



Australian Government

Australian Government Implementation Progress Report on the Royal Commission into Aged Care Quality and Safety report:

Aged Care and COVID-19: a special report

November 2020

Acknowledgements

The Australian Government is grateful for the outstanding efforts of our health and aged care frontline workers. We thank the Commonwealth, state and territory public health officials for continuing to learn and pivot to strengthen our response in aged care to the COVID-19 pandemic. These collective efforts have helped save thousands of lives and placed Australia at the forefront of the global response to COVID-19. The Australian Government would like to express sincere sympathy to those affected by the pandemic and our deepest condolences to those who have lost loved ones.

The following provides a report on the progress against the six recommendations of the Royal Commission into Aged Care Quality and Safety's special report on the impact of COVID-19 in aged care, which was published on 31 October 2020.

Recommendation 1

The Australian Government should report to Parliament by no later than 1 December 2020 on the implementation of these recommendations.

ACCEPTED and delivered

Report tabled in Parliament on 30 November 2020 on the implementation of the Royal Commission's recommendations.

Recommendation 2

The Australian Government should immediately fund providers that apply for funding to ensure there are adequate staff available to allow continued visits to people living in residential aged care by their families and friends.

ACCEPTED and delivered

The Australian Government has accepted this recommendation and has delivered \$450 million through two payments (\$205 million and \$245 million) to residential aged care providers to support preparedness and response to COVID-19, including visitation to aged care facilities by families and friends of residents. In addition the AHHPC has updated national guidance to support greater visitation access in residential aged care, as well as updating relevant guidance documents.

On 14 October, the Minister for Aged Care and Senior Australians, Minister Colbeck wrote to all providers reinforcing expectations of providers with regard to visitation. In this letter, Minister Colbeck noted that the Australian Government agrees with the Royal Commission's focus on ensuring aged care residents are able to see their loved ones, and are not isolated from them, when there is an outbreak or heightened risk; and that the mental and emotional toll this takes is too high a price to pay. This is reflected in our acceptance of this recommendation.

Key measures

COVID-19 Support Payments for Residential Aged Care Providers

In August, the Government committed \$217.6 million (as part of a \$245 million measure) to support providers with COVID-19 related costs, including supporting the management of visitation arrangements. Providers received this payment in October 2020. This builds on the

first COVID Supplement of \$205 million announced in May 2020, which providers received in June 2020.

As part of the 2019-20 and 2020-21 Aged Care Financial Reports, providers will be required to report on all the COVID-19 sources of revenue they have received, and then allocate the additional expenditures incurred into the following items:

- Labour – additional staff, extra agency staff costs, overtime hours costs
- Resident support – communication, visitation arrangements
- Infection control – PPE, training, cleaning, waste management, and
- Other – providers will be required to detail what this expense relates.

Other measures delivered

1. Increased Advocacy Support

The Government has provided over \$4 million in additional funding to the individual Older Persons Advocacy Network (OPAN) services.

2. Older Persons COVID-19 Support Line

In November 2020, the Government provided an additional \$2.5 million investment to extend and expand the Older Persons COVID-19 Support Line. Since its inception, the support line has received and made a total of more than 35,000 calls. The expansion of the service will also include Partners in Culturally Appropriate Care (PICAC) Alliance to assist the service in being more accessible to culturally and linguistically diverse communities.

3. Supporting Visitation in Victorian Residential Aged Care

In July 2020, specific time-limited positions were funded by the Australian Government to provide additional support to Victorian Residential Aged Care Facilities (RACFs) during the Victorian outbreak. One of these positions, the Residential Aged Care Visitation Assistant (RACVA), includes a role to support residents and families with safe in person visits, as well as using technology-supported communication where it may be needed.

As of 19 November 2020, 56 RACVAs were employed since commencement of this role on 26 October 2020. From that time until 15 November 2020:

- Total shifts worked = 279 shifts
- Total hours worked = 2,184 hours.
- 23 RACFs have placed 56 RACVAs to date.

Advice for the Aged Care Sector

The Australian Health Protection Principal Committee (AHPPC) recognised early in the COVID-19 pandemic that individuals living in residential aged care facilities (RACFs) were particularly vulnerable, and at risk of severe illness from COVID-19. Accordingly, the health and wellbeing of this population has strongly influenced the deliberations of the AHPPC throughout the pandemic.

AHPPC considers the personal welfare and mental health of residents in RACFs is of vital importance. As Australia continues to move towards becoming COVID Safe (during this

COVID-19 recovery phase), these factors must be balanced against the ongoing risks of COVID-19 outbreaks in RACFs. Levels of community transmission of COVID-19 (at a local area, suburb, region or jurisdiction level) should influence the escalation tiers and aged care provider responses as Australia and the aged care sector moves towards the COVID Recovery and COVID Normal phases.

Updated AHPPC *Visitation Guidelines for Residential Aged Care Facilities* were issued on 20 November 2020. This followed a review of AHPPC visitation guidance by the AHPPC Aged Care Advisory Group (ACAG) to assess the currency of the information and alignment with existing national statements and guidelines, noting lessons learned from previous outbreaks. The updated guidelines also bring information together in a more usable format for providers. The ACAG will continue to provide advice to AHPPC on visitation as the COVID-19 pandemic situation changes.

A working group of key stakeholders including OPAN, Carers Australia, COTA, Dementia Australia and National Seniors Australia have reviewed the *Industry Code for Visiting Residential Homes during COVID-19*, in consultation with key stakeholders. This code supports aged care providers to make informed decisions regarding visitation during the ongoing COVID-19 pandemic and reflects current AHPPC advice. The updated Industry Code was released on 20 November 2020.

The Australian Government also released on 20 November 2020 three-tier guidance on actions aged care providers should take in response to a situation of escalating or de-escalating COVID-19 threat level in the local community. The AHPPC endorsed *COVID-19 Escalation Tiers and Aged Care Provider Responses* document was developed with advice from the ACAG and in consultation with the aged care sector. It provides guidance to assist aged care providers on actions (recommended or required) to be undertaken depending on the COVID-19 situation within the community, including restrictions on visitation.

Recommendation 3.

The Australian Government should urgently create Medicare Benefits Schedule items to increase the provision of allied health services, including mental health services, to people in aged care during the pandemic. Any barriers, whether real or perceived, to allied health professionals being able to enter residential aged care facilities should be removed unless justified on genuine public health grounds.

ACCEPTED and new measures to commence from 10 December 2020.

The Australian Government has accepted the recommendation and will create two new MBS items at a cost of \$47.6 million for mental health and allied health services for residential aged care facility residents. In addition to the measures recommended by the Royal Commission, the Australian Government is also providing \$15.7 million, for Primary Health Networks to provide in-reach group reablement programs.

The new measures are:

- Expanded *Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (MBS) initiative (Better Access)*, which will permit aged care residents to access up to 20 individual psychological therapy sessions (at a cost of \$35.5 million);
- *Increasing access to allied health for residents of aged care facilities* measure, which will improve access to allied health services and incentives to allied health professionals to deliver services in RACFs (at a cost of \$12.1 million)

- *Additional allied health group services for aged care residents in facilities affected by COVID-19 outbreaks* measure, which will provide funding to PHNs to commission allied health group consultations for people living in COVID-19 affected RACFs (at a cost of \$15.7 million).

These measures will improve residents' physical and mental health to address deconditioning caused by isolation and provide psychological therapy services to people who will benefit from a structured approach to treat mental disorders. The measures provide additional mental and physical therapies by allied health professionals, including psychologists, social workers, occupational therapists, physiotherapists and exercise physiologists.

Mental health services

The Australian Government has introduced a range of measures to support the mental health of residents of aged care facilities over the course of the pandemic, including \$12.4 million to support recipients and their families through the Grief and Trauma Response Package. In addition, the Government is providing \$19 million to enable Primary Health Networks (PHNs) to commission mental health services and in-reach support for older Australians who are at risk of, or have a mental health condition. The Government has also provided \$10 million as part of the Community Visitors Scheme to support older Australians experiencing isolation or loneliness during the COVID-19 pandemic through volunteer visits to provide friendship and companionship.

Better Access to Psychiatrists, Psychologists and General Practitioners (\$35.5 million)

From 10 December until 30 June 2022, eligibility requirements for the '*Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (MBS) initiative (Better Access)*' will be expanded to permit aged care residents to access up to 20 individual psychological therapy sessions where their general practitioner or psychiatrist determines they would clinically benefit from additional mental health support. This will ensure all aged care residents can access the Better Access initiative in the same way as people living in the community.

Psychological services will be provided by eligible general practitioners, psychologists, social workers or occupational therapists in accordance with a mental health treatment plan developed in consultation with the patient's general practitioner or psychiatrist. Aged care service providers will be required to support residents to book and attend appointments as set out in the Quality of Care Principles 2014.

The extension of Better Access sessions provided, as part of the 2020-21 Budget, and expansion to residents of aged care provide a mechanism for a time limited review of the Better Access initiative, in line with the recommendations of the Final Report of the Productivity Commission inquiry into mental health. The review will consider:

- evidence-based treatment and interventions available under Better Access
- eligible providers, levels of treatment and special access arrangements, and
- qualitative and quantitative data to determine patient outcomes and provider experience.

Allied health services

The Australian Government is funding a number of measures aimed at providing additional support for both general practitioners and allied health providers so there are stronger

incentives to deliver services in RACFs. The new MBS items to be introduced through this measure will be available until 30 June 2022.

Increasing access to allied health for residents of aged care facilities (\$12.1 million)

To improve access to allied health care, the *Increasing access to allied health for residents of aged care facilities* measure will:

- Include a GP education package delivered through Primary Health Networks (PHNs) to raise awareness of the importance of ensuring people in RACFs can access necessary allied health services, with a focus on the role of allied health in supporting people with dementia, and
- Extend existing flag fall items for GPs attending RACFs in person (face-to-face) to attendances for the purpose of providing Chronic Disease Management (CDM) services

To provide incentives to allied health professionals to deliver services in RACFs, these measures will:

- Introduce new initial assessment allied health MBS items for services delivered in person in RACFs. These new initial assessment items will attract a 50 per cent price premium over the existing MBS allied health item rebates delivered in the community, recognising the additional time required to assess people living in RACFs, who mostly have complex needs. Existing MBS item rebates for allied health services will be retained for continuing care for people in RACFs.
- Increase the maximum number of CDM allied health services from five per annum, to 10 per annum for eligible recipients of Commonwealth-supported residential aged care places for services provided in person or remotely via telehealth, for physical therapies including physiotherapy, occupational therapy, and exercise physiology.
- Introduce new MBS items for allied health professionals similar to those available for GPs, including a new flag fall item for the first in person (face-to-face) service provided by an allied health provider in a residential aged care facility to the cost of providing services outside of consulting rooms.

This measure will improve access to allied health services for up to 229,871 Australians living in residential aged care. The measure will also provide additional funding to GPs and allied health professionals delivering care in RACFs, in particular for care provided in person.

Additional allied health group services for aged care residents in facilities affected by COVID-19 outbreaks (\$15.7 million)

Under the *Additional allied health group services for aged care residents in facilities affected by COVID-19 outbreaks* measure, the Australian Government will also provide funding to PHNs to commission allied health group consultations with physiotherapists, exercise physiologists and/or occupational therapists for people living in COVID-19 affected residential aged care facilities. These groups will be available to people who need rehabilitation after recovering from COVID-19 or have lost condition or mobility because of restrictions put in place to manage the outbreak.

The measure will provide:

- an initial meeting between the allied health provider and the RACF to identify patients that would benefit from the program, and to establish how the services will be delivered in that particular setting
- an initial one-on-one consultation with each patient to assess their functional mobility, care needs, and suitability for the program, and
- regular twice-weekly allied health group sessions to improve function.

The funding will be targeted to aged care residents living in facilities which experienced outbreaks and will fund initial assessment and allied health group consultations for a six month period, with an evaluation to be completed in mid to late 2021 to assess the effectiveness of the program. This measure will improve access to allied health services for the 9,002 aged care residents living in the facilities that have experienced COVID-19 outbreaks.

Recommendation 4

The Australian Government should establish a national aged care plan for COVID-19 through the National Cabinet in consultation with the aged care sector

ACCEPTED and delivered

The *Updated National COVID-19 Aged Care Plan (7th Edition)* was endorsed by the AHPPC and noted at National Cabinet on 13 November 2020 ([Attachment A](#)) and is published on the Australian Government Department of Health's website.

This plan should:

- establish a national aged care advisory body (accepted and established)
- establish protocols between the Australian Government and the States and Territories based on the NSW Protocol but having regard to jurisdictional differences (accepted and in progress/review)
- maximise the ability for people living in aged care homes to have visitors and to maintain their links with family, friends and the community (accepted and delivered)
- establish a mechanism for consultation with the aged care sector about use of Hospital in the Home programs in residential aged care (accepted and completed)
- establish protocols on who will decide about transfers to hospital of COVID-19 positive residents, having regard to the protocol proposed by Aged and Community Services Australia (accepted and completed)
- ensure that significant outbreaks in facilities are investigated by an independent expert to identify lessons that can be learnt. The results of any such investigations should be promptly disseminated to the sector (accepted and completed/ongoing process)

The *Australian Management Plan for Pandemic Influenza 2019* guided the Australian Government's initial response as reports began about a novel virus displaying human-to-human transmission in China. The Australian Government has been continuously building and adapting the response with the Aged Care Sector and with State and Territory Governments and health authorities, incorporating lessons learned from Australia and other countries. In January 2020, the Australian Government led the preparation of the Australian

Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19). This was published on 18 February 2020 and activated on 27 February 2020.

As our knowledge about the virus has grown, and circumstances have changed, we have continued to update and refine our planning documents, including the CDNA's National Guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia. The development of the national aged care plan for COVID-19 as recommended by the Royal Commission represents the seventh stage of this plan.

The Updated National COVID-19 Aged Care Plan (7th Edition)

The 7th edition of the National Plan (the National Plan) consolidates the critical work and planning already undertaken by the Australian and state and territory governments. It draws on existing COVID-19 plans, guidance and materials endorsed by the AHPPC. It presents a national approach to assist the aged care sector to be well positioned to prevent, prepare, respond and recover from COVID-19, acknowledging that flexibility is required to suit local situations occurring within jurisdictions.

The Plan, provided at Attachment A:

- Sits under and complements the Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) to ensure consistency with Australia's strategic approach to emergency management.
- Acts as an umbrella document that provides links to guidance, information and tools to support aged care recipients, their families, the aged care workforce and providers of aged care services.
- Guides the ongoing response to COVID-19 in aged care and provides the framework to support the aged care sector (residential and home based care) to prevent, prepare, respond and recover from COVID-19.
- Is a living document which will be periodically reviewed (at least every quarter), with review mechanisms to seek stakeholder feedback from across the aged care sector and states and territories.
- Allows for flexibility across jurisdictions and outbreak contexts.
- Is consistent with and links to materials endorsed by the National Cabinet and the AHPPC including:
 - o The Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19).
 - o The CDNA National Guidelines for Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Aged Care Facilities in Australia.
 - o The AHPPC's Guide to the Establishment of an Aged Care Health Emergency Response Operations Centre.
 - o The Commonwealth, State and Territory Plan to Boost Aged Care Preparedness for a Rapid Emergency Response to COVID-19.

A range of other guidance materials are also linked to the plan including the *Aged Care Quality and Safety Commission Practical guidance to support COVID-19 outbreak management planning and preparation in residential aged care services*; and state and territory guidance documents. Further guidance materials will be appended to the Plan as they are developed. To support further updates to the National Plan, the Department of Health will utilise the collaborative working arrangements established with jurisdictions to boost aged

care emergency preparedness and response capabilities. A number of sub-recommendations of Recommendation 4 rely on these ongoing, collaborative working arrangements.

The Aged Care Advisory Group (ACAG)

The ACAG was established on 21 August 2020 as a sub-committee of AHPPC. On 1 October the Group was made a permanent advisory body. The ACAG's membership includes critical expertise about the aged care sector, infection control and emergency preparedness, consumer advocacy, and public health response (refer to Terms of Reference and membership).

The ACAG has been meeting twice weekly since its establishment and has provided advice to the Australian Government and AHPPC to date on a broad range of matters including the development of the National Plan, escalation tiers for provider action, visitation guidelines for residential aged care, and infection prevention and control training requirements.

The periodic review of the National Plan has been added to the ACAG's forward work plan. This will ensure the National Plan has the appropriate level of aged care oversight and remains fit-for-purpose.

Protocols

The Australian Government continues to work collaboratively with the states and territories to develop and refine planning documents (linked to the National Plan) for COVID-19 outbreaks in aged care. This includes documenting operational arrangements for aged care emergency response centres for each jurisdiction.

All states and territories have developed outbreak management plans, guides and structures that denote high-level responsibilities for different levels of government – including the Commonwealth.

The Commonwealth and states and territories are committed to further defining specific actions in the event of an outbreak, based on lessons learned from Victoria and South Australia. For example, the Department of Health, NSW Health, the Australian Defence Force and Home Affairs are progressing a project to refine roles and responsibilities around major outbreaks. This will be shared with other jurisdictions to support ongoing planning. These additional guidelines will be linked to the National Plan.

Visitation

The AHPPC has endorsed the revised Visitation Guidelines and endorsed the COVID-19 Escalation Tiers and Aged Care Provider Responses document, which are both provided with the National Plan. These documents are linked to the National Plan. Further information is provided above in response to Recommendation 2.

Hospital in the Home (HIH) & Hospitalisation:

Key principles on Hospital in Home (HITH) program and hospitalisation transfers are also included in the National Plan. Individuals living in residential aged care who contract COVID-19 may be cared for in their RACF taking into account the resident's clinical needs, the environment, the staff and the medical oversight available, and access to appropriate in-reach support models. The best response to each situation should be determined and implemented on a case by case basis.

The HITH program is one model of in-reach support and provides an acute hospital substitution service allowing residents to receive care in a RACF. The decision to access acute care is dependent on the patient, family and medical staff, the capability of the RACF to support a HITH arrangement, and evaluation of the risk to other residents posed by having an infected resident within the RACF. There is understandably jurisdictional variation in approach around use of the HITH program.

Underpinning the *CDNA national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia*, states and territories are developing, or have developed, documentation to assist decision making about resident transfer to hospital from a RACF, outlined in the National Plan.

On 31 March 2020, a major partnership with the private hospital sector was announced as part of national efforts to address the COVID-19 pandemic. The Australian Government guarantees the viability of the private hospital sector in return for the sector making private hospital beds and its workforce available to work with the public hospital sector in addressing COVID-19.

The Commonwealth Department of Health will use the collaborative working arrangements established with jurisdictions and the aged care sector to continue to progress the use of Hospital in the Home programs and the development of hospital transfer guidance, noting that flexibility is required to suit local situations occurring within jurisdictions. This further builds the evidence base around implementing such policies in particular contexts. As further guidance is developed and finalised it will be added to the National Plan.

Outbreak Reviews

Since April 2020, the Commonwealth has commissioned four independent reviews of COVID-19 outbreaks in residential aged care services:

- Newmarch House (Sydney) - report released on 21 August 2020
- Dorothy Henderson Lodge (Sydney) - report released on 25 August 2020
- St Basil's Home for the Aged (Melbourne) – report due by 30 November 2020, and
- Heritage Care Epping Gardens (Melbourne) - report due by 30 November 2020.

The independent Aged Care Quality and Safety Commission is reviewing every facility where there has been an outbreak. The Commonwealth has commissioned a further national review to examine lessons learnt from the management of outbreaks, and identify critical success factors, which could increase the likelihood of rapid detection, and timely remediation or response from providers. This review is not service specific, but rather seeks to draw general conclusions from provider experiences including the support provided by relevant government agencies which may have mitigated the risk of broader outbreaks in residential aged care facilities. The work will include a comprehensive analysis about lessons learned once completed. The review is expected to be completed by the end of March 2021.

The ACQSC and the Department of Health also continue to undertake case management, as well as infection control spot checks and monitoring of outbreaks. In addition, the ACQSC launched a 'lessons learned' project in October 2020, which aims to collect and share the lessons learnt by providers who experienced COVID-19 outbreaks in one or more of their residential aged-care services.

The ACAG will consider any facility outbreak reviews required. With regards to the investigation and lessons learned from significant outbreaks, every lesson informs existing

and new activities and the work of ACAG. This information is regularly shared with the aged care sector through a range of communication mechanisms.

Recommendation 5

All residential aged care homes should have one or more trained infection control officers as a condition of accreditation. The training requirements for these officers should be set by the aged care advisory body we propose.

ACCEPTED and completed/in progress

The Australian Government has accepted this recommendation and provided funding of \$217.6 million to residential aged care providers in October (as part of a \$245 million measure), to be used for COVID-19 preparedness and response, including to support the costs of engaging an Infection, Prevention Control (IPC) lead. The Government has also agreed that residential aged care providers will be required to demonstrate, as part of the accreditation process, evidence relating to IPC leads. ACAG has advised on training parameters. Providers have been advised about expectations with regards to IPC leads.

Infection Prevention and Control Leads

In August 2020 funding of \$217.6 million (as part of a \$245 million measure) was announced to assist aged care providers to support COVID-19 efforts to prepare and respond to COVID-19 and specifically to support the costs of engaging an Infection, Prevention Control (IPC) lead.

The Minister for Aged Care and Senior Australians, Minister Colbeck wrote to residential aged care providers on 13 October 2020 regarding the expectations of this role in connection with this COVID support payment. In particular, the letter noted that the IPC lead:

- must be a designated member of the nursing staff who has completed (or initially is in the process of completing) an identified IPC course;
- is employed by the Approved Provider and reports to the Approved Provider, which retains overall responsibility for IPC in accordance with its obligations under the *Aged Care Act 1997*;
- observes, assesses and reports on IPC of the service, and assists with developing procedures/provides advice within the services; and
- must be engaged onsite for each facility and dedicated to that facility; and may have a broader role within the facility and could be an existing member of the nursing staff.

The Secretary of the Department of Health provided further advice to residential aged care providers regarding IPC lead requirements via a letter on 6 November 2020. The letter advised:

- the IPC lead must be a designated member of the nursing staff who has completed an identified IPC course (or initially is in the process of completing). This requirement has been placed at nurse level (RN or EN) in recognition of the need to be involved in the clinical aspects of a service, level of expertise expected and ability to have influence at a service. It is expected this role will also provide an additional career pathway for nurses in aged care.

- By 1 December 2020, each residential aged care facility must have appointed an IPC clinical lead.
- By 31 December 2020, this IPC lead must:
 - o at a minimum, have completed the Department’s COVID-19 focused online training modules, specifically
 - Infection Control Training – COVID 19, and
 - all aged care modules (except those which relate to home care), and
 - o have enrolled in, and/or commenced a suitable IPC training course if they do not have suitable existing qualifications.

Individuals enrolled in training courses must have an identified date for completion that is prior to 28 February 2021. It is expected that the second COVID-19 supplement will be used to fund this IPC lead and their training.

Expert Advice

On advice from ACAG, it has been determined that, for an IPC lead course to be deemed suitable, it must:

- focus on infection prevention and control;
- be specified at the level of AQF8 (Australian Qualifications Framework Level 8 – out of 10 on a scale of complexity);
- be delivered by a recognised education or training provider; and
- have an assessment, or assessments, that facilitate successful completion of the course.

Accreditation

The ACQSC is amending its guidance for providers in relation to the Quality Standards (specifically Standard 3) to include reference to the Government’s expectation that every residential aged care service will have an onsite IPC lead. The ACQSC will also communicate to providers that it will have regard to this expectation in its monitoring and assessment of residential aged care services.

All residential aged care providers are required to demonstrate their compliance with the Aged Care Quality Standards. This includes obligations under Standard 3, which requires providers to demonstrate minimisation of infection-related risks. The Aged Care Quality and Safety Commission, as part of the accreditation process, will have regard to evidence relating to IPC leads (including their role within the facility, their qualifications and what additional training they have undertaken to ensure currency of skills) when assessing compliance with the standards.

Recommendation 6

The Australian Government should arrange with the States and Territories to deploy accredited infection prevention and control experts into residential aged care homes to provide training, assist with the preparation of outbreak management plans and assist with outbreaks.

ACCEPTED and in progress

The Australian Government will increase its contribution under the National Partnership on COVID-19 Response from 50 to 100 per cent for activity by the states to support aged care services, particularly infection and prevention control (IPC) training, and co-ordinated preparedness and response. The Commonwealth is also working collaboratively with jurisdictions to continue to support preparedness and response.

Australian and state and territory governments are working in partnership to continually strengthen preparedness for responding to a rapid escalation of COVID-19 in the aged care sector by monitoring, testing and supporting preparedness of aged care services to respond to a COVID-19 outbreak, including with respect to outbreak management plans; and infection prevention and control training.

The Commonwealth is working collaboratively with the states and territories to ensure the extended delivery of contemporary and relevant face-to-face IPC training is available to the sector. In the event of an outbreak, the Australian and state and territory governments have and will continue to work together to ensure IPC expertise are on-site as needed.

Commonwealth-State Plan for Boosting Preparedness

The Australian Government has been working with state and territory governments to implement a decision of National Cabinet of 21 August to implement three actions to boost preparedness at the provider, local, state and national level of:

1. Ongoing assessment of the preparedness of aged care providers.
2. Auditing of State and Territory emergency response capabilities and planning for the standing up of joint health aged care emergency responses.
3. Prioritisation of additional face-to-face infection prevention and control training for residential aged care providers.

All state and territory governments have established aged care emergency response centres and have confirmed that these Centres can be activated within 48 hours of an outbreak.

Infection Prevention and Control

In line with the 21 August National Cabinet decision, the Australian Government has been working with state and territory governments on uplifting IPC training in RACFs. Additional IPC training has been developed and/or delivered across all jurisdictions, and continues to be rolled out. This has been implemented through a range of approaches, in consideration of each jurisdiction's unique circumstances, including:

- Delivering on-site training in Personal Protective Equipment 'donning' and 'doffing';
- Rolling out a 'train-the-trainer' package at the aged care provider level, to support the flow-on of training at the service level;
- Conducting virtual and/or in-person workshops with video recordings being made available online to ensure ongoing access to training content;
- Working with RACFs to provide expert advice, support and resources on IPC procedures; and
- Developing and/or making available, online infection control training modules and other supporting resources

States and territories continue to consider how best to tailor their IPC training to the unique characteristics of the aged care workforce in RACFs, such as:

- Ensuring ongoing competency through approaches such as online refresher components; and
- Considering how best to deliver training to workers from diverse backgrounds who may not engage well with an online component (e.g. delivery of online training in a group environment).

This is in addition to the online training provided by the Commonwealth. As at 16 November 2020, over 1.3 million people had completed the Commonwealth funded foundation infection prevention and control online training course for care workers, including over 194,000 aged care workers.

The Aged Care Quality and Safety Commission is also currently working with state and territory governments, and local health authorities across the nation to monitor and test preparedness of aged care services to respond to a COVID-19 outbreak. The Commission continues to undertake unannounced monitoring visits with residential aged care services nationally to observe infection control defences at the service to prevent transmission and to recognise and respond to symptoms of COVID-19; this is to ensure that everyone is adhering to infection control arrangements including safe PPE protocols.

Between 1 March 2020 and 26 November 2020 a total of 1,791 service visits related to monitoring infection control practices have been undertaken by the Commission; 1,599 of these were targeted infection control monitoring “spot checks” at residential care services.

The Commission’s program of work has also included supporting residential and home care services through:

- Issuing guidance, instructions, resources and online videos to support the sector in their COVID planning and preparedness
- Delivering targeted webinars to the sector to assist preparations and share learnings
- Service self-assessment surveys
- Phone based assessment contacts on infection control processes
- Phone based assessment contacts on key risks affecting the sector in relation to the pandemic.

Under the *Aged Care Quality Standards in the Aged Care Act 1997*, every aged care provider is responsible for ensuring that they have sufficient staff with the necessary knowledge and skills to provide safe, respectful and quality care and services. Providers are also responsible for ensuring that staff have the necessary training, including in infection control practices and procedures, and in the appropriate use of PPE including gloves, masks, face shields and gowns.

With respect to IPC training available for aged care workers, the Certificate III in Individual Support includes a core unit that equips students to follow safe work practices. This includes information on infection control.

Students are also able to undertake an elective unit that provides specific skills and knowledge on infection control, suited to workers who are operating in a clinical environment (HLTINF001 Comply with infection prevention and control policies and procedures). This unit was also made into a skill set (or short course) by the Australian Industry and Skills Committee Emergency Sub-Committee in May 2020 given the increased need to ensure workers in clinical settings had access to increased infection control training. Funding is

available to support students undertaking HLTINF001 (or the Skill Set it is contained in HLTSS00064) through the Infection Control Training Fund.

In addition, from 9 September 2020 newly enrolled students in Certificate III training in Individual Support (Aged Care) are now required to complete modules on IPC. Registered Training Organisations (RTOs) delivering Certificate III have been encouraged to include this infection control competency as mandatory with students who commenced their training prior to 9 September 2020.

The ACAG has advised that a minimum level of IPC training should be mandatory for all residential aged care workers, in addition to the IPC lead requirements, taking into account the specific needs of Aboriginal and Torres Strait Islander providers. Additionally, training needs to be regular and ongoing, in order to mitigate the high levels of staff turnover. The ACAG also advised that consideration should be given to mandating IPC modules as part of Certificate III training for a broader range of RACF workers.

The letter from the Department of Health Secretary to all aged care providers noted the general principles of IPC in residential aged care facilities including that all staff should be trained in basic IPC practices when they begin employment at the facility and at regular intervals (annually or more frequently, as required). Providers are reminded of the need to provide a basic level of IPC training to all staff at aged care facilities.