OPAN Webinar Transcript

Title Putting aged care residents first:
Latest COVID-19 updates & initiatives

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[Kyle Olsen]

Hello, everybody, thanks for joining us. My name's Kyle Olsen and on behalf of the Older Person's Advocacy Network, I'd like to welcome you to this week's webinar, putting aged care resident's first, COVID-19, latest updates and initiatives.

Before we begin, in the spirit of reconciliation, the Older Person's Advocacy Network would like to acknowledge the traditional custodians of country throughout Australia, and their connections to land, sea and community. We pay our respect to elders past and present, and extend that respect to all Aboriginal and Torres Strait Islander peoples joining us.

Today, we find ourselves living in a world where we now need to live with COVID. Look, the reality is it's not going away. Now, when it comes to residential aged care, we need to strike a balance between the public health risk posed by COVID, whilst still providing residents access to the necessary emotional and physical care from their loved ones. We now need to find that right balance between dignity, risk, protection and safety.

So coming up today, our panel are going to break down and discuss the new interim guidance on managing public health restrictions on residential aged care facilities and we'll look at the changes this will make to visitation during a COVID outbreak. We'll also be discussing the importance of booster shots and we'll look at where we're at with the rollout plan. We'll also be explaining new oral medications that have recently been approved by the Therapeutic Goods Administration, to treat COVID. And we'll then be answering some of your questions that you submitted when you registered for today's webinar. And we'll finish today with our live Q and A. So if you do think of something you'd like to ask or comments you'd like to share, please put them in the comment box which is under the video, and we'll do our best to answer as many as we can, in the time that we have.

Can I just say that we received a lot of pre-submitted questions on this topic. We have read them all and we will cover off as many as we can today. However, many of them require specific help and advice, and we strongly encourage you to pick up the phone and speak to one of OPAN's professional aged care advocates. You can do this by simply calling 1800-700-600 and you'll be connected with an aged care advocate from your state or territory, who will be able to assist you. Now, this service is free, confidential and independent.

Also, for any specific medical advice, please do contact your GP.

So to help us navigate all of this, I'd like to welcome and introduce our panel of guests. Professor Michael Kidd is the deputy chief medical officer and principal medical advisor at the Department of Health. Thanks for your time today, Michael. Ian Yates is the CEO of COTA Australia. Thanks for joining us, Ian. Angela Raguz is the chief operating

and risk officer at HammondCare. Good morning, Angela. Thank you for joining us. And joining me in the studio is Craig Gear the CEO of OPAN, the Older Persons Advocacy Network. Good to see you again, Craig.

[Craig Gear]

Morning, Kyle.

[Kyle Olsen]

Just over a week ago, interim guidance on managing public health restrictions on residential aged care facilities was published and endorsed by National Cabinet. Now, this interim guidance clearly states the government's support for increased visitor access in residential aged care facilities, including during an outbreak. Now, this is to ensure the care needs and social needs of residents are met. Now, it's been endorsed by the Australian Health Protection Principal Committee or the AHPPC, and it states that each resident should have access to one essential visitor at all times and this is including during an outbreak or exposure. So this includes partners in care, named visitors and dedicated volunteers. It's also expected that visitors use the appropriate personal protection equipment and undertake basic infection prevention and control training, and that facilities will support this training. Look, Michael, a lot of people have been concerned about the extended lockdowns of older people who have been isolated in their rooms over the course of the pandemic. What new advice has recently come out from the Department of Health?

[Professor Michael Kidd]

Yes, so this advice that you're referring to, Kyle, has now allowed us to put things into a balance. The balance between protecting people, against , against the need for people to be able to have visitors, to be able to have access to their loved ones and others on a daily basis. We have seen, of course, the impact that extended lockdown has had on so many elderly people, the impact on their physical, mental and emotional health and wellbeing. So this is very welcome. What this reform means is that every resident in every residential aged care facility, in every state and territory, should have access to at least one visitor, one person who can visit that person every day. Even when there's an outbreak in that facility and even if that person themselves, the resident, is infected with COVID-19. It's a very important development and I'd like to thank OPAN and COTA especially, for the excellent advocacy in making this happen at a national level.

[Kyle Olsen]

Yes, thank you, Michael. Absolutely a very important update. Now, if you'd like to read a copy of this interim guidance, you can do so by going to health.gov.au, and searching for interim guidance residential aged care. Or, ask your care provider for a copy. Now, Craig, National Cabinet endorsed the AHPPC's interim guidance, which supports essential visitors. What's the criteria to be deemed an essential visitor?

[Craig Gear]

Yeah, so this is some work that COTA has been leading throughout, I suppose, the pandemic, developing up, I suppose, some parameters, as it's called, in the industry code. But it's really about the aged care providers and the consumer organisations coming together to try and

find that balance. In the industry code, there was some terminology that was there before, which was around three types of visitors. There's partners in care, who might be someone who comes in regularly, that's someone helping with feeding, and maybe that social connection, has that regular connection with someone. There is the named visitor, which is now a new category of person that we're talking about, where someone by their choice can say, "Look, I want this person to come and see me." It may not be a family member, it might be a friend, but it might also be a volunteer, 'cause we know around 40% of older people don't have visitors that're coming to them regularly. So that's someone that's pre-named, documented as well. And also, we want people to have, during their palliative care or end of life journey, to be able to have connection with family and friends there as well. And so, we'd work to get where these might be balanced and known people, so that the training can be put in and it can be done safely. So there're three categories of people there, that should allow everyone who wants one, to have a visitor.

[Kyle Olsen]

Yeah, that's great to hear. Thank you for clarifying that. Ian, obviously states and territories have their own responsibilities in this area. How do we make sure that all older people in residential aged care, who want a visitor, can have one?

[Ian Yates]

Yeah, well firstly, we need to recognise that the powers have lied with the states, and the states have been, in recent months, a big part of the problem. But the AHPPC is comprised of states and territories and the

Commonwealth. So essentially, what the states and territories need to do, is follow the guidelines that they've agreed to at AHPPC. And we're very pleased. We and OPAN have been advocating for this for a long time and it's about consistency with where the visitor code has been, probably really in principle, since it's very beginning. And the other thing that states need to be conscious of is that they've agreed that this guidance actually documents the very real damage... I mean, Michael talked about impacts, let me say the very real damage that's been done to residents, because of these extreme lockdowns and absence of visitors, and they need to take that on board as well. The other issue, of course, remains that there are providers who have not been following the code and still don't follow the code. Many, of course, have. And some like HammondCare, for example, have been leading throughout the pandemic in terms of access. But we need the providers to follow the code, and to do that, we believe that actually it needs to be made compulsory. Now, Minister Colbeck... Just very quickly, Minister Colbeck at the National Aged Care Alliance on Friday, suggested that the standards require this. This is a matter of interpretation by the Quality and Safety Commission, but if they regard these new standards as best practise, then there is a requirement under the standards for providers to implement this.

[Kyle Olsen]

Yeah, thanks, Ian. 'Cause, you know, since the pandemic started, we've constantly been hearing requests for greater access to residents in aged care, you know, particularly from concerned family members. So COTA has been instrumental in coordinating the development of the industry code. Why has it been so challenging getting it sorted, and then to have

it followed? And I'd be interested to hear, do you think that there's anything else that can be done to ensure that it's actually adhered to?

[Ian Yates]

So I think, I mean, let us recognise firstly, the genuine concern and indeed fear that many providers had about their residents getting COVID and dying of it. And particularly in 2020, when we had no vaccines, that was a reasonable fear. On the other hand, managing infection control is something that they need to be able to do and have received a great deal of support for. And as I said, it's about recognising that also locking down like that creates it's own damage, some of which, you know, you can't recover from it, you ask the dementia specialists. So, but I think that this has raised some really big questions for providers and going forward in culture about their attitude to people's agency, people's independence, dignity of risk for people, and indeed also issues about physical design of aged care, because some providers have had a lot more trouble with it than others. And the whole attitude of who are we there to serve? And those kind of questions are going to reverberate, I think, much longer than when the pandemic eases somewhat, this is not gonna happen. But as I said, we believe, because while many providers have taken an initiative themselves and haven't had to be told, the history in aged care is that many providers need a rule to follow, and we think that the government needs to legislate, put an amendment through, to say, "You must follow the essential visitor's guideline."

[Kyle Olsen]

Thank you for that, Ian. Absolutely, I think we all agree with you on that one. Look, Angela, as Ian said, HammondCare has a strong emphasis on

making sure that those who are actively engaged with their family members, have still been able to continue to do so, even during the times of an outbreak. Can you tell us more about your Partnering In Care programme, please?

[Angela Raguz]

Yeah, look, I think to Ian's point, HammondCare, we had, early in 2020 when the pandemic first hit, one of our key focuses on pandemic planning and looking at what we were going to do in response was to make some key decisions. And a key decision was made at that time that we believed very strongly, that we needed to ensure people retained the connection with those people who are important to them outside of the facility. So starting with a good strategy always means that you can then say, "Now, how do we make that happen?" So the idea came out to say, "Well, you know, what is it that we provide staff..." Who we always believed, you know, this is where a high level of the risk of introduction of infection was always going to be through staff. And so we thought, what a great opportunity to provide a programme, which could give family members an element of training to ensure that everybody was on the same page about where the responsibility lied to reduce the risk of infection. And so through that, we've had close to 2000 people that have been family members and friends and loved ones of residents who are in care, who have gone through the Partnering In Care programme. We've adapted it. We've sort of done better, I would say in late 2020 and 2021, when the vaccine was available, we were able to then say, "During an outbreak..." 'Cause, you know, in 2020, if we had an outbreak, we were obliged by the public health units to lockdown. And so, we've adapted the programme and we are now able to provide people with enhanced

PPE training in order to be able to come in, even during outbreaks or exposures.

[Kyle Olsen]

Thank you for that, Angela. Michael, I'll bring you into this. You know, it sounds like an excellent programme. We had a lot of pre-submitted questions asking what training will be provided for those wishing to become partners in care. What's the government gonna do to support this approach?

[Professor Michael Kidd]

Yes, thank you, Kyle. This is a wonderful programme and it's wonderful for people to be able to get involved and contribute in this way towards supporting elderly people in residential aged care. And, of course, wonderful for the residents and also wonderful for the staff and the facilities to have this additional support from other people. We need to, of course, ensure the safety of the residents and the safety of the volunteers involved in the programme. And the Aged Care Quality and Safety Commission is responsible for the programme and for the training, which has being developed. The training provides education and information on COVID-19 infection control, how to prevent yourself being infected, how to prevent the risk of infecting other people. It covers basic hygiene protocols. It also covers looking after yourself as a volunteer, because, of course, sometimes the volunteering work itself can be distressing to volunteers. So looking after yourself, looking after others. And in that way to help keep everyone within each care home that's open to visitors, as safe as possible. We have specific training modules on infection control and the use of personal protective

equipment, a training module on self-care and also how carers can seek support from others. And also, a focus on the state and territory specific visitor requirements. As Ian has said, we hope we're gonna get a lot more alignment between the state and territories on those requirements, but there are still some differences depending on what's happening with the COVID-19 outbreaks in different parts of the country.

[Kyle Olsen]

Thank you, Michael. Angela, I'm sure facilities would like to hear a little bit more. So, can you tell us what have been the challenges and benefits of implementing the Partnering In Care programme?

[Angela Raguz]

Look, the benefits are almost really too hard to list in a short sort of segment. But the benefits have been a joint... It's partnership. You know, I know the word sort of sounds like, "Oh, well that's obvious." But partnership, not just in the care of a loved one, but partnership in navigating through a pandemic, which is a first for all of us. So the idea that we shared responsibility for the safety of people who were in care, rather than what can be this kind of narrative of, you know, provider is to blame or families are too demanding, but really bringing the two together and saying, "We all have the same goal." So that was a really strong benefit. People felt valued. Family members and residents themselves felt valued that the effort had gone into thinking about a different way of achieving a result of safe visitation at a time where absolutely fear was the driving force across so many platforms. The benefits were that staff who initially... You know, 'cause you saw initially there was this whole lockdown, lockdown, everything must lock down,

aged care lockdown. Staff were sort of saying, "Shouldn't we be locking down?" It gave them confidence and comfort, because we were saying, "We're not just opening up without any risk assessments "and strategies in place." So that gave staff a sense that we were taking safety seriously as an organisation, but equally that we were living our mission of improving that quality of life for people in need and not making rash decisions. So on top of that, some of the challenges were in how we communicated and how we made sure we were quite liberal. We didn't give sort of rules to say you had to meet certain criteria. We were saying, "If you wanna visit someone in aged care, "do this programme and we will let you visit." And that's equally... So there was a volume, it was a challenge in logistics. We had to put resources into it at a time where resources were scarce and continue to be scarce. But the value far outweighed any of the challenges.

[Kyle Olsen]

Thank you, Angela. Craig, did you wanna add to that?

[Craig Gear]

Yeah, just I think it's important for us to realise this is something that is complementing the direct care workforce. It's not something that's a substitute for, and we're not sort of saying that people are gonna come in and do that really personal intimate care. But it's a complimentary support, are the volunteers coming in as well 'Cause that direct workforce is just so important, the nurses, the personal care workers, who are delivering that intimate care as well is really important that it's there for them as well.

[Kyle Olsen]

Absolutely, thank you. Angela, every provider in Australia is now being asked to implement this. What advice would you give them and are there any resources currently available that can help them?

[Angela Raguz]

Well, I think it was great to hear that the Quality and Safety Commission is taking the lead on developing these resources for across the industry. My advice would be embrace it. And I really do genuinely think that providers want to be able to enable that access, and it is that they would require some of that support to balance what are either real or perceived risks, and that that support is there, so that we can ensure that people can visit safely. I would say embrace it. It really does make a difference if people are able to see people who they love.

[Kyle Olsen]

Thank you. Now, if you'd like a copy of the partnerships in care fact sheet that's been produced by the Aged Care Quality and Safety Commission, then go to agedcarequality.gov.au and search for partnerships in care. But Angela, some providers are reporting challenges with individuals' right To dignity of risk in the COVID environment, especially where there are residents refusing to be COVID tested and are consequently putting staff and other vulnerable clients at risk. Now, has your organisation seen this? And if so, how are you responding?

[Angela Raguz]

Yeah, I would say that we've seen it all, just like most other providers. But this is part of our role as aged care providers, is understanding the individual needs of each person who we serve, and understanding the needs of the many and working collectively to ensure that we walk that line in-between making sure that we respect and value both. And it's attention, and this is not the first time that this is attention in aged care and nor will it be the last. And I would say in any, you know, communal living arrangement, there is that, how do you balance the needs of one against the needs of the many? It's all about having the right understanding of what the risk is. And then, being able to say, "What are our different strategies "to mitigate those different risks? "How within that, "do we understand the needs of an individual? "And how do we ensure "that people's right to make choices is respected?" And it's not easy. If it was easy, you know, I'm sure we wouldn't be having these sorts of webinars. It is ongoing challenge, but it can be done, and it doesn't mean you always get it right, I think that's the other thing, we will make mistakes. But coming at it from understanding the needs of individuals and the needs of the many, good risk assessment, good plans, I think you can achieve both.

[Kyle Olsen]

Thanks, Angela. Craig, what are your thoughts on this?

[Craig Gear]

Yeah, I think this really does go to about dignity of risk as well. And so, having the conversation, often our advocates are the ones that are involved with that. So getting an advocate involved to have that conversation, but the Charter of Aged Care Rights still stands, right?

Number seven talks about the ability to make decisions about your personal care, and also about where they might have an element of risk in there as well. But that conversation with the person and with their family and get to understand why that might be going on for them, or is it because they're being tested too often, every day sort of thing. People might get a bit tired of it as well. So working out what's sitting behind that is really important.

[Kyle Olsen]

Thank you, Craig. Look, let's move on now and talk about the need for a booster vaccination. Australian Health Minister Greg Hunt said last week that new guidance states a third dose is now required for someone to be considered up to date with their vaccinations. So, Michael, two things, what's with the new terminology up to date vaccination? What does that mean? And, why do we now need a third dose?

[Professor Michael Kidd]

Yes, thank you, Kyle. So up to date, as you've seen, means that someone has had the first two doses of their COVID-19 vaccine, and then has received a booster dose within six months of receiving the second dose of their COVID-19 vaccine. And so, as long as you've had your two doses within the last six months, or you've had your booster within six months of your second dose, then you'll be considered up to date. Just reinforcing though, of course, that boosters are recommended earlier than that. We're recommending boosters at three months after the second dose. And the reason why we're focusing so much on the boosters, is what we've found is that people's immunity wanes or reduces over time, and this has been particularly a challenge with the Omicron variant of

COVID-19, which is the current variant which is circulating throughout Australia and through most of the world. And in order for people to be particularly protected against becoming seriously unwell from COVID-19 and at risk of hospitalisation or even dying from COVID-19, people do need the initial two doses of the vaccine and they need their booster. So please, if it's now three months since you had the second dose of your COVID-19 vaccine, please arrange to get a booster today.

[Kyle Olsen]

Thank you, Michael. So for those people in residential aged care, who haven't had their booster or are not up to date, or even if they missed out on getting their vaccinations altogether, can you just explain why it's still important that they become up to date and what should they do?

[Professor Michael Kidd]

Yes, everybody in Australia should be protected against COVID-19 through vaccination, and this particularly applies to the people who are most at risk of becoming seriously unwell and dying from COVID-19. And the people who are at risk are older Australians, people aged over 60. And as you get older, the risk gets higher and higher, and also people with other chronic health concerns. And, of course, many elderly people have other health concerns, heart disease, lung disease, diabetes, and so forth, which put them at even greater risk if they become infected with COVID-19. One of the things that I wanna challenge, Kyle, is there's been some thinking that we don't need to vaccinate elderly people who are at the very end of life, people who are receiving palliative care for cancer, people who look like they're going to pass away over the coming weeks or months. And I challenge that, I think that everybody needs to be

offered the benefit of vaccination, even a very frail elderly person towards the end of life, we can prevent that person from contracting COVID-19 or becoming seriously unwell with COVID 19 in their last days. And also, if we can prevent them from getting COVID-19 and having that being a barrier to their family, their loved ones, being able to come and spend time with them at the very end of their life. So please, if you're asked to provide consent for your loved one to receive either the first two doses of vaccine or the booster, please provide consent, because it is going to make a difference for that individual, no matter where they are in the course of their life.

[Kyle Olsen]

Thank you, Michael, for that very, very important message. If you would like to read more about the booster rollout update, including how to request a booster clinic for your facility, then go to health.gov.au and search for booster rollout update, or once again, ask your care provider for a copy. Look, Craig, how do the residents wishes and preference play into this, because isn't medication a choice?

[Craig Gear]

Absolutely, it's really important for people still to have the right to informed consent, and so that consent is required for this medication. We saw that consent process was really well done for the dose one and dose two, and that needs to be followed as well. So I think if people have had their doses, that sort of is an indicator that people are committed to wanting the vaccine. So families who might be a supportive decision maker or a substitute decision maker, need to think about that. We've done some work on that area, around it being a choice, and the sorts of

things that fall into informed consent sort of thing. But the wishes and preferences of the resident themselves is what's most important.

[Kyle Olsen]

Yeah, thank you, Craig. Look, if you would like to view our webinar series on Medication, It's Your Choice, there are actually six episodes in the series. Or to download a copy of our Medication, It's Your Choice brochure, which is available in 15 different languages, just go to our brand new website, which is opan.org.au and search for your choice. All right, new oral medications used to treat COVID have arrived in Australia and are now approved by the TGA as safe and effective. Michael, I've got a three pronged question for you. Now, what does it mean for older people who may contract COVID? Is there a window where the new medication is effective? And what about people who have difficulty swallowing tablets?

[Professor Michael Kidd]

Thank you, Kyle. So these new treatments are a very important new landmark in our response against COVID-19. These oral treatments, they're taken as tablets or as capsules, can prevent someone who's been infected with COVID-19 and who has started developing symptoms, from becoming seriously unwell. So it's very important that if someone is infected with COVID-19 and starts to develop symptoms, particularly for elderly people in aged care, that we look at the option of these treatments. The Australian government has distributed the treatments, particularly one of the treatments, it's called Lagevrio or molnupiravir, out to residential aged care facilities right across the country. So it is there in the facilities and it's available to be prescribed by

your regular GP if you become infected with COVID-19 or your loved one becomes infected and starts to develop symptoms. There are also other treatments which are available through the state and territory health departments. We have gained access to another drug called Paxlovid, which is a tablet which can be accessed through state and territory health departments. And we have an intravenous infusion treatment called sotrovimab, which can be accessed through state and territory health departments as well. The treatment which we've distributed out to aged care facilities is a treatment which does not have significant contraindications for elderly people. So regardless of what other treatments you're taking, what other tablets you may be on, you can still take this particular treatment. So it is a safe treatment to be used in elderly people in facilities around the country. The window for using the new medication, it needs to be started as soon as possible after a diagnosis of COVID-19 and after someone has started to develop symptoms. It won't be used in everybody, because some people who become infected don't develop any symptoms, so those people won't get any benefit from this treatment. But for those who start to develop symptoms of runny nose, cough, fever, difficulty breathing, these people may well benefit from getting these treatments. The treatment which we have available in aged care is in capsule form. You take four capsules twice a day for five days, and this treatment has to be started within five days of symptoms developing. If people have difficulty swallowing capsules, then the facility can talk to their treating doctor, either to see if one of the other treatments is going to be suitable or to see if we can still give the treatment, I don't wanna say open the capsules, because that's not what we're recommending. There is some guidelines which your treating doctor can follow, in order to make the treatment available to people.

[Kyle Olsen]

Yeah, thanks, Michael. There's just one thing I wanted to clarify, is it currently available to all older people across Australia, or only to those who are in residential aged care?

[Professor Michael Kidd]

Yes, so it's available to all older people. So these treatments are recommended for anyone aged over 60 years of age or anyone with significant healthcare risks, which put them at increased risk of COVID-19, such as diabetes, obesity, heart disease, lung disease or cancer. As I say, we've put some of the treatment out in aged care facilities, so it's there and it's ready to be used, so there's no delay. But if people are in the community, your GP can apply to your state and territory health department to see if they can get access to one of these treatments for you or for your loved one.

[Kyle Olsen]

Thanks, Michael. And we've just got a fact sheet up there on the screen. So if you'd like to read more about the use of the new oral treatments for COVID in residential aged care or for all older Australians, then you can download a fact sheet from the Department of Health, by going to health.gov.au and searching for Lagevrio, or ask your care provider for a copy. Look, Craig, who and when should be consulted when a resident is going to be given a new medication? And in this case, due to the short window where it is effective, is this something that families should be talking about now?

[Craig Gear]

Yeah, I think sort of Michael's given us a huge amount of information there, and it's important to think through that, that's why the fact sheets, do read those now, before someone becomes positive with COVID-19. Hopefully don't, still all the infection control things are really important, but having that discussion now with your GP, but also as a family unit as well, to see whether this might be right for you. And that's something you... Because you'd have to get that consent really quickly, it's important to have the conversations now and get that understanding.

[Kyle Olsen]

Absolutely. Look, Angela, COVID has obviously been a massive effort for you and your team and for all frontline care workers. Is there a message that you'd like to give them?

[Angela Raguz]

It's really important that we understand that the pressure, it has been phenomenal and will probably not go away anytime soon. But also, I think just to continue, most of the people who work in aged care, work because they genuinely would like to support older people. And so just understanding that, be kind, be kind to other, be kind to the teams. And if we do continue with thinking about how we work together and how we support people, I think we can get through this and hopefully aged care can also equally get through this and become better.

[Kyle Olsen]

Thank you very much. Let's have a look now at some of the questions that you submitted when you registered for today's webinar. Let's start off with, we had a question that came through from Cathy. Cathy wrote, "The government has pledged "and agreed to release 1,500 Australian defence force staff "to provide crisis support to aged care. "Is this happening? "And what role would they take?" Well, we approached Dorothy Impey Home, which has recently had the ADF assist them. So I spoke with their CEO, Heather Grey, and asked her what role they played and how they were received by both staff and residents. Take a look at her answer.

[Heather Grey]

The experience was the most positive thing you could ever hope for. It was beautiful and I found it very hard not to cry, and you'll get me crying now, because it was. Please take up this offer, it will change the life of your residents and it will change the life for the facility and give everyone a positive experience. It was just so beautiful, absolutely beautiful. They made our life worth living. They interacted with residents. They did our garden. They put the laundry away. They helped us when big, you know, parcels arrived. They helped with meal assistance, which was so beautiful. But more importantly, they won the hearts of our residents, especially our ladies who wore lipstick the first time for a long time and fought over them. They were received with open arms and they were received with love. What would you do when you have all these young beautiful guys come into your life? It brought back so many memories for our residents. Staff just loved 'em. On Valentine's day, they brought in chocolates for all the residents and staff, but they just became part of our family. There was no, you know, "That's them and this is..." It was nothing like that. They just loved it, everybody really enjoyed having

them, But they made such a difference, Kyle, they made such a difference. It was sad to see them go and there was lots of cheers and they were getting support back up through our residents, because they just loved them.

[Kyle Olsen]

Michael, Heather is singing the praises of this initiative. Can you tell us more about how it works? For example, how are the ADF allocated to a facility?

[Professor Michael Kidd]

Kyle, wonderful to hear Heather talking about the programme and I just wanna say a huge thanks to our defence force personnel. We've had over 24,000 defence force personnel throughout the pandemic, who have been supporting the community in all sorts of different ways. And as you know, we now have 1,700 of our defence force personnel who are available to support aged care facilities across the country. Support's available in two main forms, there are medical teams with nurses and paramedics and others, who can assist in the facility. And then, there are teams who carry out general duties and Heather described some of the duties which people have been carrying out. Helping to feed residents. Helping residents to walk, to get outside and get some fresh air. Just spending some time talking with the residents. We've had some lovely stories of residents who've been in the defence forces themselves, sharing their experiences with the young defence force personnel in the facilities. So wonderful contributions. Facilities can request support through the Commonwealth Case Management Team in their state or their territory and that's alongside the suite of workforce supports that

the Commonwealth can facilitate. And once it's been agreed, the facilities can discuss their needs directly with the Australian Defence Forces, to ensure that the support being provided is targeted in the most effective way on site. So how are the defence personnel going to be able to make the biggest difference and make the biggest contribution?

[Kyle Olsen]

Thank you, Michael. Ian, we had a question come through from Bronwyn, and she wrote, "My husband's aged care home "says that there are not enough RATs "or staff read minister them. "So I only get three or four visits each week on a roster. "I would like to see my husband every day. "I generally go nowhere, see no one in-between visits. "So how can I convince them to allow daily visits?"

[Ian Yates]

Well, that's a good question, and I'd make a few points. Michael might wanna comment, but my understanding and certainly observation in the community, is that RATs are pretty widely available now. And so, I'm challenged to see that that's an issue. Also, if you're working with someone who's coming daily, then the need for staff to administer them, I think has to be a questioned, if you are actually working with someone who's trained, RATs are actually set up so that you can self-administer them, provided that the provider is confident the person knows how to do it. So I think it is about pushing that, it's about talking about the visitor code and the new guidelines. It's then, asking OPAN, for example, if there's an advocate who can assist you. And it's also a question now, I think, of going to the Quality and Safety Commission and lodging a complaint and saying, "You know, I ought to have this right. "I'm doing all

the right things myself." 'Cause this is, I think, a bit about a partnership as Angela said earlier. And the really important thing, and I think this came out in your earlier questions, but we need to underline it, is that providers need to set their partner in care programme and their named visitor schemes up in advance of having any issues in the provider. You don't start introducing an essential visitor scheme when you're having an outbreak, you have to have it in place beforehand. I mean, HammondCare did it early, early on, amidst outbreaks and things. But, you know, really you need to set it up in advance. That's my message to providers.

[Kyle Olsen]

Thank you, Ian. Michael, I'll just pick up on what Ian said, is there any problem with the supply of RATs to residential aged care facilities?

[Professor Michael Kidd]

No, of course, we did have significant shortages of rapid antigen tests in the wider community six weeks ago, but that shortage has been overcome. But the Commonwealth has been providing rapid antigen tests to aged care facilities across the country, starting back in August of last year. So there should be adequate supply. If an individual facility doesn't have adequate supply, then they can talk to the Commonwealth about that.

[Kyle Olsen]

Thank you very much. So Bronwyn, if you would like to pick up the phone and call one of our advocates on 1800-700-600, we'll have them work

with you and the facility to get you in to see your husband as often as they can. Angela, we had a question come through from Leoni, "My mother is in aged care "at end of life from receiving palliative care" "I'm distressed that even with triple vaccination "and a negative RAT that I must wear an N95 mask "and face shield at all times when I visit her. "What is palliative care, "if I cannot give my mother a kiss "or share a cup of tea with her?"

[Angela Raguz]

Yeah, and I think that comes back to what we've been talking about, I think, throughout most of this session, is that it is about understanding the risks and being able to look at what are the ways that we manage those risks and risks are not just one sided. So it's not just risk of getting COVID, there is a risk that, you know, she doesn't get to spend that quality time with mum. I would say we need to support people to be able to balance the two. I think if there's, you know, triple vaccinated, rapid antigen test that's negative, a single room, I would support that mask coming off and giving mum a kiss, and, you know, taking the mask off and having a cup of tea. But equally, also then thinking about, "But if you're walking through the common areas "or you have to go through to the bathroom "and you have to go past other residents, "then you have to have that mask back on "and the shield back on." So it's not an either or is what I would say, and we have to work collectively to get the best answer for people at the time that they need that answer.

[Kyle Olsen]

Yeah, great advice, thank you, Angela. Craig, we had a question come through from Val. Val asked, "Do a resident's human rights "have more

power than a service provider "who's not following recommended visiting practises?"

[Craig Gear]

Yeah, so we would argue no, that the charter of rights is something that is in the quality of care principles. So that is in the requirements on providers to follow that Charter of Aged Care Rights. And that is the right to make decisions, the right to take risks and the right to high quality care as well. So we would say that providers need to do both, they need to follow the visitation code, they need to follow the standards, and they need to also follow the Charter of Aged Care Rights. And so those things are there putting the power back with the older person.

[Kyle Olsen]

Thank you. Michael, we had a question come through from Nola. Nola has written, "Some states have reduced the time "between the second vaccination "and the booster to three months. "Come winter, is it now likely "that I'll have to have a fourth booster "as well as a flu vaccine?"

[Professor Michael Kidd]

Thank you, Nola. So this is the case right across the country since the beginning of February, the time for the booster has been reduced to three months by ATAGI, the Australian Technical Advisory Group on Immunisation. Now, ATAGI is now looking at the possible requirements for a second booster, a fourth dose of the vaccine, if you like, and is looking very closely at the research from around the world, but also the real world experience about what's happening in other parts of the world.

We've seen fourth doses introduced quite recently in Israel, for example, for elderly people. So we are looking to see what's happening in other countries. In the other side of the world, of course, it's winter at the moment. So we're seeing what the impact is. But I think the other part of that question Nola, thank you, is about the flu vaccine. And we've been very lucky in Australia, we've had no influenza outbreaks during the COVID-19 pandemic, but this year we fully expect we are going to see influenza, flu, during this winter. So this year it's going to be as important as ever, probably more important than ever before, that we all get our influenza vaccine, probably starting in April of this year. And that every resident gets their influenza vaccine and that every staff member gets their influenza vaccine and every visiting family member and other visitor into aged care, gets their influenza vaccine as well. What we don't want is the risk of having a further wave of COVID-19 and a serious influenza outbreak occurring at the same time, because that could lead to not only a lot of people becoming very seriously unwell and losing their lives, but also overwhelming our hospital system. We've managed to avoid overwhelming our hospital system throughout the COVID-19 pandemic and we don't want to see that happen during this winter. So please, come April, get your flu vaccine, and follow very closely the advice that will come through from ATAGI, about whether or not we need a fourth dose or a second booster, and the timing for that.

[Kyle Olsen]

Thank you, Michael. Let's have a look now at some of the questions that you have sent through for our live Q and A. Ian, the first question is for you, it's from Trina, "How are residents emotional needs being met "during this pandemic?"

[Ian Yates]

Well, as the AHPPC new guidelines indicate, there is now an acceptance that in many cases they haven't been, where there's been lockdowns and not having visitors. And that's been something that the consumer organisations have argued about from very, very early on in the pandemic. Our colleagues, for example, in Dementia Australia have been indicating quite forcefully from the beginning, that people with dementia who do not understand what's going on, and experience, if they've been having regular visits and exchange, that not understanding has quite serious deleterious effects that are irreversible. So, I mean, I think it's about... We've talked in this webinar about the balance between the physical safety from COVID and the rest of the person's needs, and that balance has not been there in too many cases. Yes, there are providers and we've got one on the panel today who have known that and taken that into full account early on, but there are many others who haven't and that's the issue. And I think, as I said earlier, that there will be a long-term rethink about some of this stuff as we come out of dealing with the immediate crisis of COVID.

[Kyle Olsen]

Thank you very much, Ian, for that. Michael, I've got a question for you from Pauline. Pauline has written, "Are residents permitted "to leave the facility if they're unvaccinated? "And what precautions, if any, "should they put in place for when they return?"

[Professor Michael Kidd]

Thank you, Pauline. So, of course, we can't prevent people from leaving their facilities, people are entitled to go out and visit their families. It's only when we have lockdown implemented by a state or territory, a community-wide lockdown, that people are restricted in their movement. But people, if they're not vaccinated, and if they're going out into the community and there's community transmission occurring, as there is right across Australia at the moment, people do need to be protected. And I would very strongly recommend that people be wearing a mask. I'd recommend that any elderly person who is leaving aged care to go into the community is wearing a mask, particularly if they're going into situations where there are lots of other people, particularly if the physical distancing is not possible, for example, travelling on public transport. Or if an elderly person is going to a large gathering, where there are lots of people coming together. Because at the moment, there is a very significant risk that someone in a large gathering will have Omicron at the moment and that you will come in contact with them. If you're wearing a mask, if you're maintaining appropriate physical distancing, then you're at much decreased risk, compared to people who don't carry out these measures. I think this is gonna be part of living with COVID for some time to come, as we continue to have significant levels of transmission occurring in the community. And, of course, the reason for particularly urging this for elderly people, is because elderly people are at the greatest risk of becoming seriously unwell if infected with COVID-19. But, of course, the most important message, Kyle, if you're unvaccinated, is please, please consider getting vaccinated and start that vaccination programme today. Talk to your facility, talk to your treating GP about getting your vaccine.

[Kyle Olsen]

Thanks, Michael.

[Craig Gear]

I think the second part of that was about what should happen to someone when they return.

[Kyle Olsen]

Yes.

[Craig Gear]

And I think it's really important that there's a proportionate approach to that. There has been in the past, I suppose, saying, "You need to isolate in rooms." The public health advice is shifting on that, it is still important that the provider follow what their local public health unit is saying, but it has to be more proportionate. So there may be a period of monitoring, sort of seeing who else you're around or using rapid antigen tests, but it shouldn't be that isolated in room for seven days it would've been in the past, if there's not a positive indication there. So again, proportionate risk.

[Kyle Olsen]

Thanks, Craig, while I've got you, I've got a question that came through from Jennifer. She said, "Are providers gonna be educated "and enforced to adhere to the aged care..." Sorry, "Aged care standards, "and listen to the resident themselves "in relation to their visitor of choice? "It's far too common "that management would speak to family "or a power of attorney, "and make decisions on behalf of the individual, "for example,

especially when they have dementia. "Family are not necessarily the person "that the individual has the relationship with "that enables maximum support."

[Craig Gear]

Yeah, we hear this all the time, where sort of unfortunately in this, people sort of get into the habit of going to the next of kin or the nominated representative and forgetting the older person themselves, to ask them what they want or who do they want to come and visit? So the named visitor that Ian's been talking about, it is really important that that's a discussion that happens with that older person. And it may be someone different to the family member who they think is regular. Absolutely, that's who's at the front and centre of this, is the older person themselves.

[Kyle Olsen]

Very important, thank you, Craig. Angela, I've got a question for you from Liz. Liz has written, "What would you say are the key things we can do, "related to the environment building, "that help reduce the risks of infection to residents, "either in existing buildings "or in new built care environments? "E.G. promoting access outside, "opening windows, et cetera. "Similarly, are there things we should be recommending "in terms of changes to resident's environments "that would help reduce risk or isolation "and loneliness during outbreak?"

[Angela Raguz]

Well, great question. One of the things that we've seen all around the world is the benefit of small, familiar, domestic-scale environments, with being able to ensure that the spread of COVID is not as widespread as what it is. You know, if you've got large buildings with more than 100 people living in a building, you can imagine that the risk of transmission becomes greater. We've seen that within HammondCare facilities. So this is future thinking, 'cause I understand that, you know, there are many buildings that are not built in that way, but smaller households, single rooms, people having their own en suite, all are things that aid in good infection control. Shared rooms, shared bathrooms, they are the areas that make it a little bit more tricky. Access to the outdoors and having, you know, fresh air, we know that ventilation is very important. We know that opening windows... And that during summer is great all through spring. In winter, it can get pretty cold, having open windows and certainly in parts of the country, but ventilation is equally important. The environments themselves and how to ensure people can be engaged, I think that's really the trickiest part, because it is about sort of that balance that we've talked about throughout this whole session. It's about understanding the risks and being able to have a proportionate response that balances people's need to not be alone, whether that's, you know, within their community, being the home itself, or within the broader community and with family, we know that people should not be alone. Then we have to say, "So what is the risk "and what can we do to manage it?" We do have to do the cleaning, and I think I would really hope that most providers and places have gotten into that pattern of understanding what are the things that are touched a lot, and how do we make sure that they're kept clean, and how do we support people to use the maximum space within their environment all of the time.

[Kyle Olsen]

Thank you very much for that, Angela. Ian, I've got a question come through from Caroline. We've had some great questions coming on through, I must say. Ian, Caroline's written, "What right of appeal do relatives have "when the age care provider says "the government guidelines are only suggestions "and their own policy team "has decided not to allow these visits on their terms?"

[Ian Yates]

So this is the $64,000 question right now, because that has been the answer to date, because there have been quite different arrangements in different states, different state health units have said different things. But I have to say, many of the state health units have actually given advice rather than directions, and many providers who've implemented essential visitors, have found their way with and through those guidelines. But right now, we have AHPPC guidelines, which as we've talked about, should be being followed by the states. And we think that that means, that if you are sitting in the Quality and Safety Commission, you're saying, "These are now best practise, "providers should be following them." And so, as we've said earlier, use OPAN's advocates to help you, but you have a right, without even doing that, to complain to the commission. Our other view, as I've said earlier, is that there are many providers who actually need hard and fast rules, and therefore the government should make clear their capacity to set these kind of visitation rules, so there's no question that they're a requirement for providers.

[Kyle Olsen]

Thank you very much, Ian. We've only got a few minutes left, panellists. So we're gonna try and get through as many as we can, if you can just gimme some succinct answers for the next few, that would be fantastic, and we'll see how many we can get through. Angela, one from Haley, "The Partnering In Care programme sounds fantastic. "Is it possible to let us know "the approximate time commitment required for participants "to complete the training programme that you run?"

[Angela Raguz]

Yeah, it's an online version first, online training, and then a in-person, which did have an in-person online component when there was broader restrictions. So it's probably about a two hour commitment in total. But then, there is also support with questions and ongoing support. But the commitment itself is about two hours.

[Kyle Olsen]

Thank you very much. Michael, a question from Carolyn, "What will the guidelines be "for unvaccinated relatives of residents? "Will they still be excluded from visiting loved ones?"

[Professor Michael Kidd]

Look, this does depend on the state and territory where you're based and the public health orders which have been put forward by the state and territory. But as I've been saying throughout this webinar, please, please get vaccinated. It protects you, it protects your loved ones, it protects the wider community.

[Kyle Olsen]

Thank you, Michael. Craig, "What can family members do "when a facility insists on much stricter rules "than under the industry code?"

[Craig Gear]

Yeah, I think what Ian said is give us a call, COTA and ourselves, who're constantly monitoring this, where there are individual providers, we'll go through the provider peak associations as well, for them to talk to their members. But letting us know which providers they are, and we'll go in to bat for them.

[Kyle Olsen]

Thank you very much. Michael, a question from Naomi, "The facility I visit as a volunteer, "requires a negative RAT at each visit. "Will the federal government be assisting "with the cost of these?"

[Professor Michael Kidd]

So the federal government actually provides the rapid antigen tests to residential aged care facilities right across the country, free of charge.

[Kyle Olsen]

Thank you very much for that, Michael. Unfortunately, that is all the time that we have for today. We'd like to thank our panel members for their time and expertise. Professor Michael Kidd, Ian Yates, Angela Raguz and

Craig Gear, thank you to all of you. I would also like to thank you for joining us and for the questions you sent through.

Please remember, you can always talk to one of OPAN's professional aged care advocates. If you still need an answer to your question, please pick up that phone and call 1800-700-600. But please, also remember for any specific medical advice to contact your GP.

Today's webinar will be on OPAN's website in the coming days, along with all of our past ones. So if you missed something or you know someone who should watch it, please let 'em know, as we'd love to be able to help them.

Our next webinar will be on Tuesday, the 22nd of March at 11:30a.m., Australian Eastern daylight savings time, and our topic will be advanced care planning is for everyone. It's a really important topic, so we do hope you can join us then.

Until next time, stay well, stay connected, but most importantly, look after each other. Goodbye.

[Narrator]

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