



Visitation recommended actions by Tier

	TIER 1	TIER 2	TIER 3
<b>RACF RESTRICTION TO ENTRY</b>			
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
<b>RESIDENTIAL CARE &amp; SUPPORT</b>			
Resident and visitors - symptom screening	Yes	Yes	Yes
Resident - isolation /quarantine	Asymptomatic - not required Symptomatic - isolation/quarantine required	Asymptomatic - not required 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
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

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<b>VISITATION LIMITATIONS &amp; INFORMATION PROVISION</b>			
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
<b>RESIDENT EXTERNAL APPOINTMENTS/GATHERING</b>			
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](#).