



Coronavirus (COVID-19) – Response to the independent review of COVID-19 outbreaks in Australian Residential Aged Care Facilities

Line of defence	Recommendations	Proposed response
<p>Built environment and infrastructure</p> <p>(3 recommendations) – the physical environment in which residents live</p>	<ol style="list-style-type: none"> 1. The Department of Health (the department) reviews current guidelines and minimum standards required for adequate ventilation, in both new and existing residential aged care facilities. 2. Following the review, the department provide advice to the aged care sector on any changes required, having regard to mitigating the risk of COVID-19 transmission. 3. The department consults with the aged care sector on phasing-out shared rooms and bathrooms to reduce the risk of COVID-19 transmission. 	<p>The Australian Government supports recommendations 1 to 3.</p> <p>The Government is investing in the aged care built environment through the 2021–22 Budget measure Residential Aged Care Services and Sustainability - Reforming accommodation settings in residential aged care. The Government will work with the aged care sector and relevant stakeholders to develop a reformed Residential Aged Care Accommodation framework, to commence from July 2024, and will further consider these recommendations in this context.</p> <p>These recommendations also align with the preparation and preparedness theme outlined in the work plan for the Australian Health Protection Principal Committee’s (AHPPC) Aged Care Advisory Group (ACAG). The ACAG is considering these issues and will provide ongoing advice to the sector and the Government in the context of reforms to accommodation settings.</p>
<p>Clinical care</p> <p>(5 recommendations) – access to primary, secondary and tertiary health care</p>	<ol style="list-style-type: none"> 4. Primary Health Networks (PHN) develop definitive COVID-19 outbreak management plans and guidelines to provide consistent General Practitioner support to residents in Residential Aged Care Facilities (RACFs) during an outbreak. 	<p>The Australian Government supports recommendations 4 to 8 and will work with states and territories to implement recommendations 7 and 8.</p> <p>The Government is investing \$365.7 million to improve access to primary care for senior Australians through the 2021–22 Budget, to better support their transition between the aged care and health care systems, and improve medication management in residential aged care settings. This measure includes \$42.8 million to boost the Aged Care Access Incentive from 1 July 2021 to increase face-to-face servicing by general practitioners (GPs) within</p>

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	<ol style="list-style-type: none"> 5. The department ensures that residents living in RACFs can access healthcare in accordance with the principles outlined in the National COVID-19 Aged Care Plan. 6. The department ensures that guidelines for residential aged care transfers to hospital during a COVID-19 outbreak are in place in each jurisdiction. 7. Local health networks (however titled) identify specific accommodation for people living with dementia, who cannot be suitably accommodated in a RACF during an outbreak. 8. The local health networks continue to build sustainable relationships with the aged care sector. 	<p>residential aged care facilities. This measure also includes \$178.9 million for PHNs to utilise their regional expertise and on the ground capabilities to support the health of senior Australians.</p> <p>The Government set up PHNs as local, independent organisations to collaborate with GPs and other health professionals to ensure that primary care is accessible, efficient and effective. At a Commonwealth level, PHNs manage the logistics of the distribution of personal protective equipment to general practice, the establishment of GP-led Respiratory Clinics, and Victorian PHNs are leading the establishment of mental health hubs. At the state and territory level, PHNs are key contributors to local health emergency management arrangements through coordinated multiagency responses that include hospital and health service districts, residential aged care services, public health units, and ambulance services. At a local community level, PHNs play a role as trusted sources of comprehensive localised COVID-19 information and resources for GPs.</p> <p>In relation to recommendation six, the Royal Commission into Aged Care Quality and Safety's (Royal Commission) Special Report into COVID-19 recommended the Government establish protocols between the Government and states and territories. The Government, through the Department of Health, continues to work with state and territory governments to formalise arrangements in each jurisdiction. This includes the use of transfers from RACF to hospital during outbreaks.</p> <p>Hospital transfers will always be provided to residents when clinically required. As RACFs adjust to living with COVID, treating asymptomatic residents and those with mild symptoms onsite will ensure residents are afforded continuity of care, comfort and support. This will be balanced against the capacity of the RACF to maintain a safe environment during an outbreak. The Commonwealth has implemented the private hospital agreement, which continues to provide access to additional health facilities for RACF residents as required.</p> <p>In relation to recommendation seven, the Government will work with states and territories to consider options to support the role of local health networks to</p>

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		<p>identify alternative accommodation for people living with dementia during an outbreak.</p> <p>In relation to recommendation eight, the Department of Health’s State Network, PHNs, local State authorities and the new Infection Prevention and Control leads in RACFs continue to build sustainable relationships. The Department of Health will consult with PHNs and local public health authorities to develop protocols for General Practitioner support for residents in RACFs during a COVID-19 outbreak.</p> <p>The Government will also work with state and territory governments to develop an appropriate multidisciplinary service model for residential aged care to prevent or mitigate avoidable hospitalisations, in line with the Government’s response to Recommendation 58 of the Royal Commission’s Final Report.</p> <p>These recommendations align with the quality and safety theme outlined in the work plan for the ACAG. The ACAG is considering these issues and will address them in ongoing advice provided to the sector, taking into account the increased investment in primary care announced by the Government in the 2021–22 Budget.</p>
<p>Effective interagency communication (2 recommendations) Communication between agencies involved in COVID-19 control</p>	<p>9. The department maintains and publishes reliable, up to date COVID-19 information for the aged care sector as a ‘single source of truth’ in an easily accessible format.</p> <p>10. The department, through the National COVID-19 Aged Care Plan, collaborate with the relevant Government, state and territory departments and agencies to commit to updating and sharing information through the ‘single source of truth’.</p>	<p>The Australian Government supports recommendations 9 and 10. The Government will work with the states and territories to implement recommendation 10.</p> <p>The Government, through the Department of Health, maintains and publishes reliable, up to date COVID-19 information for the aged care sector as a ‘single source of truth’ in an easily accessible format. Weekly data reports are uploaded with case numbers and supports provided by the Government (workforce surge, personal protective equipment, in-reach testing). The Protecting Older Australians newsletter is issued multiple times per week with guidance on preparedness and response, and is subscribed by aged care peak bodies, residential aged care facilities, PHNs, and State and Territory government agencies.</p>

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		<p>In relation to recommendation 10, the Government (through the department and Australian Aged Care Quality and Safety Commission) continues to work collaboratively with states and territories to progress aspects of aged care preparedness to respond to outbreaks of COVID-19. This includes ensuring joint protocols, where relevant, and other resources continue to be updated in the evolving context.</p> <p>Additionally, the national rollout of AUS-CAIRS, which is the incident management system developed within the Victorian Aged Care Response Centre supports information management and reporting across jurisdictions.</p>
<p>Emergency response (10 recommendations) The multidisciplinary response to managing an outbreak</p>	<p>11. The department ensures that online training and mentoring in emergency outbreak management and crisis leadership (as funded through the Aged Care Preparedness Expansion measure) be delivered as a matter of priority to all Approved Providers and to key government agencies engaged in outbreak emergency responses.</p> <p>12. Approved Providers ensure that sufficient staff have completed online training and mentoring in emergency management and crisis leadership, to prepare them to manage an outbreak.</p> <p>13. In accordance with the National COVID-19 Aged Care Plan, all jurisdictions develop management protocols to define roles and responsibilities for Joint Australian, State and Territory Government Working Arrangements.</p>	<p>The Australian Government supports recommendations 11 to 20. The Government will work with relevant stakeholders to implement recommendations 12 and 14.</p> <p>The Government has funded the development of an emergency management training and mentoring program to address an identified gap and provide the resources that executives of aged care providers need to become educated in emergency management leadership. This will ensure that executives have the skills to provide necessary leadership for their aged care facilities in the event of an emergency, such as a fire, pandemic or a flood. This includes online training modules and a mentoring program with group-based and one-on-one sessions. As at 18 October, over 800 people have commenced the online training and almost 200 have completed the training.</p> <p>The Government (through the department and Australian Aged Care Quality and Safety Commission) continues to work with states and territories to progress aspects of aged care preparedness to respond to outbreaks of COVID-19 in the context of living with COVID-19 and the National Plan to Transition Australia’s National COVID Response. This includes ongoing review, update, or finalisation of protocols in each jurisdiction for the coordination of government support to an affected aged care provider in their management of a COVID-19 outbreak, incorporating lessons learned during each outbreak to date.</p>

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	<p>14. The Guide to the Establishment of an Aged Care Health Emergency Response Operation Centre be reviewed to consider the establishment of 'virtual' alternatives where appropriate.</p> <p>15. The Commonwealth Case Manager appointed to an outbreak is the single point of contact and oversight for that outbreak. All requests for information should be directed through the Case Manager who will liaise with the appointed Incident Commander (however titled) within the RACF.</p> <p>16. The Case Manager ensures that records of meetings are maintained to identify agreed outcomes, actions required and personnel responsible for delivering outcomes.</p> <p>17. Onsite assessments must be co-ordinated by the Case Manager.</p> <p>18. In the event that there is any dispute with regard to priority of any action or intervention, the Case Manager will provide direction or escalate the matter to the Commonwealth State Manager for resolution.</p> <p>19. The Case Manager ensure that processes are in place to facilitate timely responses to requests for information and/or advice from Approved Providers.</p>	<p>The Government has also worked with states and territories to incorporate aged care teams into their existing emergency response capabilities. This includes the ability to mobilise the necessary systems, infrastructure and workforce to provide coordination and support to residential aged care facilities in the event of an outbreak of COVID-19. All states and territories have committed to being able to activate an 'aged care emergency response centre' within 48 hours of an outbreak, if required.</p> <p>Case managers have played a critical role in the management of COVID-19 outbreaks in residential aged care facilities across NSW, Victoria and the ACT throughout 2021. The Commonwealth Case Management COVID-19 Outbreak in a RACF Guide is a collection of resources outlining the processes involved and approaches for addressing issues. Whilst the guide describes the composition of a case management team, the focus is on the role of the case manager, noting there are differences in legislation, policies, procedures and terminology across jurisdictions. The case manager role is defined as a single point of contact and includes recording and reporting accurate information on the case status.</p> <p>In relation to recommendation 12, Approved Providers are legally required to comply with the Aged Care Quality Standards, including requirements under Standard 7 (Human Resources), to ensure that they have a workforce that is competent with staff possessing the qualifications and knowledge to effectively perform their roles. The Aged Care Quality and Safety Commission (the Commission) publishes guidance and advice and offers education to the sector to promote providers' understanding of their obligations and highlight the required knowledge, skills and competencies. Through its regulatory powers, the Commission also monitors and assesses providers' compliance with the Standards.</p> <p>In relation to recommendation 14, the Guide to the Establishment of an Aged Care Health Emergency Response Operation Centre is complemented by the National COVID-19 Aged Care Plan (National Plan) which is being reviewed by the department in consultation with the ACAG. The use of virtual alternatives</p>

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	<p>20. The department assures adequacy of planning, preparation and capacity to respond to potential aged care outbreaks in rural and remote communities.</p>	<p>will be considered as part of this review process. Review mechanisms will also seek stakeholder feedback from across the aged care sector and states and territories. Further guidance materials will be developed as the sector transitions to living with COVID.</p>
<p>Infection prevention and control (4 recommendations) Skills, attributes and knowledge required to prevent infection</p>	<p>21. The department continues the implementation of Infection Prevention and Control (IPC) recommendations made in the Royal Commission into Aged Care Quality and Safety's COVID-19 Special Report.</p> <p>22. The department considers long-term funding requirements for improving IPC in RACFs and embedding it as business-as-usual.</p> <p>23. The department ensures that RACF 'IPC Leads' have ongoing support from Approved Providers and access to IPC specialists.</p> <p>24. The department reviews the adequacy of current COVID-19 clinical waste guidelines to promote a nationally consistent approach to collection, segregation, storage and disposal of clinical waste.</p>	<p>The Australian Government supports recommendations 21 to 24.</p> <p>The Government continues to implement the six recommendations of the Royal Commission's COVID-19 special report, building on the progress report tabled in Parliament on 30 November 2020.</p> <p>The Government, through the department and the Commission, enforces IPC standards for Approved Providers. Approved Providers have obligations under Standard 3 (Personal Care and Clinical Care) of the Aged Care Quality Standards to minimise the risk of infection, and requirements under Standard 7 (Human Resources) to ensure they have a suitably skilled and qualified workforce to deliver high quality and safe care. Approved providers are required to demonstrate, during relevant performance assessments under the Aged Care Quality Standards, how they are meeting their responsibilities including regarding infection prevention and control. The Commission will have regard to, amongst a range of forms of evidence, how a provider is implementing these requirements including reference to escalation tiers (COVID-19 Escalation Tiers and Aged Care Provider Responses: November 2020), the Commission's assessment methodology, as well as future guidance as it is developed. Escalation tiers will cease to be relevant going forward due to aged care's transition to living with COVID.</p> <p>All residential aged care facilities are required to have an onsite, trained clinical IPC lead to embed improved IPC practices into business as usual activity. The implementation of IPC leads has been an important factor in enhancing the management of COVID-19 outbreaks in aged care. The Commission has updated the Aged Care Quality Standards Guidance and Resources for Providers to reflect the IPC lead requirements, including those for specific infection control training. The Commission will have regard to how a provider is</p>

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		<p>implementing the IPC lead requirement, including the qualifications and expertise of the IPC lead, and provision and recording of ongoing training regarding infection prevention and control.</p> <p>The Government (through the department and the Commission) continues to work collaboratively with state and territory colleagues to progress aspects of aged care preparedness to respond to outbreaks of COVID-19. This includes continuation of the Commission’s program of site visits (including Infection Control Spot Checks) and other supporting activities related to infection control monitoring in RACFs. This data is shared with states and territories.</p> <p>In relation to recommendation 22, the Government has utilised the National Partnership on COVID-19 Response (NPA) as an effective method to provide financial assistance to all states and territories for the additional costs incurred in supporting outbreak response and minimising the risk of COVID 19 spread.</p> <p>The department is currently working with states and territories to finalise an additional Schedule to the NPA, which will facilitate reimbursement of up to 100% of the costs incurred from 1 July 2020 to support jurisdictions to:</p> <ul style="list-style-type: none"> • deliver additional targeted IPC training to enhance RACF staff IPC skills; and • undertake prevention, preparedness and response activities to address a COVID-19 outbreak in RACFs, including supporting RACFs to uplift IPC capacity by providing IPC training. <p>This additional Schedule directly responds to Recommendation 6 of the Royal Commission’s Special Report on Aged Care and COVID-19, in recognition of the Commonwealth’s responsibility for aged care, and acknowledges the significant work already undertaken by states and territories in boosting preparedness to respond to an outbreak of COVID-19 in aged care.</p> <p>Additionally, the Government is investing \$189.2 million to implement new funding models for residential respite care and residential aged care through the 2021–22 Budget. This measure includes \$135.9 million to implement the</p>

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		<p>new Australian National Aged Care Classification model for residential aged care, to be implemented from 1 October 2022. This will provide fairer and more equitable funding and support the sector to deliver higher quality care for senior Australians.</p> <p>In relation to recommendation 24, the department is working with the Commission and the Australian Commission on Safety and Quality in Health Care to revise the Aged Care Quality Standards and associated guidance material, and will consider strengthening requirements relating to clinical waste management as part of this process.</p>
<p>Leadership, management and governance (1 recommendation)</p> <p>The day-to-day oversight of the delivery of care</p>	<p>25. Approved Providers consider individual leadership coaching to support managers in acquiring additional skills to enhance leadership capacity, in both business-as-usual and emergency management.</p>	<p>The Australian Government supports recommendation 25 and encourages providers to implement this recommendation.</p> <p>The Government is investing \$30.1 million from December 2021 to support aged care providers to improve their governance arrangements and meet strengthened legislative obligations through the 2021–22 Budget. This will improve the quality of care for the 1.3 million Australians who currently access aged care services each year. Measures to strengthen the accountability of aged care providers include:</p> <ul style="list-style-type: none"> • new governance obligations from 2022 to lift leadership capability in the sector by requiring improvements to the composition and accountability of aged care boards • a review of the Aged Care Quality Standards, focussing on key areas of concern identified by the Royal Commission such as governance, dementia, and food and nutrition, and • the appointment of an Assistant Commissioner for Sector Capability and Education to the Commission to lead a transformational change program, informed by regulatory intelligence, to build sector capability. This will include leading the development of a program for 3,700 aged care leaders to improve their corporate and clinical governance capability and equip aged care boards to drive improved outcomes for aged care recipients.

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		<p>The department has also funded the development of an emergency management training and mentoring program to address an identified gap and provide the resources that executives of aged care providers need to become educated in emergency management leadership.</p>
<p>Planning and preparation (2 recommendations) Putting in place measures to prevent or manage an outbreak</p>	<p>26. The Aged Care Quality and Safety Commission determine a minimum standard to give effect to best practice pandemic planning and preparation in a RACF.</p> <p>27. Approved Providers must submit an annual Pandemic Planning attestation to confirm compliance with the required Standard. The governing body must approve the attestation and submission.</p>	<p>The Australian Government supports recommendations 26 and 27 and will further consider implementation options.</p> <p>The Government, through the Commission, enforces Aged Care Quality Standards including a range of requirements relating to IPC, governance systems, risk management systems, and managing high impact and high prevalence risks. The Commission and the department will work together to develop any additional or more specific measures that might be considered in the review of the Standards.</p> <p>Rec 90(f): New governance standard of the Royal Commission’s Final Report concerning a proposed that any governance standard for Approved Providers should require every approved provider to have a nominated member of the governing body attest annually on behalf of all members that they have satisfied themselves that the provider has in place the structure, systems and processes to deliver safe and high quality care.</p> <p>The Government has responded to the Royal Commission, including through the 2021–22 Budget, by investing an additional \$262.5 million in the Aged Care Quality and Safety Commission to ensure it is equipped to safeguard the quality, safety and integrity of aged care services, and effectively address failures in care. This investment in sustainable resourcing will allow the Commission to strengthen powers and the ability to protect senior Australians through action to address failures in care including civil penalties, enforceable undertakings, injunctions and compliance notices.</p>
<p>Preventing social isolation (8 recommendations)</p>	<p>28. Approved Providers fully implement the Industry Code for Visiting Residential Aged Care Homes during COVID-19 and give effect to</p>	<p>The Australian Government supports recommendations 28 to 35 and will work with states and territories to implement recommendation 32.</p>

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<p>Reducing impacts of visitor restrictions on residents</p>	<p>'Partnerships in Care' as outlined by the Aged Care Quality and Safety Commission.</p> <p>29. The Aged Care Quality and Safety Commission continues to monitor implementation of the Industry Code for Visiting Residential Aged Care homes during COVID-19 in accordance with the Aged Care Quality Standards.</p> <p>30. Approved Providers must maintain up-to-date family contact details including information authorised by the resident or their nominated representative.</p> <p>31. A representative of the Older Persons Advocacy Network should be allocated to each outbreak and provided with right of entry by the approved Provider.</p> <p>32. Chief Health Officer (or equivalent) public health directions for residential aged care (however titled) should give effect to the Industry Code for Visiting Residential Aged Care Homes during COVID-19 and provide site access for the Older Persons Advocacy Network.</p> <p>33. Approved Providers should provide continued access to allied health services and in-room therapies designed to reduce cognitive, nutritional, mobility and physical decline.</p> <p>34. Approved Providers should provide sufficient assistive technologies to</p>	<p>The Commission continues to monitor visitor and consumer access to residential aged care services, including application of the updated <i>Industry Code for Visiting Residential Aged Care Homes during COVID-19</i> (Industry Code,) using the risk intelligence it receives through complaints and monitoring compliance with the Aged Care Quality Standards.</p> <p>The Government has worked collaboratively with states and territories to support the response to COVID-19 outbreaks in RACFs. Each state and territory has finalised their protocol, or is working towards finalising their protocol, to respond to an outbreak of COVID-19 in a RACF. Should a COVID-19 case be detected in an aged care resident, worker or family member, the protocol will be triggered. The protocols set out the roles and responsibilities for the Commonwealth, including the Commission, state government agencies, and the RACF provider.</p> <p>In relation to recommendation 28 and 29, supporting the mental, physical and emotional wellbeing of senior Australians in aged care, whilst continuing to protect them from the potentially tragic impacts of COVID-19, remains an absolute priority for the Australian Government. In addition to working closely with OPAN to support aged care residents and their families during outbreaks, the department has also continued to monitor the impact of restrictions to visitation.</p> <p>The Government welcomes the Australian Health Protection Principal Committee's (AHPPC) statement of 1 October 2021, which outlined the principles to remove restrictions on visitation to RACF.</p> <p>The AHPPC statement notes that access to RACF by visitors is essential to reduce the impacts of social isolation on elderly people. Visitors provide aged care residents with a range of benefits including providing emotional support and supporting physical activity. It further noted that older people living in RACF should be allowed to take advantage of reduced restrictions and participate in activities outside the RACF such as outdoor exercise and visitation with friends and family. AHPPC agreed all jurisdictions will revise their public health orders to remove restrictions on visitation to RACF, including</p>

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	<p>support interactions between residents and their families and friends.</p> <p>35. Approved providers should give appropriate additional consideration to residents with special needs, including people living with dementia.</p>	<p>for prospective residents and their families or representative, and to promote safe visitation. This includes allowing daily face to face visits as well as trips outside.</p> <p>In relation to recommendation 32, the updated Industry Code, was released on 6 August 2021. The Code signatories are calling for State and Territory Health Directives to list 'Partners in Care', who are people who go in every day to support their loved one, as 'essential care visitors.' The Industry Code continues to be reviewed and will be further adjusted as the sector transitions to living with COVID.</p> <p>In relation to recommendation 34, the Commission publishes guidance and advice to approved providers to underscore their obligations to protect and promote residents' wellbeing at all times, including during lockdowns. This requires providers to take all reasonable steps to support residents to remain in contact with their family members, including and particularly where visitor restrictions are in place. The availability and supported use of portable electronic devices enabling teleconferencing is a reasonable minimum expectation of residential aged care services where a family member is unable to visit a resident in person.</p> <p>In relation to recommendations 33 and 35, the Government is working to see an uplift in the ability of Approved Providers to support people with special needs, including people living with dementia, consistent with the findings of the Royal Commission that both diversity and dementia should be core business in the aged care sector.</p> <p>The Aged Care Quality Standards are designed to focus providers' attention and efforts on understanding and responding to individual consumers' needs, goals, values and preferences. Any consumers with special needs, including those with dementia who may have behavioural or psychological symptoms, should be identified by providers and should have a care and services plan which has been developed to address their special needs. The review of the Aged Care Quality Standards will specifically consider opportunities to strengthen requirements in relation to both dementia and diversity.</p>

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		<p>Additionally, the Government has accepted the Royal Commission's recommendation for regular staff training in both diversity and dementia and is investing in building the sector's capacity through the 2021–22 Budget, by providing:</p> <ul style="list-style-type: none"> • additional dementia training • more support for Approved Providers in managing behavioural and psychological symptoms of dementia (BPSD) • services to help Approved Providers understand the diversity of the local communities in which they are operating and the degree to which this is reflected within their service.
<p>Workforce and staff mental health (3 recommendations) The provision of a healthy workforce</p>	<p>36. Approved Providers develop pandemic workforce plans to facilitate optimal staffing levels during a COVID-19 outbreak, having regard to:</p> <ol style="list-style-type: none"> Surge workforce requirements; Implications of single-site working arrangements; Consulting and engaging with staff on key matters and decisions related to impacts on their working environment and conditions; Access to safe accommodation to minimise COVID-19 transmission; Access to flexible leave arrangements; Access to mental health support. <p>37. The department reviews its 'restricting workforce mobility' arrangements and</p>	<p>The Australian Government supports recommendations 36 to 38 and notes recommendations 36 and 38 are matters for Approved Providers and state and territory Governments.</p> <p>As at 21 October 2021, 90.5% of residential aged care workers, and 86.% of RACF residents have received two doses of a COVID-19 vaccine nationally. The Government is also implementing a Rapid antigen testing (RAT) program, which has been made available to aged care providers in New South Wales and Victorian Local Government Areas of Concern. The initial focus aims to help protect senior Australians from COVID-19. RAT kits are now available for screening workers and visitors in aged care environments to help prevent outbreaks or contain the spread of outbreaks.</p> <p>In relation to recommendation 36, the Government established <i>The Aged Care Workforce Surge Program</i> to complement existing staff and provide critical surge cover in circumstances when aged care providers are unable to find staff through their usual recruitment channels. The department has contracts with a range of health workforce suppliers, who can provide scalable access to both clinical and non-clinical staff nationally. This has ensured that the department can respond rapidly to workforce surge requests across different outbreak sites.</p>

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	<p>consults with Approved Providers, residential aged care staff and their representatives to:</p> <ul style="list-style-type: none"> a. Confirm activation triggers and funding for such arrangements; b. Consider safe accommodation options to minimise COVID-19 transmission. <p>38. Chief Health Officers consider the implication of public health directions for residential aged care workers, which may impact continuity of care for residents having specific regard to:</p> <ul style="list-style-type: none"> a. The ongoing care of residents with special care needs; b. Identifying workable solutions (with Approved Providers) to effect clinical handover from one group of workers to another where required. 	<p>Contractual arrangements are in place with a number of surge workforce providers through to 30 June 2022. These arrangements have been leveraged heavily in New South Wales and Victoria throughout 2021.</p> <p>Residential aged care providers are responsible for enacting their own outbreak management plans, including surge workforce arrangements. In the event of an outbreak, providers are required to enact these plans and exhaust their established recruitment pathways (internal and external) prior to seeking support through the Commonwealth surge arrangements. These plans are reviewed by the Aged Care Quality and Safety Commission (the Commission) during infection prevention and control spot checks initially, later incorporated into the Commission’s standard visits to RACFs.</p> <p>In relation to recommendation 37, during the pandemic, single site workforce arrangements have been implemented in hotspot and high-risk locations on the advice of the Commonwealth Chief Medical Officer and in line with agreed tiers of escalation. When activated, these arrangements have been implemented in consultation with providers, peak bodies and employee representatives from relevant unions. In response to various outbreaks during 2020 and 2021, the advice from provider peak bodies and unions, as well as the AHPPC Aged Care Advisory Group, CDNA, and AHPPC has been sought on triggers and policy settings. Arrangements are being progressively monitored and adjusted as required considering local circumstances and based on the Commonwealth Chief Medical Officer’s advice that hotspots will cease once a state or territory reaches 80% vaccination.</p> <p>Additionally, the Government has extended the Support for Aged Care Workers in COVID-19 (SACWIC) grant opportunity to December 2021 to cover the out of pocket costs associated with establishing single site workforce arrangements, and deliver COVID-19 safe care in the event of further COVID-19 outbreaks. A total of \$93 million has been committed to deliver this support since March 2020.</p> <p>Additionally, the Government has funded aged care provider peaks to establish and manage a Support Hub to provide advice to Approved Providers and their</p>

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		<p>staff on issues related to implementing single site arrangements. This is a key avenue for engaging directly with Approved Providers, staff and their representations. These supports remain available to 21 December 2021, with the Australian Government considering the future single site arrangements in the context of living with COVID-19 as Australia opens up.</p> <p>In relation to recommendation 38, the ACAG continues to provide advice on the effectiveness and risks in using public health directions in a way which impacts staff mobility and the continuity of care. This advice is escalated to Chief Health Officers through the AHPPC as required.</p>