



COVID-19 Case study

#01 Going for walks



An aged care service tells a resident he can't leave the grounds for his daily walk because of the risk of contact with COVID-19

Jack lives at a residential aged care service in a quiet regional town. He has mild dementia, so his daughter, Anna, is his substitute decision-maker. A keen bushwalker all his life, he needs to be active and has never been happy to sit around with nothing to do. After moving into aged care a couple of years ago, Jack settled into a daily routine that included leaving the service at the same time each morning for a 30-minute walk where he would walk around the block without crossing the road or talking to anyone.

At the height of COVID-19 restrictions in the state, the service had to impose a complete lockdown to protect residents. Jack was very unhappy about being cooped up and he became bored, his agitation and anxiety got a lot worse and he began losing weight. As soon as the state relaxed COVID-19 restrictions, he was keen to get back to his daily walks, however the aged care staff said they couldn't let him because of the service's COVID-19 policy.

Anna called the Aged Care Quality and Safety Commission (the Commission) to complain about the service's decision not to let her father walk outside the premises. She emphasised how important her father's daily walk is to his mental and physical wellbeing and quality of life, and noted that it's part of his routine that soothes his anxiety and helps him avoid becoming bored and restless.

After talking with Anna, the complaints officer at the Commission contacted the service to discuss what could be done. The manager there confirmed that the current policy was not to let residents leave the premises. The service regretted having to impose this restriction and realised that it went beyond the current public health directions but considered it necessary as an infection control measure to keep all residents safe. On top of this, the staff were concerned about Jack walking outside the grounds alone, as his dementia seemed to have progressed.

The complaints officer asked about the service's decision-making in developing and reviewing its policy on residents leaving the premises. The manager didn't have the details to hand during the call but said the decision came from the executive team at head office.

The complaints officer then asked for a written response from the service, and provided a link to the latest public health advice on relaxing COVID-19 measures, which put no restrictions on reasons to leave home. Specific to Jack, the complaints officer asked the service to explain its assessment of his risk of exposure to COVID-19 and any other risks from his walks outside. She also asked how they were implementing the requirements set out in the Aged Care Act (Quality of Care Principles) on minimising the use of restraints in aged care in relation to Jack, and provided notification that the service had five days to respond.

The service responded that in light of the latest public health advice and the low rate of local community transmission of COVID-19, it had decided to review and update its policy. The new policy allows residents to leave the grounds as long as they and their families manage their social distancing responsibly and they thoroughly wash their hands as soon as they re-enter the building.

However, the service had other concerns about Jack. Having documented a decline in his cognition, staff had concluded that it might no longer be safe for him to walk outside unsupervised.

The service arranged a meeting with Anna and her father's GP. Anna told them she had weighed up the risks and the benefits and still strongly believed that her father should keep doing his daily walks. So she and the service agreed on a plan: for two weeks either she or a staff member would walk with Jack and assess his awareness.

After two weeks they were all happy that he knew the route and was still alert to traffic, so he's now going for walks alone again.

Anna reported back to the Commission that Jack is now much happier, feels more settled and is eating well again. She's pleased with the outcome and appreciates the service's willingness to consider individual preferences and alternative viewpoints.

In reaching this outcome, the aged care service and Anna understood that any decision about restricting a resident's free movement must consider and take account of many factors, including the resident's wishes; their quality of life, wellbeing and psychosocial, cultural and clinical needs; the latest public health directives and advice; and current rates of community transmission of COVID-19 in the local area.