



MANDATORY VACCINATION OF AGED CARE WORKERS

03/08/2021

At the National Cabinet meeting on 28 June 2021, the Prime Minister and all state and territory first ministers [agreed](#) to mandate that at least the first dose of a COVID-19 vaccine be administered by mid-September 2021 for all residential aged care workers.

National Cabinet agreed this would be mandated for residential aged care workers as a condition of working in an aged care facility through shared state, territory and Commonwealth authorities and compliance measures.

The Australian Health Protection Principal Committee (AHPPC) has considered the key parameters for implementing the National Cabinet decision, agreeing national consistency across jurisdictions with minimal complexity is optimal.

It is at the discretion of States and Territories to determine the scope of RACF workforce and exemptions within their jurisdictions to give effect to the National Cabinet decision. As much as possible, these directions will be aligned to ensure consistency across state borders.

States and territories are finalising public health orders, or alternative state-based mechanisms, and are encouraged to share these drafts with the sector. We expect these directions to be finalised in the coming weeks and released ahead of the implementation of mandatory vaccination from mid-September.

There are a range of mechanisms available to support residential aged care workers access a vaccine. All residential aged care workers, irrespective of their age, are eligible to receive the Pfizer vaccine.

- All primary care clinics are expected to make a vaccination appointment for residential aged care workers within 7 days of a request.
- Primary Health Networks are working with Commonwealth vaccine service administrators and primary care to plan and deliver specific vaccine clinics for residential aged care workers, either through in-reach at a facility or through dedicated hubs.
- Residential aged care workers can continue to access state and territory vaccination channels. Use the eligibility checker to check the availability of local appointments.
- Additionally, casual workers that need to go offsite to get their vaccine, are entitled to financial support.

Workforce scope

AHPPC has endorsed the scope of the workforce to establish mandatory COVID-19 vaccination requirements for the following residential aged care workers:

- Full time, part-time and casual staff employed or engaged on behalf of the residential aged care facility (RACF) (such as agency staff working onsite) including:
 - Direct care workforce (nurses; personal care workers; allied health professionals, and allied health assistants)
 - Administration staff (reception; management; administration)
 - Ancillary staff (food preparation; cleaning; laundry; garden; maintenance)
 - Lifestyle / social care (music/art therapy); Transport drivers collecting residents from RACFs for outings
- Volunteers engaged by the RACF
- Students on placement; and
- Medical practitioners who attend and provide care to residents.

Further detail is in Table 1 below.

This delivers on the National Cabinet's intent of mandating vaccination in residential aged care for workers considered most at risk, namely those that are within the control of the aged care provider. This also aligns with mandatory reporting requirements currently in place.

Outside of this core workforce, the risk of transmission remains in instances where other workers are coming into close contact with residents or other staff. This includes allied health professionals, hairdressers, pastoral care workers and other in-reach contractors, volunteers, and visitors. **Vaccination is strongly encouraged for anyone entering a RACF, particularly these groups.**

The [Industry Code for Visiting Residential Aged Care Homes during COVID-19](#) is also being updated to include consideration of vaccination against COVID-19.

Exemptions

It is expected there will be a limited number of circumstances in which an exemption will be granted. This will be a matter for individual states and territories, including determining the process for applying for and approving exemptions based on the relevant processes and decision-making bodies in each jurisdiction. Further information will be provided as these are developed.

Vaccination is strongly encouraged for all aged care workers ahead of the introduction of mandatory vaccination in mid-September. It is unlikely exemptions on religious, political or personal grounds will be granted.

1. Medical exemptions will be in line with the Australian Technical Advisory Group on Immunisation ([ATAGI clinical guidance on COVID-19 vaccine in Australia in 2021](#)).
 - Medical practitioners can [notify the Australian Immunisation Register \(AIR\)](#) of an individual who has a vaccine exemption due to medical contraindications or natural immunity which will be displayed on an individual's [Immunisation History Statement](#) (IHS).

- This includes permanent vaccine exemption or temporary vaccine exemption until a specified date due to acute major illness, significant immunocompromise of short duration and pregnancy.

2. Temporary exemptions

- In a very narrow set of circumstances, a temporary exemption may apply if an aged care worker can demonstrate every effort to access a vaccination by mid-September 2021 but is unable to due to supply or access limitations. Additional evidence to support this exemption may be required.
 - In these cases, the Commonwealth should be made aware of the application of these exemptions and will utilise existing channels to ensure vaccination as quickly as possible. Once this occurs, the exemption should be revoked.
 - In some cases, a temporary exemption may apply to a region where supply of a COVID-19 vaccine was delayed or incomplete.
- In limited circumstances, the lack of availability of a visiting vaccinated specialist may be considered a reasonable exemption where the absence of a specialist may compromise clinical care (e.g. in rural settings where an unvaccinated visiting specialist is needed).
- A further exemption may apply where compliance with the mandatory vaccination requirement will undermine the quality of care available to residents – for example, high rates of community transmission has exposed multiple RACFs with high numbers of staff furloughed requiring immediate deployments of workforce to provide care.

3. Pregnancy

- Pregnant women are encouraged to discuss vaccination and timing with their health professional. On 9 June 2021, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and ATAGI released a [joint statement](#) recommending that pregnant women are routinely offered the Pfizer vaccine at any stage of pregnancy due to the risk of severe outcomes from COVID-19 is significantly higher for pregnant women and their unborn baby.
- Women who are breastfeeding or who are planning pregnancy are also recommended to receive Pfizer; those who are trying to become pregnant do not need to delay vaccination or avoid becoming pregnant after vaccination.
- As such, pregnancy can be handled in the same way as other medical exemptions where a medical practitioner can notify the AIR.

Table 1: Workforce scope for mandatory COVID-19 vaccination requirements

Scope	Primary focus of public health orders (or alternative mechanism)	Outside scope of public health orders (or alternative mechanism)
Workforce	<p>Aged Care Provider workforce: Full time, part-time & casual staff employed or engaged on behalf of the RACF (such as agency staff working onsite) including:</p> <ul style="list-style-type: none"> ○ Direct care workforce (nurses; personal care workers; allied health professionals, and allied health assistants) ○ Administration staff (reception; management; administration) ○ Ancillary staff (food preparation; cleaning; laundry; garden; maintenance) ○ Lifestyle / social care (music/art therapy); Transport drivers collecting residents from RACFs for outings ○ Volunteers engaged by the RACF¹ ○ Students <p>In-reach services workforce: Visiting medical practitioners (General Practitioners and consulting specialists)</p>	<p>In-reach services workforce: pharmacists and allied health professionals requested by the care recipient (but not engaged by the RACF)</p>
		<p>Regular in-reach/ contractors:</p> <ul style="list-style-type: none"> • AN-ACC / ACAT / RAS assessors • Aged Care Quality and Safety Commission field staff • Aged Care Advocates delivering the National Aged Care Advocacy Program (Older Persons Advocacy Network Members) • Trades people • Delivery drivers • Hairdressers • Regular Pastoral care workers/clergy
Volunteers / Visitors		<ul style="list-style-type: none"> • Community Visitors Scheme² • Partners-in-Care³

¹ Supports RACF staff, e.g. assistance with feeding, reading, administration

² Visits to older people to provide friendship and companionship

³ Recognises an existing relationship and establishes an agreement between the resident, a partner in care, and the residential aged care service.

Scope	Primary focus of public health orders (or alternative mechanism)	Outside scope of public health orders (or alternative mechanism)
		<ul style="list-style-type: none"> • Volunteers engaged outside of RACF⁴ • Family and friends <p>Irregular in-reach/contractors:</p> <ul style="list-style-type: none"> • Librarians • Solicitors • Resident’s personal Minister/clergy/pastoral care workers • One-off irregular trade delivery (e.g. Florist / Australia Post) • Trade Union officials
<p>Flexible care types</p>	<ul style="list-style-type: none"> • Transition Care Programme (TCP) –limited to staff working in RACFs • Short-Term Restorative Care Programme (STRC) – limited to staff working in RACFs • Multi-Purpose Services (MPS) – limited to staff working in MPS Programs • National Aboriginal and Torres Strait Islander Flexible Aged Care Program • Respite care 	<ul style="list-style-type: none"> • TCP staff providing care in a person’s home or the community • STRC staff providing care in a person’s home • Innovative Care Programme staff

⁴ For example: home care providers; schools; Playgroup Associations. Some of this cohort will be under 18 and may not have had access to a COVID-19 vaccine, noting COVID-19 vaccines are not currently registered or recommended for use in children aged under 16 years.