INDUSTRY CODE FOR VISITING RESIDENTIAL AGED CARE HOMES DURING COVID-19

UPDATED 3 JULY 2020

OBJECTIVE

The objective of the Code is to provide an agreed industry approach to ensure aged care *residents* are provided the opportunity to receive *visitors* during the COVID-19 pandemic, while minimising the risk of its introduction to, or spread within, a residential care home.

PRINCIPLES

1. Providers will continue to facilitate visits between *residents* and *visitors* consistent with the Charter of Aged Care Rights and *State or Territory Emergency and Health Directives*. *Visitors* include a *resident's* family, families of choice and friends. It is also important while some facilities are not permitting general volunteers to return to their duties, that residents maintain access to the Community Visitors Scheme. Accordingly, the code has been updated to recognise CVS as a type of visitor.
2. Visits may occur in a variety of ways (such as in a resident's room, outside in a courtyard or a designated visiting area) and may be supplemented with *additional ways to connect* a *resident* and their *visitors* (such as utilising technology, window contacts or balconies). Where *additional ways to connect* (such as a window contact) are not effective for the *resident* (e.g. people living with dementia or sensory loss) the home will explore alternate approaches. The range of visits and additional ways to connect made available will be negotiated between *residents* their *visitors* and staff of the homes.
3. Homes are required to limit the overall number of people in a facility to meet social distancing and hygiene requirements. If there is a suspected or actual local cluster of COVID-19 in surrounding suburbs or a suspected/known case of COVID-19 within a home, the home may be required to temporarily increase restrictions on *visitors.* These may include restricting the overall number of visitors, reverting to shorter visits, only offering additional ways to contact or where required temporarily exclude visitors entirely. Such measures may be required to minimise the risk of the introduction of COVID-19 into a residential care home. In such circumstances the facility may preference visits for circumstances covered by Principle 7 of the Code.
4. Wishes and preferences of *residents* will be at the centre of all decision making in relation to who visits them, and their choices will be sought and respected, unless the visitor is prohibited under state/territory directives. Visits between *residents* and their *visitors* are to occur in a manner consistent with infection prevention and control guidelines including provisions relating to the use of designated areas for visits and the use of social distancing practices.
5. Existing legislation and regulation continue to apply during COVID-19 including the Aged Care Act and its related Principles, the Aged Care Quality Standards, the Carers Recognition Act 2010 and Charter of Aged Care Rights. Providers will continue to ensure person centred approaches to care including that approaches to the use of restraints are used in accordance with the *Quality Care Principles*. The Code recognises that aged care homes must comply with the requirements of the *State or Territory Emergency and Health Directives* which takes precedence over the Code. Included within these *Directives* is a legal requirement that all *visitors* must provide proof of immunisation for the 2020

influenza season, unless they provide evidence of a medical exemption from their treating medical practitioner.

6. No *visitor* should attend an aged care home if they are unwell or displaying any cold/flu, respiratory or COVID-19 related symptoms (see here for COVID-19 symptoms) or if they have recently travelled from a designated hotspot town/suburb (as determined by States or Territories Health authorities). *Visitors* must comply with the home's infection prevention and control measures. At a minimum, the entry requirements include being required to respond honestly to screening questions about COVID-19 risk factors, demonstrate an up to date flu vaccination; and complying with visitor requirements which include mandatory hand hygiene, being temperature checked upon arrival, wearing Personal Protective Equipment (PPE) if required, attending to social distancing and hygiene requirements and remaining in a *resident's* room or designated visiting areas.
7. There are certain circumstances which may require additional consideration for the following "social supports" circumstances:
    a. *Residents* who are dying should be allowed *in-room visits* from loved ones on a regular basis. The number of *visitors*, length, frequency, and nature of the visits should reflect what is needed for the person to die with dignity and comfort, taking into account their physical, emotional, social and spiritual support needs. Erring on the side of compassion is important, given the difficulty in predicting when a person is going to die.
    b. *Residents* who have a clearly established and regular pattern of involvement from *visitors* contributing to their care and support (this could be daily or a number of times per week and, for example assisting a *resident* with their meals or with essential behaviour support such as for people living with dementia) must continue to have these visits facilitated.
    c. *Visits* from family, families of choice and friends who travel extensive distances to visit the *resident*. A prior agreement between the *visitor* and the home will be required to determine if an extended-duration visit is able to be accommodated.
    d. *Residents* with a clear mental health issue- Provision of support to maintain the mental wellbeing of the older person, where a serious mental illness is known or emerging and where the maintenance of social and family connection may contribute to relieving social and emotional distress for the resident.
8. V*isitors* may be subject to procedures such as booking systems and screening procedures. A flexible and compassionate approach to visiting times should be utilised. *Residents*, *visitors* and the home will work together to identify suitable visiting times and frequency, taking into account the constraints facing all parties, including those *visitors* who have work related restrictions.
9. *Residents* have the right to continue to receive letters, parcels including gifts, non-perishable food and communication devices to the home. Perishable foods delivered are to meet food handling/safety guidelines. Delivery of these parcels may be subject to the home's appropriate infection prevention and control measures, proportionately applied based on the current prevalence of COVID-19 in the suburbs and towns surrounding a particular aged care home. The home may require these deliveries to be made known to the home's staff so that infection prevention and control measures can be applied prior to delivery to the resident. This right continues when potential, suspected or confirmed cases of COVID-19 occur within a home, noting the requirement for screening and adjustment in delivery mechanisms.
10. Regular and responsive communication between families and the home will increase in circumstances where there are increased visitor restrictions. If increased visitor restrictions are required, they should be implemented in a transparent manner with open and clear communication to *residents* and relevant

family members. During such periods the home will provide alternate communication approaches, including assistance to use these, to assist *residents* to remain in touch with their loved ones.

11. In the absence of an active outbreak, *residents* can continue to use public spaces within the home, including outdoor spaces using social distancing measures as required by COVID guidelines and within the constraints imposed by the layout of each home.
12. *Residents* right to access medical and related services (e.g. repair of hearing aids or glasses, urgent dental care, mental health support) will be maintained. Support to access medical and related services may include the use of technology such as telehealth where deemed medically appropriate and will support the right service to ensure the best health outcome for the resident. On return the resident will go through a screening process which should be proportionate to the level of risk. Self-isolation or quarantine should only occur if directed by a public health unit or upon recommendation from the discharging medical practitioner from the appointment.
13. External outings and small family visits are permitted for residents and visitors where these can be conducted in a safe manner. This means that there are appropriate infection prevention measures in place and an agreement by the resident and family to provide accurate information, and engage in risk mitigation procedures while on the outing/family visit and screening procedures on return. Providers will provide residents, family and representatives with information on their procedures and the impacts of non-compliance with those procedures prior to the visits/outing. It is reasonable for aged care providers to request residents, families and representatives to document their agreement and compliance with this procedure.
14. Providers will vary their own response proportionately to COVID-19 as local clusters occur in the surrounding suburbs of the home. However, responses by providers including *visits* should continue to be in line with this Code and the *State or Territory Emergency and Health Directives.* This includes adjusting practices in a proportionate way to the level of risk to the home based on amongst other things, the level of community transmission in the local area, any outbreaks that may occur in a facility with shared staff.

RIGHTS

Providers

- To mitigate risk of infection by refusing entry to their home to anyone, or requesting that a person leave the premises, for any justifiable reason consistent with this Code.
- To move into increased *visitor* restrictions when an outbreak (including non-COVID-19) occurs within the home, or local clusters in the surrounding suburbs and towns of the home occur or if there are other extraordinary circumstances that require it, and usage of such circumstances will be closely monitored.

Residents* and *Visitors

- *Residents* receive *visitors* and access aged care homes in accordance with the entry requirements.
- To receive timely and regular updates and information about what is happening in the Home, consistent across the whole resident population, and with increased frequency of communication local COVID-19 prevalence and transmission risk.
- To maintain contact with their local community outside the home, including to participate in religious and cultural gatherings via alternate means such as online or phone.
- To be provided with *additional ways to connect* such as window contacts, video conference or telephone calls in addition to a limited number of in-person visits.

- To deliver gifts, clothing, food and other items for the *resident*.
- To transfer to other accommodation or an alternate residential aged care home, following clarification of any public health directives, residents wishes and consideration of support needs.

RESPONSIBILITIES

Providers

- Appropriately support staff in order to facilitate visits including *in-room visits*, *in-person visits*, by a *resident's visitors*, including written processes and procedures.
- Ensure *additional ways to connect* such as video conference or telephone calls to compensate for limited visits.
- To ensure that the knowledge of, easy access to, and cooperation/collaboration with OPAN advocates or other formal advocates are provided and that the legal representatives of *residents* (including Power of Attorneys, Guardians and Health Attorneys) are heard, and their substituted decisions are upheld where able and lawful.
- Provide timely and regular updates to *residents* and their nominated representative/guardian/attorney including any relevant government directives. Proactive communication to occur to *residents* and families where an outbreak occurs, delivered consistently across the resident population.
- To ensure all staff are vaccinated under State/Territory Directives and Australian Government Guidelines.
- State/Territory health authorities have a responsibility to inform providers where there is a local cluster of COVID-19 near a home, and the home has a responsibility to follow State/Territory directions.

Residents* and *Visitors

- Not to visit when unwell or displaying any signs of a cold/flu, respiratory or COVID-19 symptoms.
- To respond truthfully to COVID-19 screening questions asked by the home's staff.
- To treat all staff with respect and courtesy, and to follow their instructions.
- Contact the home before visiting, to secure a mutually convenient time.
- To follow visiting requirements including providing evidence of up to date influenza vaccination, infection and prevention control measures such as washing hands, use of visiting windows, remaining in *residents*' rooms, or in designated areas and Social Distancing and Hygiene Requirements – as directed by the aged care staff.

CODE COMPLAINT PROCESS

Stage	Provider	*Residents* and *Visitors*
1. Initial request	• Wherever possible and appropriate meet the request and facilitate a visit at the next available opportunity. • If not possible explain the reason and the alternative approach you propose. • Have documented procedures for handling requests for visits. • Communicate any internal review/appeals processes if you cannot resolve conflict with the person requesting a visit. • Consider use of guidance from the Aged Care Quality and Safety Commission.	• Speak with home's manager and be specific about: – what you're asking for; and – why you're asking for it. • At all times the *resident* or their representative has the right to engage an aged care advocate of their choice to support the *resident's* request to see *visitors*. This may include their legal representative (e.g. Power of Attorney, Guardian) OPAN advocate or another nominated representative. • Use any or all complaints processes whether informal or formal for complaints and feedback or specifically regarding COVID-19.
2. Supported request	• If receiving a call from OPAN try to resolve the complaint raised. • If an aged care provider wants someone other than the home's manager to be contacted for escalated request – please inform local OPAN organisation. • If you believe the request from OPAN is unreasonable, or you are unable to deliver it, you can contact your peak body's member advice line to discuss. • If you need to lodge a complaint regarding the OPAN advocate this can be facilitated at https://opan.com.au/contact-us/.	• Call Older Persons Advocacy Network (OPAN) 1800 700 600 or visit https://opan.com.au to receive support and advice from a trained advocate. • OPAN will support you in speaking with the manager of the aged care home, or may with your permission contact the home to advocate on your behalf to be able to visit. • OPAN can also assist *residents* and representatives in making a complaint to the Aged Care Quality and Safety Commission.
3. Complaint to the Aged Care Quality and Safety Commission	• Work with the Commission to respond to the complainants concerns and provide any information requested to demonstrate how you have met your responsibilities.	• If you are not happy with the decision of the home (or at any time), you can make a complaint to the Aged Care Quality and Safety Commission by calling **1800 951 822 at any time** (free call) or by visiting https://www.agedcarequality.gov.au/making-complaint.

DEFINITIONS

Additional Ways to Connect – During periods of normal operations the following methods of connection may be provided as additional or alternatives to visits. While they should not be a primary method of visiting, during periods where an aged care home has enhanced restrictions in place, additional ways to connect may be used in place of visits::

- **Videoconference** service such as Skype, Zoom etc
- **Telephone calls**
- **Window contacts –** in addition to visits, contact with residents may be made via a window. During an outbreak of COVID-19 in the facility, or a local cluster in the surrounding suburbs or towns, window contacts may become a primary form of contact between residents and visitors for a period of time.

Designated Areas – A designated area is an area set aside by the home where visits between *residents* and *visitor/s* are to occur during the COVID pandemic. Designated areas are put in place to allow for safe interactions between *residents* and *visitors* that minimise the risk of infection and that allow for social distancing requirements. These areas will be particularly important for residents living in shared rooms, or where an individual resident indicates they do not wish to receive visitors in their room.

Local Cluster –AHPPC recommends that facilities return to a higher level of protection (such as restricting visiting service providers) if there are recent cases of COVID-19 acquired in the local vicinity of the facility. A guide would be that there are cases in the surrounding suburbs or town that have not been acquired overseas.

Resident – Is the care recipient under the Aged Care Act. The views and wishes of the older person (resident) about who visits, and how visits are conducted should be sought in the first instance. Where this is not possible, then the views of their substitute/supported decision maker (attorney) should be sought, noting that it is the substitute/supported decision maker's obligation to make the decision in line with the wishes and preferences of and in accordance with how the older person would have made them.

Short Visit –. In order to facilitate as many families and friends as possible to see a *resident*, booking systems and associated time restrictions may be in place. In practice where increased restrictions apply visits may be limited to 30 minutes. Generally, 30 minutes is the minimum time for short visits. For someone with dementia, or for the situations covered by Principle 7 of this Code, it is preferred that a minimum of 60 minute visits is retained.

State or Territory Emergency and Health Directives – The following State or Territory Emergency and Health Directives, relevant to aged care which are in force as at 3 July 2020 include:

- Australian Capital Territory
- New South Wales
- Northern Territory
- Queensland
- South Australia
- Tasmania
- Victoria
- Western Australia

These government *Directives* are legally binding on aged care providers and individuals. They require all *visitors* to provide proof of immunisation for the 2020 influenza season to be allowed entry.

Social Distancing and Hygiene Requirements – The general social distancing requirement is 1.5m between people, practice hand hygiene (i.e. wash their hands with soap or hand sanitiser for a minimum of 20 seconds frequently) and ensure appropriate cough etiquette (for example coughing or sneezing into your elbow not your hands). However, each state and territory specifies the number of square metres that determines the maximum number of people in the building at any one time (including residents, staff and

visitors) and which may be different based on building size. A sign at the front door of the home should clearly identify the maximum number of people that may be in the home at any one time.

Surrounding suburbs or town / local vicinity – The AHPPC advice identifies that "AHPPC recommends that facilities return to a higher level of protection (such as restricting visiting service providers) if there are recent cases of COVID-19 acquired in the local vicinity of the facility. A guide would be that there are cases in the surrounding suburbs or town that have not been acquired overseas.

Visitor/s – *Visitors* include any person a *resident* chooses to see including their family, family of choice, friends, religious or spiritual advisors, Community Visitors Scheme volunteers. It is not up to the aged care home or its staff to determine who is or is not eligible to be a *visitor*, including who is a "close family member" or a visitor to provide "social support". The presence of a Guardianship order, Power of Attorney or involvement of the Next of Kin does not automatically preclude other people from visiting, though may be informative when prioritising who to let visit when multiple people are requesting visits for the same *resident*.

However, medical and allied health staff, aged care advocates, legal representatives, or carers privately contracted by the *resident* or their family carers are not *visitors* for the purpose of this Code. They are considered workers under the various State Emergency and Health Directives which defines workers to include volunteers. Such workers will be required to comply with an aged care homes' practices including their infection prevention and control measures.

Visit/s – Visits may occur in a range of ways including in a *resident's* room, designated internal areas, gardens or other designated areas.   Priority for someone with dementia, or for the situations covered by Principle 7 of this Code may be given in regard to designated visiting areas. Where time limits of a visit need to be applied these should be no less than 60 minutes (except in the case of a short visit due to an outbreak which may be 30 minutes) and only necessary for *in-person visits* such as a designated visiting area that it shared between other residents. Visits will be conducted in accordance with Infection Prevention and Control measures, including *Social Distancing and Hygiene Requirements* (see CDNA, p10).

- **In-Room Visit** – Occur in the *resident'*s room and may require additional PPE to be worn. In-room visits may not be appropriate when living in shared rooms and in situations covered under Principle 7A of the Code alternative locations should be provided.
- **In-Person Visit** – Occurs in a dedicated area or outside, not behind a protection screen.

Where in-room or in-person visits cannot occur, *additional ways to connect* (including via a balcony, through a gate or behind a window) may be offered as an alternative to minimise the risk of COVID-19 spread.

Visiting Hours – Aged Care Homes may limit visits to specified hours. The hours available to visit should progressively return to their normal periods prior to COVID-19. An outbreak in the home, and/or local clusters of COVID-19 in the surrounding suburbs or towns may necessitate a return to shorter visiting hours. Providers must balance operational decisions taking into account their responsibilities to uphold the resident's rights in particular Right 7 and 8 within the Charter of Aged Care Rights.

BACKGROUND

We need to ensure that older Australians remain safe and are protected during the Coronavirus (COVID-19) pandemic. Low community transmissions as a result of Government policies, and the effective efforts of the aged care sector, have prevented widespread outbreaks in residential care homes.

This industry code will be adopted during the period of COVID-19, after which usual practices will return. During other infectious outbreaks only a small number of compassionate visits would be permitted, however it is recognised that COVID-19 will require a sustained period of action compared to the usual period for other infectious outbreaks.

As the local community surrounding an aged care home begins to progressively return to pre-COVID-19 activities, it is important that older Australians generally and residential aged care in particular, maintain caution over a sustained period of months. This means that while most of Australia may have a more relaxed approach to social interactions, some parts of Australia experiencing an outbreak in their local community may temporarily return to a higher level of restricted visitation policies. This means that we need to ensure visiting procedures supporting the rights of older people and can be sustained in a way that also maintains the protection of all *residents* of an aged care home over the longer term.

On 19 June 2020 the Australian Health Protection Principal Committee (AHPPC) provided updated advice regarding aged care homes, building on the initial advice by the Communicable Diseases Network Australia (CDNA) which outlines the management of risk of infection. The new advice:

- recommends “spouses or other close relatives or social supports” are not to be limited in the number of hours they spend with relatives;
- permits children under 16 once again visit aged care homes;
- maintains the requirement for all visitors to be vaccinated against influenza;
- maintains that all visitors should practice social distancing;
- requires staff to screen visitors, educate visitors about social distancing but not supervise visits
- recommends visits should occur in a *resident’s room*, outdoors or in a designated visiting area – but not in communal areas;
- limits visits to a maximum of two visitors at any one time per resident;
- permits residents to leave the aged care home for small family gatherings (noting a risk assessment of the proposed visit by the home will need to be conducted);
- recognises that in the event of an outbreak of COVID-19 in the home or local cluster in the community – restrictions on visitations may increase, visits may again be supervised, and external excursions may be suspended.

In addition, state and territory Directives with which aged care providers and visitors must comply were updated, including removing the 2-hour restriction on visitations.As at 3 July 2020 the Western Australia Directive of 23 March 2020 remains in place, including a 2-hour maximum time for care and support visits. Longer visits for other purposes (such as end of life care) are permitted under the current Western Australia directive.

Human rights recognise that all people living in an aged care home have the right to freedom of movement and association, including the right for *residents* to see their families. A human rights approach is fundamental to this Code but does not mean the rights of an individual prevail above all else. An individual’s rights must be exercised giving consideration to the welfare and wellbeing of others, or to put it yet another way, one individual’s rights should never override the rights of another person, they must be balanced with them. Services will continue a person-centred approach in their relationship with *residents*.

The approach and application of the Code will recognise cultural, language and spiritual diversity, cultural or environmental contexts and Aboriginal and Torres Strait Islander peoples and communities.

The Aged Care Quality Standards and the Charter of Aged Care Rights still apply throughout any pandemic (including being informed about care and services in a way they understand such as in their preferred language) and the Aged Care Quality and Safety Commission (ACQSC) has provided specific guidance resources for the aged care sector including about visitor access. Residential care homes, *residents* and *visitors* have successfully worked together to find the right balance between protecting *residents* from COVID-19 and providing them with vital social connections and support. It is important that this collaborative and mutually respectful approach is maintained into the future.

The appropriate place to address concerns under the Code starts with consultation between providers and *residents* and family members to address their concerns locally. This process may include support for the resident or family, or advocacy on their behalf by the Older Persons Advocacy Network (OPAN); and the provider may seek support from its peak body's member advice line where needed.

For clarity, any person can make a complaint to the Aged Care Quality and Safety Commission at any time and this Code does not change those arrangements.

REVIEW DATE

The Code was endorsed on Monday 11 May 2020, reviewed on 29 May 2020 and updated on 3 July 2020. It will continue to be monitored by the endorsing organisations, any one of whom may request a formal review be conducted if required.

THIS CODE WAS DEVELOPED AND ENDORSED BY:

Aged Care Provider Peak Organisations	Aged Care Consumer and Carer Peak Organisations
• Aged & Community Services Australia • Aged Care Guild • Anglicare Australia • Baptist Care Australia • Catholic Health Australia • Leading Age Services Australia • UnitingCare Australia	• Carers Australia • Council on the Ageing (COTA) Australia • Dementia Australia • Federation of Ethnic Communities Council of Australia • National Seniors Australia • Older Persons Advocacy Network (OPAN)

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