# APPENDIX F

## Commonwealth, state and territory plan to boost aged care preparedness for a rapid emergency response to COVID-19

**COMMONWEALTH, STATE AND TERRITORY PLAN   
TO BOOST AGED CARE PREPAREDNESS   
FOR A RAPID EMERGENCY RESPONSE TO COVID‑19**

**August 2020**

**SECTION 1: OVERVIEW AND PURPOSE**

* 1. **Purpose**

The purpose of this plan is to strengthen preparedness for responding to a rapid escalation of COVID-19 in the aged care sector as a result of increased community transmission of the COVID-19 virus in Australia.

Actions are designed to complement existing Commonwealth, State and Territory   
(the states) COVID-19 response activity, and to facilitate a coordinated emergency response integrated with the state health emergency response arrangements.

* 1. **Principles**
* All Australians should be able to access health care and live with dignity, regardless of their age and where they live.
* Aged care providers are expected to comply with their responsibilities under relevant legislation to support the safety, care and wellbeing of aged care recipients.
* Older Australians receiving aged care services have the same right to be protected from the risk of transmission of COVID-19 as others in the community.
* Action will be implemented under the auspices of the *National Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)* and relevant Commonwealth, State and Territory legislation.   
  1. **Principal Australian Government and State/Territory Responsibilities**

The Australian Government has responsibility for and regulates residential aged care under the *Aged Care Act 1997* and the *Aged Care Quality and Safety Commission Act 2018.*

The states have constitutional responsibility for public health.

* 1. **Authority/Relevant Plans Activated**

Under the *Australian Government Crisis Management Framework (AGCMF),* the Minister for Health is the lead Minister in a domestic health crisis.

The *National Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19),* sets out the arrangements and key roles and responsibilities to guide the health sector response to COVID-19.

Status of *COVID-19 Plan*: ACTIVATED

* 1. **Supporting Guidelines**

Actions will be further developed and implemented with reference to:

* The *Communicable Diseases Network Australia (CDNA) – National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia.*
* The *Australian Health Protection Principal Committee (AHPPC) Guide to the Establishment of an Aged Care Health Emergency Response Operations Centre.*
* State-led plans for responding to COVID-19 outbreaks in residential aged care facilities, listed at Appendix A.
  1. **A coordinated approach to preparation, prevention, response and recovery**

This plan outlines the Commonwealth and state overarching actions to prepare, prevent, respond and recover to COVID-19 outbreaks. This plan will continue to evolve as we strengthen our understanding of the readiness of residential aged care providers to respond to outbreaks. This is critical for all jurisdictions to inform ongoing planning.

A guide has been developed for the establishment of jurisdictionally based aged care health emergency response centres to:

* Provide a coordinated response mechanism to mobilise resources (for example, pathology testing, workforce and personal protective equipment (PPE)).
* Provide additional surge capacity and capability to the host state to rapidly respond to COVID-19 outbreaks in particular settings, such as a residential aged care facility, or in growing clusters of community transmission in particular geographical areas.
* Draw on health system clinical governance expertise.
* Provide a point of coordination for the use of emergency resources such as Australian Medical Assistance Teams (AUSMAT) and Australian Defence Force (ADF) (subject to the commissioning processes required for each of these elements).
* Effectively integrate with existing host state health emergency response systems,   
  in particular communication and reporting.

The Commonwealth and states will undertake further work to determine trigger points or thresholds for the establishment of integrated aged care health emergency response operations centres and other measures such as:

* Implementation of PPE requirements for all staff and visitors at all aged care facilities at locations where there have been COVID-19 outbreaks, or where there are higher rates of community transmission.
* Implementation of single site principles for the aged care workforce at all aged care facilities at locations where there have been COVID-19 outbreaks.
  1. **Strengthening Aged Care Emergency Response Preparedness**

The Commonwealth and states will undertake a series of actions to strengthen aged care preparedness. These actions are detailed in Section Two, briefly they cover:

* Ongoing assessment of the preparedness of residential aged care providers to respond to outbreaks of COVID-19.
* Auditing of state emergency response capabilities.
* Implementing PPE requirements for all staff and visitors at all aged care facilities at locations where there have been COVID-19 outbreaks.
* Face to face infection control training.
* Prioritising contact tracing staff in aged care services.
* Alternative workforce arrangements for aged care services with furloughed staff.
* Measures to fund the workforce while aged care staff are in forced isolation owing to infection or awaiting test results.
* Establish workforce protocols.
* Capacity to use public and private hospitals.
* Hotel quarantine arrangements.
* Integration of public health and aged care responses, including the integration of Primary Health Networks and primary care (especially General Practice) in response planning and preparedness.
* Protocols for rapid response and decision making.
* Engagement protocols for when residents need to be moved to or from hospital.
* Temporary replacement of onsite leadership or management of a residential aged care facility.
* Changes to elective surgery, including cancellation of particular tiers, in order to ensure additional health workforce can be deployed to areas of need.

**SECTION TWO: ACTIONS TO STRENGTHEN AGED CARE EMERGENCY RESPONSE PREPAREDNESS**

* 1. **Assessment of the preparedness of aged care providers to respond to outbreaks of COVID-19**

The Commonwealth has lead responsibility for supporting and ensuring aged care providers are prepared for COVID-19.

The Aged Care Quality and Safety Commission (the Commission) is leading the assessment of preparedness of residential aged care providers to respond to outbreaks of COVID-19.

The Aged Care Act 1997 (the Act) and associated Aged Care Principles, and the *Aged Care Quality and Safety Commission Act 2018*, set out the legislative framework for the funding and regulation of aged care.

For residential aged care facilities, under the Aged Care Quality Standards (Quality Standards), aged care providers are required to:

* Have effective risk management systems and practices – including but not limited to managing high-impact risks associated with the care of consumers (Standard 8 (3)(d)(i) – Organisational Governance).
* Have a workforce recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards (Standard 7(3)(d) – Human Resources).
* Minimise infection related risks through implementing standard and transmission-based precautions to prevent and control infection (Standard 3(3)(g)(i) – Personal Care and Clinical Care).

The Commission is continuing to adapt its regulatory response to use the full range of its regulatory powers to monitor, provide guidance and support to providers. This includes taking enforceable compliance actions where providers are found to be non-compliant with the Quality Standards. This includes visits to services to assess infection control systems and COVID-19 outbreak management planning.

Specifically, the Commission has activated an Infection Control Monitoring Team in Victoria to conduct unannounced visits to residential aged care services (without an outbreak) to check compliance with PPE and infection control arrangements. Teams undertake short visits (approximately two hours per visit) to services to observe infection control practices and ensure that staff, management and visitors are adhering to safe personal protective equipment protocols and infection control arrangements.

As at 17 August 2020, the Commission has completed a total of 58 unannounced infection control visits in Victoria. The Commission has activated a second Infection Control Monitoring Team in New South Wales which commenced on 10 August, and a total of   
30 visits have been conducted to 14 August 2020.

Where aged care services are found not to be applying correct PPE or other infection control practices, the Commission will consider taking further regulatory action including consideration of sanctions.

The Commission will further engage with the states on options to bring together Commission and state resources to conduct additional site visits. This could include a state clinical lead pairing with a Commission staff member to undertake Infection Control Monitoring visits to residential aged care services. It could also include two-person teams established and trained with the Commission staff to conduct visits to determine whether supplementary training in infection control and PPE use is required at a service. Where supplementary training is deemed necessary, the state health authority would provide that training and the Commission would take any follow up regulatory action.

The Commission has undertaken a self-assessment survey to identify facilities likely to be higher risk in terms of infection control and preparedness. The Commission will continue to draw on a broad range of intelligence from monitoring and assessment outcomes, complaints information, known characteristics of the service and past compliance history, to profile service risk and share this with the relevant state departments. This will help inform emergency response planning, including prioritisation of face to face infection control training as delivered by each state.

The Commission and the states will enter into reciprocal information sharing arrangements to better inform assessment of provider preparedness.

* 1. **Audit of State and Territory Emergency Response Capabilities**

The states have lead responsibility for auditing their own emergency response capabilities. To the furthest extent possible, this will be informed by reciprocal information sharing arrangements with the Commission and other relevant Commonwealth departments   
(e.g. Department of Health).

States will undertake an audit and review of current emergency response capabilities to assess:

* Contact tracing planning to ensure sufficient capacity to undertake priority contact tracing of the aged care workforce in the event of an outbreak.
* Public and private hospital capacity and arrangements required to support cohorting of aged care residents in the event of an outbreak.
* Arrangements required to provide supplementary staff to residential aged care facilities in the event of an outbreak.
* Capacity of hotel quarantining arrangements to support the accommodation of aged care workers as a preventative measure in the event of an outbreak.
* Implementing PPE requirements for all staff and visitors at all aged care facilities at locations where there have been COVID-19 outbreaks.
* Capacity to support and deliver on site infection control training in residential aged care facilities.
* Identification of surge workforce to support emergency response centre functions and capabilities.
* Capability within public health general response to prioritise advice and response to residential aged care facilities, given their high risk and high impact status.
  1. **Implementing PPE requirements for all staff and visitors at all aged care facilities at locations where there have been COVID-19 outbreaks.**

The Commonwealth, through the Department of Health, has lead responsibility for ensuring PPE is available in residential aged care facilities. Specifically, the Department of Health is responsible for delivering PPE, including face masks and face shields, from the National Medical Stockpile to residential aged care facilities. This process has been refined so that the PPE is made available automatically.

The Commission is responsible for ensuring that residential aged care facilities have adequate PPE and infection control procedures in place, in accordance with the Quality Standards.

The states and territories are responsible for supporting the Commonwealth and Commission through arranging and facilitating training, noting they will have a better understanding of the local training capabilities.

Some states have additional PPE mechanisms in place. For example, Western Australia has established PPE triggers and processes through the State Health Incident Coordination Logistic Cell, Public Health Emergency Operation Centre and Health Service Providers to ensure rapid access to PPE that is appropriate and of the correct Australian standard.

In South Australia, the *Emergency Management (Residential Aged Care Facilities No 7) (COVID-19) Direction 2020* requires all persons providing nursing, medical, allied health or personal care services to residents to wear PPE at all times when a distance of 1.5m from residents cannot be maintained. These provisions come into effect on 27 August 2020.   
SA Health is also providing PPE to residential aged care facilities who are unable to source, in a cost-sharing agreement with the Commonwealth.

Similarly, Queensland has set obligations around the use of face masks in residential aged care facilities through Public Health Directions. Queensland Health has worked with the Commonwealth Department of Health to model expected PPE needs of residential aged care facilities and put in place arrangements to have PPE stock available around the state in the event of an outbreak.

* 1. **Face to face infection control training**

The Commonwealth, through the Department of Health and the Commission, has lead responsibility for funding and establishing minimum standards for face to face infection control training in residential aged care facilities.

The states will support the Commonwealth through the provision of face to face infection control training support, through models to be determined by each jurisdiction and informed by regulatory intelligence provided by the Commonwealth.

The Commonwealth Department of Health has made online training available for health care workers in all settings. The training covers infection prevention and control for   
COVID-19, training for aged care workers, and training focused on rural and remote communities and Aboriginal and Torres Strait Islander health.

The AHPPC, CDNA, Department of Health, and the Commission have published a series of resources targeted to support aged care services plan and implement outbreak management and infection control practices. There are also a range of resources intended to help support older people in residential aged care facilities, their families and carers to understand what to expect in relation to infection control measures.

The Department of Health is responsible for providing residential aged care facility data to support COVID-19 preparedness and response planning. The Commission has undertaken a range of functions that provide intelligence on the preparedness and risk profile of residential aged care facilities.

This information on the risk profile of services will be shared with the states to assist them to identify facilities considered to be priorities for infection control training.

The Commission has undertaken a survey of preparedness and risk profiling of residential aged care facilities. This will assist to identify facilities considered to be higher risk in terms of infection control and preparedness. The Commission has shared with the states the outcomes of the provider survey and will shortly release risk profiling outcomes, to inform prioritisation of face to face infection control training and emergency response.

The Commission has deployed Infection Control Monitoring Teams to risk-based site visits, with an initial focus on Victoria and New South Wales. The Commission will collaborate with states to determine how to best partner on this activity. The Commission is also escalating regulatory action in response to non-compliance, including sanctions on services. It has also assigned regulatory case leads as a coordination point for services with outbreaks.

Some states are currently developing additional face to face infection control training.   
In South Australia, the *Emergency Management (Residential Aged Care Facilities No 7) (COVID-19) Direction 2020* requires a person who provides nursing care or personal care to a resident at a residential aged care facility to undertake infection control training of a kind, frequency and by a date determined by the Department for Health and Wellbeing.

Queensland’s Office of Chief Nursing and Midwifery Officer has held online training targeted at infection control leads in residential aged care, focused on preparing facility staff to respond to COVID-19.

* 1. **Prioritising contact tracing staff in aged care services**

The states have lead responsibility for contact tracing and are working to prioritise contact tracing of the aged care workforce in the event of an outbreak. To the extent possible, the states will be assisted in this work through reciprocal information sharing arrangements with the Commonwealth.

For example, in Western Australia contact tracing is conducted through the Public Health Emergency Operations Centre, with priority given to contact tracing for high risk settings.   
In South Australia, the contact tracing centre has an ability to increase capacity to respond to increased community transmission and COVID-19 caseloads.

* 1. **Alternative workforce arrangements for aged care services with furloughed staff**

The Commonwealth, through the Department of Health and the Commission, has lead responsibility for deploying alternative workforce arrangements for aged care services with furloughed staff. The states will support the Commonwealth by considering and rolling out their own alternative workforce arrangements as relevant.

The Department of Health has implemented a number of targeted workforce measures.   
This includes national workforce support arrangements that supplement staff of aged care providers during a COVID-19 outbreak. Surge workforce capacity is being procured through a range of organisations including Aspen Medical, Sonic Pathology and Mable.

States are also redeploying staff across the broader health sector such as from private hospitals into aged care residential facilities and sending staff interstate to help meet surge workforce requirements.

The Commonwealth and states will further consider other alternative workforce arrangements in the event that an Aged Care Health Emergency Response Operations Centre is stood up in a jurisdiction (for further information, refer to the *Guide for the Establishment of Aged Care Health Emergency Response Operations Centres*).

* 1. **Measures to fund the workforce while aged care staff are in forced isolation owing to infection or awaiting test results**

The Commonwealth, through the Department of Health and the Commission, has lead responsibility for rolling out measures to fund the workforce while staff are in forced isolation owing to infection or awaiting results. The Department of Health and the Commission will engage with the states as part of the development of these measures.

The Department of Health has implemented the Support for Aged Care Workers in   
COVID-19 (SACWIC) measure. SACWIC provides grant funding to aged care providers to enable workers to:

* Work at a single residential aged care facility.
* Provide paid sick leave.
* Provide paid sick leave to workers who need to isolate or quarantine, due to experiencing COVID-19 symptoms or who have tested positive but do not have leave.
* Pay for training to fill skill gaps caused by the single site policy, or workers self‑isolating or quarantining.

SACWIC eligibility is currently limited to aged care providers in Victoria. Providers can apply for assistance under the SACWIC grant as long as they remain eligible as operating in a designated hotspot. The grant opportunity is open until 31 May 2021.

Some states are considering options available to support workers who have no access to appropriate leave or other financial support, should they need to self-isolate due to   
COVID-19.

* 1. **Workforce protocols**

The Commonwealth and states have lead responsibility for agreeing and establishing triggers for when to implement single site principles for the aged care workforce (e.g. based on the scale of community transmission) and the protocols for seeking and agreeing access to SACWIC grant funding.

The Department of Health will work with the unions and peak bodies to develop guidance for the implementation of single site arrangements, based on lessons from Victoria, which can inform state and territory plans.

Similarly, the states will work with unions and peak bodies in their local jurisdictions to develop guidelines and principles for a single site policy, taking into account local circumstances and lessons learned from Victoria.

* 1. **Capacity to use public and private hospitals**

The Commonwealth, through the Department of Health, has lead responsibility for ensuring that there is sufficient capacity available in public and private hospitals in the event that such facilities are needed to respond to a COVID-19 outbreak. The states have lead responsibility for negotiating the particulars of agreements with public and private hospitals within their jurisdiction and for other measures that free up capacity, such as a freeze on non-urgent elective surgery.

Through the National Partnership on COVID-19 Response, the Commonwealth has funded 100 per cent of the cost of financial viability payments for private hospitals. This has enabled the states to make agreements with private hospitals to make their capacity available to support pandemic response activities.

States have suspended non-urgent elective surgery to ensure adequate hospital capacity to respond to COVID-19. For example, NSW public hospitals suspended all non-urgent elective surgery from 25 March 2020, incrementally recommencing from 27 April 2020 on advice from the AHPPC.

Victoria has currently paused all Category 3 and non-urgent Category 2 elective surgery to ensure hospitals have the beds, equipment and staff they need for COVID-19 patients.

In Victoria, the suspension of non-urgent elective surgery and the agreements with private hospitals have enabled the transfers of more than 400 residents from 20 residential aged care homes to 18 private hospitals. It has also enabled Victoria to redeploy private hospital staff to provide care to aged care residents who have remained in their facility.

* 1. **Hotel quarantine arrangements**

The states have lead responsibility for ensuring hotel quarantine arrangements are in place to support the accommodation of aged care workers as a preventative measure in the event of an outbreak.

In parallel with existing mandatory hotel quarantine for incoming travellers, some states have implemented arrangements to accommodate state health care workers. States are progressing further work to determine the approach and mechanisms for this specifically in an aged care setting.

* 1. **Integration of public health and aged care responses**

The Commonwealth, through the Department of Health and the Commission, and the states have joint lead responsibility for ensuring that public health and aged care responses are integrated to the furthest possible extent.

The Department of Health is responsible for providing residential aged care facility data to support COVID-19 preparedness and response planning. The GEN website provides details of all services, addresses, locations, organisation type and number of places as at 30 June 2019. The Department of Health is expecting to release an updated version of this information in the coming months.

The Aged Commission has assigned regulatory case leads as a coordination point for services and public health responders when there is an outbreak at a service ([CommissionCOVIDResponse@agedcarequality.gov.au](mailto:CommissionCOVIDResponse@agedcarequality.gov.au)).

The Commission has focussed its regulatory activities in areas of greatest potential harm to aged care consumers during COVID-19 deploying its full range of education, monitoring, compliance, enforcement and complaints functions. In response to the elevated risks in some states the Commission has deployed Infection Control Monitoring Teams to undertake risk-based site visits, with an initial focus on Victoria and New South Wales.

The Commission will continue to escalate regulatory action where necessary in response to non-compliance, including imposing sanctions on services. This may include the appointment of an independent adviser by an approved provider under s63U of the *Aged Care Quality and Safety Commission Act 2018* and the involvement of a local health authority clinician to stabilise care. While the regulatory response will complement the public health response by strengthening accountability of approved providers, it is necessary that the Commission operates as an independent regulator in determining the actions it will take.

The Department of Health and states will together develop guidance and care pathways for general practitioners and other primary care staff to care for affected residents. This should include liaison through relevant Primary Health Networks and local primary care communities of practice where relevant.

The Commonwealth and states will further consider other integrated public health and aged care responses in the event that an Aged Care Health Emergency Response Operations Centre is stood up in a jurisdiction (for further information, refer to the *Guide for the Establishment of Aged Care Health Emergency Response Operations Centres*).

* 1. **Protocols for rapid response and decision making**

The Commonwealth and states will mutually agree and establish triggers for rapid response in aged care. In doing so, due regard will be had to existing plans and emergency management structures in each jurisdiction.

For example, the Department of Health, the Commission and the NSW Ministry of Health have developed a joint protocol to help manage a COVID-19 outbreak in a residential aged care facility[[1]](#footnote-1).

The Commonwealth and states will agree further protocols for rapid response and decision making in the event that an Aged Care Health Emergency Response Operations Centre is stood up in a particular jurisdiction/s (for further information, refer to the *Guide for the Establishment of Aged Care Health Emergency Response Operations Centres*).

* 1. **Engagement protocols for when residents need to be moved to or from hospital**

The states have lead responsibility for determining when to transfer residents from a residential aged care facility to or from hospital, taking into consideration the wishes of the resident and the capacity of the facility. Transfers occur to an acute hospital setting when it is clinically appropriate.

The Commonwealth and states will agree further engagement protocols in the event that an Aged Care Health Emergency Response Operations Centre is stood up in a jurisdiction (for further information, refer to the *Guide for the Establishment of Aged Care Health Emergency Response Operations Centres*).

* 1. **Temporary replacement of onsite leadership or management of a residential aged care facility**

The Department of Health has no explicit powers to either take over the management of an aged care facility, or direct the operations of an approved provider. The Commonwealth’s (Department of Health’s) legislative authority is currently limited to implicit powers as set out in the objects of the *Aged Care Act 1997*.

The Commission has a range of administrative powers enabling it to direct an approved provider to take certain actions. These are complemented by compliance enforcement powers which have serious consequences for providers if they choose not to agree to take certain actions. For example, under a Notice of Requirement to Agree to Certain Matters and Consideration of Sanctions (s63U of the *Aged Care Quality and Safety Commission Act 2018*), the Commission may detail actions required by an approved provider in order to avoid the revocation of the provider’s approval to deliver Commonwealth-subsidised aged care services under the Aged Care Act.

Depending on the particular circumstances and performance of an aged care provider, these actions may include a requirement to immediately implement and comply with all advice, recommendations and directions of a local health authority.

The Commonwealth and states will agree further engagement protocols in the event that an Aged Care Health Emergency Response Operations Centre is stood up in a jurisdiction (for further information, refer to the *Guide for the Establishment of Aged Care Health Emergency Response Operations Centres*).

**STATE AND TERRITORY AGED CARE COVID-19 PLANS**

| **JURISDICTION** | **TITLE AND WEBSITE LINK** |
| --- | --- |
| **ACT** | *Advice for aged care facilities*  <https://www.covid19.act.gov.au/stay-safe-and-healthy/aged-care#Advice-for-aged-care-facilities> |
| **NSW** | *COVID-19 (Coronavirus) – Guidance for residential aged care facilities* <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/residential-aged-care.aspx> |
| **NT** | *NT residential aged care facilities COVID-19 sub-plan*  Not available online |
| **QLD** | *Rapid Response: COVID-19 in a Residential Aged Care Facility: Overview and Flowchart*  <https://www.health.qld.gov.au/system-governance/strategic-direction/plans/rapid-response-covid-19-in-a-residential-aged-care-facility-overview-and-flowchart> |
| **SA** | *Guideline for management in Residential Aged Care Facilities in South Australia*  <https://www.sahealth.sa.gov.au/wps/wcm/connect/8fa53d65-bb19-407e-a9bb-23061beca63d/Appendix+1+-+COVID-19+management+flowchart+for+RCF_v2.1+-+Last+update+6.8.2020.pdf?MOD=AJPERES&amp;CACHEID=ROOTWORKSPACE-8fa53d65-bb19-407e-a9bb-23061beca63d-nflPt3z> |
| **TAS** | *Respiratory Illness Outbreaks in Residential Aged Care Facilities 2020 Interim Toolkit*  <https://coronavirus.tas.gov.au/__data/assets/pdf_file/0034/89773/Aged-care-toolkit-for-respiratory-illness-outbreaks.pdf> |
| **VIC** | *Coronavirus (COVID-19) Residential Aged Care Facilities Plan for Victoria*  <https://www.dhhs.vic.gov.au/aged-care-sector-coronavirus-disease-covid-19> |
| **WA** | *COVID-19 Guidelines for Western Australian Residential Aged Care Facilities*  <https://ww2.health.wa.gov.au/-/media/Files/Corporate/general-documents/Infectious-diseases/PDF/Coronavirus/COVID-19-Guidelines-for-the-Western-Australian-Residential-Aged-Care-Sector.pdf> |

1. *Commonwealth and NSW protocol to help manage a COVID-19 outbreak in a residential aged care facility in NSW*, available online: <https://www.health.gov.au/resources/publications/commonwealth-and-nsw-protocol-to-help-manage-a-covid-19-outbreak-in-a-residential-aged-care-facility-in-nsw> [↑](#footnote-ref-1)