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

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.

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 wider community 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 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.

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 guidance resources for the aged care sector including specific guidance about visitations. Additional guidance regarding COVID-19 has been provided by the Australian Health Protection Principal Committee (AHPPC) building on the initial advice by the Communicable Diseases Network Australia (CDNA) which outlines the management of risk of infection including the restriction to the overall number of people in an aged care home.

Residential care homes, *residents* and *visitors* need to work together to find the right balance between protecting *residents* from COVID-19 and providing them with vital social connections and support. Many aged care providers are already compliant with the essence of this Code. They have been effective in communicating with *residents* and *visitors*; facilitating new and innovative practices that permit visitations; and increasing staff time to supplement care and support activities that previously were conducted by volunteers, families or friends of *residents*. However, a number of real cases and complaints have been made regarding some providers implementing rigid and inflexible procedures, above the advice provided by Government or the regulators, which do not facilitate compassionate exemptions. Similarly, there is

evidence some *visitors* have not complied with requested Entry Procedures. Given the vulnerability and frailty of *residents* and in some cases the potential for *residents* to naturally pass away during the prolonged pandemic period, it is understandable that families and friends are seeking the maximum safe period of visitation and homes are seeking to minimise the risk of COVID-19 being introduced.

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.

DEFINITIONS

Additional Ways to Connect –

- **Videoconference** service such as Skype, Zoom etc
- **Telephone calls**

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.

Longer Visit – Various State Emergency and Health Directives restrict visits to aged care to no longer than 2 hours during the COVID-19 period.

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 – Various State Emergency and Health Directives restrict visits to aged care to no longer than 2 hours during the COVID-19 period. In order to facilitate visits in a manner consistent with infection prevention and control measures many providers have set up dedicated visiting areas and increased cleaning activities following a visit. In order to facilitate as many families and friends as possible to see a *resident*, booking systems and associated time restrictions have been put in place. In many cases this means in practice that visit bookings are for 30 minutes, which should be the minimum time for visits.

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 11 May 2020 include:

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

Visitor/s – *Visitors* include any person a *resident* chooses to see including their family, family of choice, friends, religious or spiritual advisors. It is not up to the aged care home or its staff to determine who is or is not eligible to be a *visitor*. 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, Community Visitors Scheme volunteers, 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 (including volunteers) under the various State Emergency and Health Directives. 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. Visits may be up to 2 hours in duration and should be at least 30 minutes. Offering the maximum visiting time, or agreeing to longer periods, may be given priority for someone with dementia, or for the situations covered by Principle 7 of this Code. Visits will be conducted in accordance with Infection Prevention and Control measures, including Social Distancing (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, and the visit is meaningful for *residents* (e.g. people living with dementia or sensory loss), a **window visit** may need to be offered. Such visits may occur in a dedicated space behind a protective screen, via a balcony, through a gate or behind a window. *Additional ways to connect* may be offered as an alternative to minimise the risk of COVID-19 spread.

PRINCIPLES

1. Providers will continue to facilitate visits between *residents* and *visitors* consistent with the Charter of Aged Care Rights and state/territory COVID-19 related directives. *Visitors* include a *resident's* family, families of choice and friends.
2. Visits may occur in a variety of ways and may be supplemented with *additional ways to connect* a *resident* and their *visitors*, including utilising technology, window visits, courtyard, balconies. Where *window visits* or *additional ways to connect* 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 made available will be negotiated between *residents* their *visitors* and staff of the homes. *Residents* may choose to have visits in a variety of these forms allowing them greater opportunities to remain in contact with families and friends.
3. Homes may regulate the overall number of *visitors* in order to minimise the risk of the introduction of COVID-19 into a residential care home and may be required to replace *in-person visits* or *in-room visits* with *window visits* or *additional ways to connect* in response to any COVID-19 outbreak in the area in which the aged care home operates (except in circumstances covered by Principle 7A of the Code). Regular and responsive communication between families and the home will increase in circumstances where there are increased visitor restrictions.
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 may take 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). *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 requirements and remaining in a *resident's* room or designated visiting areas.

7. There are certain circumstances which may require longer *visits*. These situations are:

    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. The length, frequency, and nature of the visits should reflect what is needed for the person to be supported appropriately, may be an *in-room visit* / *in-person visit* and should be consistent with established practices and routines as evidenced, for example, through care planning and care documentation.

    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.

8. All other *visitors* may be only able to visit for a *shorter visit* and may be subject to additional procedures such as booking systems to manage total number of visits, and visits occurring only in designated areas and at agreed to times. 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 local community. 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. Where there is a suspected or actual outbreak of COVID-19, or a suspected/known case of COVID-19 within a home, increased visitor restrictions will be implemented which may include exclusion of *visitors*. This 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. Where a *resident* attends a medical or health service offsite reasonable, proportionate and a risk based-approach to infection prevention and control measures will be followed (e.g. wearing of PPE while offsite, screening on return, and assessment of level of likely interaction with possible suspected cases of COVID-19). The current prevalence of COVID-19 in the local community and COVID-19 cluster location are to be considered when determining proportionate infection prevention and control measures during and post attendance at an external medical or health service. Support to access medical and related services may include the use of technology such as telehealth, where deemed medically appropriate.
13. Providers will vary their own response to COVID-19 as risks change within their local community.

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 a declared outbreak / clusters have occurred within the home's local area 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 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*,

Residents* and *Visitors

- Not to visit when unwell or displaying any signs of a cold/flu, respiratory or COVID-19 symptoms.

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 COVID-19 outbreak near a home, and the home has a responsibility to follow State/Territory directions.

- 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 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.	• Call Older Persons Advocacy Network (OPAN) 1800 700 600 or visit

	• 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/.	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.

REVIEW DATE

The Code was endorsed on Monday 11 May 2020 and will be reviewed three weeks after its implementation to provide opportunity to adjust any implementation issues that may have arisen and to ensure it remains current. It will next be reviewed on Friday 29 May 2020.

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)