

19 August 2020

Senator the Hon Richard Colbeck  
Minister for Aged Care and Senior Australians

Email: [senator.colbeck@aph.gov.au](mailto:senator.colbeck@aph.gov.au)

Cc: [Michael.Lye@health.gov.au](mailto:Michael.Lye@health.gov.au)

Dear Minister

Australia has now experienced two waves of COVID 19 and, with the notable exception of Victoria, has successfully managed to keep community transmission relatively low. The last month or so in Victoria, and sporadic outbreaks in other areas, shows that COVID-19 is here to stay for the foreseeable future and that we – Governments and aged care providers - must work together to build and strengthen the protections and mitigations adopted in aged care.

We very much welcome National Cabinet's recent commitment to:

- develop a paper on Aged Care Preparedness: Lessons from Victorian Response to COVID-19;
- further actions and an audit of state and territory aged care emergency response capabilities;
- develop Joint Commonwealth-State plans that include four elements:
  - activities such as face to face infection control training with aged care facilities even where there are no cases of COVID-19;
  - compulsory use of face masks, workforce controls and the use of private hospital resources that will be actioned in locations where there are active cases of COVID-19; and
  - preparing for the establishment of Coordination centres (similar to the Victorian Aged Care Response Centre) including identifying key staff who will be deployed; and
  - the audit of state and territory aged care emergency response capabilities.

We welcome these new measures and are keen to work closely with governments to ensure that their development and rollout reflect and are built around the real operational rhythms and experiences providers have garnered over the last few months. This will be critical to their actual success. The measures introduced earlier and these new initiatives are helpful. We believe their implementation would be more successful if aged care expertise and on-the-ground knowledge can be better integrated into their design and implementation, and from the start in terms of future initiatives.

We have an opportunity now to address and strengthen the planned response to aged care COVID-19 challenges.

### **Strong and Effective Advice and Implementation**

The creation of Co-ordination Centres in each State (similar to the VARC) will build good operational capacity at State level.

It is essential that personnel and consultation mechanisms in these Centres blend both health and aged care – clinical expertise and operational know how - together. This has happened to some extent in Melbourne but the connections with the broader sector remain limited, which has led to some confusion and disconnection. This is understandable given the set up speed and scale of issues being dealt with, but must be built into the foundation of the Centres in other states.

Given the state and federal health interface issues that are magnified during a pandemic, there should also be a national coordination point – this may be through enhancing the work of the AHPPC or establishing a purpose-built group (a national Aged Care COVID Advisory Group) for that purpose. A national Aged Care Advisory Group would distil input from relevant experts and the sector to directly inform National Cabinet decisions to keep older Australians safe from COVID19. Because this will bring together high level expertise and operational know how, it would be the ideal group to develop a playbook which clearly highlights what and when actions need to occur, as well as clarifying the overall chain of command (noting that in some circumstances this is not, or is out of, providers' hands – for example hospital transfer). This would also deal with the perceived issues highlighted by the Royal Commission and perhaps help to restore confidence and improve our aged care COVID response.

### **More Staff to Support Aged Care Residents**

While we knew from the beginning that workforce would be a key challenge, the scale of community transmission having to be dealt with in Victoria has demonstrated just how exposed aged care can be. The measures taken early, such as the surge workforce and PHU interventions in an outbreak, have been largely successful.

The issue that needs to be addressed now is workforce availability generally to homes managing to keep COVID-19 out or managing small scale infections to stop them escalating to full-blown outbreaks. Staffing that makes sure that families and loved ones can visit and remain connected, that infection control and PPE usage can be monitored, quality communication is occurring – in short ensuring that residents are getting the care we all expect and strive for on a daily basis.

This has perhaps been the biggest collective failure in Victoria, with the system stretched

beyond its capacity – even including the surge workforce and state health personnel brought in for support. The NACER Initiative to be announced shortly will add another string to the bow, but there are some other initiatives to be continued or enhanced and resourced that will give the best possible chance of having enough workforce Australia-wide:

- Adoption of the one worker/one site principles nationally. As the Commonwealth has recognised in Victoria, these preventative principles will only work if there is no financial disadvantage for an individual worker.
- Introduction of paid pandemic leave across the country rather than in hotspots only. This becomes a preventative measure that helps to stop the spread and entry of the virus into aged care homes.
- A proactive and ongoing testing regime for aged care staff to ensure infection is picked up rapidly, especially where asymptomatic workers may not realise the threat they pose by attending work.
- Concierge staffing support to ensure visiting is conducted in accordance with the Visitor Access Code. This role can also become a key communication point with families.
- Generally, aged care needs more staff and, noting the level of unemployment in the community, aged care can make a positive contribution to Australia's economic recovery by creating additional job opportunities. Experience from Dorothy Henderson Lodge provides a model for retraining people from other sectors, particularly those who may have previously worked in aged care. In particular, it has shown that it costs approximately \$16,000 per person to onboard staff and employ them for three months. A program designed to do this will bring new workers to the sector at a time when the sector needs them the most.

### **Better Health Outcomes For Residents**

The Commonwealth/State interface on health is critical to achieving containment in residential care during a pandemic. We consider that to really get on top of this, the following could be instituted:

- Placing an infection control specialist on site when there is an outbreak to oversee PPE usage and all other control measures. While training videos are useful, aged care staff such as personal care workers, who make up the majority of the workforce, have lower level clinical skills and experience than their health counterparts. Hospitals, with highly trained clinical expertise, run daily training and oversight of use of PPE to ensure infection control is tight and well executed.
- Transfer of index/first positive COVID cases to hospital to assist the individual, give an opportunity to try and stop the spread (with a focus on collective and individual rights), and allowing time for hospital-in-the-home to be properly and fully established where appropriate. The current process in Victoria is exposing more residents and staff to the

virus, often resulting in higher numbers of people needing to be transferred to hospital or acute setting overall. Dorothy Henderson management is the current Australian gold star standard which had less deaths and was able to support people (residents and staff) subsequently successfully in the aged care home. We have attached the ACSA Policy Paper for consideration in reviewing this situation.

### **Continuation of Government initiatives.**

The Commonwealth Government has already instituted many useful measures which have been appreciated by all working in aged care. Many of these were originally flagged with a six month time frame. Now that it is clear that COVID-19 will be with us for the foreseeable future, and ongoing proactive measures are needed, we consider that the Government should extend these measures in residential and home-based care, along with a review of the amounts and best payment mechanisms to have in place.

### **An Imperative to Act**

We are all dedicated to ensuring that older Australians in the aged care system remain as safe and well as possible through the pandemic. We understand National Cabinet will consider what further is required for our country in response to the COVID pandemic. It is imperative we act decisively and immediately to prevent as many deaths as we possibly can. We believe the above suggestions will contribute to that end. Over time, and through continued learning, other things may well be required or adjustments will be needed. Right now, these are the actions we think are necessary.

Yours sincerely



**Patricia Sparrow**

Chief Executive Officer

Aged and Community Services Australia