

Industry Code for Visiting Aged care Homes

ENDORSEMENT AND REVIEWS

The revised industry Code was rewritten, after consultation with the public, aged care sector, residents and their families and released on XX November 2021. 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
<ul style="list-style-type: none"> • Aged & Community Services Australia • 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 • Federation of Ethnic Communities' Councils of Australia • National Seniors Australia • Older Persons Advocacy Network (OPAN)

OBJECTIVE

To provide an agreed industry approach on how we can ensure continued visitation within aged care homes, whilst preventing and minimising the potential spread of infections.

INTRODUCTION

Influenza, gastroenteritis COVID-19 and shingles are four types of Infectious diseases that pose a serious risk to resident safety if transmitted within an aged care home. Management of these risks needs to be a core consideration of all aged care homes.

The Code recognises that when a State or Territory Public Health Order is in place these directions take legal precedence over the Code. In the absence of such an Order, aged care homes are regulated by the Aged Care Act, Aged Care Quality Standards and the Charter of Aged Care Rights. The Code outlines an approach that may be adopted by an aged care home to balance these competing rights and responsibilities.

As we move to open up, introduction of vaccinations, the continuation of appropriate Infection prevention and control measures, and the general easing of restrictions, COVID-19 will shift from a health crisis requiring specific restrictions on visiting aged care homes (pandemic stage), towards a state where we live with some levels of COVID circulating in the community (endemic stage), where a return to a normalised level of access to aged care homes is possible. The National Plan to transition Australia's National COVID-19 Response outlines that the country will move to highly targeted lockdowns where required and will work towards minimising cases in the community without ongoing restrictions or lockdowns. This means there should only be short periods of additional restrictions on visiting when outbreaks occur in a facility, or when the impact of COVID-19 on a local government area is declared by Government officials to require additional restrictions.

'Fully Vaccinated' ^{viii} Fully vaccinated refers to a person who is ≥ 14 days following receipt of the final dose of a primary course of COVID-19 vaccine [approved or recognised by the Therapeutic Goods Administration](#)

(TGA). For COVID-19 vaccinations this usually means two doses¹, while for influenza this may only require one dose obtained during the relevant influenza vaccination period. Fourteen days are required after the final COVID-19 vaccine for a person to be considered Fully Vaccinated. For the purposes of visitation, visitors are considered Fully Vaccinated as long as 14 days have elapsed following the final vaccination, regardless of whether or not they have had a booster dose.

Vaccinations along with screening of workers and visitors, and effective infection control and prevention measures, will allow aged care homes to ensure all residents can receive visitors safely. As outlined in the Appendix 1 table, there are three categories to 'Code' an aged care homes' status. Codes Green and Orange are linked to the governments' assessment of community transmission according to listed areas of concern. Code Red is applied when an aged care home has an exposure or confirmed outbreak.

- Most aged care homes will be in a **'Code Green'**ⁱ, and will permit all types of visitors who have been **'Fully Vaccinated'** ^{viii} to visit once completing a **'Screening Declaration'** ^{vii}. 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 (e.g. shopping centres). Additional requirements may be imposed on visitors who are not **'Fully Vaccinated'** ^{viii} to facilitate their visit;
- Aged care homes in a **declared 'Code Orange'**ⁱⁱ local government area (LGA) should, in line with any state or territory requirements regarding screening protocols, introduce additional requirements, such as requiring a Rapid Antigen Test or negative PCR test (within the past 72 hours) for **Fully Vaccinated** people. Restrictions on the type of visits may be imposed on visitors who are **Partially Vaccinated**;
- Aged care homes become **'Code Red'**ⁱⁱⁱ if a **COVID-19 RACF Exposure** or a **COVID-10 RACF Outbreak** occurs within the aged care home. This status will remain until the local Public Health Unit declares the outbreak is closed. Short term, strict visiting restrictions will occur, but **'Essential Visitors'** ^{iv} will be allowed access. In these instances, short term strict visiting restrictions will be put in place, but **Essential Visitors** will continue to be granted access as outlined in Appendix 1. With changing definitions of "outbreak" in some jurisdictions to no longer include cases with a single staff member, this is expected to be for a shorter period of time. Further information is included in the definition of Exposure and Outbreak in the Definitions section

'Essential Visitors'^{iv} (including partners in care, named visitors and end of life situations as defined in Principle 1) should be allowed to visit across Codes Green, Orange and Red as outlined in Appendix 1.

New measures introduced during the COVID-19 pandemic may become a permanent feature of visiting aged care homes across all categories - Codes Green, Orange or Red. These include mandatory vaccinations of aged care staff, encouraging vaccination of all residents, vaccination of visitors, imposing additional infection prevention measures on unvaccinated visitors and continuation of some infection prevention and control measures such as self-service screening processes. It is expected that AHPPC will continue to make and endorse [statements regarding visiting in aged care homes](#).

The Industry Code supports requiring that all visitors, with some defined exceptions, be **'Fully Vaccinated'** ^{viii} against influenza and COVID-19 as a requirement for entry to an aged care home, even where this may not be mandated by a State or Territory Public Health Order. Defined exceptions include admission of people who have a medical exemption from vaccination, children under vaccination age and people who have had their second vaccination for less than 14 days. (see Appendix 1 below). In these cases extra risk mitigation strategies will be required.

¹ The Code recognises ATAGI advice that 3 doses is only required for those severely immunocompromised people as a "primary course" (which is different to a booster). Boosters are in addition to the primary course, which for most people is 2 doses. Further information available here: <https://www.health.gov.au/resources/publications/atagi-recommendations-on-the-use-of-a-booster-dose-of-covid-19-vaccine>

Aged Care homes are responsible for recording proof of vaccinations from their staff as part of compliance with aged care regulations. For visitors, recognising their right to medical privacy, a provider may only request to sight evidence of a visitor's vaccination but is not entitled to receive or retain a copy of this record / provide copy / allow a copy to be taken as evidence. The provider should record they have sighted evidence of the visitor's vaccination status to negate the need for producing evidence on multiple visits. Consent for a provider to take and/or keep a copy cannot be used as a requirement of visitation. Visitors who are unable to provide evidence of vaccination for inspection or evidence of grounds for exemption, shall be treated as 'Not Vaccinated – no exemption' ^{xii}.

PRINCIPLES

1. All residents should have access to at least one visitor at all times

The 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. The rights of one resident should be balanced with the right of the others in the aged care home to be appropriately protected and should consider the impact of individual choices.

Even during periods of Code Orange and Code Red, aged care providers have a responsibility to ensure 'Essential Visitors' ^{iv} have access. Essential Visitors include:

- **Partners in Care** – Visitors who have a clearly established a regular pattern of involvement of delivery of care and support to a resident. 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. A Partner in Care should be 'Fully Vaccinated' ^{viii}). Where they are not, additional risk mitigation requirements will apply as outlined in Appendix 1.
- **Named Visitor** – Where a resident does not have a Partner-in-Care, all residents may nominate one person to have visiting rights at all times. Aged Care Homes should consider allowing a 'back up' Named Visitor where the visitor becomes unwell or is unable to visit for some reason. A Named Visitor should be 'Fully Vaccinated' ^{viii}. Where they are not, additional risk mitigation requirements will apply as outlined in Appendix 1.
- **End of Life** – 'End of life' visits must always be facilitated, including during a Code Red, including for unvaccinated visitors. End of life visits should be facilitated for anyone and again not time limited. This may include facilitating out of hours visiting to ensure visitors who work can visit.

In addition, alternative ways to connect should be provided to help the resident remain connected with a range of other general visitors.

Limiting the range of visiting times or restricting the number of visitors onsite should not occur during Code Green. In a Code Orange situation, reduced visiting hours that still enable visitation by those that work full time and include weekends, or limiting the number of visitors may occur, but this should lessen in the future as we move to a COVID-19 endemic stage where we live with COVID in the community. During Code Red (an outbreak in an aged care home) some restrictions may occur. For example the total number of people onsite, including visitors, is likely to be limited in accordance with outbreak procedures, which may mean not all Essential Visitors can visit daily. Visiting hours for 'Essential Visitors' ^{iv} should still be available for those that work full time and include weekends. Where a partner in care is involved in the daily care and support of a resident such as assistance with meals, hygiene and emotional support, access should be prioritised. .

2. Outings and family trips can safely occur during 'Code Green' and 'Code Orange'

In addition to visiting onsite, aged care homes in Codes Green and Orange should continue to facilitate outings and family trips. In Code Orange areas, a risk assessment should be conducted to assess what, if any, additional re-entry screening would be required upon their return. This should not include self-isolation except in the most extreme risk circumstances, but may include monitoring and COVID-19 testing (e.g. Rapid Antigen Testing or PCR Testing within 72 hours) and the person accompanying the resident completing an attendee declaration (including similar information to that of a Screening Declaration).

3. Visits should occur safely, and visitors have responsibilities to assist 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:

- A resident chooses who visits and how they are comfortable receiving visitors;
- An aged care provider is responsible for setting infection prevention and control measures;
- Governments provide clear advice about the appropriate pandemic/endemic public health response. Government should provide funds to cover additional costs associated with Code Orange and Code Red situations; and
- Visitors must follow screening and other directions including:
 - Not visiting when unwell or displaying any signs of a cold / flu, respiratory or COVID-19 symptoms;
 - To follow infection prevention and control directions such as washing hands, wearing masks, remaining in residents' room, keeping socially distant;
 - To respond truthfully to COVID-19 screening and vaccination questions;
 - Treat all workers with respect and courtesy; and
 - Upon request, allow the aged care home to sight evidence of their current vaccination status.

As we move into living with COVID-19 in the community, some measures in Appendix 1 will be reviewed and may be removed for Code Green and Code Orange. However, those additional safety measures as outlined in Appendix 1 are likely to continue during Code Red outbreaks. This includes wearing additional personal protective equipment (PPE), booking systems, dedicated visiting areas, staff supervised screening and visiting (and its associated restrictions on visiting hours). These additional measures should be reduced when the Code status reduces from Red to either Orange or Green.

4. Restrictions on visiting will be short term, proportionate and based on official Government advice

As Australia begins to live with COVID-19 in the community, there will be different experiences of COVID-19 across the country. In some areas who are for the first time recording cases of COVID-19 there will be an understandable concern as to the impact of moving to a least restrictive model for visitation. This concern may be felt by aged care residents, families, workers, providers and visitors.

Restrictions on visiting should always be as least restrictive as possible, proportionate and based on government advice. Restrictions on visiting will be needed during Codes Orange and Red, with some types of visitors subject to additional requirements based on their vaccination status. The measures in the below table have been endorsed by the country's chief medical/health officers as part of the Australian Health Protection Principal Committee (AHPPC). Additional advice will be provided to aged care homes by local health units.

Additional restrictions, and increased infection prevention and control measures, as outlined in Appendix 1, should be implemented for the shortest required time period during Code Red, to address the infection outbreak at hand. Aged Care Homes should remain in Code Orange only for the shortest required period of time.

Providers following the Code and visitors that are 'Fully Vaccinated'^{viii}, along with visitors who have valid exemptions, should have the cost of additional compliance covered by the Australian Government. Providers who choose to impose additional business requirements that are above those outlined in the Industry Code, State/Territory Health Directives or Australian Government Guidelines should be funded by the provider. Compliance with the Code required by visitors who are 'Not Vaccinated – no exemption'^{xii} should be self-funded by the Visitor.

5. Communication to a resident's family and friends should be proactive, timely and regular

During periods of Codes Orange and Red, residents and their family and friend visitors may be worried about what is occurring and why additional restrictions have been imposed. Aged care providers have a responsibility to ensure that they provide communication, in a language and format consumers understand, to all people in a timely manner. The National COVID-19 residential aged care emergency communications guide² provides practical advice on how to maintain communication with families during an outbreak.

6. Resolving issues starts between the aged care provider and resident/visitor, before being escalated

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.

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

7. Aged Care Workers should be supported to implement the Code

Aged Care Workers should be treated with respect by all visitors, and supported by Aged Care Homes as they safely implement the Code. Clear, transparent and timely communication to aged care workers will be necessary to support them implementing the Code, with additional communications during periods of Code Orange and Code Red about the additional risk mitigation activities required. Workers should be supported to manage difficult conversations related to visitation 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, recognising that staff may be impacted in a variety of ways. Aged Care Homes have responsibility to ensure adequate staff are available where 'staff monitored' screening processes are needed as outlined in Appendix 1. The Code recognises that the CDNA Guidelines³ for managing outbreaks in residential aged care facilities outlines 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 Personal Protective Equipment, Infection Prevention and Control Measures and other Work Health and Safety matters.

² Available at <https://www.health.gov.au/resources/publications/national-covid-19-residential-aged-care-emergency-communication-guide>

³ CDNA national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia Available at <https://www.health.gov.au/resources/publications/cdna-national-guidelines-for-the-prevention-control-and-public-health-management-of-covid-19-outbreaks-in-residential-care-facilities-in-australia>

Appendix 1: Summary of Visiting Requirements.

Additional IPC Measures are in beige

COVID-19 Community Levels	What is the visitor's vaccination status? (COVID-19 + Influenza)	Are there any additional testing requirements? ^v	What types of visits will be available to this visitor?	What are the PPE Requirements? ^{vi}	Who must monitor the Screening Declaration ^{vii} ?	Can I visit on weekends and outside 9am-5pm?	Will there be booking systems / limits on number of visitors onsite?	Can residents attend external social outings?	Are there density restrictions or a required dedicated visiting room?
CODE GREEN ⁱ No area of concern has been declared by a State or Commonwealth Health Department. Note: There may however still be some level of COVID in the community	Fully Vaccinated ^{viii}	No additional testing is required	All forms of visiting	Where required by a public health order or recommended to be worn indoors in a local community (e.g. shopping centres)	Self-Service	Yes	No booking systems or limits are required	Yes	No
	Not eligible for vaccination ^{ix} <ul style="list-style-type: none"> currently <12 yo's 	No additional testing is required	Outdoors / infection controlled visiting area encouraged (end of life visits permitted indoors).	Mask (where practical)	Self-Service	Yes	Booking systems or limits may be used	Yes	No
	Partially Vaccinated ^x <ul style="list-style-type: none"> Waiting for 2nd dose <14 days since final dose 	No additional testing is required	All forms of visiting	Mask	Self-Service	Yes	Booking systems or limits may be used	Yes	No
	Not Vaccinated – Authorised exemption ^{xi} <ul style="list-style-type: none"> medical contraindication S/T Health Order temporary exemption 	No additional testing is required	Outdoors / infection controlled visiting area recommended (end of life visits permitted indoors).	Mask	Self-Service	Yes	Booking systems or limits may be used	Yes	No
	Not Vaccinated – no exemption ^{xii}	RAT <u>OR</u> PCR – results within last 72 hours	Outdoors / infection controlled visiting area recommended (end of life visits permitted indoors).	Surgical Mask	Self-Service	Yes	Booking systems or limits may be used	Yes	No
CODE ORANGE State or Commonwealth Health Departments have declared the aged care home's local government area (LGA) to be an area of concern.	Fully Vaccinated ^{viii}	RAT <u>OR</u> PCR – results within last 72 hours	All forms of visiting	Surgical Mask	Staff-Monitored	Yes	Booking systems and limits may be required.	Yes (with risk assessment – may include monitoring & attendee declaration)	Not Mandatory
	Not eligible for vaccination ^{ix} <ul style="list-style-type: none"> currently <12 yo's 	RAT <u>OR</u> PCR – results within last 72 hours (where practical)	Outdoors / infection controlled visiting area encouraged (end of life visits permitted indoors).	Surgical Mask (where practical)	Staff-Monitored	Yes	Booking systems and limits may be required.	Yes (with risk assessment – may include monitoring & attendee declaration)	Not Mandatory
	Partially Vaccinated ^x <ul style="list-style-type: none"> Waiting for 2nd dose <14 days since final dose 	RAT <u>OR</u> PCR – results within last 72 hours	Essential Visitors Only	Surgical Mask	Staff-Monitored	Yes	Booking systems and limits may be required.	Yes (with risk assessment – may include monitoring & attendee declaration)	Not Mandatory
	Not Vaccinated – Authorised exemption ^{xi} <ul style="list-style-type: none"> medical contraindication S/T Health Order temporary exemption 	RAT <u>OR</u> PCR – results within last 72 hours	Outdoors / infection controlled visiting area ^{xiii} recommended (end of life visits permitted indoors).	Surgical Mask	Staff-Monitored	Yes	Booking systems and limits may be required.	Yes (with risk assessment – may include monitoring & attendee declaration)	Not Mandatory

	Not Vaccinated – no exemption xii	RAT <u>OR</u> PCR – results within last 72 hours	End of Life Only	Surgical Mask	Staff-Monitored	Yes	Booking systems and limits may be required.	Yes (with risk assessment – may include monitoring & attendee declaration)	Not Mandatory
<p>CODE RED</p> <p><i>An Exposure or Outbreak in the Aged care Home has occurred.</i></p> <p><i>Exposures (as defined) are expected to be short term restrictions (<2-3 days). Outbreaks is expected to last only 14 days from the latest confirmed case but will continue until Public Health confirms the outbreak has concluded.</i></p>	Fully Vaccinated viii	RAT <u>OR</u> PCR – results within last 72 hours	Essential Visitors Only (including end of life)	PPE as directed by public health (e.g. N95 Mask + eye protection)	Staff-Monitored	There may be limited visiting hours except for End of Life visits	Booking and limits will be required to limit total number of people onsite	Not allowed	Not Mandatory
	Not eligible for vaccination ix	RAT <u>OR</u> PCR – results within last 72 hours (where practical)	End of Life Only	PPE as directed by public health (e.g. N95 Mask + eye protection)	Staff-Monitored	There may be limited visiting hours except for End of Life visits	Booking and limits will be required to limit total number of people onsite	Not allowed	Not Mandatory
	Partially Vaccinated x	RAT <u>OR</u> PCR – results within last 72 hours	Essential Visitors Only (including end of life)	PPE as directed by public health (e.g. N95 Mask + eye protection)	Staff-Monitored	There may be limited visiting hours except for End of Life visits	Booking and limits will be required to limit total number of people onsite	Not allowed	Not Mandatory
	Not Vaccinated – Authorised exemption xi	RAT <u>OR</u> PCR – results within last 72 hours	Essential Visitors Only (including end of life)	PPE as directed by public health (e.g. N95 Mask + eye protection)	Staff-Monitored	There may be limited visiting hours except for End of Life visits	Booking and limits will be required to limit total number of people onsite	Not allowed	Not Mandatory
	Not Vaccinated – no exemption xii	RAT <u>OR</u> PCR – results within last 72 hours	End of Life Only	PPE as directed by public health (e.g. N95 Mask + eye protection)	Staff-Monitored	There may be limited visiting hours except for End of Life visits	Booking and limits will be required to limit total number of people onsite	Not allowed	Not Mandatory
	<ul style="list-style-type: none"> currently <12 yo's Waiting for 2nd dose <14 days since final dose medical contraindication S/T Health Order temporary exemption 								

Appendix 2: Definitions

ⁱ **Code Green:** is defined as any area where no State/Territory or Commonwealth Health Department has declared it as an area of concern. This includes areas that may have some level of COVID-19 in the community and/or hospitalisations due to COVID-19.

ⁱⁱ **Code Orange:** is defined as any area where State/Territory or Commonwealth Health Departments have declared the local government area (LGA) to be an area of concern. This includes where the aged care home is located and/or where the Visitors comes from. This may be through a public health order and may be called a range of different things by different state health departments

ⁱⁱⁱ **Code Red:** only refers to where a COVID-19 Exposure or COVID-19 Outbreak in the aged care home has been confirmed.

A **COVID-19 RACF Exposure** is where **one** COVID-19 positive staff member or a COVID-19 positive visitor has exposed the facility during their infectious period. Management of an exposure will include a site-wide round of COVID-10 testing occurs to identify if an outbreak in the facility has occurred. The site-wide round of testing will result in either a clearance of infection or escalation to management of an outbreak. If the infection is cleared, the Code Red is expected to only last 2-3 days. During this time, residents are recommended to isolate in their rooms while the result of testing is known.

A **COVID-19 RACF Outbreak** is defined as either:

- A COVID-19 positive resident who was onsite during their infectious period.
- Two or more staff or visitor who was COVID-19 positive at the same time and at least one has exposed the facility during their infectious period.

The infectious period is generally considered to be 48 hours prior to symptom onset or test date if asymptomatic.

If a confirmed outbreak occurs, this is expected to last 14 days after the most recent positive COVID-19 test result. Formally, the Code Red and associated restrictions will not be lifted until the Public Health team confirms the outbreak has been deemed to be concluded.

Source: Immediate public health actions recommended in a Residential Aged Care Facility (RACF) COVID-19 Outbreak or following a COVID-19 exposure, Victorian Government.

<https://www.health.vic.gov.au/covid-19/covid-19-outbreak-or-following-a-covid-19-exposure-word>

^{iv} **Essential Visitors:** covers all three scenarios listed:

1. **Partners in Care** – Visitors who have a clearly established a regular pattern of involvement of delivery of care and support to a resident. 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. A Partner in Care should be 'Fully Vaccinated' ^{viii}). Where they are not, additional risk mitigation requirements will apply as outlined in Appendix 1.

2. **Named Visitor** – Where a resident does not have a Partner-in-Care, all residents may nominate one person to have visiting rights at all times. Aged Care Homes should consider allowing a ‘back up’ Named Visitor where the visitor becomes unwell or is unable to visit for some reason. A Named Visitor should be ‘Fully Vaccinated’^{viii}. Where they are not, additional risk mitigation requirements will apply as outlined in Appendix 1.
3. **End of Life** – ‘End of life’ visits must always be facilitated, including during a Code Red, including for unvaccinated visitors. End of life visits should be facilitated for anyone and again not time limited. This may include facilitating out of hours visiting to ensure visitors who work can visit.

^v Where additional testing requirements are needed this includes:

- **RAT test** - rapid antigen tests (RAT) are test that provide 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/gas-conditions-supply-rapid-antigen-tests> and <https://www.tga.gov.au/resource/covid-19-rapid-antigen-tests-guidance-and-checklist-businesses>
- **PCR – results within last 72 hours** – refers to a Polymerase chain reaction (PCR) test involving a nasal and throat swabs. A negative test must be shown from a sample that was taken less than 72 hours prior to the date the visitor is entering the aged care home.
- RAT or PCR testing for children under five years old may not be practical.

^{vi} **PPE** stands for Personal Protective Equipment. Depending on whether the home is in Code Green, Orange or Red, along with your vaccination status will depend on what type of PPE is required.

Surgical masks are disposable masks with an Australian Register of Therapeutic Goods (ARTG) number. Surgical masks protect the nose and mouth from large and small droplets. Most surgical masks are fluid (splash) repellent to differing degrees. Level 1 masks are acceptable for general patient care, procedures where the risk of body fluid exposure is judged to be small, or for use by individuals for source control. For more information see <https://www.health.gov.au/resources/publications/the-use-of-face-masks-and-respirators-in-the-context-of-covid-19>

^{vii} **Screening Declarations** – for visitors means the visitor declares they are safe to enter. Screening declarations should include following questions:

- a) Do not have any cold/flu/COVID-19 related symptoms including fever (high temperature, or chills, night sweats); a cough; sore throat; runny nose; loss of taste or smell or unexplained shortness of breath?
- b) Does not have a temperature greater than 37.5 degrees Celsius,
- c) Have not had contact with someone known or suspected to have COVID-19 in the past 14 days,
- d) Have not been in a declared ‘area of concern’ or exposure site in the past 14 days,
- e) Has not been instructed by Public Health to isolate or quarantine,
- f) Has received two COVID-19 vaccination injections and it has been more than 14 days since their second injection,
- g) Has received the current influenza vaccination and it has been more than 14 days since their second injection (Only required during April – August each year).

^{viii} **Fully Vaccinated:** Fully vaccinated refers to a person who is ≥14 days following receipt of the final dose of a primary course of COVID-19 vaccine [approved or recognised by the Therapeutic Goods Administration \(TGA\)](#).

A provider may only request to sight evidence of vaccination but is not entitled to receive or retain a copy of this record / provide copy / allow a copy to be taken as evidence. Visitors who are unable to provide evidence of vaccination for your inspection, shall be treated as ‘Not Vaccinated – no exemption’.

^{ix} **Not eligible for vaccination:** The only people currently not eligible for a vaccination are children under 12 years of age. Other people may be eligible, but unable to have a vaccination and are dealt with in the next two categories. Should a vaccination become available for children between 5 and 12, this category will only apply to children under 5 years of age.

^x **Partially Vaccinated:** Partially vaccinated refers to a person who has received at least one dose of a COVID-19 vaccine registered by the TGA but does not meet the definition of a 'Fully Vaccinated'^{viii} person.

^{xi} **Not Vaccinated – Authorised Exemption:** A small number of people have authorised exemptions from receiving the vaccination. The Industry Code only recognises the following types of exemptions:

- medical contraindication, as officially notified by a Doctor to the National Immunisation Register and are consistent with the 'Contraindications' of the latest ATAGI Clinical Guidance on COVID-19 Vaccine in Australia available at <https://www.health.gov.au/resources/publications/covid-19-vaccination-atagi-clinical-guidance-on-covid-19-vaccine-in-australia-in-2021>
- temporary exemption – a State/Territory health order may provide a temporary exemption for time to time for certain circumstances.

^{xii} **Not Vaccinated – No Exemption** – People who have declared they are not vaccinated; are unable to provide proof of their vaccination; or unable to provide evidence to support one of the above exemption categories should be considered as being 'not vaccinated – no exemption'.

^{xiii} An area that has good ventilation, separation from other residents and public walkways and is able to provide required physical distancing and is cleaned in between use by different people.