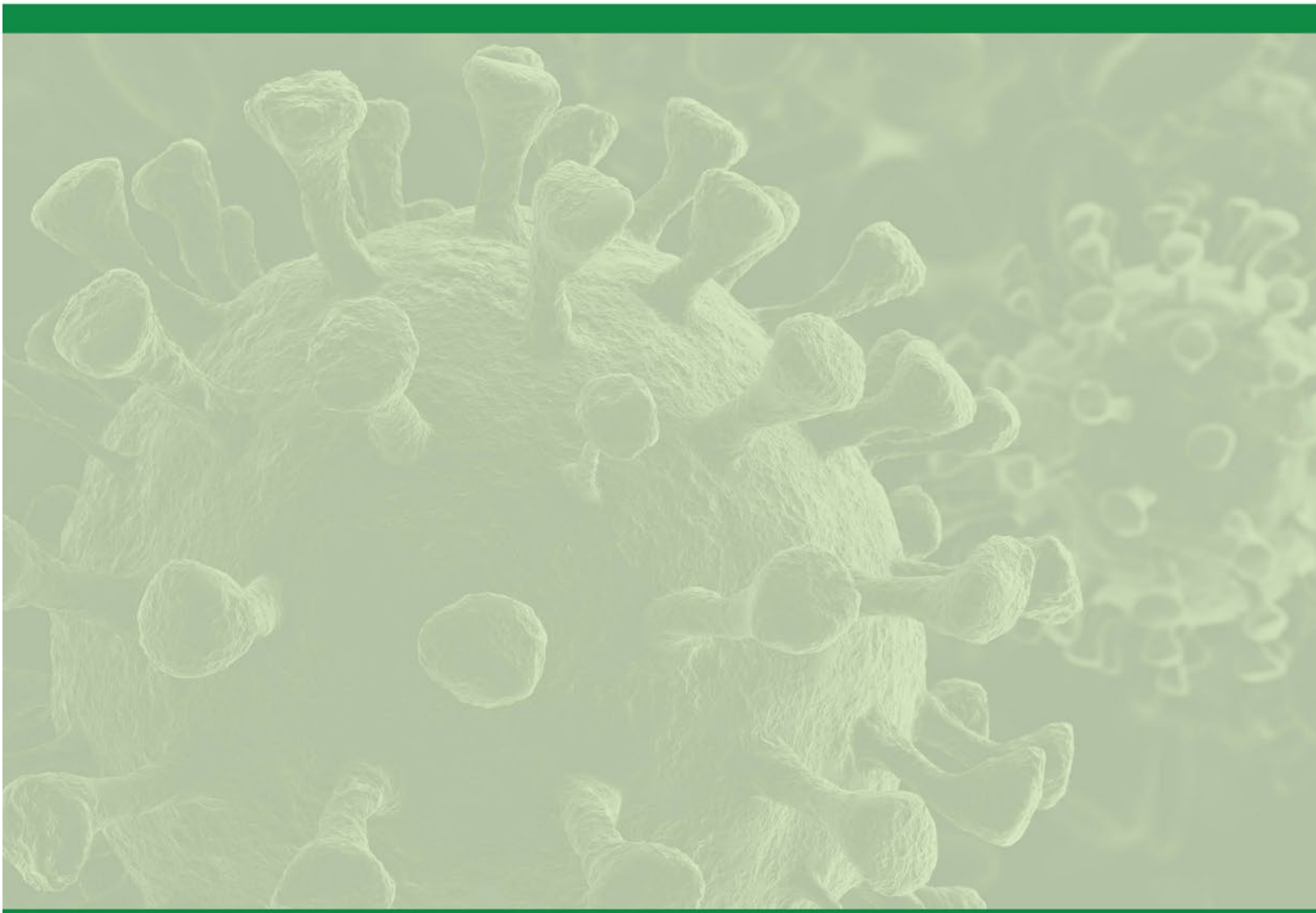




Australian Government

**BE COVIDSAFE**



# **Winter Plan – A guide for residential aged care providers**

**July – September 2022**

## Contents

<b>Context</b> .....	<b>4</b>
<b>Existing Provider Role and Responsibilities</b> .....	<b>4</b>
<b>Readiness</b> .....	<b>7</b>
<i>Understanding Public Health Situation, Advice and Requirements</i> .....	<b>8</b>
<b>Strong Infection Prevention and Control (IPC)</b> .....	<b>9</b>
<b>Vaccination</b> .....	<b>10</b>
<b>Pre-deployment of essential resources</b> .....	<b>11</b>
<i>Pre-deployment of Standard PPE Packs from NMS</i> .....	<b>11</b>
<i>Ongoing pre-deployment of Rapid Antigen Test (RAT) kits from NMS</i> .....	<b>11</b>
<i>Pre-deployment of oral antivirals (COVID-19 and influenza)</i> .....	<b>11</b>
<b>Workforce</b> .....	<b>12</b>
<b>Communications, guidance and advice</b> .....	<b>12</b>
<b>Visitation</b> .....	<b>12</b>
<b>Response</b> .....	<b>13</b>
<b>Identifying an outbreak/exposure – Testing</b> .....	<b>14</b>
<b>Managing an outbreak</b> .....	<b>14</b>
<i>Managing outbreaks – COVID-19 and influenza</i> .....	<b>14</b>
<i>Threshold for accessing supports</i> .....	<b>15</b>
<i>Access to care and treatments</i> .....	<b>15</b>
<b>Strong Infection Prevention and Control (IPC)</b> .....	<b>16</b>
<i>Drawing on expert IPC Capability</i> .....	<b>16</b>
<b>Workforce</b> .....	<b>17</b>
<i>Provision of surge workforce</i> .....	<b>17</b>
<b>Communication processes</b> .....	<b>17</b>
<b>Maintaining physical, social, mental and emotional health and wellbeing</b> .....	<b>18</b>
<i>Maintaining delivery of care</i> .....	<b>18</b>
<i>Visitation</i> .....	<b>18</b>
<i>Social and emotional support</i> .....	<b>19</b>
<i>Re-engaging volunteers into residential aged care facilities program</i> .....	<b>19</b>
<b>Recovery and Resilience</b> .....	<b>21</b>
<b>Supporting resident recovery</b> .....	<b>21</b>
<i>Reablement of residents</i> .....	<b>21</b>
<i>Allied health support</i> .....	<b>21</b>
<b>Grief and trauma support</b> .....	<b>22</b>
<b>Mental health support</b> .....	<b>22</b>
<b>Supporting staff recovery – post outbreak</b> .....	<b>23</b>
<b>Supporting aged care provider recovery</b> .....	<b>23</b>
<i>Reimbursement of costs – post outbreak</i> .....	<b>23</b>
<i>Financial support for providers</i> .....	<b>23</b>

## Winter Plan – A guide for residential aged care providers

<b>Infection Prevention and Control – refreshing capability</b> .....	23
<b>Integrating experience into planning</b> .....	23
<b>Appendix A – Aged Care Home Winter Preparedness Checklist</b> .....	24
<b>Appendix B – Guidance and Resources for RACFs</b> .....	26
<i>Department of Health case management contacts in each jurisdiction</i> .....	26
<b>Appendix C – In-home Aged Care Winter Preparedness Checklist</b> .....	27

## Context

Residents of aged care homes are amongst the most vulnerable to severe outcomes of coronavirus disease (COVID-19) and influenza. Residential aged care settings are high-risk transmission settings for respiratory viruses. During winter, aged care providers should be mindful of the likely increase in influenza activity as well as the emergence of other respiratory illnesses that may circulate at higher rates than in 2020 and 2021.

This *Winter Plan – a Guide for Residential Aged Care Providers* (Guide) provides overarching guidance and resources (Appendices A & B) for aged care providers to support their readiness, response and recovery from cases and outbreaks of COVID-19 and/or influenza during winter 2022.

The experience of COVID-19 has illustrated the importance of maintaining infection prevention and control (IPC) and readiness skills in each aged care service. While this Plan is predominantly focussed on the residential setting (acknowledging the increased transmission risk posed in a co-located living environment), an in-home care checklist is included at Appendix C. Further information for home care providers is available via the [Managing home care through COVID-19 webpage](#).

This Guide provides a framework for the sector during 2022 to adapt its current outbreak preparedness and response, and the supports provided by the Australian Government Department of Health and Aged Care (Department). As states and territories retain predominant responsibility for the public health management of infectious disease outbreaks, this Guide will be supplemented by additional advice from all governments, released as required in response to emerging or changing risks. This ensures responses can remain proportionate, in line with local response settings and are informed by best-practice clinical advice. The Guide is not intended to provide exhaustive operational guidance; however, it does include examples of practical on-the-ground actions which providers should be considering, as outlined in the Checklists at the end of this document.

## Existing Provider Role and Responsibilities

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 when responding to emergency situations.

The *Aged Care Act 1997* 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. Care and service requirements must be delivered in accordance with the **Aged Care Quality Standards** (Quality Standards).

The **Aged Care Quality and Safety Commission** (Commission) assesses aged care providers against the Quality Standards, including emergency preparedness. Under the 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(g)(i) – Personal Care and Clinical Care).

# Phases

## Readiness

Prevention and preparedness are the main goals. Each aged care service is responsible for preparing for outbreaks of infectious diseases, such as COVID-19 and influenza, and how they will continue the delivery of safe and quality care throughout. As part of this, aged care services and providers should consider national lessons learned (for example, as identified in the [Independent review of COVID-19 outbreaks in Australian Residential Aged Care Facilities](#)), and where applicable, their own recent COVID-19 experience.

These considerations should be incorporated into managing future outbreaks in a least-restrictive manner, focussing on maintaining resident wellbeing throughout. This includes understanding of risk and key risk factors (and contextualising how this applies to their service), systems and response plans, the importance of stringent IPC, and access to essential equipment and resources to allow for swift action.

## Response

Aged care services and providers lead the response to any outbreak or exposure, assisted by state and Commonwealth government supports as required. Sector leadership is key and is supported through clear advice on roles and responsibilities, clear guidance on IPC and access to additional resources (including workforce), as required and available.

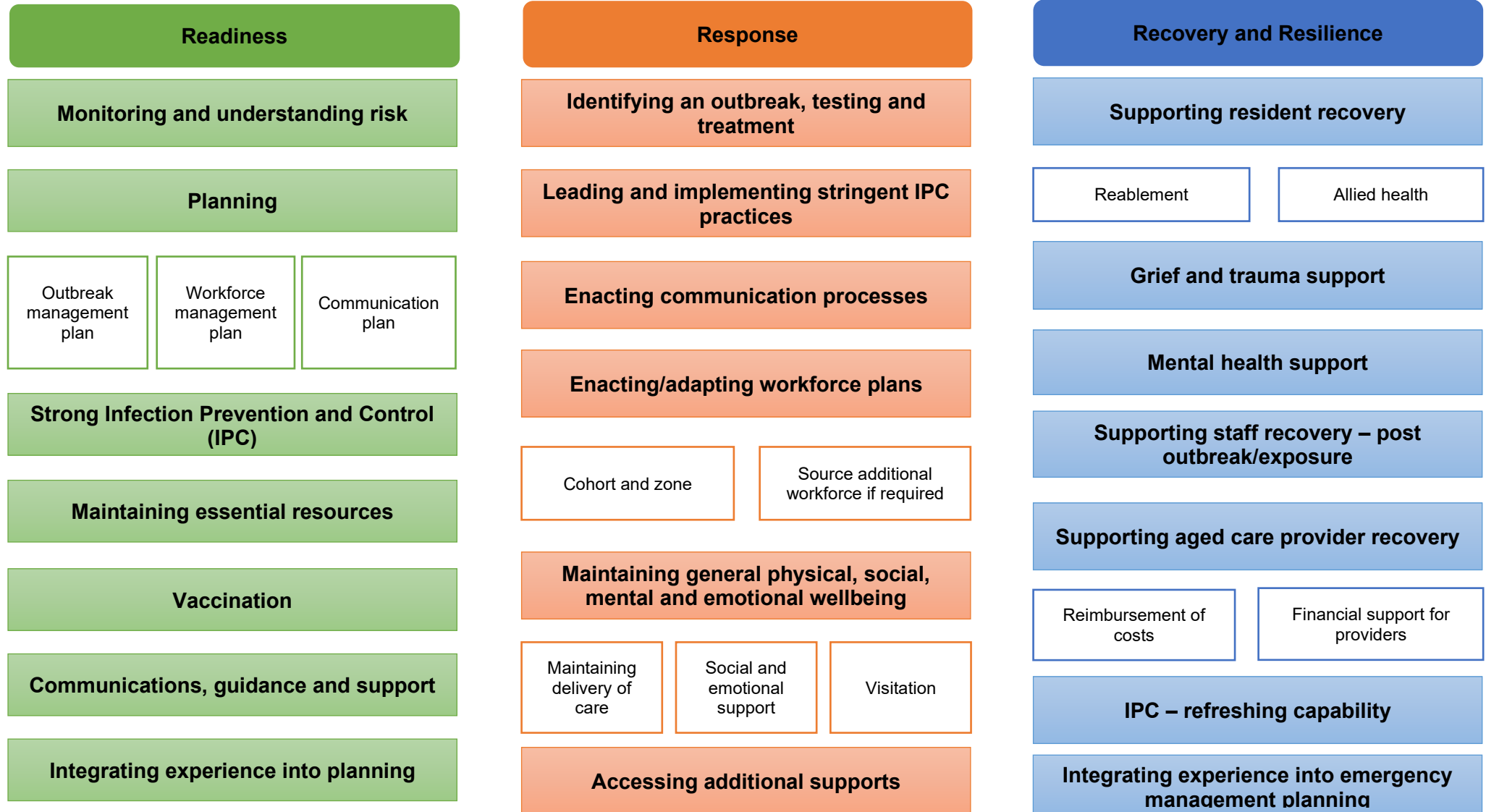
## Recovery and Resilience

Each service and provider should incorporate continuous improvement processes to reflect on their service's Readiness and Response. This should encompass all events across the COVID-19 pandemic experience as well as events during winter 2022. Recovery and Resilience should also include replenishing essential supplies and supporting workforce recovery by enabling leave and facilitating support services for staff.

**It is important to note that these three Phases are not always linear. They can occur concurrently and the transition (each way) between the Phases can occur in a short time. Actions should be tailored to the individual circumstances of each provider as they move back and forth between phases.**

**The feedback loop between lessons learned and continual enhancement of readiness activities ensures any responses can remain contemporary, responding to changes in circumstances as they arise.**

## Components of the Guide



## Readiness

The checklists provided at the end of this document contain examples of practical and operational actions, which providers should consider during the 'Readiness' phase to ensure they are appropriately prepared for outbreaks.

At the forefront of this Guide is 'Readiness' activity which positions services and providers to respond quickly in the event of an outbreak of COVID-19 or influenza. Readiness relies on an understanding of risk and key risk factors and a plan for how to respond, taking local requirements and advice into account.

The Department is supporting providers to prepare for and maintain their Readiness through pre-positioning of essential equipment and resources to facilitate swift response action and the ongoing provision of advice and guidance.

### Provider responsibilities

Aged care providers should continuously monitor, and actively manage, the risk of COVID-19, influenza and other infectious diseases.

Providers should do everything they can **now** to prepare their service, mitigate risks of outbreaks and minimise the impacts should an outbreak occur.

This includes having an up-to-date outbreak management plan (reviewed and updated as necessary), clearly identifying who is responsible for different elements of a response and ensuring staff have been appropriately trained in relation to IPC.

It is strongly recommended that RACFs:

- Refer to the guidance set out by the Communicable Diseases Network Australia's (CDNA) [national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia](#) when planning for outbreaks.
- Stress-test plans through a series of scenario-based activities, mapped against local public health guidance – this provides vital feedback on the strengths and opportunities to improve existing arrangements, as well as how response theory translates into practice. The topics covered in this Plan will assist providers to identify and prioritise aspects of their readiness and response to stress-test, noting the need to tailor to their own circumstances.

Providers should:

- have adequate personal protective equipment (PPE) and other essential supplies to sustain them through an outbreak (and plan for replenishment during and post-outbreak through usual supply channels);
- ensure appropriate workforce management planning has been undertaken (for business continuity and continuity of care), and which can be rapidly enacted; and
- identify immediate actions that must be undertaken in the event of an outbreak.

### Understanding risk

Understanding the risk of outbreak is essential to readiness. Risk assessment will inform how an aged care service prepares, including the volume of support needed and the triggers for seeking assistance.

Key risk factors to look out for include:

- the layout of the facility, including shared spaces, as this impacts a facility's ability to separate positive cases
- vaccination rates, including COVID-19 Winter doses (fourth doses) and flu vaccination
- staffing ratio, readiness and capability, as it is important staff are available and know their role ahead of time.

#### Provider consideration

Self-assessing risk for RACFs is of critical importance and vital to ensuring appropriate mitigations are in place.

Where applicable, RACFs should consider the lessons learned from previous outbreaks, reported through independent reviews undertaken by the [Department](#) and the [Commission](#). These reports provide practical recommendations on how to mitigate future risks of severe outbreaks.

Providers operating multiple sites are strongly encouraged to consider the impacts of previous outbreaks and whether there are planning, response and recovery implications for other sites that may not have experienced COVID-19 outbreaks. Providers should also consider additional contingencies in the event more than one of their RACFs is impacted.

Further information on understanding key risk factors is available on the department's [website](#).

#### *Understanding Public Health Situation, Advice and Requirements*

Understanding public health advice and requirements and how this impacts a provider's ability to meet legislated obligations is critical. Service planning should be informed by current requirements. As requirements change, providers should consider the implications for related aspects of their planning.

#### Provider considerations

Aged care providers are strongly encouraged to subscribe to all relevant distribution channels (including social media) to stay up to date with public health requirements and make sure the impact of local requirements is clearly communicated to their staff.

In addition to the Department's newsletters and alerts, facilities should consider whether there are any jurisdictionally based information sources that could be relevant, including those offered by their local health department.



## Guidance for preparing for and responding to a COVID-19 and/or influenza outbreak

In the event of an outbreak, providers should be guided by the level of risk. Responses must be proportionate to the risk, with no harsher restrictions or measures than necessary, noting that a response to influenza and a response to COVID-19 may have different attributes.

Given the anticipated co-circulation of influenza and COVID-19, a winter preparedness checklist is provided ([Appendix A](#)) to support planning and preparedness activities.

### Provider considerations

Providers are strongly encouraged to consider the core guidance together with any specific guidance published by state or territory health departments or public health units that set out requirements relating to respiratory illness management in aged care homes and the provision of aged care services in the home and the community.

Providers should consider their own plans against this guidance and continue to review their own readiness. Links to state and territory government websites can be accessed on the [Department's website](#).

The principles set out in the Communicable Diseases Network Australia's (CDNA) [national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia](#) remain front and centre of the response to both COVID-19 and influenza outbreaks. This includes adopting a least restrictive approach to isolation and ensuring resident wellbeing (including facilitating appropriate visitation) is considered in the response.

The [Interim Guidance on Managing Public Health Restriction on Residential Aged Care Facilities](#) supports aged care providers to apply these principles during COVID-19 outbreak management. Aged care homes are also strongly encouraged to consider (in the context of local jurisdictional requirements) the [Interim Guidance Commonwealth Permissions and Restrictions for Workers in Aged Care](#) when contemplating workforce management planning. This guidance sets out the parameters for aged care homes to contemplate whether staff should isolate or continue working in the event of COVID-19 outbreaks and/or exposures.

In-home and community aged care providers can access guidance for preparing for and responding to a COVID-19 outbreak on the [Managing home care through COVID-19 webpage](#).

## Strong Infection Prevention and Control (IPC)

Strong IPC capability on site at aged care homes always has a clear protective benefit; helping facilities to plan, prepare and manage outbreaks in facilities, should they occur.

Continued IPC vigilance in non-outbreak scenarios, including training for all staff in general IPC practices, is key to embedding a culture of stringent IPC practices.

All aged care homes are required to have a dedicated [IPC Lead](#) as part of their nursing staff to provide clinical leadership on site. Given their expert capability, IPC Leads should maintain strong connections in the provision of advice to facility/outbreak management leaders, to inform decisions. Further, each IPC Lead should also be encouraged to maintain good working relationships with their local Public Health Unit, as this is also an important part of maintained IPC capability.

Aged care homes need to consider back-up mechanisms (such as additional staff more highly trained in IPC and/or remote working capabilities) should the aged care home's IPC Lead need to isolate for any reason during the outbreak. Aged care homes should consider training additional IPC leads to provide backup. Funding will be available during 2022-23 to pay for the costs associated with training for additional IPC Leads.

Aged care homes should also consider the [Aged Care Registered Nurses' Payment](#) on behalf of their IPC Lead; registered nurses who hold a post graduate qualification and/or take on take on additional leadership or training responsibilities in their workplace may be eligible.

### Provider considerations

Maintaining effective IPC is essential for all aged care services – including those provided in-home and in the community. Providers should ensure their staff are familiar with current guidelines on IPC including:

- [ICEG-endorsed infection control guidance](#) specifically for aged care homes, as well as personal protective equipment guidance and advice on environmental cleaning in community settings which in-home aged care providers may review.
- CDNA [national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia](#). While there are no national guidelines for home care, these guidelines can be adapted for the in-home and community aged care sector.

In-home and community aged care providers can also refer to their up-to-date COVID Safe Plan, the Activity Continuity Plans for Commonwealth Home Support Programme (CHSP) providers and the emergency care plans for each Home Care Package care recipient.

Providers must ensure staff training, including that related to IPC, is up to date and remains contemporary, and support staff to take up additional training as needed. Facility staff should draw upon the expertise of the IPC Lead to assist them to enact suitable IPC procedures and improve their knowledge. Where appropriate, providers should consider additional or refresher IPC training for staff to support potential outbreak management situations.

## Vaccination

The Commonwealth residential aged care COVID-19 vaccination program is delivering in-reach COVID-19 vaccine services for aged care residents, staff and volunteers across Australia. COVID-19 vaccinations are delivered by Commonwealth vaccine providers, primary care providers or self-vaccination services by aged care providers.

Access to Influenza vaccinations occurs through a range of channels. Free influenza vaccines are available for people eligible under the National Immunisation Program, including those aged 65 years and over. Vaccine availability commenced in the week starting Monday 4 April 2022, subject to local supply arrangements in each state.

Aged care providers should facilitate vaccination for their residents and staff through their existing vaccination providers such as general practitioner or authorised vaccination services.

Residential aged care providers are required under section 8 of the [Quality of Care Principles 2014](#) to provide staff with access to annual influenza vaccinations for free. Providers are also required under section 10A of the [Records Principles 2014](#) to keep records of the number of staff who have received the influenza vaccination, and if it was received through their vaccination program.

All state and territory governments, through public health directions, have required mandatory COVID-19 vaccination for aged care staff. Providers should ensure that their staff are compliant with these requirements if/whilst in force.

Providers should remain aware of any vaccine mandates for entry and visitor restrictions in aged care homes – these can vary depending on where your facility is located. Jurisdictions previously adopted mandatory requirements using public health orders for influenza vaccinations in 2020 and 2021 for aged care staff and visitors as part of their public health response to the management of COVID-19. Some of these arrangements are still in place or may be reintroduced in some jurisdictions.

### Pre-deployment of essential resources

Access to a sufficient supply (and correct use of) appropriate equipment and resources is key to successful outbreak preparation and response. Providers should ensure they have adequate supplies of PPE and other essential supplies sourced through existing commercial means, and that these supplies are replenished during and post outbreak to maintain a state of readiness.

Pre-deploying resources provides assurances that providers have adequate supplies on hand in the event they are impacted by outbreaks of COVID-19. The Department has pre-positioned these resources so that RACFs can immediately respond once cases are identified. This reduces the risk of delays in receiving additional supplies through their usual commercial channels (or via the National Medical Stockpile (NMS) if these are exhausted).

The pre-deployment of resources is not intended to replace standard supply chains utilised by providers or providers securing their own resources, rather it reduces the impacts of supply shortages within the private market and the delays in shipping that may result from increased demand during the winter period.

#### *Pre-deployment of Standard PPE Packs from NMS*

The Department commenced distributing [Winter Preparedness PPE packs](#) in April 2022. All facilities received a standard pack by mid-May unless they chose to opt-out. Packs have been allocated based on the number of residents as reported through providers' My Aged Care data.

Combined with existing stock from providers, this pack will ensure a provider can respond to an outbreak immediately and not need to rely on additional procurement for at least one week. This will support effective IPC during the critical first stages of an outbreak and assist the aged care home to get on top of transmission and minimise potential spread.

#### *Ongoing pre-deployment of Rapid Antigen Test (RAT) kits from NMS*

The Department continues a regular forward deployment of RAT kits to every aged care home around Australia to support screening of staff and visitors in non-outbreak scenarios. Screening provides a key first line of defence against COVID-19.

An opt-out process is available for facilities that do not wish to receive RATs through this mechanism.

#### *Pre-deployment of oral antivirals (COVID-19 and influenza)*

The Department distributed the oral COVID-19 antiviral [molnupiravir \(Lagevrio\)](#) to all aged care homes in February 2022 for the treatment of COVID-19 positive residents.

The Department further deployed [Tamiflu to RACFs](#) (where permitted, in line with State legislation) for the treatment of influenza. Tamiflu can also be used as prophylaxis where clinically advised.

Pre-placed allocations of both medications are based on the number of residents and staff at each facility as reported through providers' My Aged Care data. All facilities were allocated to receive Lagevrio and Tamiflu automatically without an application process.

Aged care homes should take preparatory steps prior to a COVID-19 or influenza outbreak including, where possible:

- seeking consent from residents and families to administer the treatment if prescribed
- arranging for general practitioners (GPs) to consider eligibility of residents for medications, including adjustments in dosage or oral preparation requirements
- ensuring they have an agreed process with GPs for timely prescription in the event of an outbreak.

Facilities are encouraged to use the pre-placed supplies of Tamiflu and Lagevrio before replenishing stock through existing community pharmacy channels. Where supplies have been exhausted and additional stock cannot be obtained through existing commercial mechanisms, this may be resupplied through the NMS upon request.

### Workforce

Ensuring sufficient workforce coverage is a key component of effective outbreak management and the delivering of safe, quality care. It is crucial that facilities consider potential workforce impacts of COVID-19 or influenza outbreaks and put in place supplementary or replacement workforce strategies in advance including utilising casual staff, establish arrangements with local workforce agencies, and consider where staff can perform other functions.

#### Provider considerations

At all times, providers remain responsible for ensuring their facilities are staffed appropriately.

Providers should undertake appropriate workforce management planning as part of their outbreak management planning processes. Providers are strongly encouraged to undertake this planning with the [interim guidance on managing workforce in regards to COVID-19 in aged care guidelines](#) in mind. This guidance provides a framework to support decision making when determining whether to place work restrictions on aged care staff.

### Communications, guidance and advice

In the event of an outbreak, communicating to staff, residents and their families and representatives in a clear and timely manner is essential. Understanding your communication obligations, establishing clear lines and roles, and continuing to articulate the steps taken to prepare the facility, are all key components of readiness.

The [National COVID-19 Residential Aged Care Emergency Communication Guide](#) outlines communication in advance of, and during, a COVID-19 outbreak. It covers roles and responsibilities, communication protocols and communication processes for Australian Government, State and Territory Governments, the Commission and aged care home providers. Providers should familiarise themselves with these resources.

### Visitation

Social engagement and continuity of close relationships has a profoundly positive impact on the wellbeing of aged care residents. Conversely, restrictions on in-person relationships (such as those experienced earlier in the COVID-19 pandemic under tighter public health restrictions), have seen associated negative impacts.

Whilst contemporary public health requirements are facilitating ever-increasing levels of visitation, consideration should be given during the 'Readiness' phase, towards actions which can be taken in advance to best ensure visitation can safely be maintained, even during an outbreak.

Providers are encouraged to use the 'Readiness' phase to establish mechanisms (such as a [Partnerships in Care](#) program, which allows family and friends of residents to participate in their care) to promote existing relationships of care, even during outbreaks.

## Response

Rapid actions in the Response phase, based on preparation during the Readiness phase, ensures aged care homes can address outbreaks early and lessen the potential impacts. This second phase relies on effort from all parties – Commonwealth, State or Territory, and the approved provider.

It is important that aged care homes tailor their responses to COVID-19 outbreaks, influenza outbreaks, or both at once, guided by risk-based decision making, to ensure a proportionate and least-restrictive response which minimises potential detrimental impacts on residents.

The checklists provided at the end of this document contain examples of practical and operational actions, which providers should consider during the 'Response' phase to ensure they can respond appropriately, as required.

### Provider responsibilities

The primary responsibility for outbreak management in aged care services rests with the approved provider – this is linked to relevant obligations under both aged care legislation (relating to continued delivery of quality and safe care for residents) as well as state-based work health and safety laws (relating to the provision of a safe working environment for staff). This includes reporting positive cases in compliance with the relevant state and territory requirement and to the department (for COVID-19).

Each service should have emergency plans, policies and procedures in place and accessible to all staff. Management staff should also have a thorough knowledge of these procedures and have vested authority to make immediate decisions in line with the plan and procedures. Having strong leadership and governance on-site, including clinical guidance on appropriate IPC procedures, is a vital component. Providers should also ensure they have a plan for the safe return of any residents who may have been hospitalised during the outbreak.

Jurisdictional and/or Commonwealth supports are supplementary to this responsibility; they are intended as additional supports for providers, as required, when existing outbreak management capacity may be exhausted.

All states and territories have issued public health directions for aged care providers (published on each [state or territory health department websites](#)). Whilst providers must foremost comply with any relevant public health directions, they are expected to ensure that outbreak responses are proportionate to prevailing risk and take a least-restrictive approach.

Responses to COVID-19 outbreaks should align with the principles outlined in the [Interim Guidance on Managing Public Health Restrictions on Residential Aged Care Facilities](#) and the [Industry Code for Visiting in Aged Care Homes](#), with responses to influenza expected to take an even less restrictive approach.

## Identifying an outbreak/exposure – Testing

Aged care homes should familiarise themselves with the signs and symptoms of respiratory illnesses. Where signs may present, facilities should activate current testing requirements advised by local public health authorities. It is important these clinical referral pathways are established and understood by nursing staff onsite so that they can be activated quickly.

Testing for other winter respiratory diseases such as Influenza should be managed by the aged care homes through engagement with their local primary care and pathology providers and subsidised through the Medicare Benefits Schedule.

The department will continue to support and provide aged care homes with in-reach testing for COVID-19 where required, alongside the use of RAT kits.

### Provider considerations

Providers are responsible for keeping updated on requirements for the management of respiratory illness relevant to their location. This includes any guidance issued by local public health authorities.

Aged care homes should have established links with local primary care clinicians and ensure these clinicians are available to assess respiratory symptoms and refer for pathology testing as required.

## Managing an outbreak

RACF should activate their outbreak management plans as soon as a positive case of COVID-19 is identified. In the event influenza is identified or suspected, aged care homes should activate their outbreak management plan and consult with their primary care team including general practitioners.

Information to support an aged care home's response to an outbreak is available in a range of resources including:

- CDNA [national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia](#)
- [First 24 Hours Checklist – Managing Covid-19 In A Residential Aged Care Facility](#)
- resources provided by state and territory governments.

Where a resident presents with respiratory symptoms and both COVID-19 and influenza are yet to be excluded, the facility's approach to IPC should reflect the higher requirement (i.e. for COVID-19).

### Managing outbreaks – COVID-19 and influenza

Where residents or staff are identified as close contacts, high risk exposures or have general COVID-19 / influenza symptoms:

- Providers should utilise RATs to determine whether COVID-19 transmission is present.
- If COVID-19 is not detected through this initial screening, providers should consult with a GP to determine whether other testing is required to confirm circulation of another respiratory illness in the facility.
- Providers are strongly encouraged to work closely with their primary care partners to ensure appropriate support can be quickly facilitated as needed.

Support provided by the department to assist aged care homes in the event of an outbreak of COVID-19 or influenza differs (outlined in Table 1 below). The supports described below primarily relate to the management of COVID-19 outbreaks, however depending on the scope and impact of an influenza outbreak on a facility, aged care homes may also receive assistance through these supports.



### Threshold for accessing supports

The department facilitates a range of supports for COVID-19 impacted aged care services, linking providers with support through case managers, additional supplies through the NMS and access to surge workforce.

During winter 2022, supports will continue to be available to aged care services impacted by COVID-19 outbreaks, however, providers impacted by influenza outbreaks may also be eligible to access a limited number of these supports.

Eligibility for key supports is set out in Table 1. It is important to note, access to these supports is not automatic and will be considered on a case-by-case basis based on risk and need. Providers are required to lead all aspects of the outbreak response and should not rely on or assume additional government support will be available.

Table 1: Supports from the department

Supports	COVID-19 outbreak only	Concurrent COVID-19 and influenza outbreaks	Influenza only
Case manager support	X	X	
PPE	X	X	
Antivirals	X	X	X
Workforce support	X	X	
In-reach testing	X	X	

All aged care homes must report any exposure or outbreak of COVID-19 through the My Aged Care Provider Portal. Once reported, the aged care home will receive advice from the state-based case management team, including arrangements for seeking escalated support or emergency advice.

The case management team will connect each facility with resources to manage the outbreak. Resources include PPE, surge workforce, supplementary testing, and helping to facilitate access to primary and allied health care. The level of support offered by the case management team will vary depending on the provider’s capability, availability of resources and the scale of the outbreak.

Case management support will not be assigned where providers are managing standalone influenza outbreaks.

All aged care homes have pre-deployed PPE, RATs (only capable of detecting COVID-19) and antiviral treatments for both COVID-19 and influenza. These supplies will enable RACFs to immediately respond to suspected or actual cases. Providers are responsible for maintaining and replenishing their own stock of PPE from commercial suppliers. Aged care homes can access additional PPE through the NMS if commercial supplies are unavailable.

In-home and community aged care providers will also receive advice from state-based case management team, including arrangements for seeking escalated support or emergency advice.

Providers should procure their own PPE stock to manage influenza outbreaks as part of their business-as-usual activities. Aged care homes managing COVID-19 and Influenza outbreaks at the same time can access support services as noted in the table above.

### Access to care and treatments

Rapid access to care and treatment is a key element to the success of managing an outbreak of either influenza or COVID-19.

General practitioners and allied health professionals should be able to attend onsite in a timely manner and support residents with their care needs. This extends to providing consultations and prescriptions for antiviral treatments for both influenza and COVID-19.

## Winter Plan – A guide for residential aged care providers

If an aged care home cannot access a general practitioner, they can seek support from Primary Health Networks (PHNs). PHNs can provide access to general practitioners through their Commissioned Home Visits program, available until 31 December 2022. This program supports COVID-positive residents in aged care homes and those receiving support at home to have access to face-to-face clinical care and help avoid unnecessary ambulance call-outs and escalations to hospital. GPs providing face to face services to residents of RACFs under the Home Visits program can access PPE from PHNs.

Lagevrio and Tamiflu have been pre-deployed to aged care homes for immediate access. For treatment to be effective, it needs to commence as soon as the decision is made to treat (either following clinical assessment or because of pre-consent):

- Lagevrio should be administered as soon as possible after diagnosis of COVID-19 and within five days of symptom onset to achieve the most benefit – see [factsheet](#).
- Tamiflu should be given within 48 hours of symptom onset – see [factsheet](#).

Utilising pre-deployed antiviral treatments for COVID-19 and influenza can enable residents to have immediate access once treatments are prescribed.

Both COVID-19 oral antiviral treatments, Paxlovid (nirmatrelvir and ritonavir) and molnupiravir (Lagevrio), are available on the Pharmaceutical Benefits Scheme and can be accessed through community pharmacies where pre-deployed supplies run out.

In line with the latest evidence, older people 70 years or older can be prescribed COVID-19 treatments when they test positive, regardless of risk factors or the presence of symptoms. People 50 years or older can access where two risk factors are present, including living in residential aged care, chronic respiratory symptoms, kidney failure, or diabetes. Oral antiviral treatments for COVID-19 help keep people out of hospital and stop COVID-19 from becoming severe, having a major impact for older Australians.

There is also a role for prophylactic use of Tamiflu in residential aged care outbreaks to prevent ongoing transmission. Facilities should seek clinical advice from a GP on whether this is recommended for their site. Further guidance on the use of Tamiflu in aged care is available on the department's [website](#) and in the CDNA [national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia](#).

Having antivirals on hand, and subsequently prescribing them to residents where appropriate, does not mean that ambulance callouts and hospitalisation will be entirely avoided. General Practitioners and the local public health unit should be immediately consulted with where residents are not responding to prescribed treatments and necessary interventions should be facilitated as required.

## Strong Infection Prevention and Control (IPC)

During an outbreak, stringent IPC is essential to getting on top of transmission and limiting the potential impacts. Building on the preparations undertaken in the Readiness Phase, each aged care home should have clear procedures to implement robust IPC.

### *Drawing on expert IPC Capability*

#### **Provider considerations**

The IPC Lead role does not abdicate approved providers of relevant obligations under both aged care legislation and jurisdictional based work health and safety laws. Strong IPC practices should be undertaken by all.

Public health units are responsible for setting public health orders and directions with respect to outbreaks sites.

In the event of an outbreak, aged care homes should work closely with the public health unit to determine what IPC requirements need to be followed on site. Facility leadership, including the appointed IPC Lead, are responsible for ensuring compliance with these requirements.

Each facility should have a clear plan on how to implement IPC requirements in response to an outbreak of either COVID-19 or other respiratory diseases such as Influenza. This includes easy access to IPC equipment such as PPE, signage and waste management. All staff have a role to play in managing IPC and should know their role during an outbreak. These plans should regularly be reviewed and/or stress tested as appropriate.



As in the Readiness stage, IPC Leads are a vital IPC resource for aged care homes to draw on during the Response process. Aged care homes should support their IPC Lead to be involved in all response activities and provide on-the-ground clinical leadership and guidance.

### Workforce

#### *Provision of surge workforce*

Building on the experience of COVID-19, providers must closely consider their current workforce resources and options for sourcing additional workforce to respond to an outbreak. A workforce management plan is essential, including options for accessing local health resources if available.

When a provider experiences detrimental staff loss, the department may be able to assist in brokering [short term assistance](#) for aged care homes following the declaration of a COVID-19 outbreak. These arrangements have been extended to 31 December 2022.

Providers must have exhausted their existing partnerships and recruitment channels before they are eligible to access funded workforce support – this includes considering internal options such as increasing the hours worked by staff at the affected facility and drawing staff in from other facilities operated by the approved provider (not in exposure or outbreak).

Where these pathways are unsuccessful, providers may turn to the department's supports to fill an immediate gap while they attempt to find a longer-term solution, which includes staff returning from isolation or quarantine due to COVID-19.

Surge workforce resources provided by the department are short term and not guaranteed, nor are they sufficient to be the only staffing solution for a facility. This surge support may be able to provide clinical and/or non-clinical staff for facilities during this period. Providers should also consider how visitors and volunteers can also assist with non-clinical support during an outbreak.

It should be noted that the availability of surge staff is dependent upon the availability of staff at the time of request, noting resources are not finite and will be prioritised by the department. The department's prioritisation of resources will consider aspects such as the nature and severity of the outbreak as well as aged care homes competency to safely self-manage (for example, stringent existing IPC and back-up workforce options in place already).

Providers experiencing standalone influenza outbreaks will not be able to access surge workforce from the department as the public health response to influenza outbreaks are more mature and do not impact the availability of workforce (as is the case with COVID-19 isolation requirements).

#### **Provider considerations**

Enacting workforce planning is essential to ensure aged care homes can meet the immediate challenges of staffing the facility following the confirmation of an outbreak.

Aged care homes should consider the relevant work permissions and restrictions to apply (following agreed [guidance](#)) and work quickly to determine the nature of staff exposure or contact – adjusting rosters where required. To the greatest extent possible, staff should not work at secondary aged care homes or locations whilst they are working at an outbreak/exposure site.

Aged care homes are strongly encouraged to consider:

- limiting staff to particular wards and/or residents for the duration of the outbreak
- extending shift times to extend the limited workforce across the full roster whilst staff are furloughed
- utilising furloughed staff for corporate, communication or other functions.

### Communication processes

In the event of an outbreak or confirmed cases, aged care providers should initiate their communication plan as necessary. The [Older Persons Advocacy Network \(OPAN\)](#) offers guidance and assistance for providers in communicating with both residents and families during (and following) an outbreak. More information is available at: [National COVID-19 Residential Aged Care Emergency Communication Guide](#).

### Provider considerations

In the event of a COVID-19 outbreak, providers should consult the national [communication guide](#) for advice on how to provide updates to residents and their families.

In the event of an Influenza outbreak, the normal communication process applies.

## Maintaining physical, social, mental and emotional health and wellbeing

Aged care providers need to balance their responsibilities in managing outbreaks of infectious diseases with their responsibilities for meeting physical, social and emotional needs and supporting choice and quality of life.

### *Maintaining delivery of care*

It is important that resident wellbeing continues to be supported during an outbreak, including maintaining the delivery of usual care and supports, facilitating safe visitation and ensuring access to services such as primary care and allied health. This acknowledges the detrimental impacts for residents linked to prolonged social isolation due to extended lockdowns. A range of guidance and supports are available on the [department's website](#) to assist providers in their self-management of outbreaks.

Primary care and other healthcare providers should continue to provide services to residents to ensure that appropriate care and treatment is delivered in a timely manner. Even mild COVID-19 may impact on other health conditions and a holistic approach to clinical care is required. Aged care providers should work with primary and allied care providers to ensure that any deferred health care (including preventive care such as screening) is progressed and provided.

PHNs have adapted existing COVID-19 Community Care Pathways to ensure measures are in place for medically and socially vulnerable groups.

All personal care and health services should continue when someone is in quarantine or isolation unless otherwise specified under state or territory public health orders. Home care providers can contact the [local PHU](#) for specific advice or go to the [relevant state or territory website](#).

Home care providers should have an [emergency care plan](#) for each care recipient. This can include alternative models of delivery and should include alternative care arrangements if required.

### *Visitation*

Maintained access to visitors is vital to ensuring residents' wellbeing is maintained. Providers should plan how existing visitation arrangements may need to be altered (or additional, innovative visitation arrangements introduced) when there is an escalated level of infection risk, to ensure safe visitation can continue.

In the event of an outbreak, each aged care facility is responsible for applying the least restrictive isolation requirements on residents as possible and making sure that all residents can have access to at least one Essential Visitor, as outlined in the [Interim Guidance on Managing Public Health Restrictions on Residential Aged Care Facilities](#). This can include volunteers.

The [Industry Code for Visiting in Aged Care Homes](#) also offers practical advice to help guide provider decision making across different levels of infection risk.

Further, as advised in the recent [statement on visitation](#) from the Aged Care Quality and Safety Commission, aged care homes should engage proactively (in advance of any COVID-19 exposure or outbreak) with residents and their representatives to identify the people considered to be essential visitors for each resident. This includes [Partners in Care](#), named visitors, and visitors at end-of-life.

Providers should also consider how they will return to standard visitation arrangements following an outbreak (and/or as infection risk diminishes), to ensure a least-restrictive approach.

### Social and emotional support

Any rise in COVID-19 and influenza rates within residential aged care facilities could risk flow on impacts in terms of residents' mental health, due to the increased fear and isolation this can bring. The Australian Government funds a range of mental health supports that are available to residents should this occur. This includes:

- Support through the *Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule initiative (Better Access)*. Between 10 December 2020 and 31 December 2022, aged care residents experiencing diagnosed mental health conditions can access up to 20 individual Medicare-subsidised psychological services each calendar year under this initiative. Further information is available at this [webpage](#).
- Support through **PHN funded services**. The Government funds [PHNs](#) to plan and commission low to moderate intensity psychological in-reach services to support the mental health of aged care residents in their regions.

Better Access services are available to residents via telehealth where clinically appropriate and safe if face-to-face delivery is not available. PHN services are also generally available via telehealth, however, this varies according to the specific service models in place across PHNs.

Availability of technology to support telehealth consults and/or contact with families, and the capacity of staff to assist residents with using the technology may vary between individual facilities. Providers should ensure they have the necessary equipment, and clinically and culturally capable staff to assist residents to access telehealth services. Staff working in residential aged care facilities are encouraged to support residents to access telehealth services by ensuring that private rooms, access to digital resources and assistance to use them are available where possible.

Free online training to support aged care staff and relevant health practitioners to understand and assist the mental health of aged care residents is being delivered by the [Australian Psychological Association](#). This training is available for free.

#### Provider considerations

Providers are expected to balance their responsibilities to reduce the risk of COVID-19 entering the site, with their responsibilities for meeting the physical, social, mental and emotional needs of residents by tailoring care and services as far as possible to their individual circumstances.

If a public health order imposes specific restrictions on access to an aged care facility, it must be complied with, but cannot be used by a provider to justify tighter restrictions. Infection control procedures do not override the ongoing obligations of providers to facilitate safe visiting arrangements (within the terms of any public health order), including through the provision of PPE and any necessary IPC training.

#### Impacts of influenza outbreaks on visitation

Public health and provider responses to influenza outbreaks differ greatly from responses to outbreaks of COVID-19. Providers responding to standalone influenza outbreaks are expected to comply with the public health requirements, using the CDNA [national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia](#) to guide their efforts.

Visitation restrictions should be considered in line with the considerations set out in the guidance, with a view to (at a minimum) retaining access to one essential visitor for all residents.

### Re-engaging volunteers into residential aged care facilities program

Volunteers are an important part of the aged care system in supporting older people to live meaningful lives, build social cohesion and prevent social isolation and loneliness. Public health advice now encourages visitors and provides an opportunity for aged care homes to re-engage with volunteers to support older people. Volunteers should supplement, not replace, replicate or fill shifts of paid staff.

The ['Re-engaging volunteers into residential aged care facilities'](#) program (RVRP) aims to encourage the return of volunteers and new volunteers into aged care homes. Volunteers under the RVRP program will provide a range of non-clinical social supports, including during an outbreak, such as companionship, leisure activities, assistance to access to outdoor spaces or administrative support. The RVRP complements the Community Visitors Scheme (CVS).

### Provider considerations

To nominate your facility to receive volunteers from the program fill out the webform. You will need to provide your facility's details, and contact details of the manager responsible for volunteer coordination.

Providers are required to enter a signed agreement with the volunteer to set out clear timeframes, volunteer role and aged care homes commitment to each of their roles and responsibilities.

Aged care providers must provide:

- an onsite volunteer or workforce coordinator
- orientation upon commencement of the facility and processes
- current volunteer insurance
- a primary point of contact for communication and supervision
- free and correctly fitted PPE and free rapid antigen tests for all volunteers
- a signed statement of agreement with volunteer regarding their role and support.

## Recovery and Resilience

The final phase of this Plan is “Recovery and Resilience”. This recognises the importance of providing support to aged care providers in the immediate period after outbreaks occur, and for providers to reflect on their response to the outbreak and assist staff to receive support and respite. It provides an important chance for each facility to review what worked and what could be improved during outbreak management. This phase is a key part of the emergency management and response process, providing opportunities for continual improvement.

The checklists provided at the end of this document contain examples of practical and operational actions, which providers should consider during the ‘Recovery and Resilience’ phase, to assist post-response support for staff and residents and ensure processes are continually improved.

Providers may move between this phase and the response phase on a recurring basis, highlighting the importance of ongoing Readiness, as set out in the first phase.

### Provider responsibilities

Providers should consider how their facility will support recovery in their aged care home including:

- Assessment of current level of care delivered to residents, including addressing any gaps due to staffing or isolation limitations.
- Assessment of the current physical and emotional wellbeing of residents and considering how to address any deterioration in the residents’ condition that may have occurred during lockdown.
- Management of the return of staff impacted by COVID-19 work after the public health unit\* has cleared them fit to return.
- Management of the return of residents to the aged care home if they were hospitalised during the outbreak.
- Identification of any additional costs incurred in the management of the outbreak and consider seeking reimbursement through the Aged Care Support Extension Grant if eligible.

After the public health unit\* declares the outbreak is over, the outbreak management team should consult with the local public health unit to consider holding a debrief of the situation. The debrief should identify:

- strengths and weaknesses in the response and investigation
- any policies, practices or procedures that should be improved for future outbreaks.

*\*as applicable in each jurisdiction.*

## Supporting resident recovery

### *Reablement of residents*

As a result of COVID-19 lockdowns and isolation requirements, many residents may have experienced physical, psychological and/or nutritional deconditioning. Providers will need to work with residents and their families on how they can support residents to regain lost capacity and mobility.

In-home and community aged care providers should also consider how they can support their clients to regain lost capacity and mobility, including through supporting access to allied health services.

### *Allied health support*

Access to allied health services is important to maintaining the health and wellbeing of older Australians. Allied health professionals provide a wide range of essential services for aged care homes residents to support their mobility, pain management and daily activities.

Facilitating additional access as required in the Recovery phase can help support reablement of residents and mitigate the impacts of any deconditioning which has occurred.

Aged care homes should consult with allied health professionals as part of their reablement planning. Further advice on preventing deconditioning can be found in the [Commonwealth Department of Health Visitation Guidelines for Residential Aged Care Facilities](#).

## Grief and trauma support

As a result of COVID-19, many people may be:

- suffering grief and loss from the passing of a loved one (or care recipient) or significant changes in lifestyle
- experiencing trauma or increased stress as a response to isolation, physical distancing, and visitor restrictions in aged care.

A range of [services and resources](#) are available including:

- support for grief, loss and bereavement
- resources for those affected by trauma
- help for dementia associated behaviours
- advice and advocacy for older people
- crises support services – available 24 hours.

Free support and advice services are available Australia-wide for:

- residents in aged care
- home care recipients
- families of senior Australians, their families of choice, friends, loved ones, representatives and community visitors
- aged care staff, including residential aged care staff and home care staff, including aged care leadership, nursing and personal care workers, ancillary staff, and volunteers.

The grief and trauma support and advice services complement mental health resources already available, such as [Head to Health](#).

## Mental health support

Mental health support is available for people accessing aged care services, their families and aged care staff experiencing mental health distress, including as a result of increased stress and work pressures associated with rising COVID-19 and influenza rates during winter. This support is available through the following programs:

- The Better Access initiative (Medicare rebates for mental health services). In response to the impacts of COVID-19, this support has been temporarily expanded, with up to 20 Medicare-subsidised individual psychological services available each calendar year until 31 December 2022. Further information in this support is available in [this fact sheet](#).
- Primary Health Network (PHN) commissioned mental health services. The department funds PHNs to plan and commission regionally appropriate mental health and suicide prevention services. Further information on regional services is available by contacting the local PHN, with contact details available through the [PHNs map locator](#).
- Beyond Blue offers a dedicated 24/7 Coronavirus Mental Wellbeing Support Service. This hotline provides information, advice, and strategies to help manage wellbeing and mental health during the COVID-19 pandemic. Further information is available at [Coronavirus Beyond Blue](#) or by calling 1800 512 348.
- Black Dog Institute offers The Essential Network (TEN). This online service is dedicated to health care staff and provides confidential mental health support matched to symptom severity, while also delivering up to five free clinical telehealth sessions. Further information is available at [The Essential Network for Health Professionals](#)
- Head to Health centres are located in every state and territory and are designed to provide a 'no wrong door' entry point for adults to access mental health information, services and supports through a multidisciplinary team operating over extended hours, without needing a prior appointment or paying a fee. Clinic locations can be found at this [webpage](#).



## Supporting staff recovery – post outbreak

### Provider considerations

Aged care homes leadership are strongly encouraged to undertake a post outbreak de-brief to consider aspects of the response that worked well and those that didn't. Part of this de-brief should identify residents, family or staff that have been particularly affected by the outbreak and associated restrictions imposed by the public health unit.

Where appropriate, leadership should assist affected individuals to access any of the supports set out above or enable access to support available from within their own organisation, for example Employee Assistance Program supports set out in Enterprise Agreements. Leadership teams in each facility should also consider whether they too require this support.

## Supporting aged care provider recovery

### *Reimbursement of costs – post outbreak*

The COVID-19 Aged Care Support Program Extension Grant will remain open until 31 January 2023 (for providers impacted up to 31 December 2022), meaning providers will be able to continue to seek reimbursement for the direct costs of managing staff isolation or cases of COVID-19 in their facilities.

The department has considered the intersection between COVID-19 and influenza and the circumstances under which costs in managing influenza may be claimable where COVID-19 diagnosis is unknown. The Frequently Asked Questions (FAQs) for this Grant Opportunity have been updated to reflect the new timeframe and any additional intersecting costs between COVID-19 and influenza.

### Provider considerations

Providers that have experienced standalone influenza outbreaks are not eligible to claim reimbursement through this grant opportunity.

Providers impacted in this manner may be eligible to cover periods of impact between a COVID-19 test that was undertaken, on the initial assumption that staff or care recipients may have COVID-19, and any resulting period of isolation required because of that test (e.g. where the staff member / care recipient is symptomatic and a close contact of a suspected COVID-19 positive case).

### *Financial support for providers*

A range of support measures, grants and initiatives are available to providers in need of support in the event of emergency circumstances, including outbreaks of COVID-19 and influenza. [The Aged Care Financial Monitoring and Business Assistance program](#) helps approved residential providers understand and address major financial risks.

Residential and Home Care providers can apply for free independent [Business Advisory Services](#) to help them review their operations and provide advice on business management and financial strategies.

## Infection Prevention and Control – refreshing capability

The department is implementing a grant program to support aged care nurses to access critical IPC training. The grant will support providers with the costs associated with training during 2022-23. This commitment to IPC capability recognises the critical role of IPC leads and the need to foster this professional development.

## Integrating experience into planning

Collaboration and sharing experience are important in the context of a continuously evolving environment throughout the pandemic and into winter, and the challenges of implementing new guidance, plans and procedures in such an environment.

Aged care providers are encouraged to share their experiences, resources and learnings where possible. This could be done through existing networks. Opportunities for facilitated cross-sector collaboration exist across jurisdictions. For example, communities of practice exist in [some states](#) which may support providers in the response to COVID-19 and Influenza throughout winter.

## Appendix A – Aged Care Home Winter Preparedness Checklist

Guided by the three stages outlined in this plan, the Checklist provides examples of practical actions providers should undertake across *Readiness*, *Response* and *Recovery*. Whilst the Checklist is not exhaustive, it is intended to support providers' planning to ensure the continued delivery of safe and quality care for residents ahead of the anticipated co-circulation of both COVID-19 and influenza.

### Readiness

- Have you undertaken an updated risk-assessment of the local COVID-19/influenza risk for your service and how this may impact your outbreak management?
- Have you recently updated your outbreak management plan and tested it through a series of scenario-based activities?
- Are all staff aware of the plan, how to access it, and their roles and responsibilities?
- Have all staff been trained in all aspects of outbreak identification, management, and IPC, including refresher training if required?
- Have you provided resident's families with information regarding strategies to minimise the risk of introduction and transmission of COVID-19 and influenza?
- Have you organised a COVID-19 vaccination clinic for residents, including winter booster doses?
- Have you offered influenza vaccination to all staff and volunteers and taken steps to encourage vaccination (including COVID-19 vaccination) as an important protection?
- Do all residents have access to an influenza vaccine through a primary care or other vaccination provider?
- Do you have an adequate supply of Personal Protective Equipment (PPE) and Rapid Antigen Tests to ensure you can enact a quick and effective response?
- Have you received your winter pack of PPE from the National Medical Stockpile?
- Have you undertaken detailed workforce management planning, including considering how you will source additional workforce (if required)?
- Does this include how you will cohort/zone staff (as required)?
- Do you know the COVID-19 and/or influenza vaccination status of all residents and staff?
- Have you undertaken preparatory steps to enable timely access to COVID-19 and/or Influenza antiviral treatments if required and appropriate, including determining resident views on treatments?
- Do you have a communication plan in place, informed by [National COVID-19 Residential Aged Care Emergency Communication Guide](#)?
- Does this include a plan for communicating with staff, residents, volunteers and family members during an outbreak?
- Have you undertaken steps to ensure visitation can continue to be safely facilitated in the event of an outbreak (e.g. establishing Partnerships in Care)?
- Are you routinely assessing and/or testing residents for COVID-19 and influenza symptoms, and documenting as required?
- Do you have pathways for accessing general practitioners and pathology testing if required, including through Primary Health Network or your local Public Health Unit?
- Have you clearly identified how you will maintain resident physical, social, mental and emotional wellbeing during an outbreak? For example, continued access to visitation, primary care and allied health services?
- Do you understand the different types of supports available for an outbreak of COVID-19 compared to influenza (or both concurrently)?



### Response

- Are you undertaking testing and isolation for symptomatic residents? How is this different between potential COVID-19 and influenza infection?
- Are you continuing to screen staff and visitors on entry, including the use of RATs?
- Is your response tailored to the type of outbreak? (i.e. COVID-19, influenza, both or other respiratory viruses)
- Are resources such as PPE, RATs and antivirals (both COVID-19 and influenza) accessible and being used appropriately?
- Are you keeping track of PPE use and placing orders through commercial suppliers to replenish stock?
- Are stringent IPC practices in-place, with on-the-ground leadership driven by your facility's IPC Lead?
- Are back-up supports in place for your IPC Lead (e.g. additional staff highly trained in IPC) in case they need to isolate during an outbreak?
- Have you enacted your communication plan?
- Have you enacted your workforce plan, including zoning of staff and sourcing additional workforce if required?
- Are you taking steps to ensure that resident physical, social, mental and emotional wellbeing is being maintained? For example, continued access to visitation, primary care and allied health services?
- Have you considered accessing supports available through the department for an outbreak of COVID-19 and/or influenza?

### Recovery

- Do you have a 'lessons learned' process in place to review your outbreak response and identify areas for improvement?
- Have you identified [grief, trauma and/or mental health supports](#) to assist residents and staff to recover from the impacts of outbreaks?
- Have you got plans in place to enable reablement of any resident experiencing deconditioning following an outbreak?
- Do you understand how to seek potential reimbursement of outbreak costs through the [COVID-19 Aged Care Support Program Extension Grant](#)?
- Are you facilitating increased re-entry of visitors and volunteers, in-line with the Industry Code for Visiting in Aged Care Homes?

## Appendix B – Guidance and Resources for RACFs

Providers should ensure they keep up to date with any changes in advice and how this may impact management of outbreaks. The list of resources below (whilst not exhaustive) provides links to a range of useful guidance and pathways for providers to seek further information.

Activity	Resources
Understanding how to manage an outbreak in residential aged care	<a href="https://www.health.gov.au/node/18602/managing-a-covid-19-outbreak-in-residential-aged-care">https://www.health.gov.au/node/18602/managing-a-covid-19-outbreak-in-residential-aged-care</a>
Staying up to date with newsletters and alerts for the aged care sector	<a href="https://www.health.gov.au/health-topics/aged-care/providing-aged-care-services/newsletters-and-alerts-for-the-aged-care-sector">https://www.health.gov.au/health-topics/aged-care/providing-aged-care-services/newsletters-and-alerts-for-the-aged-care-sector</a>
Utilising key resources	<p>CDNA <a href="#">national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia</a></p> <p>Infection Control Expert Group – <a href="#">Guidance on infection prevention and control for residential care facilities in the context of COVID-19</a></p> <p><a href="#">Interim Guidance</a> on managing workforce regarding COVID-19 in aged care</p> <p><a href="#">Interim Guidance</a> on Managing Public Health Restrictions on Residential Aged Care Facilities</p> <p><a href="#">First 24 Hours</a> – managing COVID-19 in a residential aged care facility</p>
Understanding what kinds of support are available and how to seek these	<a href="https://www.health.gov.au/health-topics/aged-care/advice-on-aged-care-during-covid-19/government-support">https://www.health.gov.au/health-topics/aged-care/advice-on-aged-care-during-covid-19/government-support</a>
Guidance on the use of antiviral treatments in RACFs	<p><a href="#">Lagevrio</a></p> <p><a href="#">Tamiflu</a></p>
Resources from the Aged Care Quality and Safety Commission	<p><a href="#">COVID-19 Provider Resources</a></p> <p><a href="#">Preparing your aged care service for winter</a></p>
Further advice regarding public health requirements in your jurisdiction	<a href="https://www.health.gov.au/about-us/contact-us/local-state-and-territory-health-departments">https://www.health.gov.au/about-us/contact-us/local-state-and-territory-health-departments</a>

### Department of Health case management contacts in each jurisdiction

\*Note that case management is only provided for outbreaks of COVID-19 and/or a concurrent outbreak of COVID-19 and influenza.

Jurisdiction	Contact
Queensland	<a href="mailto:QLDCovidCaseManagement@Health.gov.au">QLDCovidCaseManagement@Health.gov.au</a>
Northern Territory	<a href="mailto:NTCovidCaseManagement@Health.gov.au">NTCovidCaseManagement@Health.gov.au</a>
New South Wales	<a href="mailto:NSWCOVIDCaseManagement@Health.gov.au">NSWCOVIDCaseManagement@Health.gov.au</a>
Australian Capital Territory	<a href="mailto:ACTCOVIDcasemanagement@Health.gov.au">ACTCOVIDcasemanagement@Health.gov.au</a>
South Australia	<a href="mailto:SA.COVIDsupport@Health.gov.au">SA.COVIDsupport@Health.gov.au</a>
Western Australia	<a href="mailto:WA.COVIDsupport@Health.gov.au">WA.COVIDsupport@Health.gov.au</a>
Victoria/Tasmania	<a href="mailto:VICTASCASEManagement@Health.gov.au">VICTASCASEManagement@Health.gov.au</a>

## Appendix C – In-home Aged Care Winter Preparedness Checklist

Whilst most of the content in this document is targeted towards RACFs (acknowledging the increased transmission risk of both COVID-19 and influenza within these co-located living arrangements), in-home care providers also need to respond to changing circumstances to manage risks to their care recipients and staff. The Checklist below provides a range of practical actions which in-home aged care providers can take to ensure the continued delivery of safe and quality care for care recipients this winter.

### Readiness

- Have you undertaken an updated risk-assessment of the local COVID-19/influenza risk for your service and how this may impact service delivery for care recipients?
- Home care – Has your COVIDSafe Plan been reviewed and updated as required? Does each care recipient have an appropriate emergency care plan in place?
- Home care & CHSP – Has your activity continuity plan been reviewed and updated as required?
- Have you undertaken detailed workforce management planning, including considering how you will source additional workforce (if required)?
- Do you have adequate supplies of PPE/RATs, and established processes to source more, if required, for a quick and effective response?
- Are stringent IPC processes in place, and have all staff recently refreshed their IPC training?
- Do you know the COVID-19 and/or influenza vaccination status of all staff?

### Response

- Are you ensuring continuity of care when a care recipient tests positive?
- Are you regularly communicating with staff, care recipients, and their family members?
- Are resources such as PPE and RATs easily accessible to staff and clear processes in place to guide their use?
- Have you considered how you may support care recipients who test positive to continue accessing essential services such as primary care and allied health?
- Do clients have access to a GP and community pharmacy to access treatments if needed?

### Recovery

- Do you have a 'lessons learned' process in place to review your COVID-19/influenza management processes and identify any areas for improvement?
- Have you considered how you may assist care recipients to access any [grief, trauma and/or mental health](#) supports if needed?
- Have you got plans in place to support reablement of any care recipient experiencing deconditioning?
- Home Care – Do you understand the eligibility criteria and application process for potential reimbursement of impact costs through the [COVID-19 Aged Care Support Program Extension Grant](#)?
- CHSP – Do you understand how to seek potential financial assistance for managing impact costs under the [CHSP – Emergency support for COVID-19](#) grant?
- Have you identified how you will return to as-usual service delivery for care recipients following a positive case?

Further information and links to relevant resources are available on the department's [website](#).