



Sector Code for Visiting in Aged Care Homes

Endorsed Version 7.2 - Current at 26 June 2023

Introduction

The Industry Code for Visiting in Aged Care Homes has been updated in June 2023 in consideration the [National COVID-19 Health Management Plan for 2023 \(the 2023 National COVID-19 Plan\)](#), [National Statement of Expectations on COVID-19 management in aged care settings \(the National Aged Care Statement\)](#) and [the National COVID-19 Community Protection Framework \(the COVID-19 Framework\)](#). As discussed below in the Role of this Code, the Code was developed to give clear guidance where directions from local state or territory public health authorities were not available.

Outbreaks of viral and other infections are especially dangerous for aged care residents. They can be respiratory infections such as influenza, Respiratory syncytial virus (RSV) and COVID-19 or other types of virus such as Norovirus and other forms of gastroenteritis. 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 individual rights to be in control of their own lives and the rights of others within the community in which they live. The risks associated with COVID-19 must be balanced with the mental and physical health risks of residents not having access to visitors of their choosing.

[The 2023 National COVID-19 Plan](#) has been developed to outline the Australian Government health supports to manage COVID-19 during 2023.

The National Aged Care Statement was included in in pages 11-16 of [the 2023 National COVID-19 Plan](#). It outlines what is required to deliver safe and quality care with regards to COVID-19. The National Aged Care statement recognises the need for aged care providers to continue preparedness and response planning and infection prevention and control measures. It recognises the need to undertake Public Health and Safety measures in a manner which is cognisant of the rights of senior Australians and considers the impacts of social isolation. Timely access to medically appropriate acute and primary care services, continuity of all care and lifestyle support, and ongoing access to visitors is supported by the National Aged Care Statement.

Aged care residents, carers, staff, and visitors need a clear guide to support visits and minimise the risk of transmission of viral and other infections. In 2023, the guidance primarily provided by the local state or territory's public health authorities during the response phase of Outbreak management has reduced. These public health authorities still retain ultimate decision-making authority during public health emergencies and if an outbreak occurs. This Code was developed to give 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 to the specific risk at hand and in place for as short a time as possible. This includes maintaining access for Essential Visitors (those identified through Partners in Care and Named Visitor models as well as for residents who are palliative or receiving end of life care). Previous guidance from the Australian Health Protection Principal Committee (AHPPC), which was endorsed by National Cabinet in January 2022, indicates that public health units will also apply a 'least restrictive practice' to outbreak and exposure management. This principle still applies. All residents should be able to access at least one visitor. Facilities may institute a policy of only permitting an Essential Visitor during periods of outbreaks and exposures, to allow for additional training for those visitors, including a named visitor.

The Aged Care Quality and Safety Commission (ACQSC) recognises the known physical, psychosocial and nutritional impacts on older people if they experience extended periods of social isolation and has made a statement that outlines its position on provider responsibilities relating to visitor access. The endorsing signatories welcome the [statement](#) by the ACQSC.

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

The organisations that have developed and endorsed this Code support strongly encouraging all visitors (with defined exceptions) be up to date with vaccinations against influenza and COVID-19 in line with the [latest ATAGI booster advice](#), noting the AHPPC Statement of 1 October 2021 and noting that not all state or territory governments will mandate vaccination.

While the best way to protect an aged care resident is to be up to date with vaccination against COVID-19 and influenza, mechanisms must be in place and alternative ways to connect should be provided in instances where a visitor is not vaccinated, to ensure the resident remains connected with a range of other general visitors. The Code supports ensuring visitors can be facilitated outside of business hours.

Role of this Code

This Code outlines 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):

- Australian Technical Advisory Group ([ATAGI](#)) [2023 booster advice](#)
- [Interim Guidance on managing public health restrictions on residential aged care facilities](#) (AHPPC & National Cabinet endorsed February 2022)
- [Provider responsibilities to ensure safe visitor access to residential aged care](#) (ACQSC Statement)
- [National Guidelines for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection \(including COVID-19 and Influenza\) in Residential Care Facilities](#)
- [National COVID-19 Management plan for 2023 \(incl. National Statement of Expectations on COVID-19 management in aged care settings\)](#)
- [National COVID-19 Community Protection Framework](#)
- [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 relevant laws, directions guidelines and documents. Where the Code conflicts with laws, the law takes precedence and Residential Aged Care Facilities (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.

Level of visitor access

The [National Statement of Expectations on COVID-19 management in aged care settings](#) (2023) acknowledges aged care services can set restrictions on visitors in order to reduce infection risk, such as placing limits on the number of visitors at any one time or limiting the movement of visitors indoors. In exceptional emergency circumstances, and where State/Territory public health unit involvement is occurring, visitation may be suspended for a period of 24 hours while an aged care provider enacts its outbreak management plan. Palliative Care and End of Life Visitors should still be facilitated during this 24 hour period. Further restrictions should only be on the direction of the State/Territory public health unit.

Restrictions on visiting should always be as least restrictive as possible, proportionate to specific risks, based on government advice and in keeping with public health orders. 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 and other pathogen transmission potential in response to incursions and outbreaks. All individuals (residents, workers and visitors) should maintain ongoing and proportionate PHSM including physical distancing, respiratory and hand hygiene, not attending an aged care home if positive for COVID-19 or have respiratory symptoms and records of attendance at venues as required.

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

The National Aged Care Statement supports the role of Essential Visitors. All aged care residents, including those isolating, should have access to at least one essential visitor at all times, including during management of COVID-19 infections. This includes specific visitors identified through partners-in-care models, named visitors models, and volunteers.

The National Aged Care Statement recognises Residents who have a suspected or are diagnosed with a transmissible infection should be isolated within the aged care service in line with IPC best practice, for no longer than is considered clinically necessary and must give consideration to the older person's dignity, choice and continuity of care, as described in the Quality Standards. Essential Visitors and strategies to reduce social isolation and deconditioning must be facilitated for residents who are in isolation. [CDNA guidance](#) on Case Isolation and Release from Case Isolation for Residents should be followed in relation to isolation.

The rights of residents

Requirements under Standard 1 of the Aged Care Quality Standards establishes the responsibility of providers to facilitate consumer choice in relation to visitors and supports continued visitor access at the Sector Code for Visiting Aged Care Homes – Version 7.2

residents' direction. The wishes and preferences of residents should always be at the centre of all decision making in relation to who visits them; their choices should be asked for and respected. The right 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 by aged care homes.

Essential Visitors

The National Aged Care Statement supports the continuation and implementation of Essential Visitor models. All residents should have access to at least one visitor, even during outbreaks.

All residents should always have access to at least one visitor. To achieve this, the Code defines certain visitors as Essential Visitors¹:

1. **Partners-in-Care** – Access by Partners-in-Care should be prioritised, recognising their role in the daily care and support of a resident such as helping with hydration, 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 a substitute decision maker (if appointed), or other relevant people to ensure a Partner-in-Care/Named Visitor is appointed.

Aged care providers should enable each resident to be always visited by an Essential Visitor, **even during outbreaks or exposures**. 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.

The National Aged Care Statement states Essential Visitors (including volunteers) who visit frequently (that is, three or more times a week) are expected to undertake basic IPC training, including use of PPE, facilitated by the aged care provider.

End of Life Visitors

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 and may include facilitating visits while an exposure/outbreak is occurring, including during the initial few days. Where a potential visitor is not up to date with COVID-19 or influenza vaccination, this may involve taking extra precautions or restrictions to protect other residents. When state or territory directions place a restriction on the number of visitors in aged care, most also provide an exemption for end of life visits. The Industry Code encourages no limits to

¹ The Code notes that CDNA guidelines should be read to be consistent with this Essential Visitor definition when the CDNA guidelines refers to both Essential Visitors and Partners-in-Care through different parts of the document. This is consistent with the AHPPC & National Cabinet endorsed Interim Guidance which references this definition of Essential Visitors.

the number of visitors for the purpose of end of life, while noting that environmental factors from an outbreak may place limitations on specific sites.

General Visitors

General visitors include family, friends, Community Visitors Scheme volunteers, any other volunteers or personal ministers of religion, (unless nominated as a Named Visitor), along with the resident's legal representatives and OPAN staff.

Aged Care Homes who are in Preparedness phase of their Outbreak management Plan, transitioning from the Response to Recovery phase of their Outbreak Management Plan, or when there are low levels of Community transmission, should allow access to General Visitors. General Visitors access times should be broader than normal business hours in these circumstances.

Visiting hours for general visitors should be available for those that work full time and those who can only visit on weekends. This is requirement under the User Rights Principles (2014)². Under the User Rights Principles Aged Care Advocates under the National Aged care Advocacy program and Community Visitors can access a Residential Aged Care Facility at any time if requested by a resident and during normal business hours under other circumstances.

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.

The ACQSC has issued a [statement](#) outlining provider responsibilities relating to visitor access, noting that providers need to facilitate visitor access to ensure residents are able to maintain relationships and engage in social contact. The statement indicates that providers must balance their responsibility to reduce the risk of COVID-19 entering with their responsibilities to meet the physical, social and emotional needs of their residents. Further, the statement identifies that infection control procedures do not override the ongoing obligations of providers to facilitate safe visiting arrangements, including preparing for and supporting Essential Visitor access during an outbreak at a facility.

The ACQSC statement calls on providers to ensure they have proactively engaged with residents about the concept of Essential Visitor and notes that the ACQSC may take regulatory action where access to Essential Visitors is not adequately supported. The ACQSC notes its expectation that providers clearly communicate with residents, representatives and advocates on changes which affect visitor access. The ACQSC has referenced this Code as a practical best practice guide for visits.

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.

² User Rights Principles (2014) Clause 8 (1) states "if a care recipient in a residential care service has asked a person to act for the care recipient, the approved provider of the service must allow the person access to the service at any time."

Aged care providers should clearly and quickly communicate updates about changes of access level to residents, visitors, families, and aged care workers.

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

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 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.

The role 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, gastro, respiratory or COVID-19 symptoms,
- following IPC measures 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 COVID-19 and influenza vaccination status or recent COVID-19 test result, and
- on visiting hours, including where this is not required by state or territory health orders.

Visitors who refuse to comply with reasonable screening and IPC may be denied access to the home in accordance with a home's policies or obligations under public health directions.

Vaccination

Vaccinations protect residents, workers and the community from illness. COVID-19 and influenza vaccination and boosters provide good protection against severe illness and death. Up to date vaccination is an important ways to reduce risk of infection in aged care homes, alongside the screening of workers and visitors, and effective infection control and prevention practices.

Vaccinations are strongly encouraged as this may reduce risks (including influenza, COVID-19 and other relevant vaccinations) in line with the latest advice from the relevant Government.

The Code signatories support strongly encouraging all visitors (with defined exceptions) be up to date with vaccination against influenza and COVID-19, in line with [current ATAGI advice](#).

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. Providers may develop a risk assessment plan in line with local health unit guidance.

Self-isolation upon re-entry should only apply where there is deemed to be a high risk in line with [CNDA guidance for resident high risk exposure](#),, and even then, residents should continue to have access to Essential Visitors and have strategies implemented to reduce social isolation and deconditioning. An additional reason for self-isolation is when a State or Territory Governments directs an aged care home to do so.

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"> • Aged and Community Care Providers Association • Anglicare Australia • Baptist Care Australia • Catholic Health 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) • Palliative Care Australia