



COVID-19 Support Portal outbreak and exposure reporting – Frequently asked questions

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The COVID-19 Support Portal enables residential aged care services to report COVID-19 outbreaks or exposures, and request personal protective equipment (PPE) to support a current outbreak or exposure.

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COVID-19 reporting to the Department of Health and Aged Care

Residential aged care services, including:

- Residential aged care homes (RACHs),
- Multi-purpose services (MPS)
- National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) services

are required to report all COVID-19 cases to the Commonwealth Department of Health and Aged Care. This includes resident, worker (staff) and visitor cases. This is regardless of whether the service needs Commonwealth support in managing the outbreak or exposure or not. **All cases must be reported.**

The COVID-19 Support Portal is the official reporting mechanism. The notification form can be accessed via the [My Aged Care Portal](#) by authorised staff.

A new notification must be created in the Portal for each outbreak or exposure.

When and how often do services need to report through the Portal?

Services should report initial and updated information as soon as possible, including:

- Upon the first notification of an initial COVID-19 positive (RAT or PCR) resident, worker (staff) or visitor at the service.
- When there are **any changes** in resident or worker (staff):
 - COVID-19 case numbers,
 - hospitalisations, or
 - staff furloughed and returned to work.
- Closing the record when the outbreak or exposure has ended.
- De-identified details of COVID-19 positive resident's deaths (refer information below including definitions).

Reporting obligations are not reliant on local definitions, or Public Health Unit (PHU) declarations of an outbreak or exposure.

Accessing the Portal

Requesting access to the Portal?

If you work for an aged care service provider, you need to request access to the My Aged Care Provider Portal through your 'Organisation Administrator'. The Commonwealth Department of Health and Aged Care provides access to one administrator in each aged care organisation.

Staff with 'Organisation Administrator' access can provide access to additional staff for their organisation.

You can call the Helpline on **1800 836 799** for further assistance regarding access or technical support.

Reporting outbreak or exposure details

What outbreak or exposure details do services need to report?

Services need to report the following information. Help text is provided in the form to assist you.

1. Key contact – this is the primary contact for this outbreak or exposure. The primary contact is usually the facility manager, IPC lead or clinical coordinator.
2. Key features of the residential aged care home's layout.
3. Date of first positive COVID-19 test – the date of PCR/RAT test that returned the first COVID-19 positive case that led to an outbreak or exposure. This is the date the staff, resident or visitor was tested, not the date they received the result or notified your residential aged care home that they had tested positive.
4. Date of latest COVID-19 positive test – the date of the PCR/RAT test that returned the most recent COVID-19 positive result for any staff, resident, or visitor at your residential aged care home.
5. End date of outbreak/exposure – the date the outbreak/exposure ended (i.e., closed, resolved, or de-isolated).

Staff:

1. Total staff at start of outbreak or exposure – the total number of staff employed by your residential aged care home on the date of the first COVID-19 positive notification. This includes all clinical and ancillary staff, any staff on leave and staff not rostered on the day of exposure.
2. All staff furloughed – the total number of staff furloughed over the period of your residential aged care home's current outbreak or exposure. Do not include staff not willing to work during an outbreak/exposure, or staff unwell for non-COVID-19 reasons.
3. All furloughed staff returned to work – the total number of staff who have returned to work after being furloughed as a COVID-19 positive case over the period of your residential aged care home's current outbreak or exposure.
4. All COVID-19 positive staff – the total number of staff confirmed with COVID-19 over the period of your residential aged care home's current outbreak or exposure. This includes all active and recovered cases.
5. All recovered COVID-19 positive staff – the total number of staff who have recovered from COVID-19 over the period of your residential aged care home's outbreak or exposure.

Residents:

1. Total residents at start of outbreak or exposure – the total number of residents on the date of the COVID-19 positive notification at the residential aged care home. Include the number of residents onsite and offsite (in hospital or on social leave).
2. All COVID-19 positive residents – the total number of residents confirmed with COVID-19 over the period of your current outbreak or exposure. This includes all active cases on-site and in hospital, recovered cases and deaths.
3. All COVID positive residents recovered – the total number of residents who have recovered from COVID-19 over the period of your current outbreak or exposure.
4. All COVID-19 positive resident deaths – see definition below. This includes the date of death and COVID-19 vaccination status of the resident.

Reporting COVID-19 positive resident deaths

All COVID-19 positive resident deaths should be reported via the Portal.

A COVID-19 positive death is when a resident passes away from COVID-19 or with COVID-19 when a clear alternative cause of death has not been determined.

Where there has been a complete recovery from COVID-19 prior to death, meaning all symptoms have passed, this should be excluded and does not need to be reported via the Portal.

Updates to resident death data can be made within 28 days after the resident's confirmed COVID-19 positive test.

Reporting a COVID-19 positive death can be reported 28 days after an outbreak or exposure notification has been closed in the Portal.

Each resident death recorded in the Portal, generates a de-identified '*Resident COVID-19 death data*' record in which you report the date of the residents' death and their vaccination status. It is recommended that you keep a record of the system-generated record number in your files in case you need to make changes at a later date.

How do I report the most recent test result date for multiple tests?

If there are positive results from different testing sessions, please report the date of the most recent positive test result.

How do I report a staff, resident, or visitor case if this is the first case of the current outbreak or exposure?

Please select 'staff', 'resident' or 'visitor' in the 'Staff, resident or visitor notification' field and add 'Date of first positive COVID-19 test'. Numbers of impacted staff or residents will then be required.

When does an outbreak or exposure end?

A decision to declare the outbreak over should be made by the PHU or OMT.

Generally, this is:

- 7 days after the last COVID-19 case tests positive or the date of isolation of the last COVID-19 case in a resident, whichever is longer.
- However, additional testing or measures may be recommended by the PHU in the 7 days following an outbreak being considered "over".
- Individual cases should remain in isolation for the required period even if the outbreak has been declared over for the aged care home.

Where advice is not received from the PHU, the facility should consider the risk of infection and close the outbreak when all residents have recovered from acute respiratory symptoms associated with a confirmed COVID-19 diagnosis.

If the outbreak or exposure has been closed, and another positive case is identified, do services create a new form?

Yes. A new form is created for every new outbreak or exposure episode. This requires at least one day of restrictions being lifted – i.e., residents de-isolating – since the previous episode.

Is a notification required for a COVID-19 positive staff member who is on leave or who has not worked at the residential aged care home in the last 72 hours?

No, as this staff member was not at the home during their infectious period, this will not trigger a new outbreak or exposure episode.

Is a notification required for a staff member who tests COVID-19 RAT positive when screened at the residential aged care home?

Yes, this will trigger a new exposure episode. A COVID-19 exposure is any COVID-19 case at the residential aged care home during their infectious period. This includes a staff member who tests RAT positive when screened at the residential aged care home prior to starting their shift.

Is a notification required for a resident in hospital that contracts COVID-19?

No, if the resident was not at the residential aged home during their infectious period this will not trigger a new outbreak or exposure episode.

Yes, if the resident was at the residential aged care home during their infectious period. The service should record this as a number in the 'All COVID positive residents' and 'COVID positive residents hospitalised'.

What happens if a reported COVID-19 case becomes a false positive result?

You can amend the outbreak or exposure record and reduce the reported number of COVID-19 positive staff or residents or close the outbreak/exposure record if the false positive is related to a single case (mis)notification for the residential aged care home.

If a resident is transferred to hospital for non-COVID-19 reasons during an outbreak or exposure, then tests positive on arrival, how is this recorded? If this resident then dies in hospital, how is this recorded?

The service should record this as a number in the 'All COVID positive residents' and 'COVID positive residents hospitalised'. This includes a resident transferred less than 72 hours since an outbreak or exposure started at the residential aged care home.

If the resident dies in hospital and meets the definition of a COVID-19 positive death, should this be reported in the Portal? If a respite resident returns home during the outbreak or exposure and tests COVID-19 positive or subsequently passes away, how is this recorded?

The service should record this as a number in the 'All COVID positive residents'. If the resident meets the definition of COVID-19 positive death, report the death in the Portal.

What is considered an infectious period?

For reporting purposes, an infectious period is 72 hours prior to symptoms, or a positive COVID-19 test result.

When is a COVID-19 positive resident or staff recovered?

It is strongly recommended that residents isolate for 7 days from a COVID-19 positive test date. Residents may then cohort with COVID-19 positive residents.

A resident can be released from isolation after day 7 when there is substantial resolution of acute respiratory symptoms, including no fever for 24 hours. There is no testing required.

It is strongly recommended that staff not attend work until after 7 days if no symptoms for 24 hours, with no testing required. If symptoms continue, staff can return to work when there is substantial resolution of acute respiratory symptoms, including no fever for 24 hours.

Visitors should not visit the facility within 7 days of testing positive for COVID-19 or while experiencing any symptoms.

Please note, jurisdictions may implement or recommend additional requirements, including different periods of isolation and quarantine.

Personal protection equipment (PPE) support request

What are the eligibility criteria for requesting PPE through the Portal?

PPE is available to RACHs, MPS and NATSIFACP services who are experiencing a COVID-19 outbreak or exposure and are unable to source PPE through any commercial PPE supplier. This is an emergency service only and should not be relied on as a source of PPE supply.

What type of PPE can be requested through the Portal?

Surgical and P2/N95 masks, isolation gowns, gloves and face shields or goggles can be requested via the Portal. The volume supplied is based on the size of the service and resident numbers.

All stock is TGA approved. Services will be supplied with whatever brands are available in the stockpile at the time of ordering and closest stock available to service location. Brand preference is not selectable.

RACHs can request:

- a standard outbreak or exposure PPE pack, which includes up to 14 days of PPE with standard delivery: or
- an emergency PPE pack, which includes up to 3 days of PPE with expedited delivery for services most in need.

Can I change the items or amounts in the Standard Outbreak PPE pack?

No, all items are provided as an allocated amount. Items cannot be left out, swapped or the amount reduced. Consistency in a standard outbreak pack is important for logistic efficiencies.

Why can't non-outbreak or exposure services request a standard PPE pack?

Approved providers are responsible for maintaining their PPE supply through their existing commercial channels for business-as-usual (BAU) day-to-day needs.

What is the purpose of an emergency PPE pack? What does a service with an outbreak or exposure do if a specific PPE item is running out within 24-48 hours?

An emergency pack of up to four (4) PPE items can be requested where there is an immediate threat to the continuity of safe, quality care due to lack of access to PPE and where less than 48 hours' worth of supply is remaining.

Services will need to provide evidence that shows attempts that have been made to commercial suppliers that were out of stock or experiencing delays in supply or delivery. Providers with multiple sites will need to include evidence that there is no supply available centrally or from other services.

How is the PPE allocation calculated?

The PPE allocation available to approved providers is based on the numbers of residents at the home and will be pre-calculated when a request is made via the COVID-19 Portal.

How much PPE is in a standard outbreak or exposure PPE pack?

A Standard outbreak or exposure PPE Pack contains the approximate quantities listed in the table below. Each pack contains all items.

Residential aged care home size (resident numbers)	Pack size	Surgical Masks	P2 N95 Masks	Gloves (S)	Gloves (M)	Gloves (L)	Gloves (XL)	Gowns	Face shields	Goggles	Total pallets
Up to 30	Extra small	1,800	4,100	3,000	6,000	5,000	2,000	2,900	3,200	900	5
31 to 50	Small	2,200	4,900	3,000	6,000	5,000	2,000	3,700	3,200	900	6
51 to 70	Medium	2,600	6,200	3,000	6,000	5,000	2,000	4,700	3,500	900	7
71 to 110	Large	3,200	7,300	5,000	8,000	7,000	2,000	5,300	4,300	1,000	8
111 - 200+	Extra large	4,000	9,000	5,000	10,000	8,000	2,000	6,700	5,000	1,500	10

How much PPE is in an emergency PPE pack?

An Emergency PPE Pack, consisting of up to four (4) selected PPE items, contains the approximate quantities listed in the table below.

Residential aged care home size (resident numbers)	Pack size	Surgical Masks	P2 N95 Masks	Gloves (S)	Gloves (M)	Gloves (L)	Gloves (XL)	Gowns	Face shields	Goggles
Up to 30	Extra small	960	1080	1000	1000	1000	1000	700	800	200
31 to 50	Small	960	1080	1000	1000	1000	1000	800	800	200
51 to 70	Medium	960	1080	1000	1000	1000	1000	1000	800	200
71 to 110	Large	960	2160	1000	2000	2000	1000	1200	1200	200
111 - 200+	Extra large	960	2160	1000	2000	2000	1000	1500	1200	400

Submitting a PPE request

What are the delivery acceptance terms for PPE? Why can't the PPE request be finalised?

To finalise a PPE request, services will need to agree to the delivery acceptance terms and verify that they are able to accept, unload and store the full delivery appropriately as specified in the Portal.

Can a central storage address be used?

PPE from the NMS can only be ordered where providers have concerns that standard supply avenues may not reach the residential aged care home before exhausting stock. For this reason, delivery will be dispatched to the street address of the Service requesting supply.

Providers requesting a Standard outbreak or exposure pack can deliver to a secondary address in exceptional circumstances. Delivery details can be edited on the PPE request form.

What if there is insufficient storage space for the PPE?

It is the provider's responsibility to store PPE appropriately. Storage should be according to manufacturer's instructions, in a safe secure storage location and away from infectious zones. This could include vacant rooms.

Will there be after-hours delivery?

During peak periods, delivery contractors may need to operate outside of business hours. It is critical you provide details for a delivery contact who will be available to receive after-hours delivery.

What happens if the service has no machinery (e.g., forklift) to unload pallets?

If pallets cannot be unloaded by machinery, please ensure the service has enough staff to quickly unload items from pallets.

PPE delivery tracking and issues**How will the service know when PPE will be delivered?**

Providers can check their request status and delivery details including daily tracking updates via the Portal.

Delivery time depends on a number of factors but will average between 2-7 days with priority given to services most in need.

Can a service cancel a PPE request?

Yes, a residential aged care home can request that a PPE delivery be cancelled through the Support Portal. A request for cancellation must be made on the same day the order was placed.

Cancellations outside this timeframe cannot be approved as the order is already being processed. In addition, cancellations cannot be made on weekends. Facilities will be notified by email if a cancellation is unsuccessful and will need to be prepared to accept the delivery.

What can a service do if a PPE item is damaged during delivery or is faulty?

If PPE items are damaged or faulty, please contact the PPE Team by email:

agedcareCOVIDPPE@health.gov.au

Requesting help**Where can service providers get further assistance, including technical support?**

For assistance with accessing or submitting information in the Portal, please contact the My Aged Care Service Provider Helpline on 1800 836 799 from:

- 8am to 8pm, Monday to Friday; and
- 10am to 2pm Saturday, local time across Australia.

For urgent PPE enquiries regarding pending PPE requests or issues with delivery, please contact agedcareCOVIDPPE@health.gov.au or you can request PPE via the COVID-19 Support Portal.

Does the Portal allow a service provider to access and report on multiple residential aged care services?

Staff with registered access to multiple residential aged care services will be able to view and access multiple forms. A separate notification form is to be completed for each service with a current outbreak or exposure.

You can review or update existing notification forms from the Portal home page. The *Update an existing notification* tab displays a searchable list of all current and previous outbreak or exposure forms for the services you are registered to access.

Can services access previously saved information on the Portal?

All current and previous outbreak or exposure records can be accessed via the 'COVID-19 outbreak/exposure management' tab within the Portal. This tab displays a searchable list of the outbreak/exposure records for services.

Commonwealth and State and Territory COVID-19 reporting

Do services need to report COVID-19 cases to their State or Territory Health Public Health Unit?

Jurisdictions have different requirements for reporting cases to PHUs. Providers should familiarise and stay up to date with the requirements in their respective jurisdiction, noting some jurisdictions may have implemented legislative requirements to notify of COVID-19 cases.

Do services need to report COVID-19 cases to the Aged Care Quality and Safety Commission?

Services are not required to report COVID-19 cases to the Aged Care Quality and Safety Commission (the Commission), however, may choose to do so.

Use of reported data

How will the Commonwealth Department of Health and Aged Care use the data?

Commonwealth Department of Health and Aged Care staff will access the Portal data to expedite the provision of Commonwealth supports when an outbreak or exposure occurs, and for reporting.

Will State or Territory or other agencies use the Portal data?

Information collected in the Portal will be shared with State, Territory and Commonwealth response agencies with a responsibility for assisting aged care services with their COVID-19 outbreak or exposure response. This includes, but is not limited to, State or Territory Emergency Response Centres, PHUs, and the Commission.

This will support information accuracy and reporting efficiency for COVID-19 cases in residential aged care.

Can the Portal data be used to take regulatory action?

The COVID-19 Support Portal is the Commonwealth Department of Health and Aged Care's official reporting mechanism. Regulatory action is a matter for the Commission.

Privacy and security**How does resident or staff information reported through the Portal meet Privacy Act requirements?**

The COVID-19 case information reported through the Portal is de-identified. Under the Privacy Act 1988, [de-identified information is not 'personal information'](#). De-identified information removes personal identifiers, such as an individual's name, address, date of birth or contact details.

Do we need to seek permission before providing resident or staff information?

No. COVID-19 reporting to the Commonwealth Department of Health and Aged Care is a requirement for approved providers as part of their responsibility for COVID-19 outbreak or exposure management.

Is the data secure in the Portal?

Yes, the COVID-19 Support Portal can only be accessed via the My Aged Care Service Provider Portal by registered account holders for the Approved Service Provider.

Can a service import a list into the Portal to reduce data entry?

No, the Commonwealth Department of Health and Aged Care only requires aggregate COVID-19 numbers, which require minimal data entry through updates.