



INTERNATIONAL
LONG TERM CARE
POLICY NETWORK

The Long-Term Care COVID-19 situation in Australia

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Itccovid.org

This document is available through the website [Itccovid.org](#), which was set up in March 2020 as a rapidly shared collection of resources for community and institution-based long-term care responses to Covid-19. The website is hosted by CPEC at the London School of Economics and Political Science and draws on the resources of the International Long Term Care Policy Network.

Corrections and comments are welcome at info@itccovid.org. This document was last updated on 24 April 2020 and may be subject to revision.

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1. Key findings

- The Australian government made preparing the aged care sector for COVID a priority. On the 11th of March, \$440 million was committed to aged care including addressing staff retention and surge staffing, improving infection control. Aged care providers have priority access to the national stockpile of PPE, and healthcare rapid response teams and staffing support when an outbreak occur in a facility or in home care.
- In home care, the government has provided additional funding to support meals on wheels, televisitor schemes, allowed for flexibility in usage of funding, and asked for unsolicited proposals.
- Nursing home visiting rules were introduced by the government on the 18th of March, limiting visitors to two people a day, to be held in private rooms. Many nursing homes introduced stricter rules, locking down facilities so that there are no visitors except for under special circumstances
- There have been 55 nursing home residents diagnosed with COVID-19, of those 13 have died and 14 recovered, representing <1% of all COVID-19 cases and 17% of all deaths.
- At time of writing, Australia has flattened the COVID curve and government and public discussion is shifting to softening provider-imposed total nursing home lockdowns and supporting the wellbeing of residents.

2. Impact of the COVID-19 pandemic to date

At time of writing there were [6,661 COVID19 cases and 75 deaths](#) in Australia. The health system has [developed the capacity to care](#) for current cases and since the beginning of April 2020, there has been a consistent downward trend in reporting of new cases. Hence lockdowns are being eased in health (e.g. recommencing elective surgery), and education (staged return to face-to-face schooling).

There have been [55 nursing home residents](#) diagnosed with COVID-19, of those 13 have died and 14 recovered, representing <1% of all cases and 17% of all deaths. Twenty-nine home care clients have been diagnosed, of those two have died and nine recovered.

In the [first nursing home](#) in Australia with a COVID outbreak, staff refused to come to work, and there have been criticisms of the speed at which appropriate use of PEE, staff quarantine and testing of residents and staff was undertaken. Residents and families have been distressed at the information provided to them, and as residents are not able to leave their rooms and families are unable to visit.

Another [nursing home outbreak](#) occurred because a staff member worked for six days while experiencing mild symptoms. There are currently 29 residents and 15 staff who have tested positive to COVID, with 4 deaths of residents. This nursing home has struggled to find sufficient

staff once the outbreak started, even with government assistance in sourcing surge staffing, and families have voiced concerns about inadequate care.

As the urgency in preparing for COVID19 has slowed, the number of new cases is falling, and the health crisis has to this point been avoided. There is a shift in the national discussion from protecting aged care recipients from COVID, to supporting their health wellbeing during spatial isolation.

3. Long-term care policy and practice measures

3.1. Whole sector measures

Preparedness of the aged care sector for COVID has been [a very high priority](#) for the health minister.

On the 11th of March (10 days after Australia's first COVID death), the Commonwealth Government announced [\\$440 Million](#) Australian dollars to upskill aged care workers in infection control, boost staff numbers, telehealth for people over 70 years, specialist onsite pathology services in aged care facilities, and additional funds for the [Aged Care Quality and Safety Commission](#) to improve infection control. [This includes](#) \$234.9m for a COVID-19 "retention bonus" to ensure the continuity of the workforce (i.e. a payment of up to \$800 after tax per quarter for two quarters for direct residential care workers and two payments of up to \$600 after tax per quarter for two quarters for home care workers). There is \$78m for workforce supply funding and \$27m to supplement the viability of some residential aged care facilities. Almost \$100m is being provided to home care and home support providers to support people in self-isolation such as with shopping and meal delivery (details below). There is also an extra \$12.3m to support the My Aged Care information website and phone service. They have also said that there will be enough personal and protective equipment as the aged care sector will be given priority access to the national stockpile.

To supply [staff during outbreaks](#) the government has employed healthcare delivery provider Aspen Medical to provide rapid response teams to residential and community care. Aspen Medical is setting up a team in each state, and is deploying to facilities with COVID cases. The government also has an agreement with online aged care workforce supplier Mable to supply surge staffing.

The number of working hours a week allowed by international students will be temporarily lifted to [40 hours a week](#) to fill shortages in residential and home care.

Aged care reforms relating to financing of [residential](#) and [community care](#) have been put on hold.

3.2. Residential aged care

The government published [National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia](#) on the 13th of March.

To reduce the risk of aged care facility outbreaks new [visiting rules](#) were introduced on the 18th of March by the government. Only two visitors at a time including general practitioners, visits must be in private areas, no social activities or entertainment, no children under 16 unless under special circumstances. People who have travelled overseas within 14 days, who have been in contact with a confirmed case of COVID-19 in the last 14 days, and with fever or respiratory symptoms cannot visit aged care facilities. Information for visitors is available [here](#). Large nursing home chains such as [BaptistCare](#), [Japara](#), Opal, Regis, [Catholic Healthcare](#) and many others went into [lockdown](#), stopping all but 'essential' visits so families are unable to visit. There is variability in how lockdown is defined between organisations.

On the 21st of April, after a month of lockdowns, and in the context of the curve flattening the Prime Minister asked nursing homes to [stop the lockdowns](#) and has flagged government intervention if they did not voluntarily comply. To date, many aged care providers have [continued with strict lockdowns](#) to keep residents safe. There have been [concerns about the quality of care during lockdowns](#) in nursing homes with families unable to visit, and the aged care regulator [no longer making unannounced visits](#).

Facilities are [trials a range of methods](#) to combat loneliness in residents including technologies such as videochat with families, handwritten letters and [window visits](#). The aged care sector is known to have been slow in adopting technology, and may not have sufficient broadband, wifi, ipads and phones to support all residents.

[The Coronavirus \(COVID-19\) outbreak management in residential care](#) government factsheet states that an outbreak is considered to have started if 2 people in 3 days become sick with the symptoms and at least one of these has a positive test for COVID-19. Advice includes isolating unwell residents in single rooms and assigning dedicated staff to these residents as well as, use of infection prevention control measures and PPE.

Dementia Support Australia, the national provider of support to manage behaviours in people with dementia released a [factsheet on restrictive practices](#) suggesting 1:1 staff:resident support is the ideal way to help a resident to self-isolate, rather than physical or chemical restraint.

Aged care providers have been told to notify the government if they have confirmed COVID19 cases and the government will assist with PPE and staff supplementation and reimbursement.

3.3. Community-based care

Some home care clients have been stopping services because of concerns around COVID19. Clients who stop service will receive ongoing phone [‘welfare checks’](#). The government prepared an information sheet [‘it’s ok to have home care’](#).

The Australian Aged Care Quality and Safety commission have been [phoning all home care services](#) to support them in preparing for COVID19.

Home care providers have stopped group services such as bus outings, group exercise classes and social groups. Providers have been given the flexibility to [redirect the funds](#) to other services such as ensuring clients have access to meals and groceries, undertaking welfare checks, and undertaking phone/video call social interactions with their clients. Providers are also able to put in unsolicited grants for there is significant impact on the ability of Commonwealth Home Care Support Program (CHSP) providers to continue delivering services, or where there are time-limited demand pressures to support additional clients. \$70.2 million has been allocated by the government is for unsolicited proposals.

[\\$59.3 million](#) has been allocated to meals on wheels - \$50 million will fund 3.4 million home-delivered meals, and \$9.3 million on 36,000 emergency food supplies boxes.

[\\$10M](#) has been allocated to the Community Visitors Scheme (CVS), focusing on telephone and virtual friendships to older socially isolated people including those in aged care where face to face visiting isn’t possible.