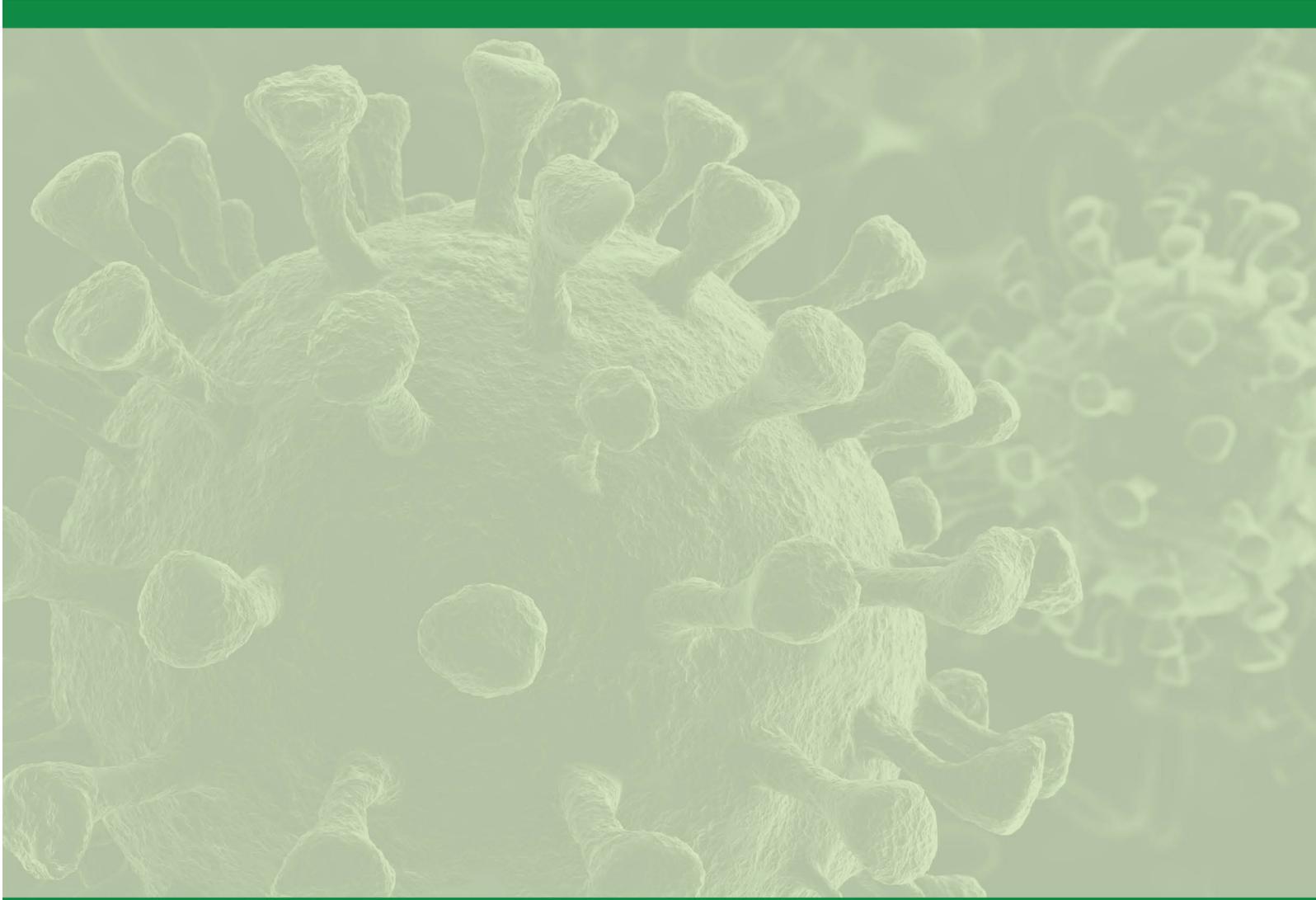




Australian Government

BE COVIDSAFE



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

November 2020

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PART 1: Overview of the National COVID-19 Aged Care Plan (7th edition)

Introduction

The COVID-19 pandemic has had a profound impact on older people, both globally and here at home. Older people and residents of aged care facilities are particularly at risk of severe illness from COVID-19.

The Updated National COVID-19 Aged Care Plan (7th Edition) consolidates the critical work already undertaken by the Commonwealth and state and territory governments in responding to COVID-19 in aged care.

The Updated National COVID-19 Aged Care Plan sits under and complements the [Australian Health Sector Emergency Response Plan for Novel Coronavirus](#)¹ (the Health Sector Plan) to ensure consistency with the national health response to the pandemic.

The Health Sector Plan is designed to guide the Australian health sector response to COVID-19. The strategic objectives across all stages and activities proposed in the Health Sector Plan are to:

- Identify and characterise the nature of the virus and the clinical severity of the disease in the Australian context
- Minimise transmissibility, morbidity and mortality
- Minimise the burden on/ support health systems
- Inform, engage and empower the public.

The Updated National COVID-19 Aged Care Plan is designed to guide 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.

It provides links to guidance, information and tools to support aged care recipients, their families, the aged care workforce and providers of aged care services.

While the Updated National COVID-19 Aged Care Plan presents a national approach, flexibility will be required to suit local situations occurring within jurisdictions, as state and territory governments have constitutional responsibility for public health.

On 1 October 2020, the Royal Commission into Aged Care Quality and Safety released a special report into the impact of COVID-19 on aged care. The report made six recommendations for immediate Government action to support the aged care sector, Recommendation 4 was for the Australian Government to establish a national aged care plan for COVID-19 through the National Cabinet in consultation with the aged care sector.

The Australian Government has updated the National COVID-19 Aged Care Plan to its 7th Edition in consultation with the Australian Health Protection Principal Committee (AHPPC) Aged Care Advisory Group. It is a living document and will be periodically reviewed (at least every quarter). Review mechanisms will seek stakeholder feedback from across the aged care sector.

This Plan consolidates and builds upon existing planning and guidance documents that have supported the Aged Care Sector through the initial phases of the pandemic.

Context

Globally, the COVID-19 pandemic has disproportionately affected older people, especially those receiving long-term care. The World Health Organization (WHO) states that in many countries, evidence shows that more than 40 per cent of COVID-19 related deaths have been linked to

¹ Published 18 February 2020; last updated on 23 April 2020

long-term care facilities, with figures being as high as 80 per cent in some high-income countries. Australia has had fewer deaths – both total and in aged care homes – than most other countries.

Many older people in residential aged care facilities (RACFs) or receiving aged care supports in their homes have complex chronic conditions or ongoing disability that puts them at greater risk of severe disease if exposed to COVID-19. Many older people also receive assistance with activities that rely on close contact, sometimes from multiple workers increasing the risk of exposure to the individuals and workers caring for them.

Aged care is delivered in a range of settings including an older person's home. RACFs are first and foremost the home of the resident, and as such have an environment, layout and furnishing (including personal possessions) much as would be found in a family home. Activities related to daily life are part of the regular and core functioning of a RACF with these facilities providing community access, entertainment, social engagement, maintenance of psychological wellbeing, and maintenance and support of independent functioning.

Aboriginal and Torres Strait Islander people are at a higher risk from morbidity and mortality during a pandemic and for more rapid spread of disease, particularly within discrete communities and facilities such as aged care services. As a result, aged care settings require increased levels of risk mitigation and support to prevent COVID-19 transmission whilst ensuring that older people, their families and carers, and worker's rights are respected and quality care continues to be delivered.

In 2018–19, over 1.3 million people in Australia received some form of aged care². The great majority received home-based care and support, and relatively few lived in residential care:

- 840,984 people received home support through the CHSP
- 133,439 people received care through a home care package
- 65,523 people received residential respite care, of whom 34,984 (approximately 53 per cent) were later admitted to permanent care
- 242,612 people received permanent residential aged care.

People also accessed care through flexible care programs and other aged care programs.

The COVID-19 pandemic has been an immense challenge for our aged care sector and the aged care workforce who like the broader health workforce are working at the front line of this pandemic. During the COVID-19 pandemic, no country has been able to avoid outbreaks or deaths in residential aged care when there has been widespread community transmission.

As Australia moves towards reopening under the guidance of the [Framework for National Reopening](#) (October 2020) there is an ongoing and potentially increased risk of introduction of COVID-19 from overseas. In addition to strong quarantine and isolation, we need ongoing cooperation of the public to undertake activities in a COVIDSafe manner and to continue to present for testing. Australia's response and continued work is based on the science and evidence around transmission of the disease. To be COVIDSafe requires continuous evaluation of the effectiveness and implementation of the plans. Measures to identify and manage localised outbreaks should be driven by public health advice, with a focus on at-risk populations such as recipients of aged care. The Commonwealth and state and territory governments are committed to preparing and supporting the sector, workforce, older people and their families to respond to any future outbreaks as well as charting the course for the sector's recovery.

Endorsed COVID-19 Aged Care Guidance

The following key national aged care statements and guidelines have been reviewed and endorsed by the Australian Health Protection Principal Committee (AHPPC). They were developed by the AHPPC subcommittees of Communicable Diseases Network Australia (CDNA) and Infection Control

² https://www.gen-agedcaredata.gov.au/www_aihwhgen/media/ROACA/2018-19-ROACA.pdf

Expert Group (ICEG). They have been and are key sources for the aged care sector. Jurisdictions implement these plans within the context of their own epidemiological and system contexts.

- [CDNA national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia](#)³
- The CDNA has developed these national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia. Provided at Appendix A below. Note that these guidelines are currently under review.
- [Coronavirus \(COVID-19\) Guide for Home Care Providers](#)⁴
- This guide is for providers of aged care and disability services who offer home care and support services to older people living at home and people with disability living in the community. It provides information and guidance on how to stay safe from Coronavirus (COVID-19). Provided at Appendix B below.
- [AHPPC Coronavirus \(COVID-19\) Statement: Recommendations to Residential Aged Care Facilities](#)⁵
- A statement from the AHPPC about additional public health measures to provide advice to the National Cabinet in relation to strengthening the control of COVID-19 in Australia.
- [ICEG Coronavirus \(COVID-19\) Environmental cleaning and disinfection principles for health and residential care facilities](#)⁶
- Advice developed by the ICEG and endorsed by the AHPPC.
- [ICEG Coronavirus \(COVID-19\) guidelines for infection prevention and control in residential care facilities](#)⁷
- ICEG have developed these national guidelines for COVID-19 infection prevention and control in residential care facilities in Australia.
- [AHPPC advice on residential aged care facilities](#)⁸
- Advice from the AHPPC for RACFs about minimising the impact of COVID-19.
- [AHPPC update to residential aged care facilities about minimising the impact of COVID-19](#)⁹
- A statement from the AHPPC to update residential aged care facilities about minimising the impact of COVID-19.
- [ICEG Coronavirus \(COVID-19\) – Recommended minimum requirements for the use of masks or respirators by health and residential care workers in areas with significant community transmission](#)¹⁰
- Guidelines from the ICEG on precautions for health care workers in areas with significant community transmission should take to protect themselves against COVID-19.
- [ICEG guidelines on cleaning and disinfection of protective eyewear in health and residential care facilities](#)¹¹
- Guidelines from the ICEG on cleaning and disinfection of protective eyewear in the context of the COVID-19 pandemic.

³ Published 13 March 2020; last updated on 29 July 2020

⁴ Published 2 April 2020; last updated on 21 May 2020

⁵ Published 17 March 2020

⁶ Published 26 March 2020; last updated on 16 September 2020

⁷ Published 2 April 2020; last updated on 11 September 2020

⁸ Published 22 April 2020

⁹ Published 19 June 2020

¹⁰ Published 30 July 2020; last updated on 11 September 2020

¹¹ Published 30 July 2020; last updated 24 August 2020

- [AHPPC Guide to the Establishment of an Aged Care Health Emergency Response Operations Centre](#)¹²
- The Guide to Establishment of an Aged Care Health Emergency Response Operations Centre complements existing emergency response planning for the health and aged care sectors. Provided at Appendix C above.

The Aged Care Quality and Safety Commission (the Commission) has also developed a suite of guidance materials and additional resources that are available on the Aged Care Quality and Safety Commission's [website](#). This includes the new [Practical guidance to support COVID-19 outbreak management planning and preparation in residential aged care facilities](#) provided at Appendix I.

The Plan

The AHPPC recognised early in the COVID-19 pandemic that older people including those receiving care at home services and residents of RACFs were particularly at greater risk of severe disease if exposed to COVID-19. Accordingly, the health and wellbeing of this population has been in the deliberations of the AHPPC throughout the pandemic.

The updated National COVID-19 Aged Care Plan (7th Edition) consolidates the critical work and planning already undertaken by the Commonwealth and state and territory Governments in responding to COVID-19 in aged care through the AHPPC and National Cabinet. This includes the CDNA guides for outbreak management in aged care, the Guide to the Establishment of an Aged Care Health Emergency Response Operations Centre and the Commonwealth, state and territory plan to boost aged care preparedness for a rapid emergency response to COVID-19. This plan will continue to guide the ongoing response and provides the framework to support our aged care sector to prevent, prepare, respond and recover from COVID-19.

The plan also complements national plans and guidelines developed for people with a disability and Aboriginal and Torres Strait Islander people as follows: the [Management and Operational Plan for COVID-19 for People with Disability](#); the [Management Plan for Aboriginal and Torres Strait Islander Populations](#) and the [CDNA National Guidance for remote Aboriginal and Torres Strait Islander communities for COVID-19](#).

While the AHPPC has endorsed plans relating to aged care and their revisions, jurisdictions implement these plans within the context of their own epidemiological and system contexts.

An AHPPC Aged Care Advisory Group (the [Advisory Group](#)) has been established to support the national public health emergency response to COVID-19 in aged care and will provide ongoing guidance and advice in the implementation of this plan. The Advisory Group brings together expertise about the aged care sector, infection control, emergency preparedness and public health response.

Informing the development of this National COVID-19 Aged Care Plan are the many lessons that we have learned from COVID-19 outbreaks in our aged care sector. These include, but are not limited to, the Review of Dorothy Henderson Lodge COVID-19 Outbreak and the Newmarch House COVID-19 Outbreak Independent Review and the lessons from the second wave outbreaks experienced in Victoria. We are constantly learning—from the good and the poor outcomes— and re-adjusting and refining our preparedness and response arrangements.

Quality of care for older Australians is dependent upon ensuring the right balance of protections and infection prevention responses. It is crucial that protection of the rights of older Australians continues in any response, and is informed by the Industry Code for Visiting Residential Homes during COVID-19. Aged care providers and emergency response centres also need to ensure they are working with Primary Health Networks (PHNs), and GPs who provide regular care to each facility, ensuring:

- Adherence to local public health orders;

¹² Published 21 August 2020

- All residents in RACFs are entitled to access a full range of primary care and allied health services;
- Individual needs should be assessed by a relevant health professional and a plan tailored to the individual; and
- All care needs to be coordinated, evidence-based and effective.

Primary Health Networks across the country are assisting in making these connections at a local level, such as the North Western Melbourne Primary Health Network's [COVID-19 information for GPs and residential aged care facilities](#); and the [North Coast Primary Health Network's COVID-19 Residential Aged Care Facility Outbreak GP Framework Guidelines](#).

However, despite targeted efforts to enable solid planning and preparedness of aged care approved providers, an outbreak may not be able to be avoided. For approved providers, a renewed focus on their legislative responsibilities under the *Aged Care Act 1997* is of critical importance at this time. These responsibilities are about:

- The quality of care provided;
- The user rights of people receiving care; and
- Being accountable for the care provided.

In an event that a COVID-19 outbreak does occur, this focus on responsibilities will strongly support the continued safety, quality of care and wellbeing of home care and residential care recipients and staff.

1.1. Key Principles

The following principles underpin the Plan:

All Australians should be able to access healthcare and live with dignity, regardless of their age and where they live

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

Australians receiving aged care services have the same right to maintain their mental health and wellbeing as others in the community

Older people, their families, carers, the aged care workforce and the aged care sector are informed and understand what to do during the pandemic and how to access supports available to them

The aged care workforce is respected and supported to deliver safe care to older Australians.

Older people receiving Australian Government funded aged care services have the right to be properly looked after, treated well and given high quality care and services with the rights of older people protected by the Charter of Aged Care Rights.

Hotspot¹³ and Escalation Tiers¹⁴

The Commonwealth definition of a hotspot is specifically for identifying areas to prioritise provision of Commonwealth support. The Commonwealth trigger for consideration of a COVID-19 hotspot in a metropolitan area is the rolling 3 day average (average over 3 days) of 10 locally acquired cases per day. This equates to over 30 cases in 3 consecutive days.

¹³ Listing areas of COVID-19 local transmission as hotspots for the purpose of provision of Commonwealth support (1 September 2020) <https://www.health.gov.au/sites/default/files/documents/2020/09/listing-areas-of-covid-19-local-transmission-as-hotspots-for-the-purpose-of-provision-of-commonwealth-support.pdf>; accessed 29 October 2020

¹⁴ Coronavirus (COVID-19) – National aged care guidance – escalation tiers and aged care provider responses (12 November 2020) <https://www.health.gov.au/resources/publications/coronavirus-covid-19-national-aged-care-guidance-escalation-tiers-and-aged-care-provider-responses>, accessed 19 November 2020

The Commonwealth trigger for consideration of a COVID-19 hotspot in a rural or regional area is the rolling 3 day average (average over 3 days) of 3 locally acquired cases per day. This equates to 9 cases over 3 consecutive days.

Note that the categorisation of a hotspot can also differ by jurisdiction as state and territory governments have constitutional responsibility for public health with Public Health Units (PHUs) responsible for outbreak management. State and territory governments will therefore be the primary decision makers with regards to identifying a hotspot for purposes other than activation of Commonwealth support. When an aged care service is in a designated hotspot area, the Commonwealth Government will initiate processes related to specific support programs (such as the Support for Aged Care Workers in COVID-19 Grant). This will be a decision for the Commonwealth Government but will be informed by advice from the relevant state or territory Government and the AHPPC based on the particular circumstances.

Table 1 details three escalation tiers and provides an overview of the:

- Situation or scenario that is commonly seen against each tier
- Overarching public health objective against each tier
- Focus of action to take in response to a situation of escalating, or de-escalating, COVID-19 outbreak. For example, Tier 2 to be actioned in identified hotspots or an outbreak in a single RACF.

The focus of action at each tier may vary based on jurisdictional decisions under their constitutional responsibility for public health. Jurisdictions can adapt the actions under tiers as determined by their epidemiological and health system contexts.

In addition to the AHPPC, decisions made in relation to triggers or thresholds as a basis for activation of a particular action will be guided by advice from the Director of Public Health in each state, based on local circumstances including the epidemiology of COVID-19.

Under the Commonwealth Government's definition, an area will no longer be considered a hotspot when, for a period of 14 days:

1. There are no cases associated with residents or staff in residential aged care facilities; and
2. The number of cases in the relevant states in the last 7 days is $<0.2/100,000$ population.

This criteria is publicly reported in the COVID-19 common operating picture.

Table 1: COVID-19 Escalation Tiers

*Note: **bold text** indicates the focus of action is REQUIRED; normal text indicates the focus of action is RECOMMENDED.

tier	TIER 1	TIER 2	TIER 3
Situation	Epidemic of no transmission or no locally acquired cases; only cases are those from people who have travelled overseas.	Epidemic of jurisdictionally defined hotspots such as: Localised outbreaks with cases occurring in: Households, <ul style="list-style-type: none"> • Licenced venues, • Fitness centres, • Shopping centre. OR <ul style="list-style-type: none"> • A single case in a setting with high transmission risk such as a correctional facility or a RACF. OR <ul style="list-style-type: none"> • A flag such as an upstream source not able to be identified. 	Epidemic of COVID-19 in the community.
Public Health Objective	Prevent introduction of COVID-19.	<ul style="list-style-type: none"> • Investigate and control • Prevent further COVID-19 spread • End the chain of transmission. 	<ul style="list-style-type: none"> • Control COVID-19 transmission • Prevent seeding to new areas • Clinical care.
Focus of Action for Aged Care*	Preparedness measures	<ul style="list-style-type: none"> • Preparedness measures • Masks • Full PPE 	<ul style="list-style-type: none"> • Preparedness measures • Masks • Full PPE • Visitation restricted • Single site workforce • Symptomatic/Asymptomatic testing

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tier	TIER 1	TIER 2	TIER 3
		<ul style="list-style-type: none"> • Visitation restricted¹⁵ • Single site workforce • Deployment of surge workforce • Symptomatic testing • IPC expertise • Interaction with the Public Health Unit (PHU) • Contact tracing. 	<ul style="list-style-type: none"> • Private hospital capacity to support care of aged care residents • Deployment of surge workforce • Aged Care Emergency Response Centres activated.

¹⁵ Coronavirus (COVID-19) – National aged care guidance – aged care visitation guidelines (12 November 2020)

<https://www.health.gov.au/resources/publications/coronavirus-covid-19-national-aged-care-guidance-aged-care-visitation-guidelines> accessed 19 November

Coronavirus (COVID-19) – National aged care guidance – visitation recommended actions by tier (12 November 2020)

<https://www.health.gov.au/resources/publications/coronavirus-covid-19-national-aged-care-guidance-visitation-recommended-actions-by-tier> accessed 19 November 2020

Ethical Framework

The National COVID-19 Aged Care Plan (7th edition) supports our aged care sector to prevent, prepare, respond and recover from COVID-19. In 2008, AHPPC agreed on an ethical framework to guide health sector responses. These values will be considered when planning and implementing actions under this plan, and a summary of the framework is provided at [Appendix D](#).

Older Australians have the right to be protected from COVID-19. It is vital that, wherever possible, we balance people's vulnerability to this virus with their ongoing rights to autonomy. It is vital that we acknowledge that all lives, regardless of age, are of equal value.

Difficult decisions will continue to be made during this time, but we can ensure that basic human rights principles such as respect and dignity continue to guide us. We can ensure that measures are transparent, reasonably necessary, for the minimum time and that the decision-makers are accountable.

There is also a right to protect the aged care workforce, and support them as they provide care during the pandemic and into the future.

Legal Framework

Although Australian Government legislation and regulations, and state and territory public health and emergency response laws provide a legislative framework to underpin actions that may be required to respond to COVID-19, measures will rely on voluntary compliance rather than legal enforcement wherever possible. The principal areas of legislation available to support pandemic actions are: (more information about each area is contained at [Appendix E](#)).

- State and territory government legislative powers
- *Aged Care Act 1997*
- *Aged Care Quality and Safety Commission Act 2018 and Rules*
- *The Biosecurity Act 2015*
- *The National Health Security Act 2007*
- *Therapeutic Goods Act 1989*
- *Work Health and Safety Act 2011*.

Roles and Responsibilities

The National COVID-19 Aged Care Plan (7th edition) is written for government decision makers and will be used to inform operational planning in state and territory governments and the broader Australian Government. The primary parties to the National COVID-19 Aged Care Plan (7th edition) will be the Australian Government Department of Health (Department of Health) and state and territory health departments. The Department of Health has lead responsibility for implementation of the Plan and engagement with states and territories.

The participation of, or coordination with other government agencies at Australian Government and state and territory government level will be necessary to implement many of the Plan activities.

A clear understanding of the roles and responsibilities between parties responding to the COVID-19 pandemic will support quick decision making and efficient, coordinated use of resources. This section summarises the roles and responsibilities of the Australian Government in key aspects of managing the pandemic, the roles and responsibilities of the state and territory governments, and where roles and responsibilities are jointly shared by these two parties.

Aged care providers are also key parties involved in responding to the COVID-19 pandemic, and information has been included concerning their roles and responsibilities under the *Aged Care Act 1997* and the *Aged Care Quality and Safety Commission Act 2018*.

Aged care providers are expected to comply with their responsibilities under relevant legislation to support the safety, care and wellbeing of aged care recipients.

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 Commonwealth also has a role in protecting aged care sector needs, ensuring they are considered in the event of a state of emergency.

State and territory governments have constitutional responsibility for public health, with Public Health Units (PHUs) responsible for outbreak management. This includes ensuring access to public hospital services based on clinical need and the issuing of public health directives relevant for aged care.

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.

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

The Aged Care Quality and Safety Commission is leading the assessment of preparedness of residential aged care providers to respond to outbreaks of COVID-19, in addition to fulfilling its usual regulatory and compliance functions.

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 RACFs, 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).

Joint Australian, State and Territory Government Working Arrangements

The Australian and state and territory governments are committed to supporting our aged care sector to prevent, prepare, respond and recover from COVID-19.

Joint action will be implemented under the auspices of the [Health Sector Plan](#) and relevant Commonwealth, state and territory legislation.

On 21 August 2020 the National Cabinet agreed the Commonwealth, state and territory plan to boost aged care preparedness for a rapid emergency response to COVID-19 (provided at [Appendix F](#)) to provide a coordinated approach to action and strengthen preparedness for responding to a rapid escalation of COVID-19 in the aged care sector as a result of increased community transmission. Actions identified in this plan complement existing Commonwealth, state and territory COVID-19 response activity; and facilitate a coordinated emergency response integrated with state health emergency response arrangements.

Some jurisdictions have formalised these arrangements, for example the NSW Protocol highlighted as an example below – the Department of Health, Aged Care Quality and Safety Commission and the NSW Ministry of Health [Protocol to support joint management of a COVID-19 outbreak in a residential aged care facility \(RACF\) in NSW](#) (the NSW Protocol).

The NSW Protocol is principles-based and sets out governance structures, reporting and escalation procedures, and expectations around information sharing and timeframes to:

- Make the roles and responsibilities of government agencies and the aged care provider clear
- Support the best possible care for all residents in the aged care facility where the outbreak occurs
- Contain and control the outbreak to bring it to an end as quickly and safely as possible.

The Commonwealth continues to work with state and territory governments to develop similar protocols in the establishment of aged care emergency response centres in each jurisdiction with regard to jurisdictional public health arrangements. Key documents for each jurisdiction are found in the table below.

Maintaining currency of documents is an ongoing responsibility of all parties so that people accessing the Plan are assured they have the latest information. An annotated summary of COVID-19 aged care resources is provided at [Appendix G](#).

Table 2. Key state and territory preparedness and response documents

Jurisdiction	Document
ACT	The COVID-19 Residential Aged Care Sector Preparedness and Response Plan Aged Care Sector Information
NSW	Outbreak Management: Governance Structure NSW COVID-19 Incident Action Plan Protocol to support joint management of a COVID-19 outbreak in a residential aged care facility
NT	Residential aged care information
Queensland	COVID-19 Outbreak Management – Preparing and responding – Guidance for Residential Aged Care Facilities in Queensland Aged Care Sector Information Management of suspected or confirmed COVID-19 in residential aged care facilities booklet
SA	South Australian COVID-19 Strategy for Residential Aged Care Facilities Residential Aged Care Direction No 10
Tasmania	COVID-19 Case and outbreak management framework for Tasmanian Settings COVID-19 Outbreaks in Residential Aged Care Facilities – Toolkit to support planning, preparedness and response
Victoria	Coronavirus (COVID-19) Plan for the Victorian Aged Care Sector Aged care sector information
WA	COVID-19: Outbreak Response Plan for Residential Aged Care Facility COVID-19 guidelines for Western Australian community-based care

Communications

The Australian Government is responsible for communications to the public and the health care sector at a national level, with direct responsibility for communications with the primary care sector. The Australian Government will also disseminate relevant tailored information to aged care and other residential facilities through approved providers and regulatory processes.

State and territory governments are responsible for jurisdictional and local communications to the public and the health care sector. They are also responsible for reporting issues to the National Incident Room (NIR) which might require a coordinated response and/or as required for reporting.

The following key principles will be applied across all our communications activities:

- Respect for all parties
- Communications to be culturally safe, and consider culturally and linguistically diverse communities and people
- Openness and transparency
- Accurate risk communication, including where there is uncertainty
- Communications as a two-way process
- Use of existing communication channels and protocols, where possible
- Consistent, clear messages
- Regular, timely provision of tailored information
- Early release of public messages
- Timely response to queries
- Use of social media where appropriate
- Use of specific communication methods to facilitate communication with at-risk populations
- Flexible selection of methods appropriate to the situation at the time, and
- Use of a wide range of communications methods to reach a broad audience.

The Department of Health, the Aged Care Quality and Safety Commission, as well as state and territory governments and non-government sector, have issued a significant amount of guidance material to aged care providers (primarily residential, but also home care) in relation to COVID-19. This ranges from material about personal protective equipment (PPE) and infection prevention and control (IPC) through to visitation procedures and workforce retention payments.

The Department of Health is undertaking extensive review of all communications materials to ensure it is accurate, up to date and easily accessible, with some changes already implemented. This is a progressive body of work and will continually be updated and monitored for accuracy and consistency.

Under existing arrangements, policy and scientific clarification as well as advice on inconsistencies in clinical information is sought from the relevant experts i.e., CDNA and ICEG. Advice from CDNA and ICEG results in revision of content to ensure consistent advice.

PART 2: Prevention, Preparedness, Response & Recovery

Consistent with Australia's strategic approach to health emergency management, the National COVID-19 Aged Care Plan acknowledges the importance of seeing the management of a pandemic, like any hazard, within an ongoing cycle of activities in the four areas of:

- Prevention
- Preparedness
- Response, and
- Recovery.

The CDNA have developed [national guidelines](#) for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia. This guideline is provided to assist public health authorities, residential care services, healthcare workers and carers by providing best practice information for the prevention and management of COVID-19 outbreaks in residential care facilities.

The Australian Technical Advisory Group on Immunisation (ATAGI) is developing advice to support planning for national distribution and use of safe and effective COVID-19 vaccines, once available. The initial priority groups for COVID-19 immunisation identified by ATAGI are:

- People who have an increased risk, relative to others, of becoming very sick or dying from COVID-19 should they contract it.
- People who are at increased risk of exposure and hence being infected with and transmitting SARS-CoV-2 to others at risk of severe disease or are in a setting with high transmission potential.
- People working in services critical to the functioning of our society, including select essential services staff and people working in supply and distribution of essential goods and services.

In line with this advice, aged care workers and the elderly will be a priority, based on the health advice for each vaccine.

There is emerging evidence relating to the risk of physical and psychosocial deconditioning of at-risk populations through measures taken to protect them from exposure to COVID-19. Managing the additional deconditioning and mental health risks requires consideration of individual needs at all stages and the adoption of reablement approaches to care.

1. Prevention and Preparedness

1.1. Objective

Under the Australian Government Crisis Management Framework (AGCMF), prevention is about measures to eliminate or reduce the incident or severity of a crisis. Preparedness is about arrangements to ensure that, should a crisis occur, the required resources, capabilities and services can be efficiently mobilised and deployed. The [Health Sector Plan](#) details how this objective sits within the Australian health sector approach to COVID-19.

1.2. Responsibilities and actions

While there is no effective vaccine or specific treatment for COVID-19, prevention efforts need to focus on nationally agreed strategies to suppress virus transmission through physical distancing and hygiene practices.

Preparedness activities are conducted continuously, as part of business as usual operations, until there is a need to respond to a pandemic. Preparedness activities will focus on:

- Establishing pre-agreed arrangements by developing and maintaining plans
- Training and skill maintenance of staff in Infection Prevention and Control (IPC)

- Maintaining evidence-based COVID-19 management strategies
- Ensuring resources are available and ready for rapid response
- Deploying systems to monitor visitors, staff and residents for COVID-19, including a regular program for screening staff and entry screening of all visitors.
- Monitoring the emergence of COVID-19 cases, and investigating outbreaks if they occur
- Scenario testing of plans, and
- Ensure readiness for effective and regular communication with consumers and their representatives.

The Australian health emergency response system is in a perpetual state of preparedness, using lessons learned, monitoring evolving technology, scientific evidence and global best practice to build response capacity and capability. RACFs and Aged Care Emergency Response Centres should establish linkages and integrate with host state/territory aged care preparedness arrangements.

Ensuring all staff are trained in the recommended level of infection prevention and control is also an important preventative strategy. In some instances, complete lockdown of the RACF has been a key strategy to protect the residents of RACF and to break the chain of disease transmission. It should be noted that some prevention mechanisms, such as cohorting of COVID-positive residents, are complicated and should be considered on a case by case/facility by facility basis.

The CDNA national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia discusses cohorting – for both residents and staff – as part of preparedness and response activities. Depending on the particular circumstances, options for separating COVID-positive resident/s from other residents in RACFs can include offsite or onsite cohorting. Offsite cohorting involves relocating one or a group of residents to another care setting. Onsite cohorting involves immediately isolating a COVID-positive resident, preferably in a single room with their own ensuite facilities. The Aged Care Quality and Safety Commission provides advice about [cohorting](#).

The Australian Government COVID-19 supplement has been paid to RACFs in June and October 2020. This funding is made available to providers to assist with the additional costs of preparing for and responding to COVID-19, including costs associated with facilitating and managing visitation arrangements for residents, IPC and additional staff costs. One of the specific requirements is that every facility engage an onsite clinical lead to provide leadership and increase capacity in relation to IPC.

Table 1: Prevention and Preparedness – Responsibilities and Actions¹⁶

Commonwealth	States and territories	Joint Commonwealth - state	Aged Care Providers
<p>Provision of RACF and aged care provider information/data to states and territories to support preparatory action and prevention at the State and local level.</p> <p>Establishing minimum standards for infection control training.</p> <p>Provision of Infection Prevention and Control training.</p> <p>Identify and build surge capacity for the aged care workforce including supplementary support roles, clinical first responders and testing capability.</p> <p>Development and distribution of COVID-19 guidance materials to support the aged care sector.</p> <p>Establish distribution arrangements for PPE from the National Medical Stockpile to aged care providers, where</p>	<p>Support preparedness of aged care providers at the state and local level.</p> <p>Review of jurisdictional emergency response capabilities, including cohorting and workforce surge planning; PPE access; IPC training; contact tracing, testing, hospital and public health unit capacity.</p> <p>Support of face to face IPC and PPE training.</p> <p>Prioritise contact tracing and testing of the aged care workforce.</p> <p>Establish linkages at the local level between PHUs and RACFs.</p> <p>Consider arrangements for aged care and the aged care workforce in issuing of public health orders.</p> <p>Audit hotel quarantining arrangements to support the accommodation of aged care</p>	<p>Develop policy for PHU response to RACF outbreaks and develop guidance for RACF for COVID-19 outbreak prevention response.</p> <p>Prepare guidance on case and contact management; care pathways for general practitioners and other primary care staff; chemoprophylaxis and education; vaccination; quarantine/isolation; risk assessment; infection control and use of antivirals.</p> <p>Prepare advice on interventions for aged care.</p> <p>Establish and operationalise Aged Care Emergency Response Centres.</p> <p>Agree and implement decision making, communication, reporting protocols and sharing of data underpinned by the Incident Management System (AUS-CAIRS).</p>	<p>Adhere to Aged Care Quality Standards.</p> <p>Operate in accordance with State public health orders.</p> <p>Prepare and test outbreak management plans at the facility level.</p> <p>Prepare and operationalise COVID-Safe plans in keeping with state public health orders.</p> <p>Prepare organisational personnel and resources for changes in demand and service use at the facility level that may be required to manage the pandemic.</p> <p>Establish systems to manage communications and engagement with families of residents and community that support the RACF.</p> <p>Ensure visitation restrictions comply with public health orders, and the Industry Code for Visiting Residential Aged Care Homes during COVID-19.</p>

¹⁶ The responsibilities and actions found in Table 1 are drawn from existing emergency response planning for the aged care sector 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 Australian Government’s Guide to the Establishment of an Aged Care Health Emergency Response Operations Centre and the Commonwealth, state and territory plan to boost aged care preparedness for a rapid emergency response to COVID-19.

Commonwealth	States and territories	Joint Commonwealth - state	Aged Care Providers
<p>providers are unable to access commercial supplies.</p> <p>Preparedness assessment of aged care providers.</p> <p>Develop strategy for vaccine distribution and prioritisation of aged care workforce and older people nationally.</p>	<p>workers as a preventative measure in the event of an outbreak.</p>	<p>Information sharing between Commonwealth and State Governments to inform the assessment of aged care providers' preparedness.</p>	<p>Ensure that all staff are trained and competent in all aspects of outbreak management prior to an outbreak, including IPC and PPE use.</p> <p>Conduct WHS risk assessment and address identified gaps.</p> <p>Ensure adequate supply of PPE is available.</p> <p>Ensure Standard Infection Prevention and Control Precautions are in place.</p> <p>Engage an onsite clinical lead to provide leadership and increased capacity in relation to Infection Prevention and Control.</p> <p>Establish systems to monitor staff and residents for COVID-19, including a regular program for screening staff.</p> <p>Establish linkages and integrate with host state/territory preparedness arrangements.</p> <ul style="list-style-type: none"> • Ensure communication and access to all health care professionals who provide care to residents is established. <p>Establish a surge workforce plan to cater for the significant increase in staff required during an outbreak.</p>

Aged care providers need to also ensure they are working with General Practitioners (GPs) who provide regular care to each facility, ensuring:

- Adherence to local public health orders
- All residents in RACFs are entitled to access a full range of primary care and allied health services
- Individual needs should be assessed by a relevant health professional and a plan tailored to the individual, and
- All care needs to be coordinated, evidence-based and effective.

Links should also be made with Primary Health Networks (PHNs). PHNs across the country are assisting in making these connections at a local level, such as the North Western Melbourne Primary Health Network's [COVID-19 information for GPs and residential aged care facilities](#); and the [North Coast Primary Health Network's COVID-19 Residential Aged Care Facility Outbreak GP Framework Guidelines](#).

1.3. Outbreak management plans

Effective outbreak management planning and preparation can:

- Prevent or significantly reduce the extent of an outbreak in a RACF
- Prepare residents and families for any changes to the delivery of their care and services that might occur in the event of an outbreak
- Prepare staff for any changes to their role and responsibilities that might occur in the event of an outbreak, and
- Protect the safety, health and well-being of consumers and staff at the RACF and the broader community.

The Aged Care Quality and Safety Commission has developed a framework for RACF outbreak management planning to support aged care providers to prepare, plan and test for a COVID 19 outbreak in a residential care service. The [Practical guidance to support COVID-19 outbreak management planning and preparation in residential aged care facilities \(Appendix I\)](#) provides practical, action-oriented guidance and tips to help providers of residential care to understand the relevant considerations in preparing for an outbreak.

The Department of Health is also developing an online training module and mentoring in outbreak management and crisis leadership that will be delivered to key personnel of approved providers to improve organisational and clinical governance. Content will be developed in consultation with the aged care sector.

1.4. Aged Care Health Emergency Response Operations Centres

To complement emergency response planning, a Guide to the Establishment of an Aged Care Health Emergency Response Operations Centre was developed (the [Response Centre Guide](#)), based on lessons learned from the Victorian Aged Care Response Centre (VACRC) and COVID-19 outbreaks in aged care across the country. The Response Centre Guide:

- Provides a coordinated response mechanism to mobilise resources (for example, pathology testing, workforce and Personal Protective Equipment (PPE))
- Provides additional surge capacity and capability to the host state to rapidly respond to COVID-19 outbreaks in particular settings, such as a RACF, or in growing clusters of community transmission in particular geographical areas
- Draws on health system clinical governance expertise
- Provides a point of coordination for the use of emergency resources such as AUSMAT and Australian Defence Force (ADF) (subject to the commissioning processes required for each of these elements), and

- Effectively integrates with existing host state health emergency response systems, in particular communication and reporting.

In each jurisdiction an aged care emergency response centre has been established as set out in Table 2 below.

Table 2: Joint Aged Care Health Emergency Response Centre

Jurisdiction	Name
ACT	Response integrated with existing Health Emergency Control Centre arrangements
NSW	State Health Emergency Operations Centre (SHEOC) – Aged Care
NT	Aged Care Emergency Operations Centre established as part of the existing Northern Territory Emergency Operations Centre (TEOC)
Queensland	Aged Care Health Emergency Response Operations Centre established as a dedicated cell within the State Health Emergency Coordination Centre (SHECC)
SA	Response integrated within existing multi-agency COVID-19 Command Centre – State Control Centre – Health
Tasmania	Aged Care Emergency Operations Response Centre (ACEOC)
Victoria	Victorian Aged Care Response Centre (VACRC)
WA	Aged Care Response Centre integrated within existing State Health Incident Coordination Centre (SHICC) and Public Health Emergency Operations Centre (PHEOC)

1.5. Industry Code for Visiting Residential Aged Care Homes during COVID-19

Quality of care for older Australians is dependent upon ensuring the right balance of protections and infection prevention responses. It is crucial that protection of the rights of older Australians continues in any response, and is informed by the Industry Code for Visiting Residential Homes during COVID-19 ([Industry Code](#)). The AHPPC has also issued national visitation advice.

1.6. Influenza vaccination requirements for aged care facilities

Residential aged care providers are required to offer a vaccination program for all service staff and volunteers. Providers of residential care are required under the *Quality of Care Principles 2014* and the *Records Principles 2014* to have in place an influenza vaccination program which:

- Provides staff and volunteers access to a free annual influenza vaccination either on site; or by making arrangements for staff to access the vaccine at a local chemist or GP
- Actively promotes the benefits of an annual vaccination for their staff and volunteers, and for the health outcomes of care recipients, and
- Keep a record of the number of staff that have the influenza vaccination each year (whether or not under the approved provider’s influenza vaccination scheme).

In most states and territories, entry to RACFs is restricted to people who have had a current influenza vaccination. This applies to:

- Staff
- Visitors
- Health practitioners
- Volunteers, and
- Other people entering the facility (e.g. cleaners, tradesman, gardeners and maintenance staff).

While the influenza vaccine cannot protect against COVID-19, people can become ill with the influenza and COVID-19 together. This may cause severe outcomes, including hospitalisation.

Aged care providers must sight appropriate evidence of immunisation status from visitors and workers.

1.7. Prevention and preparedness actions already implemented¹⁷ (for example):

Many actions have already been implemented to strengthen preparedness in our communities including:

- Development and ongoing review of COVID-19 fact sheets and posters to ensure information for the aged care sector remains current. These resources have been translated into 64 languages other than English.
- Establishment of a 24-hour Coronavirus Health Information Line, run by healthdirect for public enquiries at 1800 020 080.
- Development of the CDNA guidelines for the prevention, control and management of COVID-19 in RACFs.
- Development of the [Coronavirus \(COVID-19\) Guide for Home Care Providers](#) for providers of aged care and disability services who offer home care and support services to older people living at home and people with disability living in the community.
- \$30 million National Communications Campaign—across all media—to provide people with practical advice on how they can play their part in containing the virus and staying healthy.
- Emergency contingency measures will ensure aged care recipients continue to get the care they need during the COVID-19 pandemic.
- Strengthened guidelines to protect aged care residents in accordance with State/Territory Health Directions.
- Requirement for aged care workers to get their influenza vaccination ahead of influenza season to protect themselves and the senior Australians they care for in accordance with state/territory health directions.
- Welfare checks for senior Australians who deferred aged care home services during COVID-19 pandemic.
- Establishment of a dedicated free call support line aimed at supporting the mental health of those senior Australians, their families and carers impacted by the spread of COVID-19.
- New emergency leave provisions for aged care residents
- Support for additional surge workforce and increased infection control training for aged care workers.

2. Response

2.1. Objective

Under the AGCMF, response is about actions taken in anticipation of, during, or immediately after a crisis to ensure that its effects are minimised, and that people affected are given relief and support as quickly as possible. The [Health Sector Plan](#) details how this objective sits within the Australian health sector approach to COVID-19.

¹⁷ As at 30 October 2020

2.2. Responsibilities and actions

The responsibilities and actions in the response phase found in Table 3 below are drawn from existing emergency response planning for the aged care sector including the CDNA's [National Guidelines or the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia](#) and the Australian Government's [Guide to the Establishment of an Aged Care Health Emergency Response Operations Centre](#).

Response activities will focus on:

- Supporting and maintaining quality care
- Ensuring a proportionate response
- Communications to engage, empower and build confidence in the community, and
- Providing a coordinated and consistent approach.

Deconditioning can result in significant functional and clinical consequences in older people. It is critical that activities that address deconditioning, including reablement are a focus of both the response and recovery phases.

The first 24 hours in any outbreak response are critical and the Commonwealth Department of Health has developed the [First 24 hours – managing COVID-19 in a residential aged care facility](#) document to assist residential aged care facilities to complete all the necessary steps.

As state and territory governments have constitutional responsibility for public health, there will be flexibility in response and actions to suit local situations occurring within individuals jurisdictions. These activities should be initiated when there are COVID-19 cases in the community, and prior to an outbreak in the facility.

Table 3: Response – Responsibilities and Actions¹⁸

Commonwealth	States and Territories	Joint Commonwealth - State	Aged Care Providers
<ul style="list-style-type: none"> • Support coordination and communication when state or territory capacity is overwhelmed OR when an incident is multi-jurisdictional. • Deliver PPE (including face masks and face shields) from the National Medical Stockpile to RACFs, where commercial supplies are not available. • Adjust any measures taken to take into account changes in surveillance information, equity and resource issues. Mitigate inequities where possible through planning processes. • Work with approved providers and regulatory structures of aged care to disseminate relevant tailored information. • Revoke provider approval and seek to replace with 	<ul style="list-style-type: none"> • Undertake primary responsibility for the management of the public health response in states and territories, including management of cases; clinical care; contact management and public health measures. PHU is key governance and decision making forum. • Coordinate response and communication at state and local levels according to national guidance. • Triage and coordinate care for patients between other service providers • Adjust any measures taken to take into account changes in surveillance information, equity and resource issues. Mitigate inequities where possible through planning processes. 	<ul style="list-style-type: none"> • Share information on resource availability and coordinate access to resources to maximise the effectiveness of the response. • Provide guidance on case and contact management; chemoprophylaxis and education; vaccination; quarantine/isolation; risk assessment; infection control and use of antivirals. • Provide advice where relevant on interventions outside the health sector, such as social distancing measures. • Adjust any guidance given to taken to take into account changes in surveillance information, equity and resource issues. • Develop and maintain guidance concerning 	<ul style="list-style-type: none"> • Aged care providers must immediately notify their local PHU, and the Australian Government Department of Health of a confirmed COVID-19 case. • Activate your Outbreak Management Plan (OMP). • Activate communication with residents and families plan. • Refer to relevant CDNA and AHPPC guidance. • Activate an outbreak management team (OMT) to direct, monitor and oversee the outbreak. • Inform GPs of residents of outbreak. • Strengthen infection prevention and control measures. • Consider restriction of visitors in keeping with public health orders and visitation code.

^{18 18} The responsibilities and actions found in Table 3 are drawn from existing emergency response planning for the aged care sector 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 Australian Government’s Guide to the Establishment of an Aged Care Health Emergency Response Operations Centre and the Commonwealth, state and territory plan to boost aged care preparedness for a rapid emergency response to COVID-19.

UPDATED NATIONAL COVID-19 AGED CARE PLAN (7th edition)

Commonwealth	States and Territories	Joint Commonwealth - State	Aged Care Providers
<p>another provide, if required.</p> <ul style="list-style-type: none"> • Liaise regularly with state and territory health departments. • When a state or territory PHU requires assistance to respond to and manage outbreaks of COVID-19, in close collaboration with the host state or territory. • If decision to activate emergency response centre: • Establish leads for the case management teams. • Interface with the ACERC Operations Lead through the outbreak management lead. • Chair the daily operations meetings. • Establish a state-wide coordination team. • Activate and deploy surge workforce and other supports for impacted RACFs. • Support continuity of primary care (access to GPs and allied health), including through the provision of telehealth, and engage with PHNs, for 	<ul style="list-style-type: none"> • Transfer residents to an acute hospital setting when it is clinically appropriate. • Redeploy staff across the broader health sector, as appropriate. • When Commonwealth assistance is required to respond to and manage outbreaks of COVID-19, notify the Department of Health. • If decision to activate emergency response centre: • Allocate ACERC outbreak management leads to assist in activating the aged care response, liaise with the Commonwealth leads and coordinate the system response. 	<p>management of COVID-19 outbreaks in RACFs.</p> <ul style="list-style-type: none"> • Continue to support aged care workforce while aged care staff are in forced isolation owing to infection or awaiting test results. • Activate and deploy surge workforce through National Aged Care Emergency Response (NACER) teams. 	<ul style="list-style-type: none"> • Ensure that processes are in place to manage the additional resource requirements of an outbreak, including workforce, personal protective equipment, IPC and the management of infectious waste. • Ensure communication and access to all health care professionals who provide care to residents is established and activated.

UPDATED NATIONAL COVID-19 AGED CARE PLAN (7th edition)

Commonwealth	States and Territories	Joint Commonwealth - State	Aged Care Providers
<p>example to improve access to mental health and allied health care services, as required.</p> <ul style="list-style-type: none"> • Supplement public health pathology services through provision of services from the private sector as required. • Support single site workforce arrangements as required. 			

2.3. Contact Tracing

Contact tracing is the responsibility of the jurisdictional/ local public health authorities. Prioritising contact tracing of the health and aged care workforce in RACFs will be important. Contact tracing is key to slowing the spread of COVID-19 and helps protect individuals in the community. Contact tracing slows the spread of COVID-19 by:

- Informing people they may have been exposed to COVID-19 and should monitor their health for signs and symptoms of COVID-19.
- Ensuring people who may have been exposed to COVID-19 get tested.
- Directing people to self-isolate if they have COVID-19 or self-quarantine if they are a close contact.

Contact tracing involving Aboriginal and Torres Strait Islander peoples may be enhanced by engaging with local community controlled health organisations, or Aboriginal health workers / liaison officers in PHU contact tracing teams.

2.4. Hospital in the Home

COVID-19 cases 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 made on a case by case basis.

The Hospital in the Home (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 jurisdictional variation in approach around use of the HITH program.

There are also agreements in place in some jurisdictions with some private hospitals available to provide additional hospital support.

It is important to remember that RACFs are first and foremost the home of the resident, and as such have a different environment, layout and furnishing (including personal possessions) when compared with a hospital. Activities related to daily life are part of the regular and core functioning of a RACF (unlike hospitals), with these facilities having to provide community access, entertainment, social engagement, maintenance of psychological wellbeing, and maintenance and support of independent functioning.

In hospital the main and core focus is on clinical care. The layout, infrastructure and available expertise supports clinical care. The design of hospitals has IPC at the fore. Accordingly, it is easy to move people from one area to another just by swapping beds. The systems are in place prior to any infected patient arriving in the hospital, and each bed area has oxygen, suction, space for equipment and an emergency call system. Staff are trained for the roles they perform and are used to working in a health care environment.

2.5. Single site workforce arrangements

Single site workforce arrangements are a useful tool in mitigating the risk of COVID-19 being unintentionally transmitted across aged care facilities.

It is acknowledged that:

- Single site arrangements are complex and should not be required where there is a low risk of COVID-19
- It is important that the sector and government are prepared to implement single site arrangements quickly, where required, and
- The design of single site arrangements needs to consider employment relations and workforce protections, workforce capacity, and coverage in terms of sectors and roles (e.g. medical and allied health professionals and disability).

- Guidance on practical steps to prepare for and implement a single site workforce is provided at [Appendix H](#). Further detail is also provided in the [CDNA national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia](#).¹⁹

2.6. Response actions already implemented²⁰ (for example):

Activation of surge workforce measure to support aged care facilities that experience an outbreak:

- Access to staff through a range of surge workforce suppliers under contract with the Commonwealth, plus interstate deployments to address local capacity issues if necessary.
- Deployment of an emergency response team, including a Nurse First Responder to assess all staffing and infection and prevention control requirements, including Registered Nurses, allied health professionals, personal care workers, ancillary and administration workers; as well as adequate supply of PPE and identify any specific issues with the resident population that need addressing in the outbreak management plan.
- Commonwealth facilitation of a roster of General Practitioners to provide continuity of care for all residents where required.

COVID-19 response plan:

- Operation of the Victorian Aged Care Response Centre.
- Grief and trauma support services.
- Supporting more compliance and quality checks on aged care providers by the Commission to help prepare for and respond to COVID-19 outbreaks
- Communications to families, including incoming and outgoing communications to keep families informed about the welfare of loved ones.

Personal protective equipment:

- Since March 2020, the Commonwealth Government has been working with state and territory governments to ensure aged care facilities have sufficient PPE. PPE is dispatched both directly from the National Medical Stockpile (NMS) and by jurisdictions on the NMS' behalf, where there is a critical supply shortage and no commercial source of PPE available.
- The Australian Government is providing PPE to all facilities which qualify for distribution from the NMS. Online training on the use of PPE by aged care workers is available on the Department's website.

3. Recovery

3.1. Objective

Under the AGCMF, recovery is about restoring or improving livelihoods and health, as well as economic, physical, social, cultural and environmental assets, systems and activities, of a disaster-affected community or society, aligning with the principles of sustainable development and 'build back better' to avoid or reduce future disaster risk. The [Health Sector Plan](#) details how this objective sits within the Australian health sector approach to COVID-19.

3.2. Responsibilities and actions

The responsibilities and actions in the recovery phase found in Table 5 below are drawn from existing emergency response planning for the aged care sector including the CDNA's [National Guidelines or the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities](#)

¹⁹ Published 13 March 2020; last updated on 29 July 2020

²⁰ As at 30 October 2020

[in Australia](#) and the Australian Government's [Guide to the Establishment of an Aged Care Health Emergency Response Operations Centre](#).

Recovery activities will focus on:

- Supporting and maintaining quality care
- Ensuring psychological support is available to aged care residents, families and staff
- Decreasing support or ceasing activities that are no longer needed
- Monitoring for COVID-19 outbreaks
- Communications activities to support the return from pandemic to normal RACF services, and
- Evaluating systems and revising plans and procedures.

COVID-19 has, and continues to have, a serious emotional and psychological effect on many people, but particularly for those receiving aged care services and their loved ones, as well as those providing care in RACFs.

Underpinning our recovery is the Australian Government's Grief and Trauma Response Package. This package will ensure support is available for those affected by COVID-19 across the aged care sector through improved advocacy assistance, grief and bereavement counselling and for aged care residents, home care recipients and their families.

Table 4: Recovery – Responsibilities and Actions²¹

Commonwealth	States and Territories	Joint Commonwealth - State	Aged Care Providers
<p>Coordinate the development and implementation of an exit strategy to stand down enhanced measures.</p> <p>Consult across the Australian Government concerning scaling back of measures.</p> <p>Manage transition of processes into BAU arrangements.</p> <p>Evaluate Australian Government pandemic processes. Implement changes as appropriate.</p> <p>Support provision of grief and trauma services for affected residents, families and workforce.</p> <p>Commission reviews of outbreaks.</p>	<p>Implement exit strategy relevant to measures taken on by state and territory government officers and agencies.</p> <p>Consult across jurisdictional government concerning scaling back of measures.</p> <p>Manage transition of services and processes into BAU arrangements.</p> <p>Evaluate jurisdictional pandemic processes. Implement changes as appropriate.</p>	<p>Determine when to cease or alter enhanced measures.</p> <p>Provide advice regarding stand-down of measures.</p> <p>Advise on appropriate messaging for responders and public concerning scaling down of measures.</p> <p>Evaluate committee and governance processes. Implement changes as appropriate.</p> <p>Work with providers on reablement strategies for affected residents.</p> <p>Scale backs of emergency response.</p>	<p>Work with the local PHU or aged care emergency response to consider a debrief for any outbreak.</p> <p>Manage transition of services into normal arrangements (if altered).</p> <p>Evaluate organisation, practice, and business processes and implement changes as appropriate.</p> <p>Communicate next steps to residents and families.</p> <p>Provide opportunities for reablement and healing activities and support.</p> <p>Transition to COVIDSafe environment.</p>

²¹ The responsibilities and actions found in Table 4 are drawn from existing emergency response planning for the aged care sector 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 Australian Government’s Guide to the Establishment of an Aged Care Health Emergency Response Operations Centre and the Commonwealth, state and territory plan to boost aged care preparedness for a rapid emergency response to COVID-19.

3.3. COVID-19 related deconditioning of older people

Evidence is emerging from the COVID-19 experience that older people who cannot access regular health services in RACFs or in home care, are choosing not to access services to minimise risk of exposure to COVID-19, or who are transferred from RACFs to hospitals for a period of four to eight weeks, are having increasingly worse clinical outcomes.

There are three main factors contributing to deconditioning, all of which are interrelated. There are: psychological; nutritional; and physical. Allied health has a role in the prevention of decline as much as it has a role in reablement. For Aboriginal and Torres Strait Islander peoples, a holistic view of health which includes spiritual, social and emotional wellbeing; and the provision of culturally safe care are relevant.

The [AHPPC Advice for Residential Aged Care Facilities About Minimising the Impact of COVID-19](#) emphasises that visitors including family and friends provide support for resident wellbeing, and external service providers such as hairdressers and allied health are an important component of person-centred residential care. As Australia moves towards becoming COVIDSafe, these factors must be balanced against the significant risks of COVID-19 outbreaks in RACFs.

The AHPPC recommends that visiting service providers such as diversional therapists and allied health professionals be permitted to enter RACFs when their services cannot be provided via telehealth or other adaptive models of care, and the resident cannot attend an external facility to receive these services.

These providers must adhere to equivalent social distancing and hygiene practices as they have implemented in community settings. Where suitable providers are encouraged to ensure that residents continue to keep their regular medical appointments.

3.4. Return of residential aged care facility staff after furlough

[The CDNA National guidelines for public health units](#)—part of the Series of National Guidelines (SoNG)—summarises recommendations for surveillance, infection control, laboratory testing and contact management for coronavirus disease 2019 (COVID-19). Section 14 of the SoNG - *Contingency capacity strategies for aged and healthcare workforce* – provides specific guidance on the return of furloughed workers.

The SoNGs have been developed in consultation with the CDNA and endorsed by the AHPPC. Their purpose is to provide nationally consistent advice and guidance to public health units in responding to a notifiable disease event. These guidelines capture the knowledge of experienced professionals, built on past research efforts, and provide advice on best practice based upon the best available evidence at the time of completion.

3.5. Return of hospitalised residents to residential aged care facilities

The [CDNA national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia](#) provides advice on release from hospital and active screening of new/returning residents.

The decision to return a resident from hospital to a residential care facility is premised on a number of factors, including:

- Infection risk posed by the individual.
- Ability of the residential care facility to manage infection prevention and control.
- The operating environment including the presence of community transmission and/ an active outbreak at the receiving RACF.

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 as per the table below:

Table 5: Key documents related to resident transfers home from hospital

Jurisdiction	Document	Status
ACT	To be advised	Under development
NSW	<u>Discharging new and returning residents to aged care facilities during COVID-19</u>	Publicly available
NT	COVID-19 Clinical decision-making for confirmed SARS-CoV-2-positive patients in the Northern Territory Procedure	Not publicly available
Queensland	<u>Transitions between hospital and residential aged care facilities during the COVID-19 pandemic</u>	Publicly available
SA	<u>South Australian COVID-19 Strategy for Residential Aged Care Facilities (RACF)</u>	Publicly available
Tasmania	<u>COVID-19 Outbreaks in Residential Aged Care Facilities – Toolkit to support planning, preparedness and response</u>	Publicly available
Victoria	<u>Information to support the repatriation of residents – general guidance</u>	Publicly available
WA	<u>COVID-19 Guidelines for Western Australian Residential Aged Care Facilities</u>	Publicly available

Appendices

Appendix A

[CDNA national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia](#)

Appendix B

[Coronavirus \(COVID-19\) Guide for Home Care Providers](#)

Appendix C

[Guide to the Establishment of an Aged Care Health Emergency Response Operations Centre](#)

Appendix D

[Summary of Australian Health Protection Principal Committee ethical framework to guide health sector responses](#)

Appendix E

[Summary of principal areas of legislation available to support pandemic actions](#)

Appendix F

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

Appendix G

[Annotated summary of COVID-19 aged care resources](#)

Appendix H

[Guidance on practical steps to prepare for and implement a single site workforce](#)

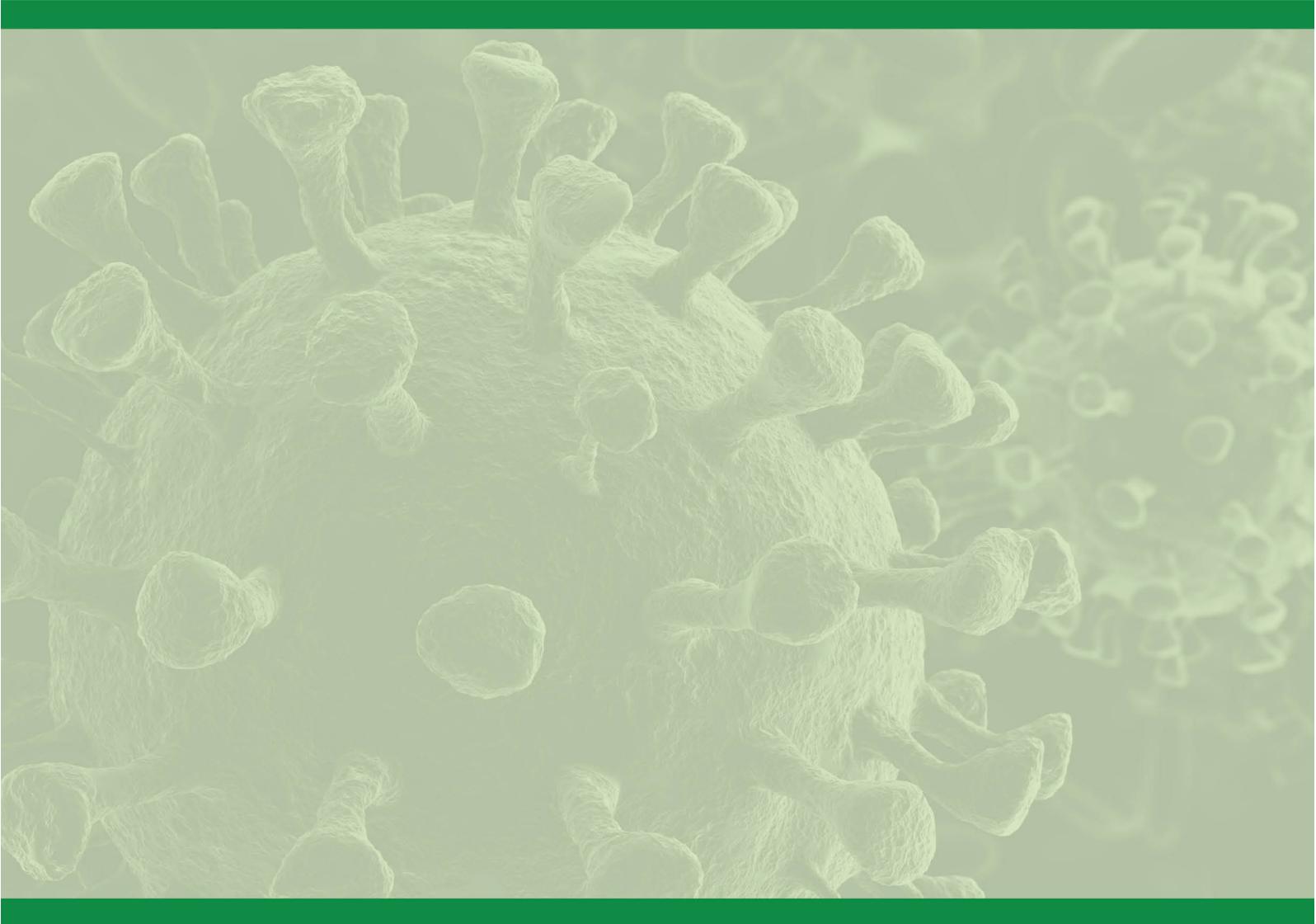
Appendix I

[Aged Care Quality and Safety Commission – Outbreak management planning in aged care](#)



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