

Issues Paper



Reopening and Reconnecting: Planning for COVID-Normal in Aged Care

With vaccination rates steadily climbing across the country, governments are announcing their plans for a long-awaited reopening and shift to COVID-normal. Opening up provides opportunity for people to reconnect and rebuild, but it also brings risk to our health and wellbeing that must be planned for.

COVID-19 has separated many older people from family and loved ones for a long time. They have lived with the looming threat of the virus for more than 18 months. Their physical and mental wellbeing has been affected. One goal of COVID-normal must be to support older people to reconnect with family, friends and to safely participate in community life if they want to.

For aged care providers, this means opening up to visitors and community, while continuing to balance the risks of a potential outbreak. They must consider risk management strategies, like vaccinations testing, ventilation and limits on numbers of visitors.

But so far the Commonwealth Government's plans for COVID-normal in aged care are unclear. Anglicare Australia Aged and Community Care Network members report receiving different advice from different levels of government or local health services.

A clear plan, supporting a safe reopening, would help reassure residents and their families, and provide certainty and guidance to aged care providers.

We call on the Federal Government to act on these five issues as we transition to COVID-normal in aged care.

Consistency across jurisdictions

Anglicare Australia Network members report differences in policies, practices, advice and information across states and health services. For example, different states have different advice and guidance about testing staff and visitors.

We encourage the Commonwealth Government to work with states and territories to adopt a consistent approach to reopening and COVID-normal in aged care, where it is at all possible.

Funding for Rapid Antigen Testing

Rapid Antigen Testing (RAT) can be a gamechanger for aged care. Some Anglicare Network services are already using RAT to screen staff and visitors to their services. But tests are not cheap, and widespread rollout will not be financially sustainable for aged care services for very long. Government funding and support will be vital.

A rapid antigen test takes at least half an hour for each staff member, time that must be at either the provider or staff member's expense. The introduction of home testing for aged care staff will be less of a burden on staff and services. Information and access to home testing should be prioritised for aged care providers.

Some healthcare professionals are also refusing RAT as it takes time they could otherwise be working. If they are visiting multiple facilities in a day, they may be required to take multiple tests. Industry and professional associations for GPs and allied health professionals should work with the aged care sector to set clear and mutually agreed testing protocols.

Ventilation and air flow

The risk of catching COVID-19 indoors is 18.7 times higher than in the open air, according to the US Centre for Disease Control. Good ventilation can reduce the risk of a super-spreading event indoors. Strategies are being put in place to improve air flow in schools. But information for residential aged care facilities has been inconsistent and piecemeal. Providers need clear guidance from the Commonwealth Infection Control Expert Group on strategies to improve air flow, the installation of air filters and carbon dioxide monitors and advice on use of heaters and air conditioners.

Boosters for those vaccinated early

Some aged care residents and staff were fully vaccinated in April or May 2021. We understand there is evidence that protection can decline between six and twelve months after the second vaccination. The Government should advise about eligibility and access to booster shots for aged care residents and staff. And the rollout of the booster program should learn from and build on the lessons of the too-slow initial rollout, including a focus on workplace vaccination.

Growing and managing the workforce

We know there is a large and growing workforce shortage in aged care, that has been exacerbated by COVID-19. Longer-term strategies are needed to grow the aged care workforce. Creating entry level pathways, improving wages and conditions, and adding care workers to the skilled migration list would all help create a pipeline of skilled workers.

As the country opens up, there will inevitably be an increase in COVID-19 cases. Aged care facilities may be potential exposure sites. Quarantine requirements for fully vaccinated aged care staff are not clear. Requiring whole shifts to quarantine will place enormous pressure on services already struggling to fill the roster. A modified quarantining approach is currently being trialled in Victoria for health and aged care workers. Lessons from this trial should be incorporated into sector planning.

As we move away from the Single Employee Approach, government must also provide guidance about how to manage risk of staff working across facilities.

As well as these practical considerations, we are concerned a stigma remains attached to people and facilities who have experienced COVID. Living with COVID-normal will require community acceptance that some people will contract (hopefully mild) cases of the virus, through no fault of their own or, if relevant, their care providers. Some people will battle the effects of long-COVID for a significant period.

COVID-19 is a virus. It is indiscriminate. There is no shame in contracting it. This emerging issue is one that needs to be considered and explored by the aged care sector, government, regulators and the broader community.