



5th May, 2020

Dear All

JMV VISITING UPDATE

As you are aware there has been a lot of discussion and communications related to visiting arrangements within the aged care world; along with discussions there has been a range of negative and quite uninformed and negative press that has painted aged care providers as being obstructive, irresponsible and uncaring in relation to engaging with all people involved with aged care homes including Elders, family and staff.

On Wednesday, the Prime Minister said **“You'll be aware of the strong views the National Cabinet and I have expressed in ensuring that residents of aged care facilities are not shut away and that they do have access to their loved ones and their carers and others who provide support to them. There are, of course, legitimate reasons why there would be restrictions at aged care facilities, particularly and obviously in places where there have been outbreaks. That is sensible. That is safe.”**

This comment marked a change from the negativity of the prior weeks but sadly the negative press has continued.

Behind the scenes however our peak bodies, several leading aged care providers and key advocacy agencies have been busy developing a Visitor Access Code; this consultation has taken into account the safety considerations required at this time for Elders, Visitors and Staff. Safety considerations that could and would be uniformly applied by Providers to welcome visitors back into homes.

Of importance here has been the intent of all Providers to work toward a *win win* scenario a scenario that:

- Enabled homes to maintain best practice infection control practice within homes to both control the risk of COVID-19 and to maintain the health and safety of all stakeholders
- enabled providers to develop strategies to manage additional people within homes
- enabled the building of supplies of sufficient PPE to manage additional people within homes
- enabled the development of systems to enable visits and the required resourcing for monitoring of these visits

JMV has throughout this time enabled visitations for Palliative Care people; special consideration related to support both elders and visitors who have specific mental health needs; we have enable supported contacts through windows, gates and from balconies plus our increased support and focus on skype; video conferencing; telephone contacts.

We are now at a point of enabling limited visits to occur these remains subject to some final supplies of PPE becoming available early next week. We will be informing our people of when we will be able to enable visits on Monday 4 May 2020.

Additional Funding: I am sure you are aware of the additional funding announced yesterday to coincide with the announcement of the Aged Care Visitor Access Code; this funding of \$900 (\$110,700 for JMV) per occupied bed will provide some of the financial supports that our sector has requested to support the additional resourcing required to implement the management requirements of COVID-19.

Consultation on draft Aged Care Visitor Access Code: A Visitor Access Code (included below) will ensure a nationally consistent visitation policy to residential aged care homes during the COVID-19 crisis has 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.

As stated previously 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 elders, families, and 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.

Consultation: We will be consulting with our many people over the next week and providing feedback received by Monday 11 May 2020.

Thank you

Jennifer

Draft Aged 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.
5. These situations are:
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.
6. 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.
7. 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.

8. 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.
9. 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.
10. 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.
11. 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.
12. 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.
13. Providers will vary their own response to COVID-19 as risks change within their local community.

RIGHTS

Providers	Residents, Families and Friends
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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	Residents, Families and Friends
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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	Resident, Families and Friends
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.
Escalate 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.

Stage	Provider	Resident, Families and Friends
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.