

# Industry Code for Visiting in Aged Care

Version 6.0 Current at 22 December 2021

## Introduction

Respiratory infections such as influenza and COVID-19 are especially dangerous for aged care residents. They can be easily spread, and all providers should plan to prevent their spread in homes. Infection control measures need to be balanced with the needs of residents for social lives, and respect for their rights to be in control of their own lives. The risks associated with COVID-19 must be balanced with the mental and physical health risks of residents not having access to visitors, especially close friends and family.

**Aged Care residents, carers, staff, and visitors need a clear guide to support visits and minimise the risk of transmission of respiratory infections from visitors. Guidance is primarily provided by the local state or territory's public health directions and public health unit, who retain ultimate decision-making capacity at all times. This code was developed to give everyone clear guidance where that information is not available. It has been prepared in discussion with health authorities and agreed between representatives of providers, residents, and carers.**

Restrictions on visiting should be as least restrictive as possible, proportionate and in place for as short a time as possible. Restrictions should only occur if an outbreak occurs in a home, or when state or territory government officials declare a local area to be a COVID-19 area of concern.

Systems introduced during the COVID-19 pandemic are becoming an ongoing feature of aged care, such as mandatory vaccination of staff, vaccination of residents and visitors, and other infection prevention and control measures.

The organisations that have developed and endorsed this code support requiring that all visitors (with defined exceptions) be vaccinated against influenza and COVID-19, noting the AHPPC Statement of 1 October 2021 and noting that not all state or territory governments will mandate vaccination.

## Role of this code

This Code suggests an approach that can help aged care homes, including providers of the Transition Care Programme (TCP), Multi-Purpose Services (MPS) and National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFAC), to meet their obligation in consideration of (but does not replace the need to follow):

- [National Plan to transition Australia's National COVID-19 Response](#),
- [CDNA national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia](#) (Including relevant references to [CDNA National Guidelines for Public Health Units on COVID-19](#)),
- [National Aged Care COVID-19 Plan](#),
- [Australian Health Protection Principal Committee \(AHPPC\) endorsed statements regarding visiting in aged care homes](#),
- State or Territory Directives (including public health orders and others),
- Aged Care Laws and Regulations, and
- Work Health and Safety Laws and Regulations.

Everyone has obligations under these guidelines, plans and laws. Where the Code conflicts with laws, the law takes precedence and RACFs should defer to advice provided by state or territory governments on the rules that apply in that jurisdiction. This includes providers' obligations for continuous risk assessments and mitigation approaches to COVID-19.

## Complaints

The best way to solve problems is for residents, visitors, and staff to discuss the problem. If that fails, the Older Persons Advocacy Network (OPAN) is available on 1800 700 600, and providers may seek support from their peak body (listed below under "endorsers"). Formal complaints can always be made to the Aged Care Quality and Safety Commission on any aged care matter by calling 1800 951 822 or by visiting [agedcarequality.gov.au](http://agedcarequality.gov.au).

## Level of visitor access

Restrictions on visiting should always be as least restrictive as possible, proportionate and based on government advice and in keeping with the public health orders for states and territories. Personal risk reduction behaviours and constraints on social mixing known as Public Health and Social Measures (PHSM) are the levers currently employed to manage COVID-19 transmission potential in response to incursions and outbreaks. All individuals (residents, workers and visitors) should maintain perpetual PHSM including physical distancing, respiratory and hand hygiene, and QR records of attendance at venues as required.

While providers retain responsibility for ensuring safe visitation, a RACF decision about the level of visitor access should be based on advice and directions from the relevant state or territory government.

**Green Level (low PHSM):** No geographic area of concern has been declared by a State, Territory or Australian Government. There may still be some level of COVID-19 transmission in the community.

**Orange Level (moderate PHSM):** State, Territory or Australian Government have declared the visitor is from or aged care home is in a geographic area of concern.

**Red Level (stringent PHSM):** An [Outbreak](#) in the aged care home is when either:

- A COVID-19 positive resident was onsite during their infectious period.
- Two or more staff or visitors were COVID-19 positive at the same time, where at least one may have exposed the home during their infectious period. The infectious period is 48 hours prior to symptom onset or test date if asymptomatic.

While an outbreak is in the process of being confirmed, following any one confirmed case, an aged care home may commence Red Level restrictions. Management of a confirmed case will likely include all residents, staff and others on site being tested for COVID-19. The testing will result in either a clearance of infection or declaration of an outbreak by the Public Health Unit. If the exposure is cleared by the Public Health Unit, the **Red** access level is expected to be a shorter period of time. During this time, residents are recommended to isolate in their rooms.

If a confirmed outbreak occurs, **Red** level restrictions will likely last 14 days after the last positive COVID-19 result. Red level restrictions will continue until the Public Health team confirms the outbreak has concluded.

## The rights of residents

The wishes and preferences of residents should always be at the centre of all decision making in relation to who visits them, and their choices should be asked for, and respected. The rights of one resident to receive their choice of visitors must be balanced with the right of the others to be protected from infection. Ways to balance these rights must be explored.

## Essential Visitors

All residents should always have access to at least one visitor. To achieve this, the code defines certain visitors as Essential Visitors:

1. **Partners in Care** – Access for partners in care should be prioritised, recognising their role in the daily care and support of a resident such as helping with meals, hygiene and emotional support. These visitors are particularly important for residents with dementia and residents with a diagnosed mental health issue. The kinds of care and support which can be provided by a Partner-in-Care are outlined in [Partnerships in care, Supporting older people's wellbeing in residential care](#) produced by the Aged Care Quality and Safety Commission. Residents with a diagnosed mental health issue or at risk of mental health or psychological impacts associated with visitor restrictions (for example loneliness, anxiety, boredom, fear, and depression) must be provided support, including receiving regular visits from their Partner-in-Care.
2. **Named Visitor** – If a resident does not have a Partner-in-Care, they may nominate one person to be a named visitor. Aged Care Homes and families should also consider a backup Named Visitor where the usual named visitor becomes unwell or is unable to visit for another reason. A named visitor may include a volunteer if the resident desires. If a resident has impaired decision-making, providers should work with substitute decision maker (if appointed), or other relevant people to ensure a partner in care/named visitor is appointed.
3. **End of Life** – Visits to residents at or approaching the end of life should be facilitated for anyone and not be time limited. This may include facilitating out of hours visiting. Where a potential visitor is not fully vaccinated, this may involve taking extra precautions or restrictions to protect other residents.

Access by Essential Visitors should always be facilitated on a regular basis. Visiting hours for Essential Visitors should be available for those that work full time and include weekends. The length of time an Essential Visitor can visit should not be restricted.

When the access level is **Red**, access for Essential Visitors will be facilitated, but may involve some restrictions. For example, the total number of people onsite, including visitors, is likely to be limited following outbreak procedures, which may mean not all Essential Visitors can visit every day. When restrictions are lifted to **Red** it may take up to a few days for the enhanced protections to be established and visitors to be allowed.

A Partner in Care or named visitor should be fully vaccinated. If they are not fully vaccinated added risk mitigation requirements will apply as outlined in the table below. End of Life visitors may be unvaccinated and should be facilitated access with the added risk mitigation requirements outlined in the table below.

## General Visitors

General Visitors includes Community Visitors Scheme and other volunteers (unless nominated as a Named Visitor), Ministers of Religion, legal representatives and OPAN staff.

Visiting hours for General Visitors should be available for those that work full time and those who can only visit on weekends.

When the access level is **Green**, visiting hours, the number of visitors on site and the length of time for visits should return to pre-COVID-19 visiting norms. Additional restrictions may occur due to state or territory health orders. Visitors who have been fully vaccinated may enter the home following completion of a Screening Declaration. This will include adjustments for local community levels of COVID-19 such as requiring masks to be worn where required by a public health order or recommended to be worn indoors in a local community (for example shopping centres). Added requirements may be imposed on visitors who are not fully vaccinated.

When the access level is **Orange**, reduced visiting hours, and/or limits on the number of visitors may be necessary. Extra requirements, such as requiring a COVID test may be imposed on fully vaccinated people. Restrictions on the type of visits may apply to visitors who are partially vaccinated. Alternative ways to connect should be provided to help the resident remain connected with a range of other general visitors.

When the access level is **Red**, stronger restrictions are necessary. Short term strict visiting restrictions will apply. Alternative ways to connect should be provided to help the resident remain connected with a range of visitors.

## The Role of Aged Care Providers

Providers are responsible for providing a safe environment for residents, visitors, and staff, including following appropriate screening and making decisions on appropriate visitor restrictions that may apply from time to time, taking account of state or territory directions. This code provides advice on how to balance the risk and obligations of infection, with the risk of social isolation and harm caused by excluding visitors.

If the access level is **Green**, visits from fully vaccinated people should not be limited under the code, unless required by state or territory directions.

If the access level is **Orange** or **Red**, further restrictions should be implemented. Those restrictions should be based on a risk assessment, vaccination status, and differential between essential and general visitors. If experiencing an active outbreak, additional visitation restrictions may be appropriate if there is a concern about the ability to contain and prevent further transmission. There may also be advice from public health units that support additional visitation restrictions based on a risk assessment.

Aged Care providers should provide clear guidance to residents, visitors and workers about how the aged care home is implementing the Code and any relevant state or territory health directions to ensure clear communication and common understanding. This should include reaffirming the aged care home's usual policies about visitor behaviour and conduct.

Aged care providers should clearly and quickly communicate updates about changes of access level to residents, visitors, families, and aged care workers. During periods of **Orange** or **Red** access levels, frequent updates should be provided, even if just to confirm that no further information is available.

The [National COVID-19 residential aged care emergency communications guide](#) provides practical advice on communication with families during an outbreak.

Aged Care Homes have a responsibility to ensure adequate staff are available to implement the requirements of the Code. This includes supporting:

- ‘staff monitored’ screening processes,
- visitor requirements to wear personal protective equipment (PPE)’
- visits where residents or visitors require monitoring (for example window visits or limiting visitor movements),
- maintaining ongoing communication with residents and visitors.

Aged Care workers should be trained in implementing the Code and their aged care home’s procedures to ensure effective implementation of the Code.

The Australian Government has an important role to ensure that aged care homes have adequate resources to implement the Code, including PPE supplies.

## The Role of Aged Care Workers

Workers have a central role to facilitate the choices of and provide care for residents, while implementing the Code. Workers also have the right to work in a safe environment.

Aged Care workers should be treated with courtesy and respect by all visitors.

Aged Care workers should be supported by Aged Care Providers. Transparent and prompt communication to aged care workers is necessary to support them implementing the Code.

Workers should be supported to manage difficult conversations related to visiting and requirements such as vaccination. Clear information about how Aged Care Workers can access support and internal processes for reporting any issues with the implementation of the Code should be provided to all workers.

If the access level is **Orange** or **Red** Aged Care Providers have responsibility to ensure adequate staff are available where ‘staff monitored’ screening processes are needed. The [CDNA Guidelines for managing outbreaks in residential aged care facilities](#) outline many operational aspects that will assist in implementing the Code. This includes ensuring adequate PPE is available and the types of training staff should receive in relation to PPE, Infection Prevention and Control Measures and other Work Health and Safety matters.

## Responsibilities of Visitors

Visits should occur safely, and visitors should help with infection prevention and control.

There is a shared responsibility for the safe management of visiting between residents, the aged care provider, governments, and visitors.

Visitors must assist with screening and other requirements including:

- not visiting when unwell or displaying any signs of a cold / flu, respiratory or COVID-19 symptoms,
- following infection prevention and control directions such as washing hands, wearing masks, staying in resident’s room, keeping physically distant,
- responding truthfully to COVID-19 screening and vaccination questions,

- treating all workers with respect and courtesy,
- allowing the aged care home to sight evidence of their current vaccination status or recent COVID-19 test result,
- during **Orange** or **Red** periods, wearing added PPE, using booking systems, using dedicated visiting areas, allowing staff supervised screening and visiting (and its associated restrictions on visiting hours), including where this is not required by state or territory health orders.

## Vaccination

Vaccinations protect residents, workers and the community from illness. Vaccination works alongside the screening of workers and visitors, and effective infection control and prevention practices.

Everyone should be fully vaccinated. 'Fully vaccinated' currently [means](#) having complete a full course of COVID-19 vaccine (2 shots) at least 14 days prior to visiting, as well as influenza vaccination during the relevant influenza season. Booster shots are encouraged. The only exceptions are:

- 'children not eligible for vaccination' (currently under 12s, noting that 5-11 year olds may become eligible in the future),
- people who are 'partially vaccinated' including those who have had their second COVID-19 vaccination for less than 14 days,
- people who are 'not vaccinated' because they have a [recognised medical exemption](#), an exemption given by a State or Territory Directive or are unvaccinated for any other reason.

For visitors who are not fully vaccinated extra precautions are necessary. Visitors who do not show evidence of vaccination (or evidence of exemption) should be categorised as not vaccinated.

Visitors have a right to medical privacy. Providers cannot keep medical records as a condition of entry/visiting. Instead of keeping copies, providers should ask to sight evidence of vaccination and keep a record of sighting it. Those records will ease future entry for repeat visitors and will assist with contact tracing, if required.

## Appointments, outings and family trips

Aged care homes should facilitate outings and family trips, including both recreational, medical (including hospitals) and other outings. Providers should consider how best to advise both residents and those traveling with them how to manage the risks involved.

In **Green** areas, no extra precautions are necessary.

In **Orange** areas, a risk assessment should be conducted to assess which (if any) added re-entry controls would need to be in place to manage risk upon their return. This may include:

- monitoring for COVID-19 Symptoms
- COVID-19 testing (for example Rapid Antigen Testing, or PCR Testing within 72 hours)
- an attendee declaration (like a Screening Declaration) for the person(s) going with the resident.

Self-isolation upon re-entry should only apply where there is deemed to be a high risk, and even then, residents should continue to have access to Essential Visitors.

In **Red** areas, it is likely that excursions will not be possible, except for medical reasons or compassionate circumstances. If an excursion does occur, added re-entry controls like those mentioned for orange areas above apply.

In **Green** and **Orange** areas, prospective residents can be accepted. In **Red** areas, it is likely that their admission will be restricted by Public Health Unit advice during the **Red** Level period.

## Testing

When added testing is needed it includes:

**RAT on visit** – rapid antigen tests (RAT) are tests that return COVID-19 results in under 30 minutes and are approved for use by the Therapeutic Goods Administration. More information about RAT tests can be found at <https://www.tga.gov.au/qas-conditions-supply-rapid-antigen-tests> and <https://www.tga.gov.au/resource/covid-19-rapid-antigen-tests-guidance-and-checklist-businesses>.

**PCR Testing within 72 hours** – refers to a Polymerase chain reaction (PCR) test involving a nasal and throat swab. A negative result must be shown from a sample that was taken less than 72 hours to the time the visitor is entering the aged care home.

RAT or PCR testing for children may not be practical.

## Endorsements and future reviews

This Industry Code has been updated periodically in response to the COVID-19 pandemic. It will be updated again if any of the endorsing organisations request it, changing circumstances require it, or AHPPC alters its advice on visitation. The following organisations worked together to develop the Code, consult the public, aged care sector, residents, and carers, and have endorsed it:

Aged Care Provider Peak Organisations	Aged Care Consumer and Carer Peak Organisations
<ul style="list-style-type: none"> <li>• Aged &amp; Community Services Australia</li> <li>• Anglicare Australia</li> <li>• Baptist Care Australia</li> <li>• Catholic Health Australia</li> <li>• Leading Age Services Australia</li> <li>• UnitingCare Australia</li> </ul>	<ul style="list-style-type: none"> <li>• Carers Australia</li> <li>• Council on the Ageing (COTA) Australia</li> <li>• Dementia Australia</li> <li>• Federation of Ethnic Communities’ Councils of Australia</li> <li>• National Seniors Australia</li> <li>• Older Persons Advocacy Network (OPAN)</li> </ul>





## Summary of Visiting Requirements.

Guidance about public health measures is primarily provided by the local state or territory's public health unit and public health directions, who retain ultimate decision-making capacity at all times. Including the below table was developed to give everyone clear guidance where that information is not available.

COVID-19 Visitor Access Level	What is the visitor's vaccination status? (COVID-19 + Influenza)	Testing requirements	What types of visits?	PPE	Who must check the Screening Declaration?	Can I visit on weekends and outside 9am-5pm?	Will there be booking systems / limits on number of visitors onsite?	Can residents attend appointments, outings and family trips?	Are density restrictions or an infection controlled visiting area required?
<b>GREEN LEVEL</b>  <i>No area of concern has been declared by a State, Territory or Australian Government Department of Health. There may however still be some level of COVID in the community</i>	<b>Fully Vaccinated</b>	No added testing is required	All forms of visiting including resident room and common areas	As per health directions	Declaration can be completed without staff monitoring validation.	Yes (Aligned with the home's pre Covid practices)	No booking systems or limits are required	Yes	No
	<b>Children not eligible for vaccination</b>	No added testing is required	Resident Room / Outdoors / infection controlled visiting area (end of life visits permitted indoors)	As per health directions	Declaration can be completed without staff monitoring validation.	Yes (Aligned with the home's pre Covid practices)	Booking systems or limits may be used	Yes	Infection controlled visiting area encouraged
	<b>Partially Vaccinated</b> <ul style="list-style-type: none"> <li>• Waiting for 2nd dose</li> <li>• &lt;14 days since 2nd dose</li> </ul>	No added testing is required	All forms of visiting including resident room and common areas	As per health directions	Declaration can be completed without staff monitoring validation	Yes (Aligned with the home's pre Covid practices)	Booking systems or limits may be used	Yes	No
	<b>Not Vaccinated</b>	Negative result from RAT on visit <u>OR</u> PCR Test within 72 hours	Outdoors / infection controlled visiting area <b>encouraged</b> (end of life visits permitted indoors)	As per health directions	Staff-Monitored	Yes (Aligned with the home's pre Covid practices)	Booking systems or limits may be used	Yes	Infection controlled visiting area encouraged
<b>ORANGE LEVEL</b>  <i>State, Territory or Australian Government Department of Health have declared the visitor or aged care home in or from an area of concern.</i>	<b>Fully Vaccinated</b>	Negative result from RAT on visit <u>OR</u> PCR Test within 72 hours	All forms of visiting including resident room and designated areas	As per health directions	Staff-Monitored	Yes (Aligned with the home's pre Covid practices)	Booking systems and limits may be required.	Yes (with additional controls)	Not Mandatory
	<b>Children not eligible for vaccination</b>	Negative result from RAT on visit <u>OR</u> PCR Test within 72 hours (where practical)	Outdoors / infection controlled visiting area (end of life visits permitted indoors).	As per health directions	Staff-Monitored	Yes (Aligned with the home's pre Covid practices)	Booking systems and limits may be required.	Yes (with additional controls)	Infection controlled visiting area recommended
	<b>Partially Vaccinated</b> <ul style="list-style-type: none"> <li>• Waiting for 2nd dose</li> <li>• &lt;14 days since 2nd dose</li> </ul>	Negative result from RAT on visit <u>OR</u> PCR Test within 72 hours	Essential Visitors Only	As per health directions	Staff-Monitored	Yes (Aligned with the home's pre Covid practices)	Booking systems and limits may be required.	Yes (with additional controls)	Infection controlled visiting area recommended
	<b>Not Vaccinated</b>	Negative result from RAT on visit <u>OR</u> PCR Test within 72 hours	End of Life Only	As per health directions	Staff-Monitored	Yes (Aligned with the home's pre Covid practices)	Booking systems and limits may be required.	Yes (with additional controls)	Infection controlled visiting area recommended



COVID-19 Visitor Access Level	What is the visitor's vaccination status? (COVID-19 + Influenza)	Testing requirements	What types of visits?	PPE	Who must check the Screening Declaration?	Can I visit on weekends and outside 9am-5pm?	Will there be booking systems / limits on number of visitors onsite?	Can residents attend appointments, outings and family trips?	Are density restrictions or an infection controlled visiting area required?
<b>RED LEVEL</b>  <i>An Exposure or Outbreak in the Aged care Home has occurred.</i>  <i>Exposures (as defined) are expected to be short term restrictions (5-7 days).</i>  <i>Outbreaks are expected to last only 14 days from the latest confirmed case but will continue until Public Health confirms the outbreak has concluded.</i>	<b>Fully Vaccinated</b>	Negative result from RAT on visit <u>OR</u> PCR Test within 72 hours	Limited visiting by Partners in Care, named persons, and others for end of life	As directed by public health	Staff-Monitored	Limited visiting hours except for End-of-Life visits	Booking and limits will be required to limit total number of people onsite	Medical appointments only (in line with Public Health advice)	In Room Visits or infection controlled visiting area recommended
	<b>Children not eligible for vaccination</b>	Negative result from RAT on visit <u>OR</u> PCR Test within 72 hours (where practical)	End of Life Only	As directed by public health	Staff-Monitored	Limited visiting hours except for End-of-Life visits	Booking and limits will be required to limit total number of people onsite	Medical appointments only (in line with Public Health advice)	In Room Visits or infection controlled visiting area required
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