



# Regulatory Bulletin

## COVID-19 vaccination in residential aged care homes

RB 2024-24

**This Regulatory Bulletin explains approved providers' responsibilities relating to COVID-19 vaccinations and infection prevention and control. It details how the Aged Care Quality and Safety Commission (Commission) is regulating these responsibilities and responding to providers found to be non-compliant.**

### Key Points

- Providers have obligations under the Aged Care Act and Aged Care Quality Standards to protect older people in their care from the risk of infectious diseases, including COVID-19.
- The Commission expects provider responses to COVID-19 to be embedded in the day-to-day operations of all residential aged care services and integrated in the governance of their organisations.
- The Commission expects providers to ensure that all older people in their care have timely access to vaccinations and anti-viral medications as part of routine care planning and clinical care.
- The Commission actively monitors services' COVID-19 vaccination rates and outbreak data to identify providers who may not be meeting their responsibilities.
- Where we identify risks to older people or non-compliance we will take action to require the provider to address the concerns, including issuing notices of non-compliance.
- Where a provider fails to fulfill an undertaking to address the non-compliance or to comply with a notice, they will be subject to enforcement actions which could include sanctions, banning orders and/or civil penalties.



## COVID-19 vaccination in residential aged care homes

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# COVID-19 vaccination in residential aged care homes

**Old age is the biggest risk to becoming seriously ill with COVID-19, and people living in residential aged care are particularly vulnerable to COVID-19 infections. A significant proportion of all deaths associated with COVID-19 occur in people aged over 80 years.**

To protect the health of older Australians, providers must continue to be vigilant by maintaining COVIDSafe behaviours. Vaccination continues to be the best line of defence against COVID-19. Being up to date with COVID-19 vaccinations provides an individual with significant protection and reduces the risk of developing serious illness. [Up-to-date vaccination](#) includes having had a booster shot in the last 6 months.

People aged 75 years and over are recommended to get a COVID-19 vaccine dose every 6 months. There is no longer a requirement to wait a minimum time between a COVID-19 infection and having a COVID-19 vaccination.

Those aged over 65, and adults who are severely immunocompromised are recommended to receive a COVID-19 vaccine dose every 12 months and are eligible to receive a COVID-19 vaccine dose every 6 months based on individual risk-benefit assessments.

The Commission strongly supports booster vaccination as an important step in ensuring a high level of protection against the worst effects of COVID-19 among older people and staff. We expect providers to promote, support and manage access to vaccination and anti-viral medications as part of routine planning and delivery of clinical care, and to manage service-wide risk of infection.

## Provider Responsibilities

All aged care providers have a legal obligation to ensure the safe, effective and quality delivery of personal and clinical care in accordance with the requirements of the Aged Care Act 1997 and the Quality of Care Principles 2014.

The Commission expects that management of COVID-19 is now fully integrated into how providers plan and deliver individual care for older people, manage their services and govern their organisation, including that:

- COVID-19 risks are managed as part of planning and delivering care to each older person, including access to vaccinations and anti-viral medications
- robust infection prevention and control (IPC) practices and procedures are in place to minimise the risk of transmission and ensure effective outbreak management; and
- governing bodies are accountable for how their organisation is managing COVID-19 related risks consistent with the Quality Standards, including timely access to vaccination for residents and staff.



## 1. Vaccination – meeting the individual clinical care needs of older people

Providers have a clear obligation to meet the individual personal and clinical care needs of the older people in their services and to minimise infection-related risks for their residents and staff.

This includes ensuring that each older person in their service has access to the recommended vaccine dose as soon as they are eligible. Where infections occur, it is expected that providers have arrangements in place to ensure rapid access to oral anti-virals to reduce the severity of the illness, hospitalisation and death.

Routine care planning and delivery should include managing individual vaccination due dates and older people's preferences for vaccination (including consent arrangements), and their medical contra-indications, with providers organising timely access to vaccinations via health professionals as required.

**Standard 2** requires all providers to undertake **ongoing assessment and planning** for care and services with consumers.

**Standard 3** requires all providers to deliver **safe and effective personal and clinical care** in accordance with older people's needs and preferences including that:

- there is effective management of high-impact risks like COVID-19, for each older person
- older people's condition, needs and preferences are documented and communicated with the people delivering and managing their care, including their GPs
- there are timely and appropriate referrals to other providers, such as when they require vaccination, and

- this care is best practice, tailored to individual needs, and optimises health and wellbeing.

In monitoring providers, the Commission is looking for evidence that these responsibilities are being delivered for each older person receiving care, as part of their individual care planning and delivery.

## 2. Preventing and managing COVID-19 risks at your service

Providers are responsible for managing the risk of COVID-19 at each of their services and for ensuring that there are sufficient staff who are trained and equipped to meet the care needs of older people.

To protect older people in their care, as well as their staff, providers must have robust **infection prevention and control (IPC) practices and procedures** in place that minimise the risk of transmission and ensure effective outbreak management. This includes that:

- processes are in place that monitor vaccination due dates as part of care planning, managing consent and arrangements for the vaccinations as soon as individuals are eligible, including referral to and engagement with GPs (or access to pharmacists)
- services offer influenza and COVID-19 vaccinations to their staff and older people in their care, keeping records and reporting internally on vaccination status
- services promote the value of vaccinations including COVID-19 and influenza to their staff, residents, families and visitors, and information about how vaccinations can be accessed



- arrangements are in place for rapid prescription and access to COVID-19 anti-viral medications
- all workers are trained in IPC and adhering to IPC practices, with IPC leaders actively monitoring and supporting IPC practices
- outbreak and workforce management plans are up to date and communicated to staff, residents and families/representatives
- arrangements are in place to ensure continuity of care for residents in the event of an outbreak
- arrangements are in place to purchase personal protective equipment (PPE) and rapid antigen test (RAT) kits through commercial suppliers; and that stock is adequate to cover potential outbreaks and is available to workers at all times.

As part of delivering personal and clinical care:

- **Standard 3** requires providers to **minimise infection-related risks** through implementation of standard and transmission-based precautions to prevent and control infection.
- **Standard 7** requires all providers to ensure that they have a **workforce** that is planned, trained, equipped and supported to deliver all the requirements under the Quality Standards, including monitoring and review of each worker's performance.

In monitoring providers, the Commission is looking for evidence that their services are well managed, with a focus on embedded practices that support the prevention and management of COVID-19.

### 3. Know your services – governance and leadership

Effective management of COVID-19 and other infections is an ongoing part of delivering safe and quality aged care to older Australians. The Commission expects provider governing bodies to ensure that measures to prevent and manage COVID-19, including vaccination, are integrated into the care of each older person and embedded in the operations of their services and the governance of their organisations.

Governing bodies should ensure that there are:

- effective systems and processes that track and record vaccinations, that ensure that each older person has timely access to vaccines, anti-viral medications, and medical services
- integrated systems that manage COVID-19 and infectious diseases as part of ongoing quality management and clinical governance, as well as outbreak prevention, detection and management planning and preparedness
- workforce planning and management that shows that their workforce is sufficient, equipped and monitored, including in ongoing and up to date IPC training and practices

**Standard 8** requires providers to have **organisational governance** that demonstrates they are accountable for the delivery of safe and quality care. This includes organisation-wide governance systems and effective risk management, including for high impact and high prevalence risks like COVID-19.



In monitoring providers, the Commission is looking for evidence that governing bodies and executive leaders are exercising appropriate oversight of how their organisation is managing COVID-19 related risks consistent with the Quality Standards, including timely access to vaccination for residents and staff.

## Regulating providers' responsibilities in managing COVID-19 risk

The Commission actively monitors services' COVID-19 vaccination rates and outbreak data to identify providers who may not be meeting these responsibilities. We also monitor providers' management of COVID-19 as part of other regulatory interactions such as auditing, managing complaints and responding to serious incident notifications.

Where we identify unmanaged risks to older people or non-compliance, we will supervise providers to require their timely remediation and prevention. The intensity of our engagement will be based on the level of risk and a provider's capacity and willingness to manage that risk. Where a provider is unwilling or unable to do what is required, we will actively case manage the provider through frequent engagement to ensure that the required actions are being taken in a timely manner.

Actions to manage non-compliance by a provider may include:

- a direction to revise a Plan for Continuous Improvement (PCI) – which describes the actions to be taken by a provider (and the timeframes within which those actions must be taken) to comply with their responsibilities

- a non-compliance notice – which signals to the provider the Commission's intention to impose sanctions with respect to the non-compliance, sets out actions that the provider is required to take to remedy the non-compliance, and gives the provider the opportunity to make submissions prior to the decision-maker deciding to impose one or more sanctions. The Commission may, after considering submissions made by the provider, require the provider to give an undertaking about remedying the non-compliance rather than issuing a sanction
- a notice to agree to take certain actions – which allows the Commission to respond quickly and effectively to a provider's non-compliance with its aged care responsibilities and to positively direct change and improvement by requiring the provider to take action. This can include when there is immediate and severe risk to older people receiving care.
- an enforceable undertaking – if the Commission and a provider reach agreement on a specified course of action to address any non-compliance, the Commission may accept an enforceable undertaking which details how the provider will comply with its responsibilities.

Where a provider fails to fulfill their undertaking to address the non-compliance or to comply with a notice, they will be subject to enforcement actions which may include sanctions, banning orders, civil penalties and/or injunctions. Further information on the Commission's compliance and enforcement powers is available on our [website](#).



## Evidence of compliance

In understanding if providers are meeting their obligations, the Commission will consider a range of information and evidence to determine the following:

Do Clinical Staff:

- assess care needs including next vaccination due dates and how vaccination will be provided, including making an appointment with their GP or pharmacist
- update care plans and clinical records
- manage consent and maintain records of older people's preferences including where an older person chooses not to have a vaccination at a point in time
- record where older people or their representative have concerns and provide them with up to date and accessible information on the benefits of vaccination
- discuss anti-viral use and consent with older people and record their preferences

Evidence may include:

- Sample of older person's care and service documentation that includes:
  - evidence that informed decisions were made, and information was provided that was current, accurate, timely and understood by the older person
  - evidence of older people giving informed consent including a decision not to have vaccination/boosters/anti-viral medications
  - individualised and tailored care plans
  - the involvement of the older person, family, carers and others as part of the assessment and planning process

Do Quality Managers:

- ensure arrangements are in place to identify and monitor the current COVID-19 vaccination rates for older people living in the service
- know when individuals receiving care were last offered access to both the COVID-19 vaccination and the 2024 season influenza vaccination, and when the next planned offer is due
- have information accessible to staff on each older person's consent arrangements and preferences
- have processes to ensure clinical staff have spoken to the older person's medical officer/s to plan for review of their health status and have arrangements in place for urgent prescription of anti-virals including out of hours
- have processes to ensure the service has contacted their pharmacy/pharmacies to ensure availability of anti-viral medication including out of hours

Evidence may include:

- vaccination / immunisation records that demonstrate up to date vaccinations / immunisations (where relevant) for older people
- policies and processes for infection prevention and control aligned with contemporary evidence-based practice, addressing:
  - Standard and transmission-based infection prevention and control precautions, appropriate for the setting.
  - Communication and management of risk to older people, family, carers, and workers.



– Risk-based vaccine-preventable disease screening and immunisation for older people,

- documents demonstrating systems and processes to direct, deliver and monitor in relation to informed decisions and decision-making.

Does the Executive:

- have access to performance information on systems and processes that prevent and manage COVID-19, including as part of the care planning for each older person.
- use the performance information on systems and processes that prevent and manage COVID-19 to identify and mitigate risks and issues, and to action opportunities for continuous improvement.

Evidence may include:

- monitoring of infection data and effectiveness of the infection prevention and control processes.
- emails, meeting minutes or similar indicating discussion of infection prevention and control processes, including potential outbreaks and actions for improving IPC
- data analysis and reporting related to COVID-19 from the previous 12 months that identify learnings and actions taken to improve systems and processes
- engagement with local Primary Health Network or other provider to facilitate service access to deliver vaccinations.

Does the Board/Governing Body have oversight mechanisms in place to provide assurance of:

- effective systems and processes that track and record vaccinations, to ensure that each older person has access to vaccines and anti-viral medications, and timely access to medical services
- integrated systems that manage COVID-19 and infectious diseases as part of ongoing quality management and clinical governance, as well as outbreak prevention, detection and management planning and preparedness
- workforce planning and management that shows their workforce is sufficient, equipped and monitored, including ongoing and up to date IPC training and practices.

Evidence may include:

- Meeting minutes, board papers or similar demonstrating governing body/board oversight and endorsement of systems and in relation to COVID-19, which include:
  - Suitable reporting obligations to the governing body/board regarding service level vaccination rates
  - clinical governance framework
  - clinical strategy related to vaccinations and anti-viral medications
  - workforce planning to manage IPC requirements
  - outbreak prevention, detection and management planning and preparedness
- Meeting minutes/board papers or similar that demonstrate governing body/board visibility of vaccination rates.





## Supporting approved providers

The Commission and the Department of Health and Aged Care have a range of resources to support aged care providers to keep older people and staff safe at their services. We encourage all providers to regularly check the Commission's and department's websites, as well to subscribe to the Quality Bulletin to stay up to date.

### Commission resources

- [IPC resource collection](#)
- [IPC location-based guidance](#)
- [Supporting visitors and partners in care with IPC](#)
- [How prepared are you for a COVID outbreak](#)
- [Governing for Reform in Aged Care: Placing older Australians at the centre of care flip guide \(agedcarequality.gov.au\)](#)
- [What we learned from COVID](#)
- [Oral anti-viral treatments in residential aged care services fact sheet](#)
- [Are you alert and ready for an outbreak. Safeguarding against infectious illness in agedcare settings](#)

## Department of Health and Aged Care resources

- [COVID-19 vaccines | Australian Government Department of Health and Aged Care](#)
- [COVID-19 reporting | Australian Government Department of Health and Aged Care](#)

## Need to know more?

If you have any questions or feedback on this Bulletin, email: [info@agedcarequality.gov.au](mailto:info@agedcarequality.gov.au).

Stay up to date with Regulatory Bulletin releases by [subscribing to the Commission's newsletter](#).

*The Aged Care Quality and Safety Commission acknowledges the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to Elders both past and present.*



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