# Visitation Guidelines for Residential Aged Care Facilities
# November 2020

The Australian Health Protection Principal Committee (AHPPC) recognised early in the COVID-19 pandemic that residents of residential aged care facilities (RACFs) were particularly vulnerable, and at risk of severe illness from COVID-19. Accordingly, the health and wellbeing of this population has been in the deliberations of the AHPPC throughout the pandemic. AHPPC recommends that all RACFs ensure they are sufficiently prepared to manage a COVID-19 outbreak. Detailed guidance for facilities is available.

AHPPC recognises and acknowledges the significant work of aged care providers, the aged care workforce, families, the community and older people themselves to prevent transmission of COVID-19 within aged care homes.

## Moving into COVID Recovery phase and COVID Normal

AHPPC considers the personal welfare and mental health of residents in RACFs is of vital importance. As Australia continues to move towards becoming COVID Safe (during this COVID-19 recovery phase), these factors must be balanced against the ongoing risks of COVID-19 outbreaks in RACFs. Levels of community transmission of COVID-19 (at a local area, suburb, region or jurisdiction level) should influence the escalation tiers and aged care provider responses as Australia and the aged care sector moves towards the COVID Recovery and COVID Normal phases.

The following key principles during COVID Recovery and COVID-19 Normal phases are supported by AHPPC:

- AHPPC supports continuing efforts to proportionately implement appropriate infection prevention and control measures with residential aged care and for other vulnerable populations receiving aged care at home.
- Jurisdictional (State and Territory) health directives must be followed, including adherence to physical distancing, personal hygiene and other recommended infection prevention and control measures.
- AHPPC considers the maintenance of nutritional, physical and psychosocial wellbeing of residents in RACFs to be of vital importance, balanced with their personal welfare, and human rights.
- AHPPC supports visitors (including family, friends, visiting health workers and support staff) to residents of aged care homes in the least restrictive manner possible, in line with the known or likely wishes and preferences of the older person/resident.
- An ongoing and dynamic risk assessment should influence the level of limitation on visitation, the type of visitation restrictions implemented and attendance by a resident to locations external to the residential aged care facility.
- The dynamic risk assessment should be based on the current level of COVID-19 community transmission (both at the location of the RACF and the community of the

visiting person) and only occur in a manner that is proportionate to the prevalence of community transmission.

- The 'Tiered Escalation' model should be utilised in determining the level of visitation and other restrictions required.
- Aged care providers should be prepared to step-up and step-down based on local or state/territory public health advice, direction from the Aged Care Response Centre within the relevant State or Territory, or their risk assessment at the local level.
- The restrictions on entry, recommendations on entry to residential aged care, screening and management of staff and visitors and external excursions from residential aged care (for personal or health reasons) outlined in Table 2 below be followed.
- The Industry Code on Visiting Aged Care Homes during COVID-19, should be followed. In particular, Principle 7 which deals with exceptional circumstances in which visitation should be allowed even during Tier 3.
- State and Territory public health units have the ability for aged care providers (and where relevant, community members) to be able to request consideration, on a case by case basis, of exceptions to relevant jurisdictional directions.

## 1. Purpose and audience

This document is to provide guidance for aged care providers on actions to be undertaken depending on the COVID-19 situation within the community.

The Department of Health has developed the *Escalation Tiers and Aged Care Provider Responses* framework (Escalation Tiers framework) outlined in Table 1. This has been reviewed against, and is consistent with, the national aged care statements and guidance listed in section 5.

Residential aged care providers are the primary intended audience of this advice.

## 2. Commonwealth definition of a hotspot

The Commonwealth trigger for consideration of a COVID-19 hotspot in a metropolitan area is the rolling 3 day average (average over 3 days) of 10 locally acquired cases per day. This equates to over 30 cases in 3 consecutive days.

The Commonwealth trigger for consideration of a COVID-19 hotspot in a rural or regional area is the rolling 3 day average (average over 3 days) of 3 locally acquired cases per day. This equates to 9 cases over 3 consecutive days.

## 3. Escalation tiers

Table 1 is based on the Escalation Tiers framework. It details three proposed escalation tiers and provides an overview of the:

- situation or scenario that is commonly seen against each tier
- overarching public health objective against each tier
- focus of action that residential aged care providers should take in response to a situation of escalating, or de-escalating, COVID-19 outbreak.

## 4. Provider actions by escalation for visitation and external visits by residents

Table 2 provides a detailed list of the actions that residential aged care providers should take in response to a situation of escalating, or de-escalating, COVID-19 outbreak.

It is important to note that:

- the primary focus should be on preventative action;
- any action that is required at Tier 1, will automatically be required at Tier 2 and Tier 3;
- as a matter of best practice, residential aged care providers should review the advice in Table 2 to assist in determining whether current practice is in line with this advice.

## 5. Aged care response to COVID-19: National statements and guidelines

Key national statements and guidelines reviewed and endorsed by the AHPPC relating to aged care (and developed by the AHPPC subcommittees of Communicable Diseases Network Australia (CDNA) and Infection Control Expert Group (ICEG)) are:

- New National Plan
- CDNA national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia
- Coronavirus (COVID-19) Guide for Home Care Providers
- AHPPC Coronavirus (COVID-19) Statement: Recommendations to Residential Aged Care Facilities
- ICEG Coronavirus (COVID-19) environmental cleaning and disinfection principles for health and residential care facilities
- ICEG Coronavirus (COVID-19) guidelines for infection prevention and control in residential care facilities
- AHPPC advice on residential aged care facilities

- AHPPC update to residential aged care facilities about minimising the impact of COVID-19
- ICEG Coronavirus (COVID-19) – Recommended minimum requirements for the use of masks or respirators by health and residential care workers in areas with significant community transmission
- ICEG guidelines on cleaning and disinfection of protective eyewear in health and residential care facilities
- AHPPC Guide to the Establishment of an Aged Care Health Emergency Response Operations Centre.

The Industry Code on Visiting Aged Care Homes during COVID-19 (Industry Code) has been developed by the aged care sector peaks. The principles and approaches within the Industry Code should be considered in supporting the proportionate controls required to support safe visitation to aged care homes during COVID Safe/COVID Normal. The Industry Code was endorsed by endorsed by National Cabinet on 1 May 2020, and was further updated by the Aged Care Sector peaks on 23 July 2020.

Aged care providers have an obligation to provide care and services in accordance with the requirements of the Aged Care Act 1997, including the Aged Care Quality Standards and the Charter of Aged Care Rights. Provider obligations include responsibilities for quality and safety and respecting the rights of consumers, and focus on the outcomes that the community can expect from organisations that provide Commonwealth-subsidised aged care services. In managing the risks of COVID-19, providers need to balance the needs, goals and preferences of consumers to optimise their health and well-being, including in relation to isolation. The Code is not a legislated obligation but complements the regulatory framework by providing clarity on industry expectations of the practices that will support these outcomes for consumers. Evidence of how a service is applying the Code will be considered, where relevant, by the Aged Care Quality and Safety Commission in monitoring and assessing providers in relation to the Aged Care Quality Standards and Charter of Aged Care Rights.

## Table 1: Proposed escalation tiers

| | TIER 1 | TIER 2 | TIER 3 |
|---|---|---|---|
| **Situation** | Epidemic* of no transmission or no locally acquired cases; only cases are those from people who have travelled overseas | Epidemic* of jurisdictionally defined hotspots such as:<br>● localised outbreaks with cases occurring in:<br>- households,<br>- licenced venues,<br>- fitness centres,<br>- shopping centre<br>• **OR**<br>- a single case in a setting with high transmission risk such as a correctional facility or a RACF<br>• **OR**<br>- a flag such as an upstream source not able to be identified | Epidemic* of COVID-19 in the community |
| **Public Health Objective** | Prevent introduction of COVID-19 | Investigate and control if required<br>Prevent further COVID-19 spread<br>End the chain of transmission | Control COVID-19 transmission<br>Prevent seeding to new areas<br>Clinical care |
| **Focus of Action** | Preparedness i.e., getting everything in order | Tier 1 plus a ramp-up of activities such as:<br>● raising awareness<br>● encouraging people in specific locations to come forward for testing<br>● a renewed focus on IPC training<br>● (depending on what is occurring in the community) compulsory mask use; visitation considerations, asymptomatic testing or implementation of single site worker arrangements | Tiers 1 and 2 as well as public health interventions such as:<br>● mask wearing<br>● visitation restrictions<br>● asymptomatic testing<br>● single site worker arrangements<br>● encourage people to work from home<br>● avoiding non-essential travel i.e., a full-ramp up of all activities |

*An epidemic or outbreak is the occurrence of more cases of disease than expected in a given area or among a specific group of people over a particular period of time
(Source: CDC)

## Table 2: Visitation recommended actions by Tier

| | TIER 1 | TIER 2 | TIER 3 |
|---|---|---|---|
| **RACF RESTRICTION TO ENTRY** | | | |
| Restriction on entry - staff, including contractors | Limited restriction (as per Appendix A) | Limited restriction (as per Appendix A) | Limited restriction (as per Appendix A) |
| Restriction to entry - visiting health & other designated support workers (including advocates & CVS) | Limited restriction (as per Appendix A) | Limited restriction (as per Appendix A) | In-reach services (where telehealth or adaptive models of care are not appropriate, applicable or available) |
| Restriction to entry - visitors | Limited restriction (as per Appendix A) | Limited restriction (as per Appendix A) | Restricted visitation - in line with Industry Code (in particular, Principle 7) |
| Restriction to entry – groups (more than two people) | Entry with appropriate screening, physical distancing and personal hygiene measures | No entry | No entry |
| Restriction to entry - new residents & residents returning from hospital (following a non-COVID-19 related illness) | Returning and new residents - appropriate screening and monitoring | Returning and new residents – no entry unless clearance authorised by medical officer/public health unit. | New and returning residents – no entry unless clearance authorised by medical officer/public health unit. |
| Restriction to entry - new residents & residents returning from hospital (following a COVID-19 positive diagnosis) | Returning residents and new residents: Entry permitted where “Release from isolation” criteria as outlined in the Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units is met. | Returning residents and new residents: Entry permitted where “Release from isolation” criteria as outlined in the Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units is met. | Returning residents and new residents: Entry permitted where “Release from isolation” criteria as outlined in the Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units is met. |
| Restriction to entry - partners in care | No restriction | Permitted – with appropriate orientation/training | Permitted – with appropriate orientation/training, and in line with Principle 7 of the Industry Code |
| **RESIDENTIAL CARE & SUPPORT** | | | |
| Resident and visitors - symptom screening | Yes | Yes | Yes |
| Resident - isolation /quarantine | Asymptomatic - not required<br>Symptomatic – isolation/quarantine required | Asymptomatic – not required<br>Symptomatic - isolation/quarantine required with screening based on medical officer/public health unit advice | Screening and isolation/quarantine when symptomatic, or based on medical officer/public health unit advice for asymptomatic |

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|---|---|---|---|
| Resident - common areas | Yes | Limited, with physical distancing or outdoors | Restricted, based on State/Territory directions |
| Resident - Physical and mental wellbeing | Implement standard measures to maintain and monitor | Implement standard measures to maintain and monitor | Implement alternative measures to maintain and monitor |
| Resident - Partners in Care support models | Yes | Yes – with appropriate orientation and education, and adherence to infection prevention and control requirements and directions by staff | Yes – with appropriate orientation and education, and ability to use personal protective equipment under staff direction |
| Resident - alternative models of visitation (e.g. digital, window visit) | Offered if requested | Implement alternative mechanisms | Implement alternative mechanisms |
| Infection prevention & control - Personal Protective equipment - staff and visitors | Implement as per State/territory health directives | Implement as per State/territory health directives | Implement as per State/Territory directions |
| Infection prevention & control - Personal Protective equipment - residents | Consistent with residential aged care facility's (pre-COVID) arrangements | Consistent with residential aged care facility's (pre-COVID) arrangements | Implement as per State/Territory health directions |
| **VISITATION LIMITATIONS & INFORMATION PROVISION** | | | |
| Infection prevention & control education and information provision - residents and visitors | Yes | Yes | Yes |
| Visitors - time limitations | Consistent with residential aged care facility's (pre-COVID) arrangements | Consistent with residential aged care facility's (pre-COVID) arrangements | Limitations based on State/Territory directions |
| Visitor - number limitations | COVID Normal (including small groups) with appropriate risk management procedures in place | COVID Normal (max of 2 visitors at any one time per resident) | Limitations based on State/Territory directions |
| Visitor - age limitations | Not required | Not required | Limitations based on State/territory directions |
| Visitation location - within aged care facility | Consistent with residential aged care facility's (pre-COVID) arrangements | Consistent with residential aged care facility's (pre-COVID) arrangements | Limitations based on State/Territory directions |
| Supervision of visitors | Consistent with residential aged care facility's (pre-COVID) arrangements | Consistent with residential aged care facility's (pre-COVID) arrangements | Escort to and from resident's room |
| Physical distancing | Yes | Yes | Yes |
| Personal hygiene measures | Yes | Yes | Yes |
| Seasonal influenza vaccination | Yes | Yes | Yes |
| **RESIDENT EXTERNAL APPOINTMENTS/GATHERING** | | | |

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|---|---|---|---|
| Resident external appointments - hospital | Yes | Yes | Yes |
| Resident external appointments - GP/Allied health | Yes | Yes (where in-reach not available) | Telehealth/In-reach preferable |
| Resident external excursions - small gatherings | Yes | Yes – numbers/locations per State & Territory guidance, where group is known and with appropriate physical distancing & personal hygiene | Allowed on a case by case basis – where numbers/locations per State & Territory guidance, where group is known and with appropriate physical distancing & personal hygiene, and with a risk assessment and risk management plan |
| Resident external excursions - groups | Yes | Yes – per State & Territory guidance, with appropriate physical distancing & personal hygiene | No |
| Resident external - exercise | Yes | Yes | Yes – Allowed on a case-by-case basis with risk assessment |

## Appendix A Advice from AHPPC

Further to Table 2, the following represents advice from AHPPC about minimising the impact of COVID-19 in residential aged care facilities:

## Restrictions on entry into RACFs

AHPPC maintains that the following visitors and staff (including visiting workers) should not be permitted to enter a RACF:

- Individuals who have returned from overseas in the last 14 days
- Individuals who have been in contact with a confirmed case within the last 14 days
- Individuals who are unwell, particularly those with fever or acute respiratory infection (for example, cough, sore throat, runny nose, shortness of breath) symptoms
- Individuals who have not been vaccinated against seasonal influenza.
- Individuals who require isolation or quarantine (unless directed by and managed per the direction of the local public health unit)

## Recommendations for entry into RACFs

Based on emerging evidence and given the current epidemiological and public health situation in Australia, with low levels of local transmission, AHPPC recommends that:

- children of all ages be permitted to enter RACFs — all visitors, including children, must adhere to restrictions on visitor numbers, social distancing and personal hygiene
- during Tier 2 and Tier 3 escalation periods, visiting service providers such as diversional therapists and allied health professionals be permitted to enter RACFs when their services cannot be provided via telehealth or other adaptive models of care; these providers must adhere to equivalent social distancing and hygiene practices as they have implemented in community settings.
- in-reach services by General Practitioners or allied health providers to aged care homes are the preferred model during Tier 3 escalation periods where telehealth or adaptive models of care are not appropriate, applicable or available. Where this cannot occur, external services should be facilitated with appropriate and proportionate infection prevention and control measures so as to not impact the long term health status of the individual or health care access.
- spouse or other close relatives or social supports are not limited in the number of hours that they spend with their spouse/relative, unless limited by State/Territory directions.

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

AHPPC recommends that RACFs who, based on the current environment, need to move to higher Tiers, implement measures to reduce the risk of transmission to residents, including:

- visits should be conducted in a resident's room, outdoors, or a specified area in the RACF, rather than communal areas with other residents
- no large group visits should be permitted at this time, however gatherings of residents in communal or outdoor areas which adhere to social distancing and current jurisdictional requirements for gathering size may be permitted

Visitors must practise social distancing where possible, including maintaining a distance of 1.5 metres. Visitors have a responsibility to supervise any children with them, practise hand hygiene and respiratory etiquette, use PPE as required, and to comply with directions given by RACF staff.

AHPPC recommends that RACF staff should not be required to supervise visits, except during Tier 3 where visitors should be escorted to and from the resident's room. However staff should promote compliance with COVID-19 prevention methods by:

- educating visitors on entry about practising social distancing and hygiene during their visit
- supporting application of required PPE
- placing signage throughout the facility to remind visitors to maintain these measures
- screening visitors on their current health status upon entry to ensure unwell visitors do not enter the facility

In the event a facility needs to return to a higher level of protection (for example, an outbreak of COVID-19 or local cluster in the community), facilities should recommence supervising visitors.

## External excursions – groups of residents

AHPPC recommends that external excursions for groups of residents (eg. bus trip) not be permitted in Tier 3 localities. Such excursions can occur under Tier 2, where in line with State/Territory directions, following a risk assessment and use of appropriate infection prevention measures (for example, residents remaining on the bus).

## External excursions – small gatherings

Under Tier 2, individuals and family members (close friends, partners, couples or siblings/familial groups in an RACF) should be permitted to leave the RACF to attend

gatherings, where the group is known (for example, with family or friends), and where such arrangements are in line with State/Territory directions, and use of appropriate infection prevention measures (including physical distancing and hand hygiene).

Under Tier 3, external excursions which involve small gatherings may occur on a case by case basis, where:

- the group is known;
- the size of the small gathering is in line with current jurisdictional advice and physical distancing and hygiene measures is adhered to during the visit; and
- the RACF has conducted a risk assessment for the visit and implemented proportionate infection prevention and control measures based on this assessment, taking into account the purpose of the excursion, local epidemiology, and number of people attending and the feasibility of physical distancing. The RACF should maintain a record of the visit location, number of people in the gathering and the date of visit.

## Residents

The AHPPC advice recommends:

- active screening for symptoms of COVID-19 in residents being admitted or re-admitted from other health facilities and community settings should be conducted
- no new residents with COVID-19 compatible symptoms should be permitted to enter the facility, unless the person has recently tested negative for COVID-19 and clearance authorised by the Public Health Unit (PHU)
- residents admitted from other health facilities should be assessed by appropriate medical staff prior to admission to the facility and appropriate and proportionate infection prevention practices should be implemented for residents returning from treatment or care at other facilities (This does not apply to day visits e.g. for outpatient visits).

There is no requirement for routine testing on admission or re-admission, unless clinically warranted. Clinical judgement should be applied — for example, where a patient is coming to the RACF from an area with known community transmission.

One-off screening on entry or re-entry to the facility should comprise a questionnaire about symptoms of COVID-19 and an initial temperature reading.

If otherwise unexplained symptoms are present or indicated in the response to the questionnaire, or fever is present, the resident should not be admitted to the facility. If admission is unavoidable the resident should be isolated and tested immediately, and appropriate infection prevention and control precautions should be implemented. The

resident should be managed as per the CDNA recommendations for suspected COVID-19 cases.

## Requirement for visitors to be vaccinated against seasonal influenza

Older Australians are at higher risk of morbidity and mortality due to influenza than the general population. While there is no vaccine or treatment for COVID-19, vaccination is a key protective factor against influenza infection. Unvaccinated staff and visitors pose a risk of introducing influenza into a RACF. This would burden the health system and endanger older Australians residing in RACFs.

As a protective measure, AHPPC continues to advise that only visitors and staff who have been vaccinated against influenza may enter RACFs. Individuals with a valid medical reason to not be vaccinated may seek a medical exemption to enter RACFs, in accordance with their jurisdictional requirements.

## Management of staff and visitors that are ill

COVID-19 can be introduced into RACFs by staff and visitors who are unwell, which can result in significant outbreaks. RACFs must advise regular visitors and staff to be vigilant in monitoring their health for signs of illness, and staying away from RACFs if they are unwell.

RACFs should undertake health symptom screening of all people upon entry as recommended by the Aged Care Quality and Safety Commission. Residential aged care providers need to take responsibility for the health of visitors and staff to whom they grant entry to protect our most vulnerable community members.

Staff and contractors who have symptoms of COVID-19 should be excluded from the workplace and be tested for COVID-19. Staff must immediately report their symptoms to the RACF, even very mild symptoms, and not go to any workplaces. Sick leave policies must enable employees to stay home if they have any of the COVID-19 symptoms, as outlined on the Department of Health website.