Managing Public Health Restrictions on Residential Aged Care Facilities – Interim Guidance

This guidance provides a process to support safe decision making on the application of public health restrictions on residential aged care facilities (RACF) managing a COVID-19 exposure or outbreak. This guidance applies to residential aged care providers.

The interim guidance considers the current context of the pandemic, including the significant vaccination coverage in Australia, the progress of booster vaccination, the emergence of and dominance of Omicron, and likely future progression. In view of the increased transmissibility of the Omicron variant and the higher number of cases in the community, the following revisions allow for greater flexibility in balancing the need to reduce transmission against the impact of social isolation on residents living in RACF.

Despite the high rates of vaccination, including boosters, in residential aged care, residents remain one of the most at risk population groups for severe disease given age and the presence of chronic medical conditions. The risk of infection, however, needs to be balanced against the broader impacts of extended restrictions on overall health and wellbeing of older people in aged care.

To date, the management of COVID-19 exposure and outbreaks in residential aged care settings has resulted in residents being isolated in their rooms with necessary limited contact with staff including the use of personal protective equipment such as face masks. Isolation has been applied for up to 14 days, in line with best practice public health restrictions to limit the spread of infection in a densely populated setting. Unfortunately, in some cases the period of isolation or restricted mobility has been protracted due to the need to maintain restrictions until all cases are cleared. Residents have also been impacted by community lockdowns, with access to visits from family and loved ones, and the ability to travel outside the facility, limited by restrictions on population movement.

The known impacts on older people linked to sustained and successive social isolation include:

- physical: reduced balance, endurance, strength, exercise tolerance, bone and muscle mass, independent function, participation in meaningful activities
- psycho-social: fear, anxiety, loneliness, boredom, depression, cognitive decline nutritional: reduced appetite, reduced enjoyment of meals, lack of feeding assistance, monitoring and assessment of intake. These result in rapid loss of weight, malnutrition, dehydration, reduced immunity, reduced energy and motivation, slow wound healing, and cognitive decline.

There is also a flow-on impact on their immediate families and loved ones, who experience frustration and powerlessness resulting from their separation and inability to provide usual care and social contact.

Aged care providers have an obligation to provide care and services in accordance with the requirements of the Aged Care Act 1997, including the Aged Care Quality Standards and the Charter of Aged Care Rights. In this context, it is acknowledged that risk cannot be eliminated and that exposures to infections including COVID-19 will occur. Providers of residential care are expected to balance their responsibilities to reduce the risk of COVID-19 entering RACF with their responsibilities for meeting the physical, social and emotional needs of residents and supporting choice and quality of life.

This Guidance acknowledges the previous statement made by AHPPC in the Visitation Guidelines for Residential Aged Care Facilities on the need to balance the implementation of appropriate infection prevention and control measures with a resident's right to live their life with minimal restrictions and take personal risks including through increased risk of infection through contact with family and loved ones.

Facility restrictions linked to COVID-19 exposure and outbreak

The following principles are proposed for the management of all cases of COVID-19 in RACFs, including exposures and outbreaks as defined by relevant jurisdictional guidance:

- agree that 'exposures' can be managed consistently by a residential aged care provider, in line with the Updated COVID-19 Test and Isolate National Protocols without involvement of the Public Health Unit (unless higher risk factors exist)
- agree a risk based least restrictive approach to requiring isolation within a RACF during a lockdown including:
    - limiting mobility restrictions, such as isolation in rooms or parts of the building, for the shortest time possible to reduce risk of transmission, taking into account the number and location of cases on site and the need for a proportionate approach (capped at 7 days in line with the Updated COVID-19 Test and Isolate National Protocols or from symptom onset if onset of symptoms is clear);
    - 'zoning' residents in an aged care home (where practical, and building layout allows) to ensure the smallest number of residents are impacted by isolation or mobility restrictions
- agree a consistent timeframe for standing down isolation and mobility restrictions in an outbreak to be 7 days from last identified infectious case and sooner in the case of COVID-19 exposures, with enhanced infection prevention and control measures to continue.

The management of contacts and exposures for workers and residents should be in line with the definitions set out in the Commonwealth Permissions and Restrictions for Workers in Aged Care – Interim Guidance. This includes high-risk contacts where exposures occur in a workplace setting in the context of an outbreak.

Access to residents by essential visitors

The following principles are proposed to make sure that each resident can be visited by one Essential Visitor[1] at all times (including during management of outbreak or exposure):

- Maintain existing screening of visitors such as questions on current health status (i.e. any symptoms) and recent movements (i.e. any known exposure)
- supporting access to resident isolating in their rooms by Essential Visitors (including Partners-in-Care and Named Visitors) using appropriate PPE and screening in line with requirements for staff.
- requiring Essential Visitors to undertake basic Infection Prevention and Control (IPC) training, including use of PPE, facilitated by the RACF. RACFs will also need to supervise visitor compliance with IPC measures i.e. use of PPE. IPC measures for visitors should be consistent with those used by staff.
- requiring the RACF provider to supply appropriate PPE including rapid antigen test (RAT) kits to Essential Visitors and volunteers. Any additional cost of supply (i.e. purchase through

[1] Essential Visitor is defined in the Industry Code for Visiting in Aged Care Version 6.0 (22 December 2021) and includes roles such as Partners-in-care or Named Visitor

existing providers) during an outbreak or exposure can be claimed through the COVID-19 Aged Care Support Program Extension Grant, where providers are otherwise eligible.

In addition, access to volunteers should continue during outbreaks to ensure social engagement and resident wellbeing. In these cases, volunteers must meet the same requirements as Essential Visitors, including undertaking basic IPC training and being authorised by the RACF.

Implementation of the agreed principles should be undertaken by each jurisdiction through the most appropriate mechanism including but not limited to release of state specific guidance.

Further guidance will be provided through an update to the CDNA Guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia.