



MEDIA RELEASE

1 MAY 2020

Consultation on draft Aged Care Visitor Access Code

A Visitor Access Code to ensure a nationally consistent visitation policy to residential aged care homes during the COVID-19 crisis has today been released by aged care peaks and consumer advocacy organisations for consultation with the public. The Code aims to apply a compassionate and consistent visitor policy that continues to minimise the risk of COVID-19 while providing innovative on-site visiting solutions to maintain the mental health of residents.

The draft Code has been endorsed to be released for public consultation by consumer advocacy organisations Carers Australia, Council on the Ageing Australia, Dementia Australia, National Seniors Australia and the Older Persons Advocacy Network and aged care provider peak bodies Aged & Community Services Australia, Aged Care Guild, Anglicare Australia, Baptist Care Australia, Catholic Health Australia, Leading Age Services Australia, and UnitingCare Australia.

Consultations will take place next week with aged care residents, families, families of choice, friends, along with aged care providers and staff, closing at **3pm on Thursday 7 May**. It is envisaged the code will be finalised by Monday 11 May 2020.

The draft code is available here: www.cota.org.au/visitor-access-code/
or here: <http://agedservices.asn.au/>.

For consumers and carers wishing to comment on the draft code, please email cota@cota.org.au.

For aged care providers and other industry stakeholders, please email visitoraccesscode@agedservices.asn.au

<u>Aged sector provider peak organisations</u>	<u>Consumer and Carers peak organisations</u>
<ul style="list-style-type: none"> • Aged & Community Services Australia • Aged Care Guild • Anglicare Australia • Baptist Care Australia • Catholic Health Australia • Leading Age Services Australia • UnitingCare Australia 	<ul style="list-style-type: none"> • Carers Australia • Council on the Ageing (COTA) Australia • Dementia Australia • National Seniors Australia • Older Persons Advocacy Network

CONSULTATION DRAFT**Consultation:**

Views are sought on the attached consultation draft of the COVID-19 Residential Care Visitor Access Code. Consultation is **open until 3pm on Thursday 7 May 2020**.

Responses are invited via email to:

- Consumers and Carers are invited to email cota@cota.org.au.
- Aged Care Providers and other industry stakeholders are invited to email visitoraccesscode@agedservices.asn.au.

It is anticipated that the Code will be finalised by Monday 11 May 2020.

BACKGROUND TO THE COVID-19 RESIDENTIAL CARE VISITOR ACCESS CODE

Older Australians are amongst the safest and most protected in the world during the Coronavirus (COVID-19) pandemic. The comparatively low death rates since the pandemic started in Australia are a direct link to the Government's overall policies that have contained and now reduced the spread of COVID-19 within the community and the effective efforts of the community and aged care sector in preventing it from taking hold in residential care facilities. However, as we move towards a likely long tail in the pandemic for aged care, we need to ensure procedures which support the rights of, and protections for, older people can be sustained over the longer term.

The [Aged Care Quality Standards](#) and the [Charter of Aged Care Rights](#) still apply throughout any pandemic 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).

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 from loved ones. Many aged care providers are already compliant with the essence of this Code. They have been effective in communicating with residents and their families, families of choice or friends; 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. 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. 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.

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 mediation, 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.

COVID-19 RESIDENTIAL CARE VISITOR ACCESS CODE

OBJECTIVE

The objective of the Code is to facilitate safe and regular communication between residents and their family, family of choice or friends during the COVID-19 pandemic, while minimising the risk of its introduction to a residential care home.

PRINCIPLES

1. Providers must actively facilitate connections between residents and family, families of choice and friends, consistent with the Charter of Aged Care Rights. Each facility will create their own solution for onsite visiting which may be through using a dedicated room, the resident's room, a visiting window or other solution.
2. The [Aged Care Quality Standards](#) and [Charter of Aged Care Rights](#) always apply.
3. All visitors must not visit aged care facilities if they have any cold/flu or other COVID-19 symptoms. Visitors must comply with infection control processes. 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 may include hand hygiene, having their temperature checked upon arrival, wearing Personal Protective Equipment if required and remaining in a resident's room or designated area.
4. There are two types of visitation situations that usually require in the room visits (or dedicated areas), may be for a longer period of time, may require additional infection control training, and the use of Personal Protective Equipment and other such measures as are necessary to adhere to the facility's infection control procedures. These situations are:
 - a. Residents who are dying and in their final weeks should be allowed in-person visits from a small number of 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 individual circumstances, including COVID-19 risks. Erring on the side of compassion is important, given the difficulty in predicting when a person is going to die.
 - b. Visitors who have a clearly established pattern of involvement in providing a resident's care and support (this could be daily or a number of times per week) must also be facilitated (e.g. assisting a resident with their meals; or with essential behaviour management). The length, frequency, and nature of the visits should reflect what is needed for the person to be cared for appropriately and consistent with established practices and routines.
5. All other visitors may be required to remain only for 'short' periods, may be subject to additional procedures such as booking systems to manage total number of visits, restricted to visiting using windows, balconies, gates or gardens. A flexible and compassionate approach to visiting times should be enacted to allow for visitations by people at different times, including those who work.
6. Families and friends can deliver letters / parcels / gifts / food /communication devices to facilities. Where the facilities are in lock down due to an active infection outbreak in the facility will accept the delivery on behalf of the resident.
7. Where there is an outbreak of COVID-19 onsite full lockdown will occur, as occurs for all other infectious diseases' outbreaks, with continuing attention to all residents' overall needs. This should be implemented in a transparent and well communicated way, with an indication of likely timeframe and when the lock down will next be reviewed. Where there is an outbreak or infection residents may need

to be confined to their rooms but must still be offered activities and exercise contributing to quality of life.

8. Residents can continue to use public spaces within the facility, including outdoor spaces, if there is no outbreak. However, the provider may be required to implement social distancing measures such as restricting the number of people in a common area at a given point in time.
9. Providers will continue to ensure person centred approaches to care ensuring chemical restraint is used only as a last resort in accordance with the [Quality Care Principles](#).
10. Access of residents to external medical and related services (e.g. repair of hearing aids or glasses) must be maintained on a safe but prompt basis, with use of telehealth options as appropriate and where possible. This may also require wearing of PPE in certain circumstances.
11. Regular electronic communication must also be facilitated, while recognising that many residents will not be able to utilise this for a variety of reasons and conditions. In addition, facilities must have a means of regular and responsive communication with families.
12. 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 facility to anyone, for any justifiable reason consistent with this Code.
- To move into full lockdown when an outbreak has occurred within their facility, or a declared outbreak has occurred within its local area or if there are other extraordinary circumstances that require it.

Residents, Families and Friends

- To visit residents, while complying with the entry requirements as above.
- To be provided with regular updates and information about what is happening in the facility.
- To be provided with additional contact methods such as video conference or telephone calls to supplement any in person visitations.
- To deliver gifts, clothing, food and other items for the resident.

RESPONSIBILITIES

Providers

- Appropriately support staff in order to facilitate, in person visits, by a resident's family, family of choice or friends.
- Increase utility of digital or other communication mechanism to compensate for short visit durations.
- To ensure that the legal representatives of residents (including Power of Attorneys, Guardians and Health Attorneys) are heard, and their substituted decisions are upheld.
- To ensure all staff are vaccinated under current requirements.

Residents, Families and Friends

- Not to visit when displaying even the mildest symptoms and to always be truthful about their health and contact circumstances when interviewed.
- To treat all staff with respect and courtesy, following their instructions.
- Contact the facility before attending for a visit, to secure a mutually convenient time.
- To follow visiting requirements including providing evidence of up to date influenza vaccination, infection control procedures such as washing hands, use of visiting windows, remaining in residents' rooms – as directed by the aged care staff.

CODE COMPLAINT PROCESS

Stage	Provider	Residents, Families and Friends
1. Initial request	<ul style="list-style-type: none"> • Wherever possible meet the request and facilitate a visit. • If not possible explain the reason and the alternative approach you are proposing. • Have documented procedures for handling requests and communicate any internal review/appeals processes to the person requesting a visit you cannot resolve. • Consider use of guidance from ACQSC. 	<ul style="list-style-type: none"> • Speak with facility manager and be specific about: <ul style="list-style-type: none"> ○ What you're asking for ○ Why you're asking for it • Exhaust any review processes for complaints and feedback or specifically regarding COVID-19.
2. Escalated request	<ul style="list-style-type: none"> • If receiving a call from OPAN try to resolve it. • If an Aged Care Provider wants someone other than the facility manager to be contacted for escalated request – please inform local OPAN partner. • 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/. 	<ul style="list-style-type: none"> • Call Older Persons Advocacy Network (OPAN) 1800 700 600 or visit opan.com.au to receive support and advice from a trained advocate. • OPAN will support you in speaking with the aged care facility, or may with your permission contact the facility to advocate on your behalf to receive access.
3. Commission Complaint (ACQSC)	<ul style="list-style-type: none"> • Follow the process for responding/appealing if you're not happy with the Commission process. 	<ul style="list-style-type: none"> • If you are not happy with the decision of the facility after OPAN's intervention (or at any other time), you can make a complaint to the Aged Care Quality and Safety Commission by calling 1800 951 822 (free call) or by visiting https://www.agedcarequality.gov.au/making-complaint.

Review date

The Code will be reviewed four weeks after its implementation to provide opportunity to adjust any implementation issues that may have arisen. At that time a further review date will be agreed.