



Industry Code for Visiting in Aged Care Homes

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Introduction

Respiratory infections such as influenza and COVID-19 are especially dangerous for aged care residents. 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.

Aged care residents, carers, staff, and visitors need a clear guide to support visits and minimise the risk of transmission of respiratory infections. Guidance is primarily provided by the local state or territory's public health authorities, who retain ultimate decision-making authority at all times. 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 and in place for as short a time as possible. Recent guidance from the Australian Health Protection Principal Committee (AHPPC), which was endorsed by National Cabinet, indicates that public health units will also apply a 'least restrictive practice' to outbreak and exposure management.

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 their 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 mandatory vaccination of staff, vaccination of residents and visitors, and other infection prevention and control measures.

The organisations that have developed and endorsed this Code support requiring that all visitors (with defined exceptions) be vaccinated against influenza and COVID-19, 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 fully vaccinated against COVID-19, 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 remain connected with a range of other general visitors.

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):

- [Interim Guidance on managing public health restrictions on residential aged care facilities](#) (AHPPC & National Cabinet endorsed)
- [Provider responsibilities to ensure safe visitor access to residential aged care](#) (ACQSC Statement)
- [Communicable Diseases Network Australia \(CDNA\) national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia,](#)
- [National Aged Care COVID-19 Plan,](#)
- [National Plan to transition Australia’s National COVID-19 Response,](#)
- [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

Restrictions on visiting should always be as least restrictive as possible, proportionate, 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 transmission potential in response to incursions and outbreaks. All individuals (residents, workers and visitors) should maintain perpetual PHSM including physical distancing, respiratory and hand hygiene, and QR 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.

Green Level (low PHSM): Low or no levels of COVID-19 transmission in the community.

Orange Level (moderate PHSM): Medium to high levels of COVID-19 transmission in the community (but no exposure or outbreak onsite).¹

Red Level (stringent PHSM): An Exposure or Outbreak has occurred in the aged care home (as per CDNA guidelines Residential Care Facilities (RCF) COVID-19 definitions).

An RCF COVID-19 exposure is defined as:

- any case of COVID-19 in staff, residents or a visitor at the facility during their infectious period that does not meet the definition of an outbreak.

An RCF COVID-19 outbreak is defined as either:

- Two or more residents of a residential care facility who have been diagnosed with COVID-19 via RAT or PCR test within 5 days and has been onsite at the residential care facility at any time during their infectious period; or
- Five or more staff, visitors and/or residents of the residential care facility diagnosed with COVID-19 through RAT or PCR test within past 7 days who worked/visited during their infectious period.

Jurisdictional public health guidance may vary. It is important to ensure your approach is based on local guidance.

Source: CDNA [national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia](#), pg15

After an exposure or while an outbreak is in the process of being confirmed, an aged care home may commence Red Level restrictions. Management of a confirmed case will likely include all residents, staff and others on site being tested for COVID-19. The testing will result in either a clearance of infection or declaration of an outbreak by the Public Health Unit.

If a confirmed exposure or outbreak occurs, **Red** level restrictions will last 7 days after the last positive COVID-19 result (in line with revised CDNA Guidelines and the AHPPC statement). During this time, residents may be recommended to isolate in their rooms depending on individual site factors and zoning. **Red** level restrictions will continue until the provider or public health team confirms their exposure or outbreak has concluded based on local public health rules. Essential Visitors (see below) should be facilitated even during **Red** level restrictions, noting this may be limited to end of life visitors in the first few days.

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 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.

¹ The Code continues to recognise the important role State and Territory Governments should play in determining a particular geography to be an area of concern so that a consistent recognition of visitor access levels may occur.

Essential Visitors

All residents should always have access to at least one visitor. To achieve this, the Code defines certain visitors as Essential Visitors²:

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.

When the access level is **Red**, access for Essential Visitors will be facilitated, but may involve some restrictions. For example, the total number of people onsite, including visitors, is likely to be limited following outbreak procedures, which may mean not all Essential Visitors can visit every day.

When restrictions are raised to level **Red** it may take up to a few days for Essential Visitors to be allowed onsite while outbreak management plans are being implemented. Access for Essential Visitors must be facilitated after the initial few days of any single or sequential exposures or outbreaks³.

A Partner-in-Care or Named Visitor should be fully vaccinated. If they are not fully vaccinated added risk mitigation requirements will apply as outlined in the table below. End of life visitors may be unvaccinated and should be allowed facilitated access with the added risk mitigation requirements outlined in the table below.

² 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.

³ A single outbreak is where there is one outbreak or exposure event at a service, and which has an identifiable start and end date. Sequential exposures or outbreaks are where there are two or more identifiable exposure or outbreak events at the same service within a short timeframe i.e. an exposure or outbreak event at a service has a completion date and which subsequently experiences another exposure or outbreak at the same service within a few days. Sequential events may occur at a single service multiple times in succession.

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 fully vaccinated, 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 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.

Visiting hours for general visitors should be available for those that work full time and those who can only visit on weekends.

When the access level is **Green**, visiting hours, the number of visitors on site and the length of time for visits should return to pre-COVID-19 visiting norms. Additional restrictions may occur due to state or territory health orders. Visitors who have been fully vaccinated may enter the home following completion of a Screening Declaration. This will include adjustments for local community levels of COVID-19 such as requiring masks to be worn where required by a public health order or recommended to be worn indoors in a local community (for example shopping centres). Added requirements may be imposed on visitors who are not fully vaccinated.

When the access level is **Orange**, reduced visiting hours, and/or limits on the number of visitors may be necessary. Extra requirements, such as requiring a negative COVID test result may be imposed on fully vaccinated people. Restrictions on the type of visits may apply to visitors who are partially vaccinated. Alternative ways to connect should be provided to help the resident remain connected with a range of other general visitors.

When the access level is **Red**, stronger restrictions are necessary. Short term strict visiting restrictions will apply. Alternative ways to connect should be provided to help the residents remain connected with a range of visitors.

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.

If the access level is **Green**, visits from fully vaccinated people should not be limited under the Code, unless required by state or territory directions.

If the access level is **Orange** or **Red**, further restrictions should be implemented. Those restrictions should be based on a risk assessment, vaccination status, and differential between Essential Visitors and general visitors. If experiencing an active outbreak, additional visitation restrictions may be appropriate if there is a concern about the ability to contain and prevent further transmission. There may also be advice from public health units that support additional visitation restrictions based on a risk assessment.

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.

Aged care providers should clearly and quickly communicate updates about changes of access level to residents, visitors, families, and aged care workers. During periods of **Orange** or **Red** access levels, frequent updates should be provided, even if just to confirm that no further information is available.

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

Aged care homes have a responsibility to ensure adequate staff are available to implement the requirements of the Code. This includes supporting:

- 'staff monitored' screening processes,
- visitor requirements to wear personal protective equipment (PPE) provided by the aged care home,
- visits where residents or visitors require monitoring (for example window visits or limiting visitor movements),
- maintaining ongoing communication with residents and visitors.

Aged care workers should be trained in implementing the Code and their aged care home's procedures to ensure effective implementation of the Code.

Local Public Health Units are implementing the 'least restrictive principles' adopted by the interim guidance by AHPPC. Concerns about directions to a provider by a public health unit in relation to visitations should be raised with the state/territory health department, the Commonwealth Health Department's case officer and the ACQSC participant in an outbreak management team.

The Australian Government has an important role to ensure that aged care homes have adequate resources to implement the Code, including PPE supplies.

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.

If the access level is **Orange** or **Red** aged care providers have responsibility to ensure adequate staff are available where 'staff monitored' screening processes are needed. The [CDNA Guidelines for managing outbreaks in residential aged care facilities](#) outline many operational aspects that will assist in implementing the Code. This includes ensuring adequate PPE is available and the types of training staff should receive in relation to PPE, Infection Prevention and Control (IPC) Measures and other Work Health and Safety matters.

Responsibilities 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, respiratory or COVID-19 symptoms,
- following IPC measures during all access levels (green, orange and red) 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 vaccination status or recent COVID-19 test result,
- during **Orange** or **Red** periods, wearing additional types of PPE, using booking systems, using dedicated visiting areas, allowing staff supervised screening and visiting (and its associated restrictions, 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 vaccination and boosters provide good protection against severe illness and death, including with the Omicron

variant. Vaccination works alongside the screening of workers and visitors, and effective infection control and prevention practices.

The Code signatories support requiring all visitors (with defined exceptions) be vaccinated against influenza and COVID-19.

The Code signatories believe that everyone should be fully vaccinated and supports [ATAGI definition](#) that a booster dose of a COVID-19 vaccine is required to be 'up to date', and this will provide greater protection against both infection and severe disease. While only aged care workers may be [mandated](#) by Government to have a booster dose, the Code encourages all residents, volunteers and visitors to also receive their booster dose of a COVID-19 vaccine so as to be considered [up to date](#).

As Australia nears the 2022 influenza season, the Code signatories support mandatory influenza vaccinations for staff and volunteers with appropriate exemptions. 'Fully vaccinated' (which is different to 'up to date') [means](#) having completed a full primary course of COVID-19 vaccine (2 shots – with the exception of Johnson & Johnson / Janssen COVID-19 vaccine which requires only 1 dose) at least 14 days prior to visiting, as well as influenza vaccination during the relevant influenza season.

The Code recognises three other types of vaccination status and proposes distinct actions be taken if people in this vaccination status are onsite at an aged care home. These statuses are:

- 'children not eligible for vaccination' which are all children under the age of five,
- 'partially vaccinated' including people who had their final dose of their primary course COVID-19 vaccination doses less than 14 days prior,
- 'not vaccinated' people who have a [recognised medical exemption](#), an exemption given by a State or Territory Directive, or are not vaccinated for any other reason.

To be considered '[up to date](#)' a Booster dose is required on top of the primary course of vaccines required to be fully 'vaccinated'. Boosters are not currently recommended for children and adolescent 5-15 year. A person will be considered 'overdue' if a booster has not been received within 6 months of completing their primary schedule.

For visitors who are not fully vaccinated extra precautions are necessary. Visitors who do not show evidence of vaccination (or evidence of exemption) should be categorised as not vaccinated.

Visitors have a right to medical privacy. To maintain visitor privacy and also enable Providers to evidence appropriate risk management, Providers may ask to sight accepted evidence of visitor vaccination and record this in a register. The register should be used to facilitate ease of entry for repeat visitors and will assist with contact tracing, if required. Providers should not ask for a copy of visitor vaccination and / or make this a condition of entry.

The best way to protect an aged care resident against COVID-19 is to be 'fully vaccinated' and 'up to date' with COVID-19 vaccines. The Industry Code outlines in the 'Summary of Visitations' table ways where a visitor who is not vaccinated may be facilitated with additional IPC measures. Alternative ways to connect such as window visits and videoconferencing services can provide alternatives to visits that ensure the resident remain connected with a range of other general visitors.

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.

In **Green** areas, no extra precautions are necessary.

In **Orange** areas, a risk assessment should be conducted to assess which (if any) added re-entry controls would need to be in place to manage risk upon their return. This may include:

- monitoring for COVID-19 symptoms,
- COVID-19 testing (for example Rapid Antigen Testing, or PCR Testing within 72 hours), and
- an attendee declaration (like a Screening Declaration) for the person(s) going with the resident.

Self-isolation upon re-entry should only apply where there is deemed to be a high risk, and even then, residents should continue to have access to Essential Visitors. An additional reason for self-isolation is when a State or Territory Governments directs an aged care home to do so.

In **Red** areas, it is likely that excursions will not be possible, except for medical reasons or compassionate circumstances. If an excursion does occur, added re-entry controls like those mentioned for orange areas above apply.

In **Green** and **Orange** areas, prospective residents can be accepted. In **Red** areas, it is likely that their admission will be restricted by Public Health Unit advice during the **Red** Level period.

Testing

When added testing is needed it includes:

RAT on visit – rapid antigen tests (RAT) are tests that return COVID-19 results in under 30 minutes and are approved for use by the Therapeutic Goods Administration. More information about RAT tests can be found at <https://www.tga.gov.au/qas-conditions-supply-rapid-antigen-tests> and <https://www.tga.gov.au/resource/covid-19-rapid-antigen-tests-guidance-and-checklist-businesses>.

PCR Testing within 72 hours – refers to a Polymerase chain reaction (PCR) test involving a nasal and throat swab. A negative result must be shown from a sample that was taken less than 72 hours to the time the visitor is entering the aged care home.

RAT or PCR testing for children may not be practical.

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 & Community Services Australia • Aged Care Reform Network • Anglicare Australia • Baptist Care Australia • Catholic Health Australia • Leading Age Services 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)

Summary of Visiting Requirements.

This table is intended to guide providers in relation to decision making, providers should follow local direction/order/guidance where relevant.

COVID-19 Visitor Access Level	What is the visitor's vaccination status? (COVID-19 + Influenza)	Testing requirements	What types of visits?	PPE	Who must check the Screening Declaration?	Can I visit on weekends and outside 9am-5pm?	Will there be booking systems / limits on number of visitors onsite?	Can residents attend appointments, outings and family trips?	Are density restrictions or an infection controlled visiting area required?
GREEN LEVEL <i>Low or no levels of COVID-19 transmission in the community.</i>	Fully Vaccinated	No added testing is required	All forms of visiting including resident room and common areas	As per health directions	Declaration can be completed without staff monitoring validation.	Yes (Aligned with the home's pre Covid practices)	No booking systems or limits are required	Yes	No
	Children not eligible for vaccination	No added testing is required	Resident Room / Outdoors / infection controlled visiting area (end of life visits permitted indoors)	As per health directions	Declaration can be completed without staff monitoring validation.	Yes (Aligned with the home's pre Covid practices)	Booking systems or limits may be used	Yes	Infection controlled visiting area encouraged
	Partially Vaccinated • Less than 14 days since final dose of primary course of vaccine	No added testing is required	All forms of visiting including resident room and common areas	As per health directions	Declaration can be completed without staff monitoring validation	Yes (Aligned with the home's pre Covid practices)	Booking systems or limits may be used	Yes	No
	Not Vaccinated	Negative result from RAT on visit <u>OR</u> PCR Test within 72 hours	Outdoors / infection controlled visiting area where appropriate (end of life visits permitted indoors)	Full PPE (As directed by public health)	Staff-Monitored	Yes (Aligned with the home's pre Covid practices)	Booking systems or limits may be used	Yes	Infection controlled visiting area encouraged
ORANGE LEVEL <i>Medium to high levels of COVID-19 transmission in the community (but no exposures or outbreaks onsite).</i>	Fully Vaccinated	Negative result from RAT on visit <u>OR</u> PCR Test within 72 hours	All forms of visiting including resident room and designated areas	As per health directions	Staff-Monitored	Yes (Aligned with the home's pre Covid practices)	Booking systems and limits may be required.	Yes (with additional controls)	Not Mandatory
	Children not eligible for vaccination	Negative result from RAT on visit <u>OR</u> PCR Test within 72 hours (where practical)	Outdoors / infection controlled visiting area where appropriate (end of life visits permitted indoors).	As per health directions	Staff-Monitored	Yes (Aligned with the home's pre Covid practices)	Booking systems and limits may be required.	Yes (with additional controls)	Infection controlled visiting area recommended
	Partially Vaccinated • Less than 14 days since final dose of primary course of vaccine	Negative result from RAT on visit <u>OR</u> PCR Test within 72 hours	Essential Visitors Only	As per health directions	Staff-Monitored	Yes (Aligned with the home's pre Covid practices)	Booking systems and limits may be required.	Yes (with additional controls)	Infection controlled visiting area recommended
	Not Vaccinated	Negative result from RAT on visit <u>OR</u> PCR Test within 72 hours	Essential Visitors Only (Outdoors / infection controlled visiting area where appropriate)	Full PPE (As directed by public health)	Staff-Monitored	Yes (Aligned with the home's pre Covid practices)	Booking systems and limits may be required.	Yes (with additional controls)	Infection controlled visiting area recommended

COVID-19 Visitor Access Level	What is the visitor's vaccination status? (COVID-19 + Influenza)	Testing requirements	What types of visits?	PPE	Who must check the Screening Declaration?	Can I visit on weekends and outside 9am-5pm?	Will there be booking systems / limits on number of visitors onsite?	Can residents attend appointments, outings and family trips?	Are density restrictions or an infection controlled visiting area required?
<p>RED LEVEL</p> <p><i>An Exposure or Outbreak has occurred in the aged care home (as per CDNA guidelines RCF COVID-19 definitions).</i></p> <p><i>Consistent with the 'least restrictive' principles applied to outbreaks and exposures, restrictions on general visitors should only occur for the shortest period possible.</i></p> <p><i>Access for Essential Visitors must be facilitated after the initial few days of any single or sequential exposures or outbreaks.</i></p>	Fully Vaccinated	Negative result from RAT on visit <u>OR</u> PCR Test within 72 hours	Essential Visitors Only (Partners-in-Care, named persons, and others for end of Life)	As directed by public health	Staff-Monitored	Limited visiting hours except for End of life visits	Booking and limits will be required to limit total number of people onsite	Medical appointments only (in line with Public Health advice)	In Room Visits or infection controlled visiting area recommended
	Children not eligible for vaccination	Negative result from RAT on visit <u>OR</u> PCR Test within 72 hours (where practical)	End of life Only	As directed by public health	Staff-Monitored	Limited visiting hours except for End of life visits	Booking and limits will be required to limit total number of people onsite	Medical appointments only (in line with Public Health advice)	In Room Visits or infection controlled visiting area required
	Partially Vaccinated • Less than 14 days since final dose of primary course of vaccine	Negative result from RAT on visit <u>OR</u> PCR Test within 72 hours	Essential Visitors Only (Partners-in-Care, named persons, and others for end of life)	As directed by public health	Staff-Monitored	Limited visiting hours except for End of life visits	Booking and limits will be required to limit total number of people onsite	Medical appointments only (in line with Public Health advice)	In Room Visits or infection controlled visiting area required
	Not Vaccinated	Negative result from RAT on visit <u>OR</u> PCR Test within 72 hours	Essential Visitors Only (Outdoors / infection controlled visiting area where appropriate)	Full PPE (As directed by public health)	Staff-Monitored	Limited visiting hours except for End of life visits	Booking and limits will be required to limit total number of people onsite	Medical appointments only (in line with Public Health advice)	In Room Visits or infection controlled visiting area required