

§ 22(1)(a)(ii)

From: § 22(1)(a)(ii)
Sent: Tuesday, 23 August 2022 10:43 AM
To: § 22(1)(a)(ii)
Subject: FW: URGENT REQUEST FOR BRIEFING - Meeting with Minister and Department on Monday to talk about where to next in responding to the pandemic [SEC=OFFICIAL]

OFFICIAL

From: Dr. Melanie Wroth
Sent: Friday, 8 July 2022 10:25 AM

To: § 22(1)(a)(ii)

§ 22(1)(a)(ii)

Cc: Government Relations § 22(1)(a)(ii)

§ 22(1)(a)(ii)

ELG

Subject: RE: URGENT REQUEST FOR BRIEFING - Meeting with Minister and Department on Monday to talk about where to next in responding to the pandemic [SEC=OFFICIAL]

OFFICIAL

§ 22(1)(a)(ii) I think continuing to promote partnerships in care and other volunteer programmes is an important area. They both assist with the following

- Assisting with workforce stress and gaps proactively
- Assist with the social isolation and all the associated harms during including during outbreaks
- Commission has recently produced resources to support lay people with understanding basic IPC and is currently doing further work § 22(1)(a)(ii)

Dept is doing work to increase number and scope of work of volunteers, as is OPAN

Melanie

Dr. Melanie Wroth MB BS, FRACP
 Chief Clinical Advisor

Aged Care Quality and Safety Commission

§ 22(1)(a)(ii)

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§ 22(1)(a)(ii)



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From: § 22(1)(a)(ii)

Sent: Friday, 8 July 2022 10:16 AM

To: § 22(1)(a)(ii)

Cc: Government Relations § 22(1)(a)(ii)

ELG

§ 22(1)(a)(ii)

Subject: RE: URGENT REQUEST FOR BRIEFING - Meeting with Minister and Department on Monday to talk about where to next in responding to the pandemic [SEC=OFFICIAL]

OFFICIAL

Following is content from a previous brief put up by the Department – am advised that this has been approved by the Minister so am guessing that there will be an expectation that this work is underway. The Department are seeking funding for new program referenced below.

Janet – am advised that this content was provided to you ahead of that brief going up

1. In anticipation of persistent cycles of outbreaks in facilities for the next few months at least, the Department proposes to work with the Aged Care Quality and Safety Commission to identify and support providers considered most at risk of severe outbreaks due to poor leadership or onsite factors. We propose to work with these providers to uplift their capability to manage COVID-19 outbreaks, and where appropriate take regulatory action.
2. There are a number of existing programs that providers can be linked into related to financial management, workforce and governance. There is a gap in support available for Infection, Prevention and Control (IPC).
3. As a first step the Department will work with the Commission to confirm a list of the highest risk facilities. This will be based on analysis of those facilities that have had large or long outbreaks that have exceeded the expected benchmark for a facility with similar features based on best practice. The Commission will then undertake Infection Control Spot Checks, or other onsite assessment activity, for sites considered to be severe or high risk of not meeting the Quality Standards.
 - a. It is anticipated an initial suite of assessments can be completed by 31 July 2022. Following these assessments, the Commission, the Department and the Provider will identify actions to implement required improvements and opportunities to utilise existing Government programs.
4. It is likely there will be instances where a provider's remediation needs exceed the scope of existing business or governance support programs, particularly where they relate to IPC activities. To address this, we propose that an additional program of support is developed to provide outbreak management remediation support.
 - a. This will plug a gap in the current COVID-19 strategy, with a particular focus on boosting resilience and preparedness for future outbreaks. The additional data available based on the experience of outbreaks during the Omicron wave makes this now possible and allows us to target a subset of all 2,674 facilities.
 - b. Potential areas of focus for this proposed initiative is at [Attachment D](#).

Have also discussed the ideas below with [§ 22(1)(a)(ii)] and she will include in her min sub that will go up ahead of the meeting. She has agreed to share a copy which we will get later today.

Cheers [§ 22(1)(a)(ii)]

[§ 22(1)(a)(ii)]

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[§ 22(1)(a)(ii)]

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[§ 22(1)(a)(ii)]



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From: [§ 22(1)(a)(ii)]

Sent: Friday, 8 July 2022 9:06 AM

To: [§ 22(1)(a)(ii)]

Cc: Government Relations [§ 22(1)(a)(ii)]

ELG

[§ 22(1)(a)(ii)]

Subject: RE: URGENT REQUEST FOR BRIEFING - Meeting with Minister and Department on Monday to talk about where to next in responding to the pandemic [SEC=OFFICIAL]

OFFICIAL

Am on to it – we could also say something about strengthening our guidance around vaccination. I can work with [§ 22(1)(a)(ii)] to put some words together on that.

The other thing I have discussed with the Department is linking poor COVID performers with other services in their local area that have done well for peer to peer learning. More for the department under their regional stewardship role but for the back pocket.

One more idea – the services that do best with COVID are those that already have strong links with their local LHD and have access to good in reach hospital in the home type services for non COVID resident care. Again one for the department, but is there a regional stewardship role in working at a local level to better understand where those arrangements exist and facilitating new linkages where necessary. A big ask where health services are already stretched but could be a longer term project.

Cheers [§ 22(1)(a)(ii)]

§ 22(1)(a)(ii)

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From: § 22(1)(a)(ii)

Sent: Thursday, 7 July 2022 10:00 PM

To: § 22(1)(a)(ii)

Cc: Government Relations § 22(1)(a)(ii)

ELG

§ 22(1)(a)(ii)

Subject: RE: URGENT REQUEST FOR BRIEFING - Meeting with Minister and Department on Monday to talk about where to next in responding to the pandemic [SEC=OFFICIAL]

OFFICIAL

Yes – good idea. Thanks.

§ 22(1)(a)(ii)

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§ 22(1)(a)(ii)

EA: § 22(1)(a)(ii)



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From: [REDACTED] § 22(1)(a)(ii)
Sent: Thursday, 7 July 2022 9:39 PM
To: [REDACTED] § 22(1)(a)(ii)
Cc: Government Relations [REDACTED] § 22(1)(a)(ii) ELG
 [REDACTED] § 22(1)(a)(ii)
Subject: Re: URGENT REQUEST FOR BRIEFING - Meeting with Minister and Department on Monday to talk about where to next in responding to the pandemic [SEC=OFFICIAL]

Thanks [REDACTED] § 22(1)(a)(ii) Suggest we check in with [REDACTED] § 22(1)(a)(ii) tomorrow about the planning for uplift activities for services with poor COVID record. You will recall our joint meeting on this some time ago. Am happy to call [REDACTED] § 22(1)(a)(ii)

Get [Outlook for iOS](#)

[REDACTED] § 22(1)(a)(ii)
 Aged Care Quality and Safety Commission
 [REDACTED] § 22(1)(a)(ii) W www.agedcarequality.gov.au
 [REDACTED] § 22(1)(a)(ii)



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From: [REDACTED] § 22(1)(a)(ii)
Sent: Thursday, July 7, 2022 8:54:35 PM
To: [REDACTED] § 22(1)(a)(ii)
Cc: Government Relations [REDACTED] § 22(1)(a)(ii) ELG
 [REDACTED] § 22(1)(a)(ii)
Subject: Re: URGENT REQUEST FOR BRIEFING - Meeting with Minister and Department on Monday to talk about where to next in responding to the pandemic [SEC=OFFICIAL]

OFFICIAL

Thanks [REDACTED] § 22(1)(a)(ii) I would definitely appreciate getting updated data in Brief 32, so that it is absolutely current.

I am also looking for any fresh ideas. [REDACTED] § 22(1)(a)(ii) and I can talk til the cows come home about:

1. Comms – media include website, quality bulletin, BIDS notices, webinars, letters to providers

2. Education and training – Published targeted or expert guidance, Alis, other online learning, IPC training provided by state health services, webinars, compulsory quals for IPC site leads
3. Essential supplies – PPE, antivirals, RAT kits, workforce surge
4. Financial support – various provisions administered by the Department
5. COVID-specific mandated requirements (state or CW) – visitor restrictions, close contact isolation, staff vaccination levels and vaccination reporting requirements, PPE compliance
6. Regulatory oversight – dynamic risk profiling, onsite and remote monitoring, assessment and auditing activity (including ICM spot checks), complaints resolution, SIRS reporting, compliance and enforcement decisions

... but have we (Dept and Commission) overlooked anything? Are there are initiatives we should be exploring/undertaking? All ideas welcome.

Thanks

§ 22(1)(a)
(ii)

§ 22(1)(a)(ii)

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§ 22(1)(a)(ii)

EA: § 22(1)(a)(ii)

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From: § 22(1)(a)(ii)

Sent: Thursday, July 7, 2022 6:37:14 PM

To: § 22(1)(a)(ii)

Cc: Government Relations § 22(1)(a)(ii)

§ 22(1)(a)(ii)

ELG

Subject: RE: URGENT REQUEST FOR BRIEFING - Meeting with Minister and Department on Monday to talk about where to next in responding to the pandemic [SEC=OFFICIAL]

OFFICIAL

Hi § 22(1)(a)
(ii)

I have discussed approach with § 22(1)(a)(ii) who has asked to be the ED lead.

Attached is a collection of relevant documents, including:

- Two relevant **estimates briefs** from the March hearing (file numbered 32)
- A brief and attachment prepared for the **COVID-19 Senate Select Committee hearings** held in late 2020 (files numbered 2 and 2 Attachment A) – while nearly two years old, may have some useful content??

In terms of data, the estimates brief is very data heavy - it sounds like the meeting will be forward looking and perhaps data won't necessarily be the focus. Would you like any of the data updated for the brief?

§ 22(1)(a)(ii)

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§ 22(1)(a)(ii)



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From: § 22(1)(a)(ii)

Sent: Thursday, 7 July 2022 5:30 PM

To: ELG § 22(1)(a)(ii)

Subject: URGENT REQUEST FOR BRIEFING - Meeting with Minister and Department on Monday to talk about where to next in responding to the pandemic [SEC=OFFICIAL]

OFFICIAL

Hi everyone

The Minister's Chief of Staff has just contacted me to invite me to participate in a meeting with the Minister on Monday afternoon that will discuss current provisions/arrangements to ensure consumer safety and wellbeing during the pandemic, whether there is a need to extend or adjust these arrangements, and whether there are any new/additional options that should be considered (in the face of Omicron v4 and v5 and the predicted coming wave of infections across Australia).

I haven't yet received an agenda but this is my understanding of the topic for discussion.

For this meeting, I will need a collated summary of what we're currently doing and any suggestions we have for new/improved strategies. I assume that our starting point for this would be the most recent Senate Estimates brief (?).

§ 22(1)(a)(ii)

– would you please send around a copy of that Senate Estimates brief and ask each ED to review and update it to reflect CURRENT arrangements and anything we are planning to do.

I'm afraid that the timeline is very tight and I would like to review a well-advanced draft of my brief over the weekend. That means that I would be looking for each ELG member to provide their amendments to the Senate Estimates brief by no later than MIDDAY tomorrow (Friday). Given that we're not starting from scratch, I don't think that deadline is out of reach.

Thanks in anticipation of your respective contributions.

§ 22(1)(a)
(ii)

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§ 22(1)(a)(ii)

EA: § 22(1)(a)(ii)



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§ 22(1)(a)(ii)

From: Dr. Melanie Wroth
Sent: Tuesday, 12 July 2022 1:53 PM
To: § 22(1)(a)(ii)
Subject: July 2022 - COVID-19 subvariants driving increased infections [SEC=OFFICIAL]
Attachments: July 2022 - COVID-19 subvariants driving increased infections.docx

OFFICIAL

Hi my comments in haste. It is good
Melanie

Clinical alert – July 2022

COVID-19 subvariants driving increased infections

Words: 317

Readability level: Grade 10

COVID-19 subvariants driving increased infections



Key points

- A new wave of high-risk COVID-19 infections is being driven by the BA.4 and BA.5 Omicron subvariants.
- This will lead to a rapid increase in infections, hospitalisations and deaths.
- Aged care providers must take steps now to minimise the risks to older people receiving aged care.

The impact of the latest COVID-19 subvariants BA.4 and BA.5 is already visible through the community and presents a major risk to the most vulnerable including older people.

These infectious strains are expected to become the dominant variants in Australia. NSW Health modelling indicates the peak of this wave will be reached in early August. This comes at a time when our communities and health systems are already under strain from the ongoing impacts of COVID-19 and flu.

As an aged care provider, you must take steps to minimise the risk to your staff, residents and people receiving aged care. These should include:

- screening and monitoring your staff and residential aged care visitors
- regularly checking your staff and aged care recipients for clinical symptoms that may suggest a COVID-19 infection

- ensuring easy access to your local doctors for COVID-19 antiviral prescriptions, which clearly reduce severe infection
- checking that your local pharmacies have immediate supplies of antiviral medications
- supporting your staff and residents to get vaccination booster shots as soon as they are eligible to receive it
- ensuring staff wear appropriate personal protective equipment (PPE)
- checking you have essential supplies in stock including PPE and rapid antigen tests
- staying up to date with public health requirements and information in your state/territory.

As a provider of residential or in-home care, it is your responsibility to be prepared so that you can respond quickly and lessen the impact of any outbreaks.

More information:

- [How prepared are you for a COVID-19 outbreak? factsheet](#)
- [Reinforcing Infection Prevention and Control \(IPC\) Practices in your RACF](#)
- [AHPPC statement on COVID-19 winter update and ongoing health protection measures to support our community](#)
- [Accessing antiviral treatments for Flu and COVID-19](#)

§ 22(1)(a)(ii)

From: § 22(1)(a)(ii)
Sent: Tuesday, 23 August 2022 10:44 AM
To: § 22(1)(a)(ii)
Subject: FW: A further editing suggestion - Clinical alert - COVID-19 variants [SEC=OFFICIAL]
Attachments: July 2022 - Be on guard against another wave of COVID-19 infections FINAL.docx; Clinical alert pictorial_6.jpg; Clinical alert pictorial_5.jpg

From: Dr. Melanie Wroth
Sent: Wednesday, 13 July 2022 11:06 AM

To: § 22(1)(a)(ii)

Cc: § 22(1)(a)(ii)

§ 22(1)(a)(ii); Office of the Commissioner

§ 22(1)(a)(ii)

Subject: RE: A further editing suggestion - Clinical alert - COVID-19 variants [SEC=OFFICIAL]

OFFICIAL

§ 22(1)(a)(ii) I think the IPC message, rather than more of the same old, should say review and audit IPC practices to check they are rigorously applied and not becoming lax or fatigued
 The booster message that § 22(1)(a)(ii) referred to should be to ensure there is up to date information on each resident's booster status and eligibility dates, and ensure timely scheduling of boosters
 Regards
 Melanie

Dr. Melanie Wroth MB BS, FRACP
 Chief Clinical Advisor

Aged Care Quality and Safety Commission

§ 22(1)(a)(ii)

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§ 22(1)(a)(ii)



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From: § 22(1)(a)(ii)

Sent: Wednesday, 13 July 2022 10:52 AM

To: § 22(1)(a)(ii)

Cc: § 22(1)(a)(ii)

§ 22(1)(a)(ii) ; Office of the Commissioner

§ 22(1)(a)(ii) >

Subject: RE: A further editing suggestion - Clinical alert - COVID-19 variants [SEC=OFFICIAL]

OFFICIAL

Hi § 22(1)(a)(ii)

Please find attached the final draft of the alert for your review and approval.

We've made some slight edits including making the title more action focused – let us know your thoughts.

I've also attached 2 options with images – one includes 5 key points and the other 6.

Once we receive your approval, we'll progress with sending it out to all approved providers today.

Many thanks

§ 22(1)(a)(ii)

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From: § 22(1)(a)(ii)

Sent: Tuesday, 12 July 2022 9:54 PM

To: § 22(1)(a)(ii)

Cc: § 22(1)(a)(ii)

Dr. Melanie Wroth

§ 22(1)(a)(ii)

Office of the Commissioner

§ 22(1)(a)(ii)

Subject: FW: A further editing suggestion - Clinical alert - COVID-19 variants [SEC=OFFICIAL]

OFFICIAL

A further thought – Given the Ministers' emphasis on increasing 4th dose boosters for residents in particular, but also for staff, should we add a 6th (and definitely final) box with a dripping syringe and vial in it saying “**up to date COVID-19 vaccination for consumers and residents**”. That would ensure a closer matching of the pictographs with the dot point text in the alert.

Thanks

§ 22(1)(a)(ii)

§ 22(1)(a)(ii)

Aged Care Quality and Safety Commission

§ 22(1)(a)(ii)

EA: § 22(1)(a)(ii)



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From: § 22(1)(a)(ii)

Sent: Tuesday, 12 July 2022 9:47 PM

To: § 22(1)(a)(ii)

Cc: Office of the Commissioner § 22(1)(a)(ii)

Dr. Melanie Wroth § 22(1)(a)(ii)

Subject: RE: Clinical alert - COVID-19 variants [SEC=OFFICIAL]

OFFICIAL

Hi § 22(1)(a)(ii) (and others)

Many thanks for preparing this so swiftly following a conversation that § 22(1)(a)(ii) and I had yesterday morning in Canberra.

I think the document would benefit from the addition of one more box at the front of the other four – as I have indicated in the attached annotated version.

Melanie and § 22(1)(a)(ii) – would you please consider this very quickly, even as § 22(1)(a)(ii) thinks what symbol/s to put in this box to suggest its contents.

Please don't hesitate to come back to me if you have a different view on this issue. Otherwise, I look forward to signing off the final version as soon as it can be provided to me.

Thanks

§ 22(1)(a)(ii)

§ 22(1)(a)(ii)

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§ 22(1)(a)(ii)

EA: § 22(1)(a)(ii)



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From: § 22(1)(a)(ii)

Sent: Tuesday, 12 July 2022 3:27 PM

To: § 22(1)(a)(ii)

Cc: Office of the Commissioner § 22(1)(a)(ii)

Dr. Melanie Wroth § 22(1)(a)(ii)

Subject: Clinical alert - COVID-19 variants [SEC=OFFICIAL]

OFFICIAL

Hi § 22(1)(a)(ii)

Please find attached a draft Clinical alert about the heightened risk of the COVID-19 variants, which can be issued to all aged care approved providers tomorrow morning, pending your review and approval.

This alert has been endorsed by § 22(1)(a)(ii) § 22(1)(a)(ii) Melanie and § 22(1)(a)(ii)

Many thanks

§ 22(1)(a)(ii)

§ 22(1)(a)(ii)

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1 Maintain routine infection prevention and control practices



2 Be attentive to screening/monitoring visitors and staff



3 Monitor residents' clinical symptoms/status



4 Ensure access to your GPs for antiviral prescriptions



5 Check local pharmacy has sufficient antiviral supply



6 Support older people in your care to get vaccination boosters



Australian Government

Aged Care Quality and Safety Commission



1

**Maintain routine
infection prevention
and control practices**



2

**Be attentive to
screening/monitoring
visitors and staff**



3

**Monitor residents'
clinical symptoms/
status**



4

**Ensure access to
your GPs for antiviral
prescriptions**



5

**Check local pharmacy
has sufficient
antiviral supply**

§ 22(1)(a)(ii)

From: Dr. Melanie Wroth
Sent: Wednesday, 20 July 2022 12:00 PM
To: § 22(1)(a)(ii)
Cc: § 22(1)(a)(ii); Office of the Commissioner
Subject: RE: FOR URGENT ACTION PLEASE - UI* Update on Commission response to use of anti viral medications [SEC=OFFICIAL]
Attachments: 190722 Letter from Commissioner regarding antivirals - § 22(1)(a) edited MW.docx
Follow Up Flag: Follow up
Flag Status: Completed

OFFICIAL

Minor suggestions attached version
Melanie

From: § 22(1)(a)(ii) >
Sent: Wednesday, 20 July 2022 9:34 AM
To: § 22(1)(a)(ii)
 § 22(1)(a)(ii)
Cc: § 22(1)(a)(ii); Dr. Melanie Wroth
 § 22(1)(a)(ii)
 § 22(1)(a)(ii)
 Office of the Commissioner § 22(1)(a)(ii)
Subject: RE: FOR URGENT ACTION PLEASE - UI* Update on Commission response to use of anti viral medications [SEC=OFFICIAL]

Looks good to me too

§ 22(1)(a)(ii)
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§ 22(1)(a)(ii)

[Redacted]

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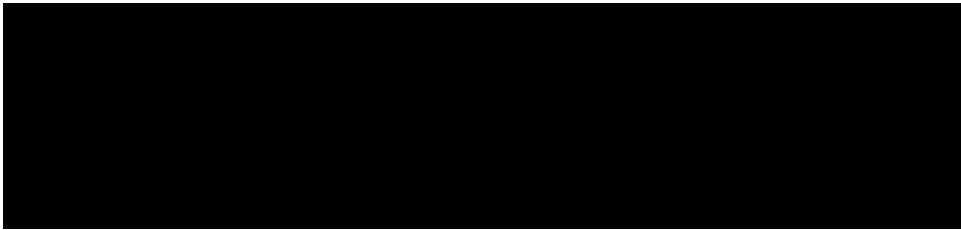
prohibited. If you have received this transmission in error, please notify the author immediately by return e-mail and delete the transmission without making a copy.

From: § 22(1)(a)(ii) >
Sent: Wednesday, 20 July 2022 8:24 AM
To: § 22(1)(a)(ii)
Cc: § 22(1)(a)(ii) Dr. Melanie Wroth
 § 22(1)(a)(ii)
 § 22(1)(a)(ii)
 Office of the Commissioner § 22(1)(a)(ii)
 § 22(1)(a)(ii)
Subject: RE: FOR URGENT ACTION PLEASE - UI* Update on Commission response to use of anti viral medications [SEC=OFFICIAL]

OFFICIAL

Looks good to me.

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From: § 22(1)(a)(ii)
Sent: Tuesday, 19 July 2022 10:09 PM
To: § 22(1)(a)(ii) >
Cc: § 22(1)(a)(ii)
 Dr. Melanie Wroth § 22(1)(a)(ii)
 § 22(1)(a)(ii)
 Office of the Commissioner
 § 22(1)(a)(ii)
Subject: RE: FOR URGENT ACTION PLEASE - UI* Update on Commission response to use of anti viral medications [SEC=OFFICIAL]

OFFICIAL

Hi § 22(1)(a)(ii)

Thanks for provided the draft letter. My edited version is attached and I would be pleased if you and others would undertake a final review of this version and then progress its distribution as you have outlined in your email below.

I would also like to take up your suggestion of a media release and would be pleased to receive a draft from [redacted] as soon as it is ready for review.

Thanks again for moving all of this along.

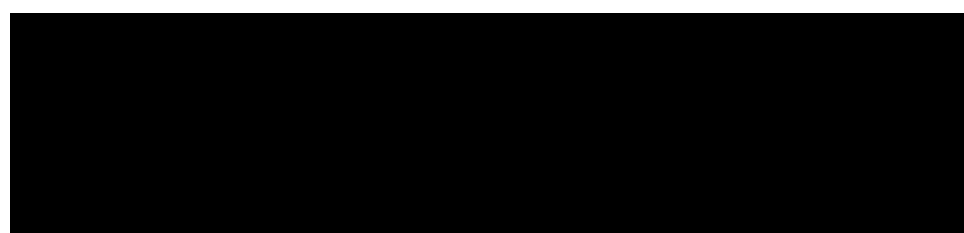
[redacted]
[redacted]

[redacted]
[redacted]

Aged Care Quality and Safety Commission

[redacted]

EA: [redacted]



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From: [redacted]

Sent: Tuesday, 19 July 2022 4:15 PM

To: [redacted]

Cc: [redacted]

Dr. Melanie Wroth [redacted]

[redacted]

[redacted]

[redacted]; Office of the Commissioner

[redacted]

Subject: RE: FOR URGENT ACTION PLEASE - UI* Update on Commission response to use of anti viral medications [SEC=OFFICIAL]

OFFICIAL

Hi [redacted]

Please find the attached draft letter for your review and approval.

Once approved, we will arrange to email it to resi providers and then publish it on the [website](#) and link to it from the Latest information on COVID-19 webpage. We will support this with social media posts also.

An additional option you may wish to consider could be a one page media release (based off this letter) which includes a couple of quotes from you. [redacted] could target to sector media outlets such as Australian Ageing Agenda, Inside Ageing and HelloCare.

Let us know if you have any interest in also progressing with this option.

Many thanks

§ 22(1)(a)(ii)

§ 22(1)(a)(ii)

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§ 22(1)(a)(ii)

| W www.agedcarequality.gov.au

§ 22(1)(a)(ii)



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From: § 22(1)(a)(ii)

Sent: Monday, 18 July 2022 3:40 PM

To: § 22(1)(a)(ii)

Cc: § 22(1)(a)(ii)

§ 22(1)(a)(ii)

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>

Dr. Melanie Wroth

Office of the Commissioner

Subject: RE: FOR URGENT ACTION PLEASE - UI* Update on Commission response to use of anti viral medications [SEC=OFFICIAL]

OFFICIAL

Hi § 22(1)(a)(ii)

I think we need to up the ante quickly. The data on the growing number of outbreaks in RACS is moving startlingly quickly now, and the forecasted peak in the third wave is still at least a fortnight away. Of all the preventative measures available to RACS, timely access to antivirals could make the biggest difference to aged care residents in the next month, and we need to pull out all the stops.

Please would you work quickly with relevant other EDs and EL2s to work on producing the following:

1. Guidance for all frontline staff in the Commission about the need to be proactive in asking aged care staff about their arrangements for ensuring timely/rapid access to antivirals for all consumers who test positive for COVID-19
2. Instructions to all QAM staff who attend OMT meetings to confirm at the earliest opportunity that the provider has activated arrangements re accessing antivirals for residents

3. A letter from me to all RACS providers specifically drawing their attention to the paragraphs about antivirals in the Winter Plan (see below) and in the CMO's advice, which will support our monitoring activities.

I am also thinking about undertaking a sample survey (via phone) of all RACS in a defined geographical area to ascertain how many of them have made arrangements re accessing antivirals, and then using the findings to underscore the importance of ALL providers addressing this need. However I appreciate that this might take longer to organise, and time is of the essence.

From the Winter Plan (p.11)

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The Department distributed the oral COVID-19 antiviral [molnupiravir \(Lagevrio\)](#) to all aged care homes in February 2022 for the treatment of COVID-19 positive residents.

The Department further deployed [Tamiflu to RACFs](#) (where permitted, in line with State legislation) for the treatment of influenza. Tamiflu can also be used as prophylaxis where clinically advised.

Pre-placed allocations of both medications are based on the number of residents and staff at each facility as reported through providers' My Aged Care data. All facilities were allocated to receive Lagevrio and Tamiflu automatically without an application process.

Aged care homes should take preparatory steps prior to a COVID-19 or influenza outbreak including, where possible:

- seeking consent from residents and families to administer the treatment if prescribed
- arranging for general practitioners (GPs) to consider eligibility of residents for medications, including adjustments in dosage or oral preparation requirements
- ensuring they have an agreed process with GPs for timely prescription in the event of an outbreak.

Facilities are encouraged to use the pre-placed supplies of Tamiflu and Lagevrio before replenishing stock through existing community pharmacy channels. Where supplies have been exhausted and additional stock cannot be obtained through existing commercial mechanisms, this may be resupplied through the NMS upon request.

From the Winter Plan, pp.15-16

D f fhv#r#Edh#dgg#wndwp hqw#

Rapid access to care and treatment is a key element to the success of managing an outbreak of either influenza or COVID-19.

General practitioners and allied health professionals should be able to attend onsite in a timely manner and support residents with their care needs. This extends to providing consultations and prescriptions for antiviral treatments for both influenza and COVID-19.

If an aged care home cannot access a general practitioner, they can seek support from Primary Health Networks (PHNs). PHNs can provide access to general practitioners through their Commissioned Home Visits program, available until 31 December 2022. This program supports COVID-19 positive residents in aged care homes and those receiving support at home to have access to face-to-face clinical care and help avoid unnecessary ambulance callouts and escalations to hospital. GPs providing face to face services to residents of RACFs under the Home Visits program can access PPE from PHNs.

Lagevrio and Tamiflu have been pre-deployed to aged care homes for immediate access. For treatment to be effective, it needs to commence as soon as the decision is made to treat (either following clinical assessment or because of pre-consent):

- Lagevrio should be administered as soon as possible after diagnosis of COVID-19 and within five days of symptom onset to achieve the most benefit – see [factsheet](#).
- Tamiflu should be given within 48 hours of symptom onset – see [factsheet](#).

Utilising pre-deployed antiviral treatments for COVID-19 and influenza can enable residents to have immediate access once treatments are prescribed.

Both COVID-19 oral antiviral treatments, Paxlovid (nirmatrelvir and ritonavir) and molnupiravir (Lagevrio), are available on the Pharmaceutical Benefits Scheme and can be accessed through community pharmacies where pre-deployed supplies run out.

In line with the latest evidence, older people 70 years or older can be prescribed COVID-19 treatments when they test positive, regardless of risk factors or the presence of symptoms. People 50 years or older can access where two risk factors are present, including living in residential aged care, chronic respiratory symptoms, kidney failure, or diabetes. Oral antiviral treatments for COVID-19 help keep people out of hospital and stop COVID-19 from becoming severe, having a major impact for older Australians.

There is also a role for prophylactic use of Tamiflu in residential aged care outbreaks to prevent ongoing transmission. Facilities should seek clinical advice from a GP on whether this is recommended for their site. Further guidance on the use of Tamiflu in aged care is available on the department's [website](#) and in the CDNA [national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia](#).

Having antivirals on hand, and subsequently prescribing them to residents where appropriate, does not mean that ambulance callouts and hospitalisation will be entirely avoided. General Practitioners and the local public health unit should be immediately consulted with where residents are not responding to prescribed treatments and necessary interventions should be facilitated as required.

Thanks

§ 22(1)(a)
(ii)

§ 22(1)(a)(ii)

Aged Care Quality and Safety Commission

§ 22(1)(a)(ii)

EA: § 22(1)(a)(ii)



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From: § 22(1)(a)(ii)
Sent: Monday, 18 July 2022 1:15 PM
To: § 22(1)(a)(ii)
Cc: § 22(1)(a)(ii)
 § 22(1)(a)(ii)
 § 22(1)(a)(ii)
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 § 22(1)(a)(ii)
 § 22(1)(a)(ii)
 § 22(1)(a)(ii)
 Dr. Melanie Wroth
Subject: UI* Update on Commission response to use of anti viral medications [SEC=OFFICIAL]

OFFICIAL

Hi § 22(1)(a)(ii)

Below is an update on the Commission response to encouraging best practice in the use of anti viral treatment for aged care consumers

§ 47C

Regulatory responses for COVID-19 antiviral medications use

Based on discussions with and advice from § 22(1)(a)(ii) and § 22(1)(a)(ii) the Commission is undertaking the following responses to support and incentivise best practice in the use of COVID-19 antiviral medications for aged care consumers

The Commission's responses are:

- Provider Education – A Clinical Alert on COVID preparedness including advice on ensuring access to anti viral medication for consumers was issued by the Commission last week. A Communications Plan to continue to amplify these messages on social media is in place.
- The Commission is continuing to use predictive risk profiling to identify residential services which may be less prepared to respond to a COVID-19 outbreak. Where higher risk services are identified, the Commission continues to target education and monitoring initiatives including:
 - Undertaking targeted phone monitoring contacts with residential services that have issues with provision of COVID-19 related treatments, to assess their COVID-19 preparedness, including access to and use of COVID-19 antiviral medications.
 - Enhancement of the ICM spot check program to include best practice access to and use of COVID-19 antiviral medications as part of assessing a residential service's overall infection control and clinical care responses.
 - The Commission is enhancing our Site Audits to consider best practice use of COVID-19 antiviral medications. Like ICMs this is possible to consider also as part of assessing a residential service's overall infection control and clinical care responses.
- The Commission will continue to monitor for and resolve complaints from consumers and their representatives about access to and use of COVID-19 antiviral medications

Of note, data on our responses can be captured for the target phone contacts, and using an enhanced smart form for ICM, however it is not straight forward to gain this clarity from any findings relevant to anti viral monitoring through our usual performance assessments/site audits, unless a significant risk is identified and escalated for action.

As tasked at ELG we are also continuing to draw together a view on what the Commission might expect from providers managing workforce supply issues, whether COVID impacted or not.

Let us know if you would like further information.

Regards, [REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]



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From: [REDACTED]

Sent: Tuesday, 12 July 2022 4:03 PM

To: [REDACTED]

Cc: ELG [REDACTED]

Subject: RE: antiviral best practice in RACF [SEC=OFFICIAL]

OFFICIAL

Thanks [REDACTED]

[REDACTED] will get a view on the data available from the dept and we can consider with [REDACTED] how this might support a QAM monitoring approach and which approach is best.

Emma

[REDACTED]

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§ 22(1)(a)(ii)



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From: § 22(1)(a)(ii)
Sent: Tuesday, 12 July 2022 3:13 PM
To: § 22(1)(a)(ii)
Cc: § 22(1)(a)(ii)
Subject: RE: antiviral best practice in RACF [SEC=OFFICIAL]

OFFICIAL

Hi. The answer to your question about PBS visibility is yes – I understand that DOHAC has engineered a data link that enables them to identify aged care residents who are prescribed antivirals.

§ 22(1)(a)(ii)

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§ 22(1)(a)(ii)

§ 22(1)(a)(ii)

§ 22(1)(a)(ii)



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From: § 22(1)(a)(ii)
Sent: Tuesday, 12 July 2022 10:53 AM
To: § 22(1)(a)(ii)

§ 22(1)(a)(ii)

Subject: RE: antiviral best practice in RACF [SEC=OFFICIAL]

OFFICIAL

Also if antivirals being prescribed, can they see this in the PBS data?

§ 22(1)(a)(ii)

[Redacted]



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From: § 22(1)(a)(ii)

Sent: Tuesday, 12 July 2022 10:05 AM

To: § 22(1)(a)(ii)

Subject: RE: antiviral best practice in RACF [SEC=OFFICIAL]

OFFICIAL

Thanks § 22(1)(a)(ii)

§ 47C

I'm wondering if we want to back in the dept message and § 22(1)(a)(ii) with a Clinical Alert from § 22(1)(a)(ii) or § 22(1)(a)(ii) might do, or do one now drawing the sectors attention to the current state risks and expected responses with regard to COVID linking to existing resources where necessary.

If we are continuing or stepping up our ICMs the alert could also speak to that and be clear what we will be checking.

Regards, § 22(1)(a)(ii)

§ 22(1)(a)(ii)

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From: § 22(1)(a)(ii)
Sent: Monday, 11 July 2022 7:05 PM
To: § 22(1)(a)(ii)
Subject: Fwd: antiviral best practice in RACF [SEC=OFFICIAL]

Hi § 22(1)(a)(ii)

At the meeting this afternoon § 22(1)(a)(ii) additional options for ensuring that aged care providers are well prepared for the next wave of Omicron (BA4 and 5) which has already started.

All of the provisions currently in place were canvassed, and some new ones.

§ 47C

§ 47C putting the sector on notice about the rising risks of Omicron BA4 and 5 and ensuring that providers are ready and will do everything possible to minimise the impact on residents.

Alongside this, ^{s 47C} [redacted] spoke this morning about issuing a short, sharp prompt to residential providers about what they should be concentrating on right now. I am assuming that work on this - with input from ^{s 47C} [redacted] - is progressing.

Thanks

^{s 47C} [redacted]

^{s 47C} [redacted]

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^{s 47C} [redacted]

20 July 2022

Dear residential aged care provider

Antiviral treatments are key to managing COVID-19 outbreaks

Thank you for your ongoing efforts to protect the health and wellbeing of those in your care during the COVID-19 pandemic.

The resilience and sustained attention to detail that aged care providers have demonstrated over the last two years will continue to serve you well as the next “wave” of the coronavirus sweeps across the country and enters more aged care settings.

Last week, the Commission released a [clinical alert](#) detailing steps you must immediately take to minimise the risks presented by COVID-19.

Up-to-date vaccination for both aged care residents and staff provides the best protection against COVID-19. However it is not a perfect shield against infection which for some people may still lead to severe illness and hospitalisation. For this reason, antiviral therapies should be an early consideration for adults in high-risk groups – including aged care residents - who test positive to the virus, irrespective of their vaccination status. **Oral antiviral treatments can save lives.**

On 14 July, the Commonwealth Chief Medical Officer released an important [statement on the standard of care](#) on COVID-19 oral antiviral treatments in residential services. The Commission considers this best practice guidance and will be regulating the sector accordingly.

Oral antiviral treatments for COVID-19 are a key additional strategy to help keep people out of hospital and stop COVID-19 illness from becoming severe. The COVID-19 oral antiviral treatments, nirmatrelvir and ritonavir (Paxlovid®) and molnupiravir (Lagevrio®), are both available on the Pharmaceutical Benefits Scheme (PBS) and can be accessed through community pharmacies.

In line with the latest evidence, people aged 70 years or older can be prescribed COVID-19 antiviral treatments when they test positive, regardless of risk factors or the presence of symptoms. People aged 50 years or older can access these therapies where two risk factors are present, including living in residential aged care, chronic respiratory symptoms, kidney failure, or diabetes. Clinical assessment of an individual is a prerequisite for any prescription of an antiviral medication.

Winter plan

The [Winter Plan – A guide for residential aged care providers](#) released by the Department of Health and Aged Care details the proactive steps that residential aged care providers must take now. These include:

- ensuring people you are providing care to are up to date with their vaccinations
- encouraging and, where possible, facilitating vaccination (including COVID-19 winter boosters)
- seeking consent from residents and families to administer antiviral treatment if prescribed
- arranging for general practitioners (GPs) to consider eligibility of residents for medications, including adjustments in dosage or oral preparation requirements
- ensuring you have an agreed process with GPs for timely prescription in the event of an outbreak.

If an aged care home cannot access a general practitioner, you can seek support from your [local Primary Health Network](#) (PHN). PHNs can provide access to general practitioners through their Commissioned Home Visits program, available until 31 December 2022. This program supports COVID-positive residents in aged care homes and those receiving support at home to have access to face-to-face clinical care which can help avoid unnecessary ambulance call-outs and escalations to hospital. GPs providing face to face services to aged care residents under the Home Visits program can access PPE from PHNs.

As a provider of residential aged care, it is your responsibility to be prepared so you can respond quickly and lessen the impact of any infectious disease outbreaks, on the service and on individuals. Your outbreak management plan should be comprehensive, up to date, well-rehearsed and ready to activate immediately.

COVID-related resources, and links to relevant information and education for providers, are available on the Commission's website. The Commission is monitoring services' compliance with infection control arrangements and the appropriate access to and use of antiviral medications for any aged care residents who contract COVID-19. Additional targeted education and monitoring is being provided to support higher risk residential services and those experiencing an outbreak.

A slow or ineffective response to an outbreak places both residents and staff at increased risk of harm and is likely to result in regulatory action by the Commission.

Please draw on the published resources available to help you prepare and respond to any changes in circumstances which could impact the safety, health and wellbeing of the residents in your care.

Ms Janet Anderson PSM
Commissioner

Useful resources:

Staying well informed is a key element in your outbreak preparedness. A range of new information on winter preparedness has been released to the sector this month.

Department of Health and Aged care: [health.gov.au](https://www.health.gov.au)

[Winter Plan – A guide for residential aged care providers](#)

The Winter Plan provides overarching guidance and resources for aged care providers to support their readiness, response and recovery from exposures and outbreaks of COVID-19 and/or influenza during winter 2022.

Aged Care Quality and Safety Commission: [agedcarequality.gov.au](https://www.agedcarequality.gov.au)

[How prepared are you for a COVID-19 outbreak?](#)

This provider fact sheet includes critical guiding questions for all residential aged care providers to ensure services are doing everything possible to prevent, prepare for and reduce the impact of a COVID-19 outbreak.

[Impact of COVID-19 subvariants - Be on guard against another wave of COVID-19 infections](#)

This clinical alert details steps aged care providers must take now to minimise the risk that COVID-19 presents to their staff, residents and other people receiving aged care.