



Aged Care and Disability Services

AUGUST 2021 | WINTER NEWSLETTER



Message from the Director

Megan Reilly

How fortunate most of our clients are to live in Western Australia at this time. Good management and perhaps some good luck has minimised community transmission in this state to date. However, there is absolutely no room for complacency as we observe from afar the situation in NSW, Victoria and Queensland. Our thoughts and support are with our clients and colleagues in these states, and to those in SA, Tasmania, the Top End and WA, continue diligently with your prevention strategies.

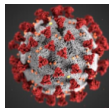
While the focus has largely been on COVID-19 these past months, and despite influenza activity remaining below interseasonal levels (a good news story!), there has been an increase in the number of other acute respiratory illnesses (ARI) in the community which has impacted on many of our residential aged care clients. Rhinovirus, human metapneumovirus and parainfluenza respiratory infection outbreaks have caused significant disruption to facility operations, resident and staff health and well-being. These organisms are largely introduced into healthcare facilities by staff and visitors so a timely opportunity to review the effectiveness of your entry health and travel screening program, and transmission-based precautions system and processes.

With this year's somewhat challenging influenza vaccination program now delivered, our attention has turned to face-to-face (while we are able) IPC education, training and competencies, on-site risk assessments, AC NAPS annual surveys, policy and procedure manual reviews, and virtual meetings to support IPC Clinical Leads. Upcoming events include the ACIPC International Conference in SA (7 – 10 November) where I will be presenting on staff health to residential aged care clinical leads, and World Antimicrobial Awareness Week (18 – 24 November).

Stay safe and well.

Megan

In this issue



Coronavirus (COVID-19)

AUSTRALIAN
COMMISSION
ON SAFETY AND
QUALITY IN
HEALTH CARE

Australian Commission
on Safety and Quality in
Health Care Updates



TGA Advisory: Zostavax



ACIPC Conference

Coronavirus (COVID-19) guidelines for infection prevention and control in residential care facilities

The Infection Control Expert Group (ICEG) has recently updated the [national guidelines for COVID-19 infection prevention and control in residential care facilities](#) in Australia. The guidance contained in this document outlines the minimum national standards for IPC and PPE for staff working within the resident zone, in a COVID-19 outbreak. This guidance aims to supplement more detailed guidance available at a state, territory and institutional level.

PPE should be considered as the last line of defence within the 'hierarchy of controls' framework. This includes minimisation of risk through the implementation of administrative and engineering controls, and other interventions, in combination with appropriate PPE. This guidance should be read in conjunction with the ICEG [Guidance on the use of personal protective equipment \(PPE\) for health care workers in the context of COVID-19](#) and the [Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2021\)](#), whilst acknowledging the unique circumstance of COVID-19 and requirement for additional PPE in some circumstances.

Mandatory COVID-19 vaccination of residential aged care workers

On the 28th of June National Cabinet agreed that vaccination of residential aged care workers will become mandatory by 17th September 2021. Residential aged care workers must have received at least the first dose of a COVID-19 vaccine by this time in order to enter or remain at a residential aged care facility, unless they can produce evidence of a medical or temporary exemption. State and territory based directions are currently being rolled out to support this mandate:

- **Queensland** – The [Queensland Health Residential Aged Care Facilities \(COVID-19 Vaccination\) Direction](#) was published on 23rd July 2021. Under this direction all Queensland Health residential aged care facility health service employees must have received the first dose of a COVID-19 vaccine by 16 September 2021 and the second dose by 31 October 2021. Employees must provide the facility operator or nominated representative evidence that they have received both doses on 17 September and 1 November respectively.
- **South Australia** – The [Residential Aged Care Facilities Emergency Management Direction](#) was updated on 29th July 2021. This direction includes the advice that from 17 September 2021, COVID-19 vaccination will be mandatory for all residential aged care workers. More to follow soon – keep an eye on the [Aged Care – Covid-19 restrictions](#) page for further updates.
- **Western Australia** – The [Residential Aged Care Facility Worker Access Directions](#) was approved on 9th August 2021. Under the directions, any person working at a Residential Aged Care Facility (RACF) must have received at least one dose of an approved COVID-19 vaccine on or before 12.01am on 17 September 2021. RACF workers are required to provide evidence that they have been vaccinated to their employer, who must keep a record of this.

Residential aged care workers will be offered the Pfizer vaccine through all in-reach and on-site clinics. Following the updated ATAGI recommendations, workers aged 60 and over may be offered AstraZeneca and will continue to have access to AstraZeneca if they wish through either GPs, Commonwealth clinics or state clinics. Aged care workers accessing a COVID-19 vaccination through off-site clinics will also be offered Pfizer. See a video by Anne Butler on the importance of COVID-19 vaccination in aged care [here](#).

Informative videos for aged care workers on COVID-19 vaccination are available in multiple languages, these cover [vaccine safety](#), and [how COVID-19 vaccines work](#). Resources are available to support and engage residential aged care facilities and workers on COVID-19 vaccination, these are available [here](#). There are a limited set of circumstances in which an exemption from mandatory vaccination will be granted, these may be a temporary exemption related to vaccine access and approved medical exemptions following ATAGI guidelines. A medical exemption must be recorded on the Australian Immunisation Register and on the worker's Individual Immunisation History Statement. It is unlikely that any exemptions on religious, political, or personal grounds will be granted.

Reporting on the COVID-19 vaccination status of aged care workforce and residents

On 4th June 2021, the Australian Government announced the introduction of new reporting arrangements of employee COVID-19 vaccination status for approved providers of residential aged care services and in-home and community aged care services. From 27th July 2021 reporting of COVID-19 vaccination status of residents in residential aged care is also required. An online reporting tool is now available for providers to use via My Aged Care.

All providers will be required to report the following on a weekly basis:

- total number of workers at each aged care service;
- total number of workers at each service who have received a single dose of a COVID-19 vaccine; and,
- total number of workers at each service who have received all required doses of a COVID-19 vaccine.

Residential aged care providers will also need to report:

- The total number of residents in the aged care service and, of those,
- the number of residents who have received a first dose of a COVID-19 vaccine; and,
- the number of residents who have received all required doses of a COVID-19 vaccine.

Weekly reporting will be a formal requirement for:

- for approved providers of residential aged care services as of 15 June 2021
- for approved providers of in home and community aged care services in the coming weeks.

Factsheets on reporting are available for [providers of residential aged care](#) and [in-home and community care](#), [residential aged care employees](#), [aged care residents](#), and [in-home and community care employees](#).

Record keeping and reporting on workforce COVID-19 vaccination is being deferred for Commonwealth Home Support Programme (CHSP) and National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFAC) services in home and community settings. Stay up to date with reporting requirements [here](#).

New Resident Entrance Protocol: COVID-19 Vaccination Protocol

All residential aged care services should establish processes to emphasise the importance of getting vaccinated against COVID-19 for new residents during the admission process. Ideally new residents should have received all required doses of a COVID-19 vaccine prior to admission. It is critical that all residential aged care services maintain records of the vaccination status of all residents and can provide this information in the event of an outbreak. To assist with this process, the Department of Health has developed the [New Resident COVID-19 Vaccination Protocol](#).

The Australian Technical Advisory Group on Immunisation (ATAGI) currently recommends the Pfizer (Comirnaty) COVID-19 vaccine for adults aged under 60 years. For over 60s ATAGI advise that the benefits of vaccination with the AstraZeneca vaccine outweigh the risks associated with vaccination. The AstraZeneca vaccine can be provided to under 60s when the benefits clearly outweigh the risk for that individual (e.g. during a local outbreak of the Delta strain of COVID-19) and/or when the person has made an informed decision and provided formal consent to have the vaccine.

[Read more](#)

PPE

Particulate Filter Respirator (N95/P2 Respirator) Options

The WA Health Department has developed and updated a document with a range of options for Particulate Filter Respirators for use within WA Health contexts. Note that two options provided options need to be used in conjunction with a Full Face Shield to make them equivalent to the other options due to lower fluid resistance.

[Read more](#)



Reminder!

Infection Control and PPE

Residential aged care facilities should conduct self-audits to maintain required standards of infection prevention and control (IPC) across all areas and all shifts. This should include kitchen, cleaning and laundry staff, and volunteers. Providers should also check that staff maintain safe physical distancing.

Facilities are required to have an IPC lead to ensure they are prepared to prevent and respond to infectious diseases. Hand wash and sanitiser should be available in all parts of the facility, and frequently touched surfaces and shared equipment should be cleaned regularly.

In the context of an outbreak aged care providers are asked to ensure they have a sufficient supply of PPE, to use their own supply of PPE first and to request extra supply for emergency purposes as and when needed. The Commonwealth is prioritising requests for PPE from the National Medical Stockpile to aged care services that are most in need. The deployment of PPE is only where commercial supply is unavailable, and where there is a government direction regarding COVID-19 PPE requirements or a demonstrated clinical need.

For your information

Aged Care Quality Bulletin

Two items in the Aged Care Quality Bulletin from July 2021 may be of interest as they relate to on-entry screening and routine monitoring for COVID-19 symptoms, and ways to limit the risk that residential staff will need to isolate during an outbreak.

[Read more](#)

[In the literature](#)

Hospital affiliated long term care facility COVID-19 containment

[A recent article](#) by Eckardt et al. published in the *American Journal of Infection of Control* reports the successful application of a containment strategy using prevalence testing and infection control best practices, to interrupt a potential COVID-19 outbreak in a hospital affiliated long term care facility in the US. The authors report that within a six week period the facility was able to contain the spread of COVID-19, with prevalence rates dropping from 5.4% to 0.41%. They conclude that point prevalence testing and infection control best practices, in addition to direct and open communication with staff, close relationships with hospitals, and dynamic IPC measures are vital to containment.

[Read more](#)

COVID-19 Links & Resources

[Outbreak management planning in aged care](#)

[COVID-19 aged care grief and trauma support resources](#)

[Environmental Cleaning and Infection Prevention and Control](#)

[National COVID-19 Clinical Evidence Taskforce](#)

[The COVID-19 CDNA National Guidelines for Public Health Units \(v4.7 - Updated June 2021\)](#)

[Infection Control Expert Group \(ICEG\) Guidance](#)

[COVID-19 vaccines – Is it true? Evidence-based answers to questions about COVID-19 vaccines](#)

[COVID-19 vaccination – Disability service providers toolkit](#)

[Coronavirus \(COVID-19\) Easy Read resources](#)

[Australian Commission on Safety and Quality in Health Care Updates](#)

Antimicrobial stewardship in community and residential aged care

A new chapter (Chapter 16) of the Antimicrobial Stewardship in Australian Health Care Book, 'Antimicrobial stewardship in community and residential aged care', is now available [here](#).

The content of the Commission's Antimicrobial Stewardship in Australian Health Care book continues to grow, with the latest chapter dealing with AMS and community and residential aged care. Key elements include:

- Aged care services in Australia and infectious diseases and ageing
- Presentation of infections in older people
- Antimicrobial use and aged care services including specific areas of concern such as topical antimicrobial usage, asymptomatic bacteriuria and viral infections.
- Antimicrobial stewardship program strategies including program governance, the AMS team, policies and prescribing guidelines, monitoring and surveillance, audit and feedback, education and training and preventing and managing infections.
- Consideration of the barriers to implementation of AMS in the aged care setting in order to enhance effectiveness.

There is also a new factsheet available: [Antibiotics \(Antimicrobials\) and older people in aged care homes – what you should know](#)



ACSQHS

Updates to the Australian Guidelines for the Prevention and Control of Infection in Healthcare

There have been amendments to the Guidelines from April 2021 and July 2021. These are as follows:

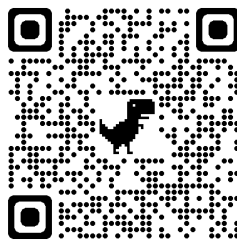
April 2021

- Amended Section 3.1.2 Use and management of sharps, safety engineered devices and medication vials, to highlight Passive and Active safety devices, the two broad categories of safety-engineered devices. Also added Standard AS 3825: 2020 to the reference for more information on the handling and disposal of sharps.
- Added definitions for Safety-engineered device, Passive safety device and Active safety devices to Section 8 Glossary.

July 2021

- Amended three entries in Table A2.5 in Section 6.4. Corrected the required precautions for parainfluenza to S + D, deleted the pneumonia entry under *Staphylococcus aureus* as only standard precautions apply and amended the additional comments for SARS-CoV-2 to align with the latest Infection Control Expert Group (ICEG) advice.
- Added references to the [ACSQHC's environmental cleaning resources](#) in sections 3.1.3, 3.1.3.1, 3.2.1 and 4.1.3 that support the AICGs recommendations on this topic.
- Amended Section 3.3 Personal protective equipment to highlight what it means to use PPE as part of standard or transmission-based precautions.
- Amended Sections 3.1.2 Use and management of sharps, safety engineered devices and medication vials and 4.1.5 Taking an organisational systems approach to infection prevention quality and safety to further highlight Passive and Active safety device use.
- Amended Section 1 Introduction to highlight the use of the guidelines in acute health settings.

Where possible, refer to the live and most up-to-date version of the Guidelines, which is available through [MagicApp](#) and see the Table of Amendments [here](#).



Updated TGA Advisory

Zostavax

On 2nd June 2021, the TGA required new warnings for Zostavax vaccine to address the risk of fatal disseminated vaccine strain varicella-zoster virus infection. A new boxed warning has been added to the Product Information (PI) with information about managing this risk, including pre-screening and risk-based assessment prior to use of the vaccine, and management of suspected cases. The warning is transcribed in the TGA advisory [here](#).



For information about herpes zoster (shingles) disease, vaccines and recommendations for vaccination, refer to the [Australian Immunisation Handbook](#).



Important update The 2021 official data collection period is open from **1 June** until **mid-December**.
Online training sessions can be requested for facility groups.
Do not forget to press the **Save button** on each page to assist with finalising data.

[Save the Date!](#)

ACIPC International Conference



7 – 10th November 2021

The 2021 Australasian College for Infection Prevention and Control (ACIPC) International Conference will be delivered as a hybrid event with both in-person and online attendance options. The in-person event will be held at the Adelaide Convention Centre.

[Find out more](#)



[Watch this space!](#)

Antimicrobial Awareness Week

The National Antimicrobial Prescribing Survey (NAPS) has advised that a webinar specific to the aged care sector will be held on Monday 22nd November (13:00-15:00 AEDT) as part of Antimicrobial Awareness Week (18 – 24th November). More details to follow closer to the event.

Quick Links



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AC NAPS

Antimicrobial prescribing & infections in Australian residential aged care facilities

COVID-19 Information & Resources

Australian Commission on Safety & Quality in Health Care



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