




Supporting safe, quality care for aged care consumers during visitor restrictions relating to the coronavirus (COVID-19) pandemic




As part of the COVID-19 pandemic, residential aged care services are required to put in place restrictions on visits and visitors to reduce the risk of transmission. There is guidance on the Department of Health website about these provisions. All states and territories have promulgated subordinate legislation to constrain visitors to aged care services, and movement within the community generally. The provisions can change, and aged care providers are expected to keep up to date to ensure they remain compliant with the legal requirements applying in the jurisdiction/s in which their service/s operate.

The Commissioner wrote to all approved providers on 23 March 2020 outlining the Commissioner's expectations regarding the application of these restrictions. These restrictions are important for protecting residents and staff and reducing the risk of transmission of COVID-19. In implementing them, aged care providers are expected to exercise care and compassion, keeping consumers at the centre of decision-making. This position aligns with the expectations of National Cabinet that it is not acceptable, fair or compassionate for residential aged care services to ban visits from carers and families.

While the visitor and other restrictions are in place, providers must also continue to comply with their responsibilities under the Aged Care Act 1997 and related principles, including the Aged Care Quality Standards and the Charter of Aged Care Rights. This includes the need to:

- Communicate with residents and families in an ongoing way
- Put in place supplementary and alternative arrangements to support families, friends and others to maintain regular contact with residents
- Ensure that residents continue to receive safe, quality care during the visitor restrictions.



Providers are expected to balance their responsibilities to reduce the risk of COVID-19 entering the site with their responsibilities for meeting the physical, social and emotional needs of consumers by tailoring care and services as far as possible to their individual circumstances.¹ This is not easy or straightforward. Achieving a good balance in the rapidly changing environment of the pandemic requires an understanding of the internal and external operating environment, knowing individual consumers and their needs, continually assessing risk, and acting accordingly.

This document provides suggestions about actions that residential aged care services can take to meet the needs of individual consumers and deliver quality care while the visitor restrictions in place. The focus of most of these actions and strategies is on building, maintaining and strengthening the relationships that exist between individual services and their residents, families and others to ensure that residents are safe during the COVID-19 pandemic, and that their wellbeing is maintained during this period.

The actions in this document apply to services that do not have an outbreak or confirmed case of COVID-19. If there is a confirmed case or outbreak, services will need to change their response to minimise the risk of infection to residents, staff and others and to comply with advice and directions from the relevant public health unit in their state or territory.

¹ The Commission's Chief Clinical Advisor, Dr Melanie Wroth, has provided separate advice to the sector strongly recommending the implementation of screening of staff and visitors on entry to a residential aged care facility. That advice is [available on the Commission's website](#).

Actions that residential aged care services can take to support quality care and safety during visitor restrictions

Issue	Action	Examples of strategies
1. Communication about the visitor restrictions	A. The service communicates with residents, families and others about the visitor restrictions prior to their introduction	<ul style="list-style-type: none"> • Calling and writing to the key contact person for each resident to let them know about the introduction of visitor restrictions • Following up to ensure they are aware of the changes, understand their implications and have notified other friends and family who may want to visit the service
	B. The service provides ongoing information to residents, families and others to help them understand the visitor restrictions and how they will affect their interactions	<ul style="list-style-type: none"> • Communicating about: <ul style="list-style-type: none"> – The reasons for the changes – The commitment of the service to protecting residents and ensuring that they have as much access as possible to their loved ones – The exceptional circumstances that may warrant consideration of a change in these arrangements for individual residents • Communicating in a timely way about any updates or changes to the arrangements, such as advice from the Australian Health Protection Principal Committee or a confirmed case of COVID-19 at the service • Using filmed online messages to communicate to make the process more personal

Issue	Action	Examples of strategies
2. Communication during the visitor restrictions	A. The service puts in place supplementary and alternative arrangements to support families, friends and others to maintain regular contact with residents	<ul style="list-style-type: none"> • Helping residents use social media and other internet-based communication modes, including video options such as Facetime and Skype • Creating a Facebook page for the service • Using mobiles for calls and texting • Reading out and sending emails on behalf of residents • Sending and receiving postcards, letters and short video messages • Helping residents use communication apps designed for older people, and people living with dementia • Increasing lifestyle and leisure sessions to support connection with families, friends and others • Establishing mechanisms to enable visiting with appropriate physical distancing, such as outdoors, across a fence, through a window or glass panel • For individual consumers, an 'exceptional circumstances' provision (such as extreme emotional distress, end of life) to enable a family member to visit their loved one under prescribed conditions
	B. The service puts in place alternative arrangements to inform and receive feedback from families, friends and others	<ul style="list-style-type: none"> • Increasing the frequency of the service's newsletter from monthly to weekly, and including photos of residents and staff (with their consent) • Promoting use of the service's suggestions or complaints inbox • Instituting a regular call from the service to families, including calls from registered nurses for residents with specific clinical needs • Texting daily updates to families

Issue	Action	Examples of strategies
3. Safe, quality care for residents	A. The service puts in place additional measures to support safe, quality care	<ul style="list-style-type: none"> • Increasing the frequency of clinical observations of residents to identify early signs and symptoms of illness and to check on existing clinical conditions, particularly for residents with high-risk conditions • Surveying consumers (and their authorised representatives) to check that care is meeting their needs • Understanding the care needs of individual residents when care is delivered in partnership with families, and ensuring there are no gaps in care, such as at meal times, for symptom management and calling for help • Increasing lifestyle and leisure sessions to ensure exercise, mobility and other needs are met • Providing individual activities that meet the needs of residents in place of group activities

Issue	Action	Examples of strategies
3. Safe, quality care for residents	B. The service understands the situation of individual residents and ensures appropriate access to visitors, including healthcare providers when needed	<ul style="list-style-type: none"> • Enabling access for family members and close friends when a resident is at the end of their life • Having effective communication and clear processes that are applied with care and compassion when a resident is at the end of their life • For individual residents with very specific needs, creating an exception category that enables a visit or visits under prescribed conditions, for example enabling a support person to visit to reduce distress or confusion of a resident with certain conditions, such as dementia • Understanding the clinical needs of individual residents and ensuring that they have timely access to required healthcare providers, either as visitors or through alternative means such as telehealth • Accessing specialist assistance to address the specific needs of individual residents, such as residents living with dementia who have behaviours of concern

Issue	Action	Examples of strategies
3. Safe, quality care for residents	C. The service supports residents to leave the service to receive care when needed and to return following that care	<ul style="list-style-type: none"> • Considering, on a case by case basis, the risks and benefits of a resident leaving the service, and how any risks can be addressed (for example, visiting a dentist for a tooth abscess has different risks and benefits compared with visiting for a routine check up) • Providing information to residents, families and friends about the need for good hygiene practices when they are outside the service • Screening residents on their return to the service (such as with a temperature check and short interview) • Ensuring that residents use hand sanitiser and follow good hygiene practices on their return to the service • Ensuring that while the resident is receiving health care outside the service, the risks of transmission are minimised, such as by having direct transport to the appointment; calling ahead to minimise waiting time; waiting in a car outside, rather than in the waiting room