

COVID19 local workforce planning toolkit

Risk mitigation and contingency planning

Purpose

The purpose of this document is to assist and guide managers with the development and implementation of risk mitigation and contingency planning strategies to minimise the potential of staff absence due to the requirement to self-isolate and/or contracting COVID19 within the workplace. It is acknowledged that not all strategies will be practical in all clinical and non-clinical areas.

In the hospital environment, CDCB will determine which staff contacts of a COVID19 infected employee meet the definition of “close” contact requiring home quarantine. This decision will be based on various factors including the work environment, duration of exposure and the case’s symptoms. CDCB will conduct an interview with the case to make these determinations. The line manager of the case can assist CDCB with this process through the use of daily allocation sheets/diaries to capture where staff were working to assist with contract tracing, if required.

Risk mitigation

Risk mitigation is the process of implementing steps/actions to reduce the likelihood and/or consequence of the identified risk. Below are identified steps CALHN Managers are to consider:

Work from home

- Where appropriate, individuals should be encouraged to work from home. This may include for individual days, a week at a time.

Consider – Are there any staff that are able to fulfil their role requirements from home?

Work from an alternative location

- Staff may have the opportunity to work from private consulting suites, alternative areas within CALHN.

Consider - Are there staff within your team that need to be onsite, but not necessarily within the unit/area of service delivery? For example, with staff members sharing office space, can one move to another location?

Annual leave review

- To minimise the number of contacts within the workplace, encourage staff to access annual leave entitlements while activity levels are low.

Consider – review leave grids and determine which staff can take annual leave now? Depending on employment category, staff will either need to be given a minimum of three business days’ notice (Administrative/Allied Health employees) or two week’s notice (other employees including Nursing and Medical) to be required to taken annual in excess of 12 months’ accrual.



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Social Distancing

- Identify high volume areas such as Tea Rooms, staff bases, meeting rooms, and implement strategies to maximise social distancing;
 - Staggered meal breaks, alternative options/location for meal breaks
 - Removing excess chairs from staff bases and meeting rooms, floor decor/signage in areas to identify maximum number of people at one time
 - Provide alternative locations for computer access

Consider - Are there areas where staff are not maintaining social distancing?

Working in clinical teams

- Roster to consistent teams/buddies with clinical interactions limited to this team/buddy group. Social distancing maintained with all allocated staff.

Consider – Is it possible to divide your service into teams? How this could work in your environment? The aim is to minimise staff members having close contact with multiple staff on the shift.

Upskilling staff

- Increase the number of staff who are able to work in specialised roles/perform procedures independently.

Consider – Current skill mix of team, potential skill gaps and opportunities to upskill

Minimise clinical interactions

- Review current service delivery with the opportunity to alter service delivery to minimise multiple staff exposure.

Consider – minimise the number of staff on ward rounds.

Consider – minimise the number of staff required for procedures

Consider – Experience of the operator for specific procedures and minimise the time and unsuccessful attempts

Consider – non urgent or non-essential clinical services and activities that can be cancelled or deferred.

For more information

Jenny Edwards
Director, Human Resource Performance and
Operations
Workforce
T: 0423 781 560
E: jenny.edwards@sa.gov.au



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