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COVID-19 Surge Workforce Program for Residential Aged Care Homes 2020-2025: What we have learned

ACIPC Conference 2025

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Clinical Lead & Current Ambassador of Aspen Medical

Acknowledgement of Country

I begin today by acknowledging the Traditional Custodians of the land on which we meet today, and pay my respects to their Elders, past and present. I extend that respect to Aboriginal and Torres Strait Islander peoples here today.

The artwork is called 'Wurinyan', meaning 'coming together in love' by Daisy Hill – a young Muruwari Artist.



Outline

2020-2025

1. Background & Project Justification
2. Core functions of the Clinical First Responder (CFR) team
3. Resources and tools
4. Achievements
5. Addressing sector-wide challenges
6. Lessons learned
7. Recommendations



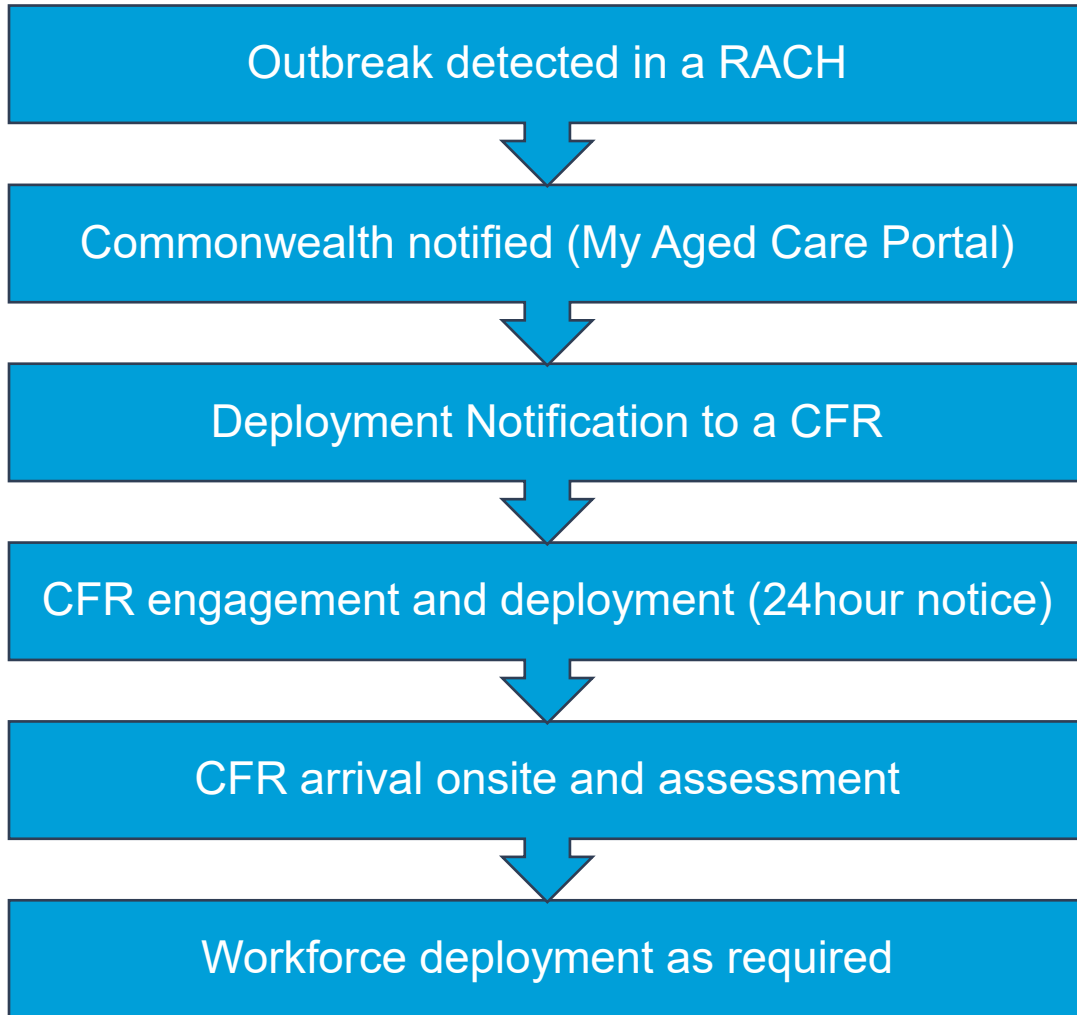
Background & Project Justification

- COVID-19 Global Pandemic: Exposed IPC gaps in Residential Aged Care Homes (RACH)
 - Leadership/ Governance
 - Workforce & clarity of roles
 - System support
 - Escalating outbreaks
- Partnership with the Department of Health, Commonwealth of Australia (2020), to deploy National Surge Workforce and Clinical First Responder teams.
- The overall governance was bound to the relevant state and federal legislation.
- IPC guidance followed the relevant state advice to enable consistency for each home.

- Objectives were:
 - Strengthen Infection Prevention and Control (IPC) capability across RACH to uplift National IPC standards and readiness by delivering on-site practical outbreak management support.
 - Build a scalable and sustainable Surge Workforce model to deploy rapid, consistent and expert support across the nation.
 - Empower leadership and drive long-term IPC culture change through mentoring, education and evidence-based tools that promote accountability, role clarity and resilience.

Core function of CFR team

Activation - Deployment process



Rapid IPC and Outbreak Assessment

Evaluated outbreak preparedness and operational resilience. Rapid Assessment Tool to identify vulnerabilities and prioritised corrective actions.



On-Site Outbreak Response

Deployed during outbreaks to stabilise operations and provide practical IPC leadership. Supported containment measures and PPE protocols. Aligned responses with national guidelines.



Targeted Education and Mentoring

Delivered hands-on IPC training for care staff and leadership. Facilitated on-site live learning and real-time coaching. Promoted a train-the-trainer approach.



Strengthening IPC Leadership

Worked with management to clarify IPC roles and improve command structures. Supported in implement/ improving contingency plans. Encouraged leadership engagement through reviews.



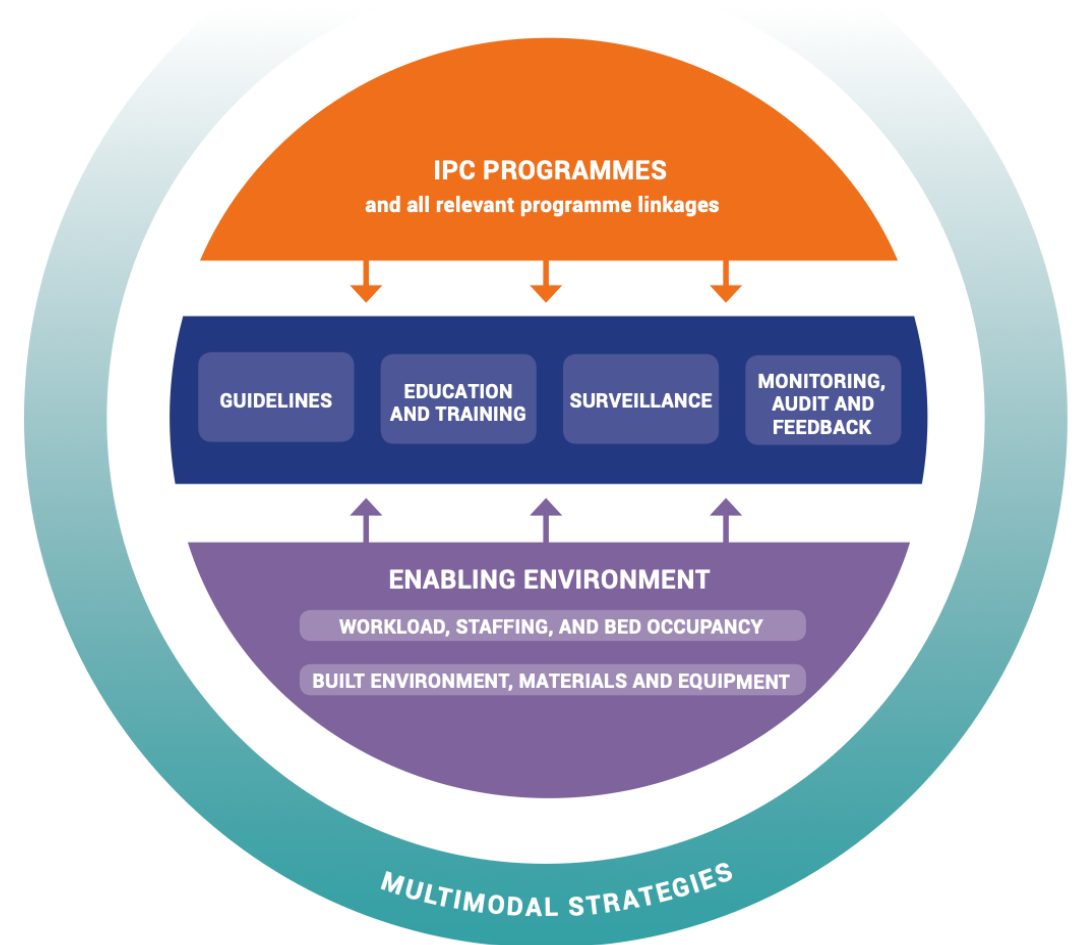
Data Collection and Reporting

Collected and analysed data across facilities. Contributed to a national dataset and reports.

Resources and tools

Resources we used as a National Surge Workforce and CFR

- Communicable Disease Network Australia (CDNA): National Guideline for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection in Residential Aged Care Homes
- State guidelines: E.g. COVID-19 Outbreak Management: Preparing and responding – Guidance for Residential Aged Care Facilities in Queensland (QLD)
- Department of Health, Disability and Ageing (DoHDA): COVID-19 outbreaks in Australian residential aged care homes (Weekly report)
- Frequently updated guidelines
- International updates
- World Health Organisation (WHO) Core Components of IPC Programs



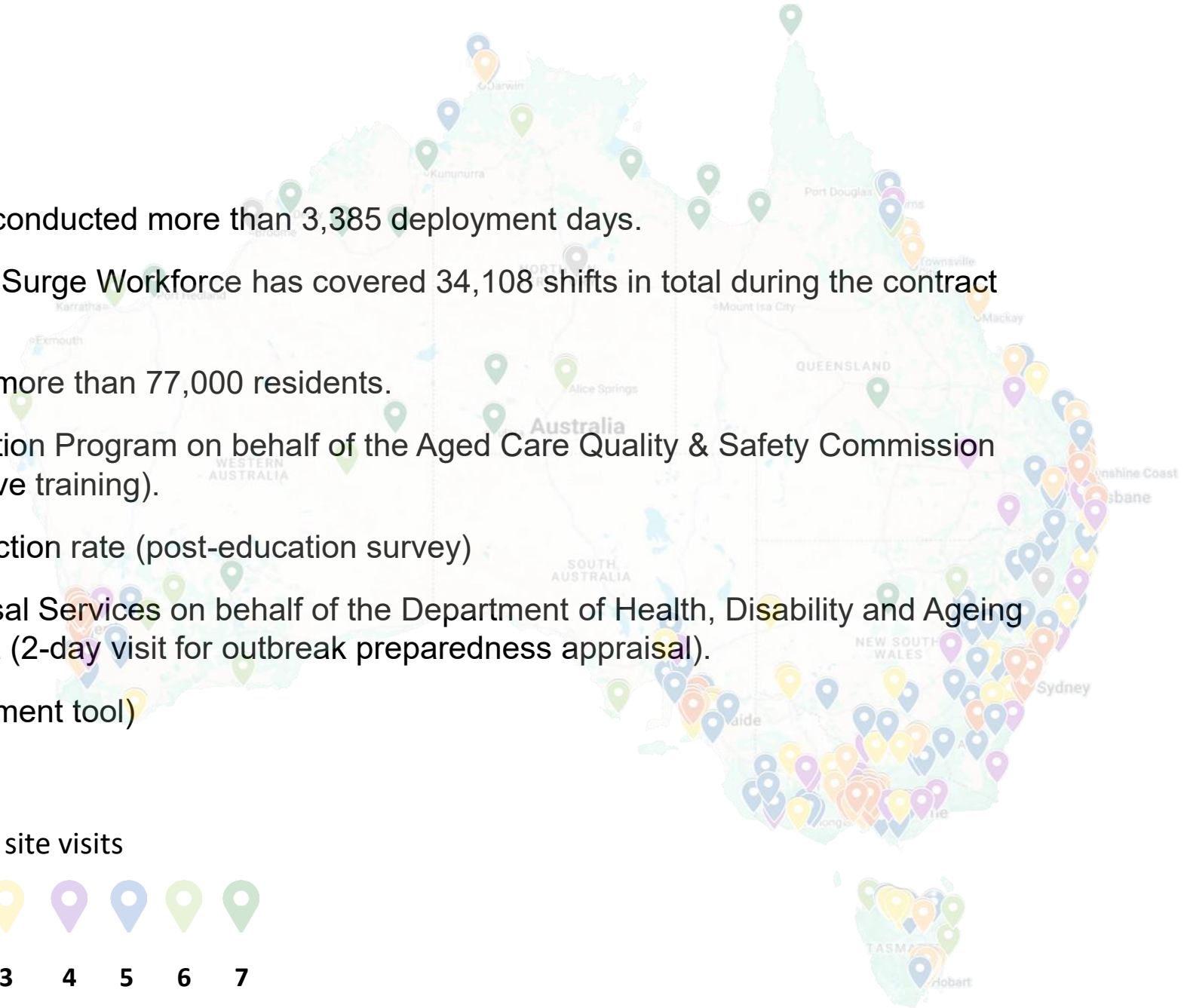
Visual representation of the WHO core components of IPC programs

Achievements

What we were able to accomplish: In numbers

- We managed over 790 outbreaks and conducted more than 3,385 deployment days.
- As of 29 October 2025, Aspen Medical Surge Workforce has covered 34,108 shifts in total during the contract period.
- We supported over 1,000 RACHs and more than 77,000 residents.
- We provided the IPC In-Service Education Program on behalf of the Aged Care Quality & Safety Commission (ACQSC) at 52 facilities (5 days of active training).
 - 4,304 participants with a 97% satisfaction rate (post-education survey)
- We provided 240 IPC In-Reach Appraisal Services on behalf of the Department of Health, Disability and Ageing (DoHDA), Commonwealth Government (2-day visit for outbreak preparedness appraisal).
 - 29,045 data points collected (assessment tool)

Number of site visits



“

“Thank you so much for your efforts this week. I have received so much positive feedback from staff on these sessions and how fantastically it was delivered. I really appreciate your time.” –

Tara (McKenzie Aged Care)

“Thank you so much for your input and the education sessions.” –

Suja (Vermont Aged Care)

“We appreciate the time you spent with us and I received positive feedback from staff that attended your sessions.” – Cal (Alino Living)

“Thank you so much for your support, Jason and on behalf of Sawtell Catholic Care I thank Aspen Aged Health Care in general and you in particular for your support from 23rd to 27th October, 2023.” – Peter (Sawtell Catholic Care)

“Many thanks for all you did to assist us in the IPC World!” – Lisa (Adventist Retirement Plus)

“Thank you for providing education sessions to our staff and providing support to us.” – Shalu (Embracia Moonee Valley)

“Thank you for your visit. The staff are talking about the education which is encouraging.” – Gail (Tully Nursing Home)

Addressing Sector-Wide Challenges

1. Limited IPC Leadership Capacity and Role Clarity

- Our survey data showed approx. 71% of the RACHs gave their IPC Lead less than 10 hours/ fortnight to perform the IPC role (approx. 6% were given a full-time dedicated role).

2. Variability in Organisational Preparedness and Resources

- IPC preparedness appraisal also showed 23% of comprehensiveness in the RACHs' overall OMP.
- Preparedness measure was marked as 19% of comprehensiveness with updating/ aligning guidelines, removal of outdated information, and local guidelines rather than corporate guidelines that do not reflect the local environment or procedures.

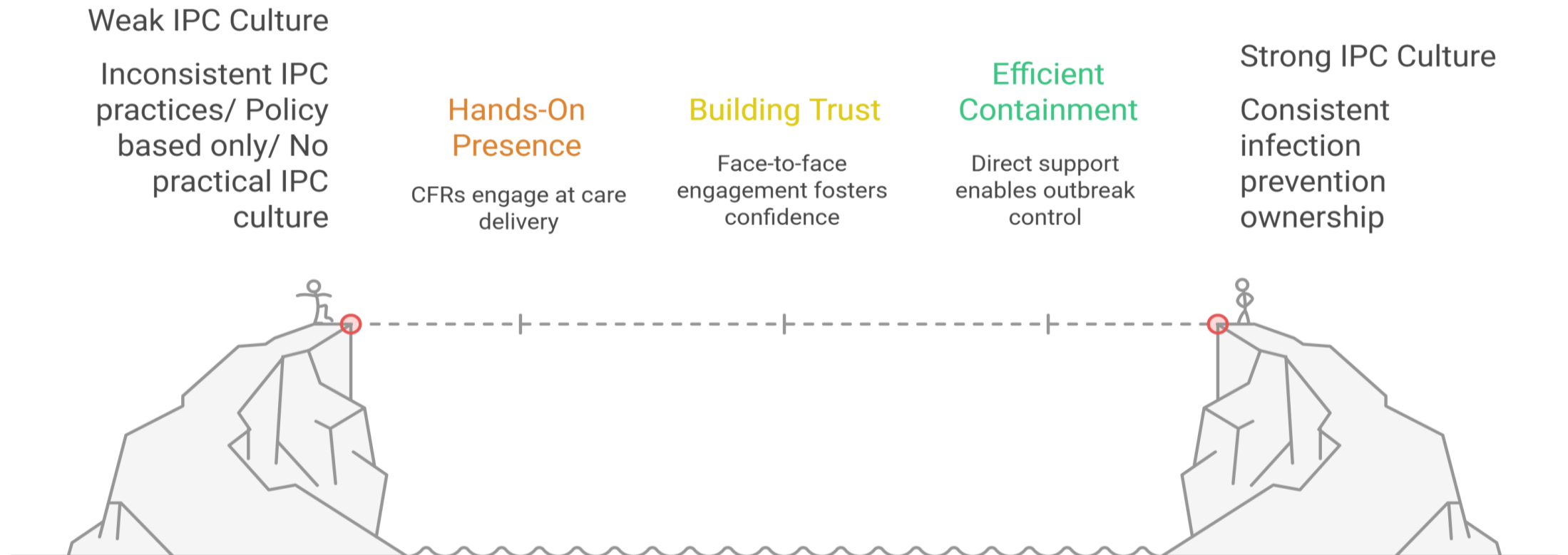
3. Contingency Beyond the Agency

- The workforce contingency plan is a challenging topic throughout the industry
- High staff turnover
- Agency limitation

Lessons learnt

What we have learnt from this

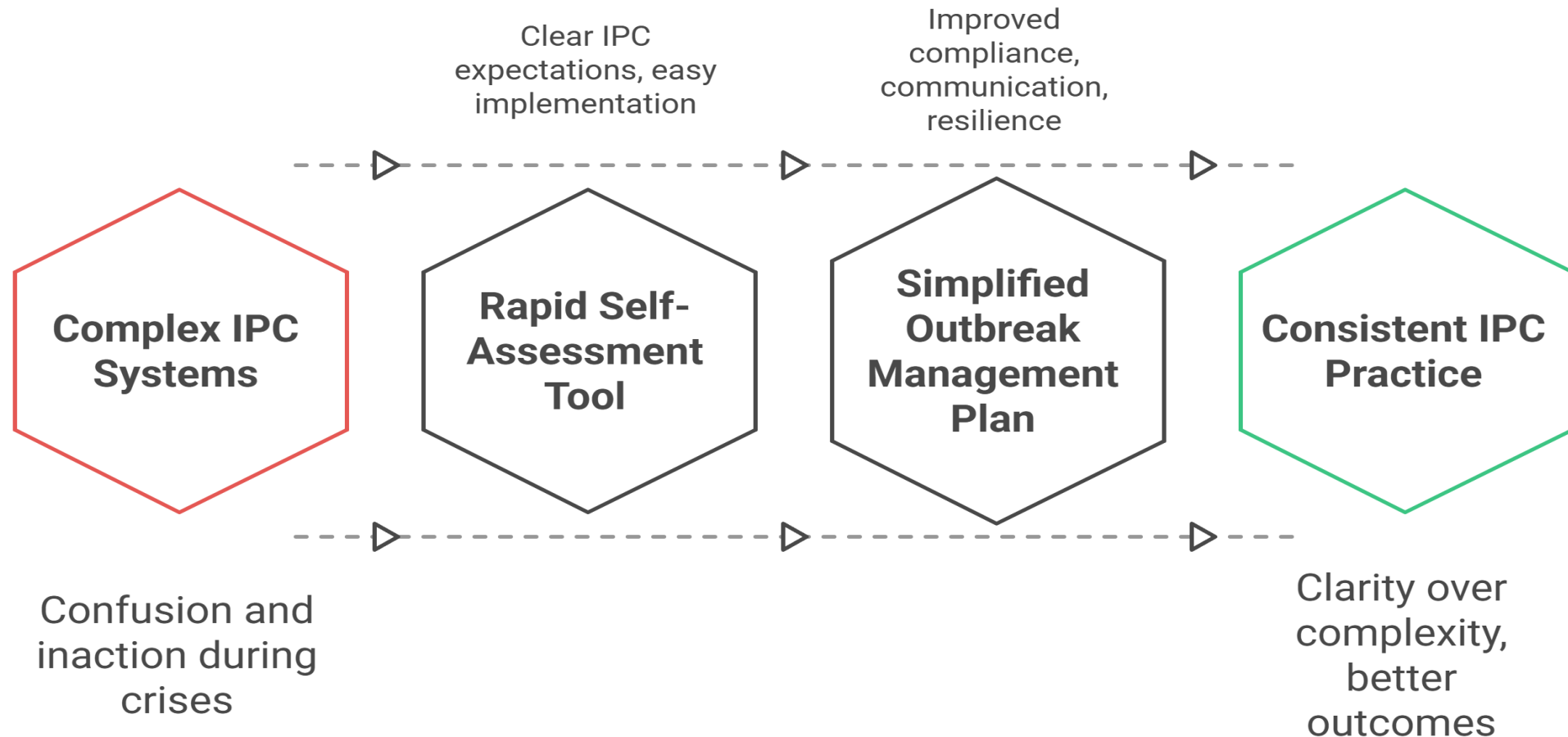
1. Hands-On, On-Site Presence Drives Real IPC Culture Change



Lessons learnt

What we have learnt from this

2. Simplified, Practical Tools Lead to Consistent IPC Practice



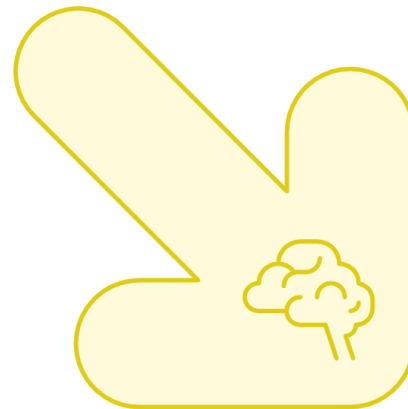
Lessons learnt

What we have learnt from this

3. Collaboration and Evidence Drive Sustainable IPC Programs

Evidence-based Learning

Learning based on evidence to foster long-term resilience



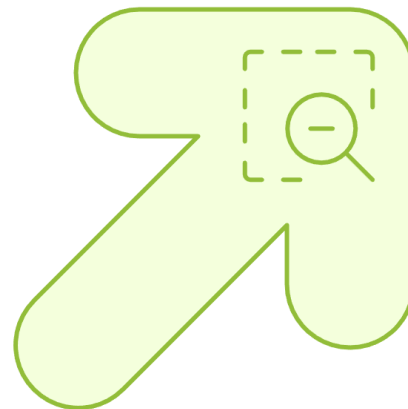
Cross-sector Collaboration

Collaboration across different sectors to build consistency and trust



Continuous Research

Ongoing research to inform best practices and national standards



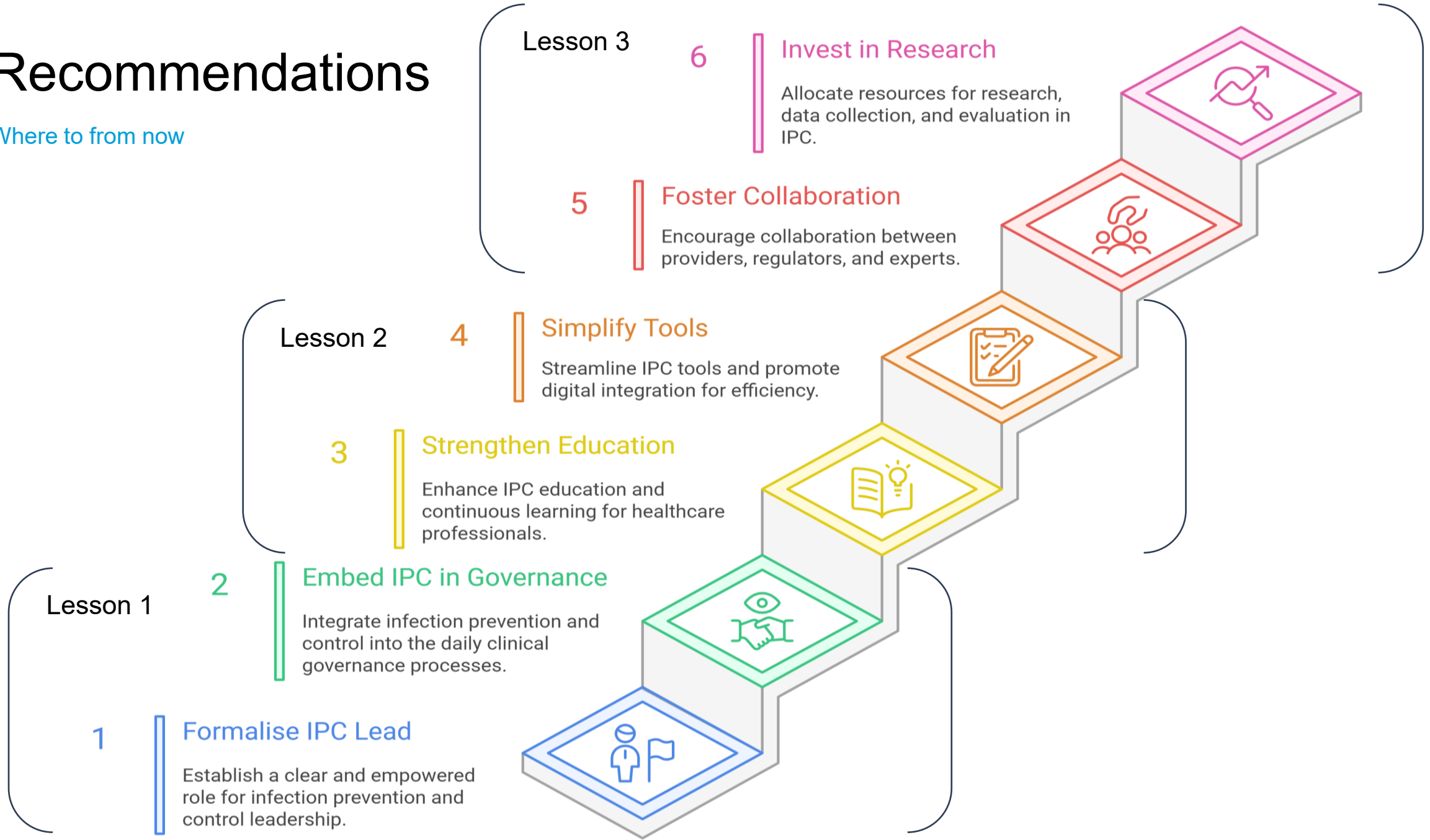
Shared Data

Sharing data and transparent reporting to strengthen decision-making



Recommendations

Where to from now



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Questions?

Thank you to the stakeholders we engaged along this incredible 6-year journey for the partnership.

Certified



Corporation

wherever you need us

Reference

1. World Health Organisation (WHO) [Internet]. Geneva (CH): Minimum Requirements for Infection Prevention and Control Programs; [updated 2019; cited 2025 Oct 11]. Available from: <https://www.who.int/publications/i/item/9789241516945>.
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