



**SENATOR THE HON RICHARD COLBECK**

Minister for Aged Care and Senior Australians

Minister for Youth and Sport

Dear residential aged care service provider

I wish to thank you for your ongoing effort to prepare for and respond to the ongoing COVID-19 crisis. As the Royal Commission into Aged Care Quality and Safety (Royal Commission) noted in its COVID-19 report of 30 September 2020, the pandemic has been the greatest challenge Australia's aged care sector has faced and it is important we continue to work together, and learn from our experience, to protect some of Australia's most vulnerable citizens.

The Australian Government has now invested more than \$1.6 billion to support the aged care sector's response to the pandemic. For the residential care sector, one of the central pillars of this support has been the establishment of the new COVID-19 supplement at a value of more than \$420 million, paid as a lump sum in June 2020 (worth \$205 million) and in the process of being paid in October 2020 (worth \$217.6 million).

This funding is made available to providers to assist with the additional costs of preparing for and responding to COVID-19, including costs associated with facilitating and managing visitation arrangements for residents, infection prevention and control (IPC) and additional staff costs.

One of the specific requirements of the second payment is that every facility engage an onsite clinical lead to provide leadership and increase capacity in relation to IPC. Effective IPC capability is critical to minimising COVID-19 infections in residential care and responding to outbreaks that do occur.

I have asked the Aged Care Advisory Group (ACAG) to undertake further work on the specific IPC qualifications required and how these should be obtained. I have asked the Secretary of the Department of Health to provide further specific guidance to you, following the outcome of ACAG discussions. By way of initial guidance, however, I can advise the IPC clinical lead:

- must be a designated member of the nursing staff which has completed (or initially is in the process of completing) an identified IPC course (the details of which are subject to the advice of ACAG);
- is employed by the Approved Provider and reports to the Approved Provider, which retains overall responsibility for IPC in accordance with its obligations under the *Aged Care Act 1997*;
- observes, assesses and reports on IPC of the service, and assists with developing procedures/provides advice within the services;
- must be engaged onsite for each facility and dedicated to that facility; and
- may have a broader role within the facility and could be an existing member of the nursing staff.

As you are aware, you are required to report on your use of the COVID-19 payment funds as part of your annual Aged Care Financial Report (ACFR), which you will be in the process of preparing for 2019-20. If audited, you will need to demonstrate compliance with the requirements for an onsite clinical lead on IPC as set out above and in the advice to follow from the Secretary. I have also asked the Secretary to advise any additional compliance reporting requirements following ACAG's consideration.

I note the above requirements for enhanced infection control are in addition to existing obligations on providers to ensure that appropriate and effective IPC arrangements are in place at all times.

I would also like to address the matter of visitation of residential care residents. The Australian Government agrees with the Royal Commission's focus on ensuring aged care residents are able to see their loved ones, and are not isolated from them, when there is an outbreak or heightened risk. The mental and emotional toll this takes is too high a price to pay. This is reflected in our acceptance of the Royal Commission's second recommendation in its COVID-19 report (along with all other recommendations).

The cost of managing visitation arrangements was one of the key drivers of the establishment, and one of the stated purposes, of the COVID-19 payments. There are some excellent examples across the sector of innovative and highly compassionate approaches to ensuring elderly residents are able to stay connected and visit with family. I urge all providers to continue to review and enhance their arrangements around visitation in the best interests of the wellbeing of their residents. I note that reporting against this is also a requirement in the annual ACFR.

Once again, I thank you for your ongoing efforts.

Yours sincerely



Richard Colbeck

13 OCT 2020