PalliativeCare
AUSTRALIA

His Excellency General the Honourable David John Hurley AC DSC (Retd), Governor-General of the Commonwealth of Australia, and Her Excellency Mrs Linda Hurley, Patrons

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Feedback on the draft Aged Care Visitor Access Code

I am writing regarding the draft *Aged Care Visitor Access Code* developed to ensure a nationally consistent visitation policy for residential aged care facilities during the COID-19 crisis. Thank you for the opportunity for Palliative Care Australia (PCA) to provide input into your consultation process.

PCA is the national peak body for palliative care and represents all those who work towards high quality palliative care for all Australians. PCA commends all the organisations involved in the development of the code which is a very worthwhile measure during this difficult time.

PCA has reviewed the Code and would like to provide the following feedback:

- Consider amending the title to *Aged Care Visitor Access Code of Practice* or *Aged Care Visitor Best Practice Code of Conduct* as these more appropriately reflect the purpose of the document.
- Align the terminology used in relation to death, there is reference to both 'pass away' and 'die/dying' in the code.

Background:

- Reword or consider removing the first sentence 'Older Australians are amongst the safest and most protected in the world during the Coronavirus (COVID-19) pandemic'. This sentence could be misinterpreted to mean that older Australians are not at risk and/or are not high risk.
- Reference is made to a 'likely long tail in the pandemic'. We suggest clearer wording is to refer to possible 'second and third waves' of the pandemic.
- Where reference is made to providers 'implementing rigid and inflexible procedures,' we suggest this should be reworded in a more positive frame, to acknowledge that for the most part facilities were closed to visitors out of concern of risk to residents in the context of a rapidly evolving complex pandemic, where outbreaks in residential care were subject to much public scrutiny. It is important to recognise that providers must balance risk of infection to residents, staff and families with the social and emotional needs of residents.

Objective:

- Consider renaming the *Objective* to *Purpose* as this section outlines the reasons for the introduction of the code.

Principles:

- *Principle 1:* Can specific volunteers be considered for inclusion in special circumstances e.g. spiritual support/chaplains for people who are receiving palliative care.
- *Principle 3:* Require providers to keep a register of visitor's details including flu vaccination details to avoid visitors having to show vaccination evidence and provide details at each visit.
- *Principle 4*: Rename 'visitation situation' to' visits'.
- *Principle 4:* Reference to 'residents who are dying and in their final weeks' should also include reference to residents who are currently receiving palliative care. This acknowledges that people may be undergoing palliative care for a longer period of time than a few weeks and/or may have no defined time limit on their illness. PCA has received feedback from many families that were only able to see a palliative or dying resident when they were unconscious and in their last 1-2 days of life. This principle should emphasise that compassionate visits should commence as early as possible and visitors should be able to visit the resident while they are still able to converse and interact.
- *Principle 4:* Visiting family members should be provided with appropriate PPE where needed when visiting a dying resident or providing care to a resident.
- *Principle 6:* change 'outbreak in the facility' to 'outbreak the facility'
- *Principle 7:* Provide more detail for facilities with an outbreak of COVID-19 on communication with families and carers, including how regularly it should take place and ensure that communication about clinical status is conducted by staff with the appropriate clinical knowledge of the resident.
- *Principle 7:* change' indication of likely timeframe' to 'indication of the likely timeframe'.
- *Principle 11:* This principle focuses on electronic communication, however, many families may also want regular phone communication and dialogue with staff and residents.
- *Principle 12*: Providers should communicate with families and carers about any changes made to visits, including reasons for the changes.

Rights and Responsibilities:

- Providers should take this time to ensure that they are aware of all residents care preferences and if they have not already done so, support residents who wish to commence conversations around advance care planning.
- Providers have a reasonability to ensure robust infection control procedures including appropriate training for staff.

- Residents, Families and Friends should have the right to access appropriate PPE as required. This includes appropriate instruction on wearing and disposing of PPE.
- This section should also incorporate the rights and responsibilities of staff. Staff have rights and responsibilities separate to the provider including the right to a safe workplace and the responsibility to follow appropriate infection control and PPE procedures. This is also crucial given the high numbers of agency staff used in residential aged care facilities, in particular facilities facing a COVID-19 outbreak.
- The term 'Health Attorneys' is not a generic term used nationally. PCA recommends replacing with 'alternative health decision makers including Health Attorney's, Substitute Decision Makers etc.'
- In residents rights PCA recommends including the right to continue receiving best practice palliative care, no matter what the situation.

Code compliant process:

- Providers should work cooperatively with the Aged Care quality and Safety Commission in relation to any complaints received about their services.

If you have any queries relation to the issues outlined above please feel free to contact Katie Snell, Aged Care Policy Advisor on 02 6232 0700.

Yours sincerely

Rohan Greenland
Chief Executive Officer
Palliative Care Australia