The Long-Term Care COVID-19 situation in Australia

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1. Key findings

- The first COVID-19 outbreak in Australian residential aged care occurred on March 4 2020 at Dorothy Henderson Lodge, an 80 bed facility in Sydney with a second large cluster in April in Newmarch House, a 102 bed facility also in Sydney.
- After the initial containment of COVID-19 in Australia in May, in June a second wave of COVID-19 in Victoria spread rapidly through Melbourne-based nursing homes.
- To date, there have been 2,050 nursing home residents diagnosed with COVID-19. Of those residents, 677 have died and 1,170 recovered with 52 active cases. Nursing home residents represent 7.5% of all COVID-19 cases in Australia and 75.3% of all COVID-related deaths.
- There have also been 82 confirmed COVID cases in Australian government-subsidised home care. Victoria accounts for 63.4% of all Australian home care COVID-19 cases. Of the Australian cases, 7 people, 4 located in Victoria, have died. There are currently 2 active COVID-19 cases, both in Victoria.
- As of 12 October, a total of 2,211 aged care workers in residential aged care facilities had been infected by COVID-19. Of these staff cases, 29 cases remain active with 2182 cases being resolved.
- The Australian government put in place a number of significant policy and funding measures to assist the aged care sector prepare for and manage COVID-19 infections. Australian government COVID-19 support to the aged care sector is now over $1.6 billion. This includes funding for a COVID-19 Support Payment provided to all residential aged care providers, and an aged care worker retention bonus designed to encourage direct care aged care workers to stay working in the sector. Recent additional COVID-related funding to facilities provides for increased staffing costs, including for managing visitations and infection control training, and for enhanced advocacy and grief and trauma services for aged care recipients and families impacted by COVID-19 outbreaks.
- Aged care providers have also had priority access to the national stockpile of PPE, as well as healthcare rapid response teams and surge staffing support when an outbreak occurs in residential aged care. In home care, the government has provided additional funding to support meals on wheels, televisitor schemes and allowed for some flexibility in usage of funding.
- Direct support for aged care workers has included paid pandemic leave of up to 2 weeks for eligible aged care workers introduced by the Fair Work Commission in July 2020. The Australian government has also instituted a pandemic leave disaster payment, a lump sum payment of $1,500 to help workers during the 14 days they may need to self-isolate, quarantine or care for someone. Victorian workers not entitled to paid pandemic leave or other leave may also apply for a $450 COVID-19 test isolation payment where they are awaiting test results.
- Despite government measures, on 2 October, the Royal Commission into Aged Care Quality & Safety found deficiencies in government planning around COVID-19 in residential aged care. The Commissioners found that infection control was inadequate, that PPE and testing was sometimes hard to access, and that surge staffing arrangements were not sufficient, resulting in poor care during COVID-19 outbreaks in Victoria. The Commissioners also found that the Australian government did not have a COVID-19 plan devoted solely to aged care. They recommended that

the Australian government should publish a national aged care plan for COVID-19 and establish a national aged care advisory body. The Commissioners also recommended the Australian government should arrange the deployment of accredited infection prevention and control experts in residential aged care.

- Nursing home visiting rules were first introduced by the Australian government on March 18, limiting visitors to two people a day, to be held in private rooms. However, many nursing homes introduced stricter rules, locking down facilities so that there have been no visitors except for under special circumstances. In Victoria there have also been strict rules mandated by the State government which, until recently, have restricted visits to one visitor per resident for one hour per day in special circumstances only. Across Australia there is growing public concern about the ongoing impact of provider-and state-imposed nursing home lockdowns on the wellbeing of residents. The Royal Commission recommended that there should be funding for providers to ensure there are adequate staff to deal with external visitors to enable a greater number of 'meaningful visits' between residents and their loved ones.

2. The Australian Context & COVID-19: Government Roles & Responsibilities

Australia has a population of over 25 million people and is a federation. The federal, state and territory governments have different responsibilities in different areas of public policy and service delivery. The Australian government is the primary funder and regulator of the aged care system. It funds both for-profit and not-for-profit aged care providers who are governed by the federal Aged Care Act 1997. Providers are accredited, regulated and inspected by the federal Aged Care Quality & Safety Commission (ACQSC) which also deals with complaints against them.

The Australian government thus has a key role in addressing COVID-19 in residential aged care and home care services.

In relation to national pandemics and public health crises such as COVID-19, the Australian government takes on the lead role in coordinating a national response together with local, state and territory governments. The state and territory governments have responsibility for acute and subacute care and managing emergencies and disasters including communicable disease emergencies, within their jurisdictions.

In the case of COVID-19 a specific framework for response management arrangement responsibilities between federal, state and territory governments was established in the COVID-19 health sector response plan. However the Australian government has been strongly criticised for failing to have a specific COVID-19 aged care plan. There has been a lack of clarity of federal and state roles in the response to COVID-19 outbreaks in aged care. At times, both the Australian and Victorian governments have held the other primarily responsible for the spread of COVID in Victorian aged care facilities (detailed further below).

3. Impact of the COVID-19 pandemic to date

At time of writing (12 October) there have been 27,264 total COVID-19 cases and 898 deaths in Australia since 22 January 2020. There have been 8,008,111 COVID-19 tests conducted to date in Australia with a positive result in 0.3% of cases.

After containing the first COVID-19 wave, a second COVID-19 wave started in Victoria following the

breakdown of infection controls in hotels where returning travellers were placed under mandatory 14 day quarantine upon arrival. To date, 74.4% of total Australian COVID-19 cases have occurred in Victoria with COVID-related deaths in that state accounting for 90.2% of total Australian COVID-related deaths.

The failure of the hotel quarantine program to prevent the spread of COVID-19 is the focus of a Victorian judicial inquiry. This program failure has led to significant community transmission in Victoria. Victorian epidemiological evidence suggests that 99% cases of community transmission can be traced back to the failure of the mandatory program at two Melbourne-based quarantine hotels.

3.1. Residential aged care

The first wave of COVID-19 infections in Australian predominantly affected residential aged care facilities in Sydney. The first COVID-19 aged care case and major cluster was diagnosed on March 3 at Dorothy Henderson Lodge, an 80 bed facility in Sydney. By April 11, 17 residents and five staff were diagnosed with COVID infections and six residents had died. A second major aged care cluster was in Newmarch House, a 102 bed facility in Sydney. The first positive case was a resident on April 13 and in total 37 residents and 34 staff tested positive for COVID-19, with 17 residents dying from COVID. Inquiries into the COVID-19 outbreaks at Dorothy Henderson Lodge and Newmarch House are detailed below.

The evidence suggests that the Australian government did not learn sufficiently from the experience of COVID-19 in residential care in the first wave and was not sufficiently prepared for the second COVID-19 wave. During the second wave, COVID-19 spread rapidly through Melbourne-based nursing homes in Victoria due to the high rate of community transmission, and there have been many reports of neglectful and poor quality care during outbreaks.

To date, there have been 2,050 nursing home residents diagnosed with COVID-19. Of those 677 have died and 1,359 have recovered. Nursing home residents represent 7.5% of all COVID-19 cases in Australia and 75.3% of all COVID-related deaths.

At time of writing, Victoria remains an Australian outlier in terms of the spread and management of COVID-19 in aged care. Victoria accounted for 97.1% of total infections and 90.3% of total deaths in residential aged care. As of 2 October, all 50 aged care facilities with 52 active COVID-19 cases among residents were in Victoria.

3.2. Community-based aged care

To date, there have been 82 confirmed COVID cases in Australian government-subsidised care in clients' own homes. Victoria accounts for 63.4% of all Australian home care COVID-19 cases. Of the Australian cases, 7 people, 4 located in Victoria, have died. There are currently 2 active COVID-19 client cases in home care, both in Victoria.

3.3. Aged care workers

While the Australian government provides daily updated data on the numbers of cases of COVID-19 in both residential and community-based aged care, there are only delayed weekly updates on the numbers of residential aged care workers infected by COVID. As of 2 October, a total of 2,211 aged care workers in residential aged care facilities had been infected by COVID, a higher number than the total 2,027 resident cases recorded on the same date. Of these staff cases, 29 cases remained active with 2,182 being resolved. There is no publicly available data on the numbers of home care workers who have been

infected by COVID-19.

As of 6 October in Victoria, there had been 1,732 COVID cases acquired by aged care workers in Victoria, making up 49% of the 3,538 total Victorian healthcare worker infections. There were 62 active COVID cases among aged care staff (comprising 70.5% of active cases among health care workers). The vast majority of aged care worker COVID-19 infections (77%), were acquired in aged care settings. Of these aged care setting-acquired COVID cases, there were 444 infections (25.6% of the total) among nurses and 1,237 (71.4% of the total) among personal care workers.

4. Long-term care policy and practice measures

4.1. Federal whole aged care sector measures

On March 11 (10 days after Australia's first COVID death), the Australian government announced $440 Million Australian dollars to upskill aged care workers in infection control, boost staff numbers, telehealth for people over 70 years, specialist onsite pathology services in aged care facilities, and additional funds for the Aged Care Quality & Safety Commission to improve infection control. This included $234.9m for a COVID-19 'retention bonus' to ensure the continuity of the workforce (i.e. a payment of up to $800 after tax per quarter for two quarters for direct residential care workers and two payments of up to $600 after tax per quarter for two quarters for home care workers). There is $78m for workforce supply funding and $27m to supplement the viability of some residential aged care facilities.

On 31 August additional funding was announced by the Australian government to reinforce the aged care sector's response to COVID-19. The additional $563.3 million announced bought total Australian government support to the aged care sector at that stage to over $1.5 billion. This additional funding included a further $154.5 million for the aged care worker retention bonus. It also included a further $245 million extension of the $205 million COVID-19 Support Payment provided to all residential Aged Care providers in June. Providers must use the Support Payment to fund and support enhanced infection control capability, including through an on-site clinical lead as well as other COVID-19 related costs such as increased staffing costs, communications with families and managing visitation arrangements.

Since March 2020, the Australian government has been working with state and territory governments to ensure aged care facilities have sufficient PPE. As of 2 October, aged care facilities had been provided with approximately 17 million masks, 4 million gowns, 11 million gloves and 4 million goggles and face shields. However the practical availability of adequate PPE in aged care continues to be contested by unions who have reported ongoing shortages.

To supply 'surge' staffing to residential aged care during COVID outbreaks the Australian government initially employed healthcare delivery provider Aspen Medical and care staff platform Mable to provide rapid response teams to residential and community care. As of 2 October, significant surge workforce assistance had been provided by both state and National Aged Care Emergency Response (NACER) teams, with many workers deployed from interstate. The number of Commonwealth-funded surge staff that have been deployed to Victorian aged care services exceeds 1,000. AUSMAT had visited a total of 80 Victorian aged care facilities. A variety of private providers had filled worker shifts. A recruitment peak body, Recruitment, Consulting and Staffing Association Australia & New Zealand (RCSA) has organised its members to provide additional surge workforce shifts. To date these labour hire firms have supplied staff for 23,288 shifts through RCSA. Aspen Medical had provided 610 staff to fill roles during clinical first responder deployments and Mable had filled 2663 shifts. In evidence before the Royal Commission into Aged Care Quality & Safety, concerns were raised about the minimal experience many of the surge staff had in residential aged care.

The number of working hours a week allowed by international students was temporarily lifted to 40 hours a week to fill shortages in residential and home care. International students have for some time made up a large number of workers employed in residential aged care. However, it remains unclear the extent to which the working hours restrictions have been lifted for international student visa holders.

Despite these substantial policy and funding commitments to bolster and fortify the capacity of the aged care sector to provide quality care during COVID-19 deficiencies in care reported during the Royal Commission in Aged Care Quality & Safety in Aged Care and in the media suggest that residential aged care facilities did not have sufficient expertise, processes and practices relating to infection control relevant to COVID-19. Further, evidence provided to the Commission suggested thar the Aged Care Quality & Safety Commission issued an infection control self-assessment checklist but did not conduct comprehensive on-site visits to audit actual practices; pathology testing was sometimes difficult to access or slow; and facilities were not prepared to lose 80% of staff and to rapidly obtain surge staff; and that there were often no handover processes between quarantining facility staff and surge staff.

4.2. Victorian-specific measures

In response to the second wave of COVID-19 in Victoria and its disproportionate impact on aged care residents and staff, the Victorian Aged Care Response Centre was established on 27 July to coordinate and expand resources to tackle the challenge of COVID-19 in aged care services. The VARC is a joint arrangement between the federal and state governments, bringing together more than 150 staff from 28 agencies.

COVID-19 reporting requirements were initially unclear in the aged care sector. However, now aged care facilities have an obligation to report COVID infections and deaths both to the Commonwealth Department of Health and to the VACRC. An important role of the VACRC has been to provide advice and information to families of aged care residents. The VACRC has provided daily updates on its operations which have included bringing in Australian Defence personnel and other teams such as from Australian Medical Assistance Teams (AUSMAT) and National Aged Care Emergency Response teams to manage outbreaks and take on a number of key roles including nursing, personal care and cleaning at facilities identified as high risk. On 11 September, with declining COVID Infections in aged care, it was announced that the VACRC would 'move into a new phase of the COVID response' but would remain 'as long as required'.

The VARC coordinates four metropolitan hospital 'hubs' in Melbourne to help manage aged care COVID-19 clusters. However there has been recent criticism by senior doctors involved in responding to Victoria's nursing home COVID clusters about the lack of a clear plan to counter another wave of coronavirus in aged care, and that the hubs were yet to receive any funding, with the hospitals instead expected to draw on their existing workforces.

From 22 July 2020 new restrictions on visitors to Victorian care facilities were introduced by the Victorian Department of Health and Human Services. While initially visits were limited to one visitor per resident per day for one hour only where providing emotional and social support that is unable to be delivered via electronic means, from 28 September these restrictions were eased slightly with visits limited to one visitor per resident for two hours.

The Australian government also announced a Supporting Aged Care Workers in COVID-19 Grant available from 4 August to help Victorian providers cover costs of implementing single site workforce arrangements in the COVID hotspot areas in the state. This was to prevent aged care workers working across multiple aged care sites. In September, it was announced that this funding is to be extended from an initial period of eight weeks to 12 weeks with a total of $92.4 million available. Providers must apply for the grants and

wait to be reimbursed while they cover the additional staffing costs. However, as of 26 September 2020, the Victorian Department of Health & Human Services indicated that unions and providers were still working to consolidate worker's shifts at single sites to reduce the number of work locations for staff.

4.3. Residential aged care

The Australian government published National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia on March 13.

The Coronavirus (COVID-19) outbreak management in residential care government factsheet states that an outbreak is considered to have started if 2 people in 3 days become sick with the symptoms and at least one of these has a positive test for COVID-19. Advice includes isolating unwell residents in single rooms and assigning dedicated staff to these residents as well as, use of infection prevention control measures and PPE.

Dementia Support Australia, the national provider of support to manage behaviours in people with dementia released a factsheet on restrictive practices suggesting 1:1 staff: resident support is the ideal way to help a resident to self-isolate, rather than physical or chemical restraint.

Since the report by the Royal Commission Aged Care Quality & Safety on the impact of COVID-19 in aged care (detailed below), the Australian government has committed additional funding to residential aged care providers to provide staffing necessary to manage visitations and undertake infection control training.

4.4. Community-based care

The Australian Aged Care Quality & Safety Commission phoned all home care services to support them in preparing for COVID19. Initially some home care clients stopped all or some of their scheduled home care services because of concerns around COVID19. The Australian government prepared an information sheet 'it's ok to have home care'. However more recently client demand has picked back up in home care.

Many home care providers have stopped group services such as bus outings, group exercise classes and social groups. Providers have been given the flexibility to redirect the funds to other services such as ensuring clients have access to meals and groceries, undertaking welfare checks, and undertaking phone/video call social interactions with their clients. Providers are also able to put in for unsolicited grants where there is significant impact on the ability of Commonwealth Home Care Support Program (CHSP) providers to continue delivering services, or where there are time-limited demand pressures to support additional clients. $70.2 million has been allocated by the government is for unsolicited proposals.

$59.3 million was been allocated to meals on wheels: $50 million to fund 3.4 million home-delivered meals, and $9.3 million on 36,000 emergency food supplies boxes. $10milion has been allocated to the Community Visitors Scheme (CVS), focusing on telephone and virtual friendships to older socially isolated people including those in aged care where face to face visiting isn't possible.

Almost $100m was provided to home care and home support providers to support people in self-isolation such as with shopping and meal delivery. There is also an extra $12.3m to support the My Aged Care information website and phone service.

4.5. Support for aged care workers

As above, a COVID-19 retention bonus has been provided by the Australian government ensure the continuity of the workforce (i.e. a payment of up to $800 after tax per quarter for two quarters for direct residential care workers and two payments of up to $600 after tax per quarter for two quarters for home care workers). There has been some concern by unions and provider peaks that only direct care staff are eligible for the retention bonus and not cleaners, laundry or kitchen workers. The United Union of Workers has expressed concern that the minimum hours part-time contracts of many workers made it difficult to access the pro rata retention bonus payment based on actual hours worked.

An entitlement of up to 2 weeks paid pandemic leave for eligible aged care workers was introduced in July 2020. The Fair Work Commission issued determinations varying the industrial 'awards' that set out the pay and working conditions of residential aged care staff to provide access to paid pandemic leave for eligible residential aged care employees. This new provision provides up to 2 weeks leave for workers who do not have any entitlement to paid personal or carers leave on each occasion a worker is prevented from working due to the need to self-isolate or quarantine or is waiting for the outcome of a COVID test. The goal of paid pandemic leave is to encourage people to stay home from work if they have COVID-19 symptoms, by removing the financial disincentive of losing income. However, it is notable that this provision does not extend to home care workers covered under a different industrial award.

The Australian government has also instituted a Pandemic Leave Disaster Payment. This is a lump sum payment of $1,500 to help workers during the 14 days they may need to self-isolate, quarantine or care for someone. Eligibility depends on being unable to work or earn an income and where state and territory governments have directed a person to self-isolate or quarantine because they have COVID or are in close contact with someone who has or care for someone with COVID .

There have been specific measures introduced to protect aged care workers in Victoria. On 10 August, the Victorian government established the Healthcare Worker Infection Prevention and Wellbeing Taskforce to support and improve the safety and wellbeing of healthcare workers including those working in aged care settings. The Taskforce meets weekly and provides data about healthcare worker infections. The Taskforce has found that cases among health and aged care workers in the second wave have been significantly more likely to be acquired when they are at work. Further that poor infection prevention control has been the main driver of secondary transmission in aged care settings, including widespread environmental contamination, contamination of PPE by infected residents and mobility of workers between sites.

Based on the Taskforce's advice, the Victorian Department of Health & Human Services has put in place a range of actions to protect health care workers. In aged care settings there is now support for infection control through extending the use of N95 masks and the deployment of Residential Aged Care Support Officers to provide on-site support to staff in aged care facilities to improve infection control.

Victorian workers not entitled to paid pandemic leave or other leave may also apply for a $450 COVID-19 Test Isolation Payment where they are awaiting test results.

5. Reviews of Government responses to COVID-19 in LTC

There have been several major reviews of government responses to COVID-19 outbreaks in residential aged care.

5.1. Dorothy Henderson Lodge Review

An Independent Review was commissioned by the federal Department of Health into the COVID-19 outbreak at Dorothy Henderson Lodge. Up until April 11, 17 residents and five staff contracted COVID-19 and six residents died. The Review reported on 25 August.

The management of COVID-19 at Dorothy Henderson Lodge now appears as a 'successful' COVID-19 outbreak management case study on the Department of Health website. Apart from maintaining staff numbers and compliance with infection prevention and control precautions, the Review found that a major challenge was the prolonged quarantine and isolation of residents. One of the key 'lessons learned' was that in managing an outbreak of COVID-19, the serious adverse effects of prolonged confinement of aged care residents must be balanced against risks of the disease itself. However the balancing of these risks has continued to be a significant issue raised in the following two reviews.

5.2. Newmarch House Review

An Independent Review was commissioned by the Australian government into the Newmarch House COVID-19 outbreak in April to June 2020. During this period, 71 cases of COVID-19 were diagnosed in residents and staff members of the residential aged care facility and a total of 19 residents died. The Independent Review Report as released on 20 August 2020.

The Independent Review found that there was a lack of clarity in relationships and hierarchy among the government health agencies responsible for emergency response and interagency operations. Adequate staffing during the COVID outbreak was a major issue. Many staff were isolated due to COVID-19 infection or quarantined because of close contact and requirements for staff replacements exceeded the organisation's planned surge capacity. In some cases, the depletion of staff numbers was exacerbated because of poor quality or incorrect use of PPE. The Review also found that poor communication was a major issue for families and residents, which increased the isolation of residents at Newmarch House.

The Independent Review noted the 'tireless efforts' of many managers, personal carers, and nurses to provide ongoing care of vulnerable residents in the face of difficult and unprecedented circumstances. It concluded that the provider, Anglicare, had spared no effort or expense in responding to what was at that time one of the most significant crises to occur in the history of residential aged care in Australia and was committed to reflect and learn from the COVID outbreak at the faciality. The reviewers hoped that their report would 'add to the existing body of knowledge and provide impetus for future improvements in aged care.'

5.3. Select Committee on Australian government response to COVID-19

On 8 April, the Australian Senate established a Select Committee on COVID-19 to inquire into the Australian government's response to the COVID-19 pandemic. The Committee is to present its final report by 30 June 2022. At the time of writing, the Committee is still accepting submissions.

To date, the Committee has held public hearings on 25 May about the spread of COVID-19 at Newmarch house in Sydney and on 4 August focused on long term care. It has focused in particular on the spread of

COVID-19 in residential aged care facilities in Victoria and (to a lesser extent) NSW. It has also heard evidence from aged care officials about the Australian government response to the coronavirus in aged care with the Chair of the Select Committee critical of the federal government performance in the sector.

5.4. Royal Commission into Aged Care Quality & Safety

The Royal Commission into Aged Care Quality & Safety was established in 8 October 2018 to look at the quality of aged care services and whether those services are meeting the needs of the Australian community. Between 10-13 August 2020, the Royal Commission held a specific inquiry into the response to the COVID-19 pandemic in aged care, and what can be learned from this experience for responding to future pandemics, infectious disease outbreaks or other emergencies. The Royal Commission's special report on COVID was released on 2 October.

The Royal Commissioners made a number of findings. These include that:

- The aged care sector was insufficiently prepared for COVID-19 and there was not an Australian government COVID plan devoted solely to aged care;
- For many residents of aged care homes, the restrictions on visits have had, and will continue to have, serious consequences;
- While almost all providers claimed that their infection control management plan enabled them to be prepared for a COVID outbreak, they were not; and
- The aged care workforce is not only under-resourced and overworked but also, due to COVID, 'now traumatised'. There have been insufficient supplies of PPE and unsafe conditions for workers.

The Royal Commissioners concluded that there were four areas where immediate Australian government action should be taken to support the aged care sector. These include:

- Funding providers to ensure there are adequate staff available to deal with external visitors so that the Industry Visitation Code can be modified to enable a greater number of more meaningful visits between people receiving care and their loved ones;
- Enabling an increased provision of allied health and mental health services to residents during the pandemic to prevent deterioration in their physical and mental health with any barriers to allied health and mental health professionals entering aged care facilities removed unless justified on genuine public health grounds;
- Publishing a national aged care plan for COVID-19 and establishing a national aged care advisory body; and
- Arrange for the deployment of accredited infection prevention and control experts into residential aged care homes.

On 2 October the Australian government agreed to implement all these recommendations immediately. There was some criticism of the Royal Commission's failure to recommend the voluntary visitor code be made mandatory or to be specific about staffing levels required. On 6 October, in the federal budget, the Australian government committed to an additional $746 million to deliver its COVID-19 Aged Care Response Plan amounting to a total of $1.6 billion of COVID-19 related spending in LTC. This includes additional $245 million to facilities for increased staffing costs – including managing visitations and infection control training. More than $12.5 million has been allocated for enhanced advocacy services and increased grief and trauma support services for aged care recipients and families who have been impacted by COVID-19 outbreaks.

6. Resident wellbeing & visitor restrictions in aged care

To reduce the risk of aged care facility outbreaks new visiting rules were introduced by the Australian government on March 18. Only two visitors at a time including general practitioners, visits must be in private areas, no social activities or entertainment, no children under 16 unless under special circumstances. People who have travelled overseas within 14 days, who have been in contact with a confirmed case of COVID-19 in the last 14 days, and with fever or respiratory symptoms cannot visit aged care facilities. Information for visitors is available here. Large nursing home chains such as BaptistCare, Japara, Opal, Regis, Catholic Healthcare and many others went into lockdown, stopping all but 'essential' visits so families were unable to visit. There is variability in how lockdown is defined and managed between organisations. For example, HammondCare, a large non-profit provider, has continued to worked with residents and their families to maintain contact, including face-to face contact during COVID-19 pandemic.

Facilities have been trialling a range of methods to combat loneliness in residents including technologies such as videochat with families, handwritten letters and window visits . The aged care sector is known to have been slow in adopting technology, and may not have sufficient broadband, wifi, ipads and phones to support all residents.

On 21 April, after a month of lockdowns, and in the context of the national curve flattening the Prime Minster asked nursing homes to stop the lockdowns and flagged government intervention if they did not voluntarily comply. To date, however, many aged care providers have continued with strict lockdowns to keep residents safe. There have been concerns about the quality of care during lockdowns in nursing homes with families unable to visit, and the aged care regulator no longer making unannounced visits. The Aged Care Quality & Safety Commission restarted some limited visits in August. However that since the start of the pandemic to the end of September, the Commission had visited just 30 of the 220 nursing homes with coronavirus outbreaks.

An industry code for visiting residential aged care homes during COVID-19 was released by 13 aged care peaks and consumer advocacy organisations on 12 May to try and balance the respective rights and responsibilities for providers, residents and visitors. This voluntary code recognised the importance of family carers who provide direct care as well as supporting resident wellbeing.

In response to the Victorian aged care outbreaks, other states instituted visitor bans. After a handful of COVID-19 community cases, Queensland banned personal visitors in Brisbane and some surrounding areas from 2 August, these were lifted across the month with the final regions allowing visitors again on the September 25 after 14 days of no COVID-19 community transmissions in Queensland.

In NSW, the state government has also implemented visitor bans in residential aged care in regions deemed COVID-19 hotspots mostly in the greater Sydney region, and of visitors who have been to those hotspot regions. These regions have changed over time as regions have been deigned hotspots and then cleared as hotspots. In Victoria the state government will continue strict restrictions on visitors to aged care facilities into 2021.

The Royal Commission into Aged Care Quality & Safety has found that aged care residents had been severely impacted by the loss of contact with loved ones. Even where there has been no COVID outbreak many residents have endured restrictions for most of 2020 that go beyond those endured by the general community. Attempts by both the aged care sector and the Australian Department of Health to improve this situation have been inadequate partly because of a lack of funding for additional staff to facilitate visits. While some providers increased staff numbers to meet these additional needs, many providers reduced staff numbers. The Commissioners stated:

'Maintaining the quality of life of those people living in residential aged care throughout the pandemic is just as important as preparing for and responding to outbreaks. Residents' entitlement to quality of life does not change in an emergency, although how this can be achieved does. If anything, quality of life becomes more important.'