24/7 Registered Nurse Obligation Exemption Application Form for NATSIFACP Services

Use this form to apply for an exemption from the 24/7 registered nurse (RN) obligation if:

- You (the registered provider) are a NATSIFACP provider delivering residential aged care services in an approved residential aged care home that:
  - Is located in an MM 5, 6 or 7 category
  - Has no more than 30 operational beds at the time of applying

And:

You have taken reasonable steps by having alternative clinical care arrangements in place, to ensure that the clinical care needs of the individuals receiving funded aged care services in the home will be met during the period for which the exemption is in force.

About the 24/7 registered nurse requirement

Registered Providers must ensure that at least one RN is onsite and on duty at all times at each approved residential care home you operate. The 24/7 RN requirement was introduced in response to recommendation 86 of the Royal Commission into Aged Care Quality and Safety to:

- ensure qualified and experienced care staff are available to identify and address risks
- improve resident safety
- give residents better access to clinical care in their approved residential care home
- prevent unnecessary trips to hospital emergency rooms.

Eligible approved residential care homes in rural and remote areas can apply for an exemption for up to 12 months at a time.

General Instructions

You must complete a **separate application form for each approved residential care home**. Please complete **all three sections** of the application.

You can complete the form on your computer using the latest version of Adobe Acrobat Reader, or you can print it out.

If you have a printed form, please use a **black or blue pen**; and print in BLOCK LETTERS.

Information on **suitable evidence** can be found in the attached **FAQ document**.

For help: completing this form, please contact NATSIFACP@health.gov.au

To submit: Please email the completed application form and all supporting documents the Department of Health, Disability and Ageing at NATSIFACP@health.gov.au

Section 1: Provider and contact person

This section collects information about the registered provider for the approved residential care home.

a) Registered provider name:

PRV ID:

b) Key contact name (first name, surname):

Position:

c) Contact email address:

Phone number:

Section 2: Residential Home

This section collects information about the approved residential aged care home that provides funded aged care services to individuals.

a) Name of approved residential aged care home

b) Address of approved residential aged care home

c) MMM location of approved residential aged care home

d) Number of individuals receiving high level complex clinical care

e) Number of hours RNs are on site and on duty per week

Section 3: Declaration

Note: there are five parts to this declaration.

Part A: Alternative clinical care arrangements

(Tick and provide details for those that apply including documentation that evidences your arrangement)

I declare that when RNs are not on duty at the approved residential aged care home, arrangements are in place to provide advice and support with clinical assessment, risk management and administration of clinical care needs. These arrangements are listed below and evidence has been included with the application:

☐ On-call RNs that you employ

☐ Appropriately qualified medical officers in your community but not employed by your organisation

☐ Name of hospital or health care facility you have an arrangement with:

☐ Name of on-call general practitioner(s) or nurse practitioner(s) you have an arrangement with:

☐ Name of telehealth service(s) you have an arrangement with:

☐ Other (please list all):

Part B: Alternative clinical care arrangements

(Tick clinical care needs covered by clinical care arrangements and provide documentation that evidences your arrangement. Please note, you should be able to tick all.)

I declare that the **arrangements in place** at the approved residential aged care home **cover clinical care needs of residents including but not limited to the list below** when employed RNs are not on site or on duty and evidence has been included with the application:

- ☐ Preparation, administration and monitoring the effects of medications (including complex, time-sensitive and schedule 8 medications), injections and intravenous therapies
- ☐ Assessment, administration and monitoring of oxygen therapy, insertion and management of catheters
- ☐ Management and monitoring of complex conditions, wounds, diabetes and pain
- ☐ Assessment, documentation and management of interventions in relation to restrictive practices, where deemed necessary by a clinically qualified medical officer

- ☐ Assessment of residents who have experienced a fall, stabilisation of their condition and coordination of urgent medical escalation as necessary
- ☐ Assessment and delivery of palliative and end-of-life care.

Part C: Appropriate Staffing Profile

I declare that when a RN is not on site or on duty, **appropriately trained staff** are rostered and **on the premises** to support clinical needs of residents.

(Provide documentation that evidences your arrangement).

Part D: Policies, protocols and procedures

I declare that **all relevant policies, protocols and procedures (including workforce training procedures)** are in place at the above approved residential aged care home to communicate clinical risks and management strategies, manage the clinical handover process, and train the home's workforce. These policies and procedures guide the management, and escalation where required of clinical issues and high level complex clinical care when an RN is not on site or on duty and that these written policies, protocols and procedures can be provided upon request.

Part E: Final declaration

In signing this application on behalf of the above registered provider for an exemption from the 24/7 RN obligation at the approved residential aged care home. I declare that:

- I am authorised to make this application on behalf of the registered provider of the approved residential care home.
- The information provided in this application form is true and correct at the time of submission

And:

I understand and acknowledge that:

- the decision-maker may request additional information, evidence or supporting documentation for the purpose of assessing this application, and I agree to provide such information upon request.
- I will be notified of the outcome of the exemption application in writing from NATSIFACP@health.gov.au.
- If an exemption from the 24/7 RN obligation is granted:
    - the registered provider of the approved residential care home must continue to meet all other conditions and obligations under the Aged Care Act 2024 (Aged Care Act) and the Aged Care Act Rules 2025 including complying with NATSIFACP reporting obligations. The registered provider must also continue to meet its care minutes obligations and the Strengthened Aged Care Quality Standards.
    - the exemption does not exempt the provider from the requirement to achieve minimum care minutes and to comply with all other relevant legislative and regulatory requirements.
    - the registered provider will notify the department in writing of any changes to the information declared above or changes that impact the eligibility of the provider for the exemption

- the exemption may be revoked if changes occur to impact the eligibility of the provider for the exemption
- And if that exemption ceases or is revoked, the registered provider of the home is required to meet its 24/7 RN obligation.

- I must retain evidence of all above-mentioned alternative clinical care arrangements (current and planned) to remain exempt from the 24/7 RN obligation for the duration of the exemption period. I must also provide any such evidence to the Aged Care Quality and Safety Commission during or for any audits, assessment contacts, and other compliance or regulatory activities.
- Giving false or misleading information to the Commonwealth is a criminal offence.

I declare that any additional supporting information and/or documentation available to me and relevant to this matter have been provided in support of this application.

Authorised person:

Name (first name, surname):	Position:

Signature:	Date: