier 1)

While reviewing their workforce structure and operational needs, providers should also consider options to reduce workers moving between sites. This is both during regular operations and in times of crisis where they require surge capacity. For larger providers, this should include looking across all of their facilities.

Providers should consult their workers during this process. Reducing staff moving between sites supports infection control efforts. It will also simplify the change process if a facility needs to implement single site arrangements on short notice.

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### Step 2: skills and training audit (Tier 1)

Providers should conduct an audit of workers to ensure they understand their workers' skill level and training. This could also include any transferable skills they can draw on in a time of crisis. The Committee suggests that providers track this information in a workforce management plan (as detailed below).

Providers can explore whether it is possible to train workers in other skill areas to support the facility in times of crisis. This could encourage workers to reduce work hours at other workplaces. Employers can ask workers if they have interest in supporting other areas of the facility.

A training audit will also support the provider to identify any gaps in knowledge in infection control, and use and fitting of PPE. This can inform education to ensure all workers are up to date with PPE and infection control training.

### Step 3: workforce management plan (Tier 1)

In addition to reducing staff movement between facilities where possible, the provider should develop a workforce management plan. Information can include:

- a) An worker register that records:
  - which workers work across multiple sites/settings, or live with someone who does
  - what role they perform
  - how many hours and what shifts they perform with each employer
  - which employer provides the most hours on a weekly or fortnightly basis.

Workers would need to update their employer with changes. It is critical to ensure maximum cooperation that workers understand that providers will not use this information against them in any way.

- b) Workers' preferences for hours and shifts and availability to work extra shifts in times of crises. Workers should update their preferences as needed.
- c) A process for creating workforce bubbles. This would involve matching workers with residents to reduce the contact between multiple workers and residents in an outbreak. This could include drafting model rosters to give workers an example of what a single site arrangement may look like for them. Providers may need to:
  - develop processes and communicate these to workers
  - organise appropriate training
  - ensure management are familiar with new processes to ensure smooth transition.
- d) Consider surge workforce needs for an initial outbreak and how this would fit into workforce bubbles. Note it is possible that all existing staff will be furloughed for a period of up to 2 weeks. Providers will need to understand how to arrange surge workers and to communicate to workers how these supports will be transitioned in.
- e) Employers should prepare contract change templates for workers' agreements for when single site operations are in place. Employers can use templates available from the Support Hub for providers in Victoria. Employers should also develop other templates, such as letters approving leave arrangements.
- f) Employers should prepare a hand over including:
  - resident information
  - care plans
  - door codes
  - security access information.

Expectations on surge workforce learning how to use the IT systems and other internal training should be minimal.

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- g) A communication and consultation plan to ensure workers are notified appropriately and as early as practicable when/if the provider activates single site arrangements. Providers are responsible for being transparent with workers. The provider should review and update the communications and consultation plan as required.

### Step 4: stress testing (Tier 2)

Stress testing is important as it provides an opportunity to refine the model prior to implementation to ensure it is fit for purpose. This could include planning for different scales of transmission. Where possible, workers are responsible for participating in stress testing the single site arrangement.

Ideally, the provider could trial a two week period of roster changes to stress test the single site arrangement. This is particularly an option among larger providers with multiple facilities. However, this may not be practical for many employers as it may require collaboration between providers where workers are not mandated to participate. Where possible, employers should also ensure workers are not financially disadvantaged by offering a similar number of hours at a single facility.

An alternate option for stress testing could involve engaging staff on:

- discussing possible outbreak scenarios and how you would respond
- consultation sessions on operational detail
- exercises to understand employer and worker roles and responsibilities in implementing a single site arrangement.

There may be a risk where workers choose to work at a facility that has not experienced an outbreak. It may also be a risk that workers may decline to work at a facility with an active outbreak. Stress testing should account for these scenarios, including preparing for the possibility of significant decreases in staffing numbers.

### Step 5: surge workforce confirmation (Tier 2)

The provider should confirm access to surge workforce of casuals and agency staff. In the event of an outbreak, it is possible that all existing staff will be furloughed for a period of up to 2 weeks. Emergency surge responses require a different staffing approach to normal staffing approaches.

The principles issued for Victoria did not limit agency staff to single site arrangements as they were considered key to surge requirements. This is an important action for single site preparedness. Surge workers can fill any workforce gaps left by the model's implementation or where employers anticipate staff may need to take personal leave due to COVID-19 symptoms, testing or tracing. Additionally, this action aims to increase worker confidence in management and the single site model.

General Practitioners, specialist medical staff and Allied Health professionals should also be able to move between facilities. This will ensure access to health services continues during an outbreak.

### Step 6: communicating to workers (Tier 2 & Tier 3)

Communications should commence to keep workers informed of any developing situation where the provider has identified a high risk of COVID transmission at the facility. This should include re-circulating the agreed policies which the provider will enforce while the single site arrangement is in place. By re-circulating information and keeping workers up to date, workers will be clear on next actions and the changes which may occur quickly. This may encourage some workers to consider increasing their presence at one facility, irrespective of the need to fully implement a single site arrangement.

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### Step 7: monitoring and reporting (Tier 3)

The provider should monitor the workforce's operations under the single site arrangement to confirm with multi-site/setting workers that they have been able to reduce their employment down to the one site. Providers should continue to keep track of workers' work locations for the duration of the single site arrangements. The provider should keep a record of this information to ensure supervisors and managers can support the workers effectively and for any required contact tracing. Providers should keep this up to date to share with governments as required.

Workers should help resolve any barriers to reducing their work locations down to a single site. Employers are responsible for reducing or mitigating any financial disadvantages to workers of introducing single site arrangements. Providers can do this with consideration to the financial impacts on their operational costs.

### Step 8: winding down (Tier 3)

In addition to monitoring during implementation, there are a number of steps that should occur to prepare to wind down the single site arrangements. Once an area is no longer considered a hotspot and it is prudent to cease single site workforce arrangements, workers can return to working across multiple facilities.

Under the Commonwealth Government's definition, an area will no longer be considered a hotspot when, for a period of 14 days:

1. There are no cases in residents or staff in residential aged care facilities; and
2. The number of cases in the relevant jurisdiction in the last 7 days is  $<0.2/100,000$  population.

These metrics are publicly reported in the COVID-19 Common Operating Picture.

Providers and workers should be given sufficient notice of the end of these arrangements. This will allow workers to engage in structured conversations about a return to the workforce with secondary employers, and allow employers to develop rosters. It is preferable that a minimum of two weeks' notice is provided before the arrangements are due to end.

## Steps for government, peak bodies (peaks) and unions

### Step 1: Convening an advisory committee of government, peaks and unions (Tier 2)

A Single Site Advisory Committee should be established between Government (both State/Territory and Commonwealth), peaks and unions. The Advisory Committee will develop an industry-led response and to ensure consistent messaging to the sector. The Advisory Committee should convene weekly to discuss high level policy issues which arise through their respective channels.

### Step 2: developing consistent guidance and messaging (Tier 2 & Tier 3)

The Advisory Committee will work together to develop guidance materials and messaging to providers and workers. This includes the necessity for a Support Hub website and Hotline to provide support to Industry on implementation at the site level.

This should include support and templates for communicating with workers, residents and families. This should leverage the architecture, tools and resources put in place for Greater Melbourne and Mitchell Shire.

### Step 3: draft principles or a directive (i.e. a document to give to the arrangement) (Tier 2)

As noted, single site arrangements can be implemented and monitored in different ways. Ideally, the Commonwealth, states and territories, and the sector would decide in consultation on how to implement directions on single site arrangements. Once this has occurred, the appropriate document will be drafted. The state government will draft it if it is a

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Directive. The representatives from peaks and unions of the advisory committee will draft it if the document is modelled on the Guiding Principles in Greater Melbourne.

Key issues that will need resolving include:

- how far single site arrangements should be implemented
- ensuring all facilities have access to enough workers including during outbreaks
- potential impact of exempting agency workers.

### Step 4: Commonwealth Government grant funding activated (Tier 3)

Once a single site arrangement is required in a designated hotspot area, the Commonwealth Government will initiate processes to expand funding under the Support for Aged Care Workers in COVID-19 Grant. This will be a decision for the Commonwealth Government. Its decision will be informed by advice from the relevant state or territory government and the AHPPC based on the particular circumstances.

Providers should feel confident that the operative date of any grant will align with the designation of the area as a hotspot. Funding will be provided to support with the costs of wages and entitlements, including overtime and supernumerary hours where staff are unable to work.

In line with the current arrangements, providers can apply for funding in advance or retrospectively. Providers can access assistance:

- for the duration the single site arrangements are in place, and
- the area designated a hotspot as per the Grant Opportunity Guidelines.

Funding will cease when the Commonwealth Government finds that the area is no longer a hotspot. This is in line with the measures set out in the Common Operating Picture.