



Responses to frequently asked questions from the aged care COVID-19 outbreak support webinar held on 7 March 2024

Note: Responses provided are on behalf of the Department of Health and Aged Care (the department). We encourage all aged care providers and workers to refer to their local state and territory government health department directions for the latest local advice.

Q. What assistance is there when access to vaccines from GPs becomes a barrier?

Vaccination remains the most effective measure to protect against severe disease from COVID-19 and influenza, particularly in high-risk settings such as residential aged care.

If an aged care home is unable to find a GP or pharmacist who is an approved provider of COVID-19 vaccines, they are encouraged to contact their local Primary Health Network (PHN) for support. PHNs can assist with sourcing an approved primary care provider to vaccinate residents and can liaise with the department to resolve any barriers to accessing vaccines.

Aged care homes can also contact the department for assistance by email to: RACFVaccineClinics@Health.gov.au.

Q. Can you confirm whether a set isolation timeframe applies to confirmed cases for staff, as the recommendations differ across the Public Health Unit regions between 5 to 7 days. Are there exclusion policies for those who are close contacts?

The Communicable Diseases Network Australia (CDNA) guidelines recommend any aged care worker that has tested positive for COVID-19 not to return to work for 7 days or until symptoms have gone (which may be longer than 7 days). This includes workers who provide close personal care to an older person in residential aged care, at their home or in a community setting. You should continue to be mindful of the symptoms of COVID-19 and other respiratory viruses and stay home when unwell to minimise transmission.

There are no exclusion policies for those who are considered close contacts or confirmed staff cases. As outlined in the Communicable Diseases Network Australia (CDNA) guidelines, the department encourages aged care providers to undertake a risk assessment where a staff member has been exposed to COVID-19 and is considered a close contact.

Following the risk assessment and where the exposure is defined as high, aged care providers should consider precautions to limit exposure to other residents, care recipients and workers, which can include:

- limiting work to single site/area and utilising outdoor areas for breaks
- continuing to work with negative rapid antigen test (RAT) testing every working day until day 7 (prior to starting shift)
- monitoring for symptoms and isolate immediately if symptoms develop
- increasing infection prevention and control measures which includes mask wearing and use of other personal protective equipment (PPE).

Q. Are aged care support workers still required to wear PPE when providing personal care?

All aged care services are responsible for providing a safe working environment for staff and visitors and the use of PPE should be informed by a risk assessment. When a risk assessment suggests a risk of COVID-19 transmission, the use of PPE is recommended as an infection prevention and control measure to reduce the risk of illness spreading. Providers should also review [state and territory workplace safety legislation](#) to stay up to date with the latest jurisdictional advice.

Where residents have tested positive to an infectious disease, residential aged care homes should activate their risk management plans, including assessing the need to increase mask wearing and PPE.

The department encourages all aged care workers who provide close personal care to older people to consider wearing masks. Wearing a mask when working or visiting with people at higher risk of serious disease, particularly in times of high respiratory viral activity, reduces the risk to others and should be informed by a risk assessment.

In-home care services should provide staff with PPE to use in each consumer's home, including any additional PPE for use when supporting people who have tested positive to COVID-19. During an outbreak, aged care homes should extend the use of appropriate PPE to all visitors and increase the PPE worn by staff. This includes gloves, gowns, eye protection and face masks.

Aged care providers should make sure all aged care homes and in-home care services have appropriate stock of PPE available and have arrangements in place with commercial suppliers to replenish PPE stock, as required.

Q. What are the current recommendations for the home care environment for COVID-19 outbreaks?

In-home aged care providers ([Home Care Package \(HCP\)](#) and [Commonwealth Home Support Programme \(CHSP\)](#)) must deliver quality and safe care to older people in line with the [Quality Standards](#), including during outbreaks of COVID-19. Where close personal care and support services are provided, in-home aged care is classed as a high-risk setting as it involves frequent close contact with older people.

Providers must have a COVIDSafe Plan in place that is reviewed and updated regularly, especially when public health advice changes. It should outline what control measures a provider will implement to eliminate or minimise the spread of COVID-19 and other infectious diseases and ensure the health and safety of workers and older people. Aged care workers who test positive for COVID-19 should not attend work for at least 7 days after testing positive and until they have no further symptoms of COVID-19.

Outbreak management advice provided by the department can be applied to all aged care settings, including HCP and CHSP, and recognises the vulnerability of aged care recipients. The Statement of Expectations provides [current guidance on the management of outbreaks](#), particularly COVID-19, in aged care. State and territory [public health agencies](#) provide advice relevant to each jurisdiction about caring for older people who test positive for COVID-19.

Q. Could you please advise what assistance is available to home care providers, especially staff that have used all their leave?

The Aged Care Worker COVID-19 Leave Payment grant closed for applications on 16 February 2024. Moving forward, the department will not be providing any further specific funding to cover sick leave payments for aged care employees who are unable to attend work due to COVID-19 infection and have insufficient sick leave.

Q. If residential aged care providers don't report direct expenditure associated with the supplement, will the supplement be recouped?

The department will not seek to recover funding paid under the Aged Care Outbreak Management Supplement (Supplement) if it is not expended on eligible outbreak costs. However, the department will monitor residential aged care expenditure associated with the Supplement through the Quarterly Financial Report (QFR), and will use this data, along with other information, to inform future supports to the aged care sector for outbreak management.

The Supplement is a contribution to the costs of prevention and management of outbreaks, which can include costs for PPE, rapid antigen tests and workforce supports by the residential aged care sector. Providers will need to include outbreak management expenditure reporting, including the expenditure of the supplement, in Quarter 4 (2024) 1 April – 30 June 2024, due on 4 August 2024 in the QFR.

Expenditure for Multi-Purpose Services and National Aboriginal and Torres Strait Islander Flexible Aged Care providers will be monitored through the regular reporting for each of these programs.

Q. Will influenza vaccinations be mandatory for all aged care staff in 2024?

Vaccination remains the most important measure to protect against respiratory viruses such as influenza, particularly in high-risk settings such as residential aged care. The department strongly encourages all aged care workers to get vaccinated against influenza and COVID-19. Vaccination is a safe and effective way to protect yourself, your family and the people you care for from infectious diseases like influenza.

While there are currently no Commonwealth mandates for aged care workers to be vaccinated against influenza, state and territory governments may have requirements for influenza vaccinations for aged care workers. We recommend aged care providers and workers check with your [local state and territory health department](#) to stay up to date with the latest health advice.

The influenza vaccine is free under the National Immunisation Program for people aged 65 years or over and people aged 6 months or over who have medical conditions that mean they have a [higher risk of getting serious disease](#).

Approved providers of [residential aged care](#) are required under legislation to have processes in place to prevent, control and minimise infection related risks. This includes offering free annual influenza vaccinations for staff and volunteers. Services must also promote the benefits, for service staff and care recipients of service staff receiving annual influenza vaccinations, under the Quality of Care Principles 2014.

Under the Records Principles 2014, residential care services, multi-purpose services, flexible care services and home care services must maintain records of the number of service staff who reported they have received an influenza vaccination for each calendar year. It is also a requirement under the Aged Care Act 1997 and Accountability Principles 2014 that each aged care service needs to report on vaccination status of staff as at 31 October each year.

You can read the Australian Technical Advisory Group on Immunisation ([ATAGI](#)) statement on the administration of [seasonal influenza vaccines in 2024](#).

Q. As the National Medical Stockpile is ceasing the emergency supply of COVID-19 oral antiviral treatments, what impact will this have on the emergency supplies in Prescriber Bags?

Prescriber bag supplies of COVID-19 oral antiviral treatments are not affected by the cessation of deployments of emergency supplies from the National Medical Stockpile.

COVID-19 oral antivirals Lagevrio® (molnupiravir) and Paxlovid® (nirmatrelvir and ritonavir) are included in the Pharmaceutical Benefits Scheme (PBS) Prescriber Bag arrangements for supply to high-risk patients when it is not possible to obtain supply from a community pharmacy on a PBS prescription in a timely manner.

Medical practitioners and nurse practitioners can order up to two bottles of Lagevrio (40 capsules per bottle) and two cartons of Paxlovid (30 tablets divided in 5 daily-dose blister cards, per carton) from a community pharmacy. Prescribers may order the maximum quantity of each medicine provided they do not already have the maximum quantity on hand. These medicines can only be obtained once a month.

More information about the prescriber bag arrangements and the full list of prescriber bag medications is available at [PBS | Prescriber Bag Supplies](#).

Q. Is there any plan to remove the requirement for weekly vaccination reporting on the My Aged Care Portal?

Legislation requires aged care providers to report the COVID-19 vaccination status of residents and staff weekly (if there has been a change in status) via [the My Aged Care service and support portal](#). This is an important measure that informs the COVID-19 vaccination program, supports future vaccination activities and ensures adequate steps have been taken to protect residents from COVID-19.

We appreciate that aged care providers are not currently able to report on the COVID-19 vaccine 2023 booster doses via the My Aged Care Provider Portal. We know that many providers have been trying to use the portal for recording booster doses and this has caused some confusion.

New instructions have been included on the portal to make reporting simpler. These instructions note that the COVID-19 vaccination portal does not contain a data field to record residents and staff who have received a COVID-19 booster in the last six months. In the meantime, please record residents who have had a booster dose in the last six months under **Question 7** and staff in the **third dose** data field.

In addition to the reporting requirements, aged care providers are also required to maintain up to date records of the vaccination status of workers and residents in line with the [Records Principles 2014](#).

More information in relation to what residential aged care providers need to record or [report on workforce and resident COVID-19 vaccination](#) can be found on the department's website.

Q. What are the best support strategies to minimise the spread of respiratory like viruses in a memory support unit where it is hard to isolate residents?

The Aged Care Quality Standards outline that older people who experience cognitive impairment, whether acute, chronic or transitory, must receive comprehensive care that optimises clinical outcomes and is aligned with their needs and preferences. Providers must be able to identify and understand situations and events that may lead to changes in behaviour.

The [National Guidelines for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection \(including COVID-19 and Influenza\) in residential care facilities](#) include strategies to minimise acute respiratory illness transmission in memory units. Approaches involve consistent monitoring, testing and PPE use.

You can read more about the [Aged Care Quality and Safety Commission Partnerships in Care program](#) which aims to support and maintain important routines for residents, especially for those residents living with cognitive impairment, including dementia.

[Dementia Australia](#) also has a variety of resources and training available to support aged care providers caring for older persons with dementia.

Q. Is the COVID-19 grant for residential aged care homes only available during COVID-19 outbreaks?

The [2023 COVID-19 Aged Care Support Grant](#) ended on 3 April 2024.

- The [Aged Care Outbreak Management Supplement](#) (Supplement) commenced in 2024 and is a contribution towards the costs associated with outbreak management. It considers the ongoing need for PPE, RATs and workforce supports, to proactively plan for and manage outbreaks and will be automatically paid through existing funding channels to all eligible:
 - residential aged care providers
 - Multi-Purpose Services and
 - National Aboriginal and Torres Strait Islander Flexible Aged Care providers.

This means that you won't need to apply for and seek reimbursement of COVID-19 expenses, as per previous grants processes.

You can read the latest advice about [government support for providers and workers](#).

Q. Where there are no outbreaks in residential aged care, do we still need to RAT test and wear masks given that acute health care units are no longer wearing masks and RAT testing?

The department encourages all residents, staff and visitors to high-risk settings, such as residential aged care and in-home care, where close personal care and support services are provided, to wear a mask.

The type of mask worn should be informed by a [risk assessment](#) and advice from your local state or territory government. State and territory governments may have requirements for the wearing of masks in aged care. We recommend aged care providers and workers check with [local state and territory health department](#) directives to stay up to date with the latest health advice.

When a risk assessment suggests a high-risk of COVID-19 transmission or other Acute Respiratory Infection (ARI) outbreak, the [CDNA Guidelines](#) recommends using a particulate filter respirator (PFR), such as P2/N95 respirators, rather than surgical masks.

Staff working in residential aged care homes are recommended to undergo regular surveillance testing with a COVID-19 RAT kit. Surveillance screening of staff is recommended at least 2 times per week and not more than 72 hours apart, or on entry for each visitor. During an outbreak, it is recommended this should increase to daily testing of staff, visitors and residents to help minimise the spread of infections.

Aged care residents should be tested immediately for COVID-19 if they have any cold or flu-like symptoms, no matter how mild. RATs can be used to screen aged care residents, staff and visitors for COVID-19 as part of a range of risk management options. Where residents have tested positive to infectious diseases like COVID-19, residential aged care homes should activate their risk management plans, including assessing the need to increase IPC measures, such as mask wearing and PPE.

Q. Is fit testing of masks (P2/N95) required?

As outlined in question 12, the requirement to wear a mask should be based on a [risk assessment](#) and local state and territory Government advice.

The type of mask chosen should be informed by a risk assessment as part of a suite of measures in line with the hierarchy of controls in infection prevention and control. It is our advice that wearing a mask continues to be a sensible risk [mitigation](#), noting there are circumstances where other steps can be taken, and a mask may not be needed such as when outdoors.

Where there are airborne contaminants such as viruses and bacteria in aerosols or respiratory droplets, the CDNA Guidelines recommends the use of P2/N95 respirators. Particulate filter respirators (P2/N95) offer greater protection against airborne pathogens.

The Australian Standard [AS/NZS-1715: 2009](#) requires a respiratory protection program to be established for the use of [respiratory protective equipment](#) in aged care. This includes the annual fit testing of close-fitting respirators such as P2/N95 masks.

For P2/N95 masks to offer maximum desired protection it is essential that the wearer is properly fitted and trained in its safe use, a fit test is required before the first use and a fit check should be undertaken each time they are used.

Providers are required to organise fit testing for new staff and should ensure a buddy system is in place for checking. Under state and territory workplace safety legislation, all aged care services are responsible for providing a safe working environment for their staff and visitors. This includes providing appropriate PPE as well as providing training on how to use and dispose of it. You should check with the WHS body in your state on the specific requirements.

For more information about fit testing, visit [Safe Work Australia](#) or read the [Infection Prevention and Control Expert Group guidance on the use of PPE](#).

Q. What are the COVID-19 vaccination requirements for workers providing home care and CHSP aged services (e.g. community transport)?

The department strongly encourages all workers in high-risk settings, such as residential aged care and in-home care, to stay up to date with their COVID-19 vaccinations.

In-home providers should support staff to get vaccinated for COVID-19 and other vaccine-preventable illnesses such as influenza. You can read more about the latest advice [COVID-19 doses here](#).

Under [state and territory workplace safety legislation](#) all aged care services are responsible for providing a safe working environment for staff and visitors. Aged care providers can also adopt their own policies and work health and safety arrangements.