

Australian Nursing and Midwifery Federation submission to the

**INDUSTRY CODE
FOR VISITING
RESIDENTIAL AGED
CARE HOMES
DURING COVID-19
19 NOVEMBER 2021**



Australian
Nursing &
Midwifery
Federation



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INTRODUCTION

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 300,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions. Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

With regard to care of older people, ANMF members work across all settings in which aged care is delivered, including over 45,000 members who are currently employed directly in the aged care sector. Therefore the ANMF has considerable interest in the delivery of safe and compassionate care to older Australians living in nursing homes and ensuring both they, and the staff caring for them, are protected for the duration of the COVID-19 outbreak in Australia, recognising the significant health risk for vulnerable older Australians from COVID-19. The ANMF welcomes the opportunity to provide feedback on the draft Industry Code for *Visiting Residential Aged Care Homes during COVID-19-Visitor Access Code* (the draft Code). The ANMF does however note that due to the short public consultation period (less than 2 weeks) the normal thorough and comprehensive internal ANMF processes have not been achieved. Further time would have enabled a more comprehensive response to the draft code.



1. In general, do you support the revised Industry Code?

Yes, but I have suggestions

2. What parts of the Industry Code do you support?

Overall, the ANMF supports the intention of the draft code and insists that protecting the health and well-being of older Australians moving forward living with COVID-19 is of the utmost importance. The ANMF notes the recent advice of the Australian Health Protection Principal Committee in this regard¹ and agrees that access must balance the social and wellbeing needs of a resident with maintaining a safe home for residents and a safe workplace for aged care workers.

The current national situation managing the ongoing requirements of the COVID-19 pandemic are multifaceted. The nation is in a state of flux with each jurisdiction developing varying pathways and policy to manage COVID-19 going forward. Although there is a strong approach to have national consistency in the management of the pandemic, this is currently difficult to achieve with jurisdictions wanting to remain flexible in their approach and deliver required actions at a local level. Considering this the ANMF strongly supports the intention of the draft code being reviewed at this time to optimistically provide clear national visitor guidelines to enable residents to gain timely, safe access to their loved ones. However, this is a complex space to navigate and will result in the draft Code having to remain flexible in its development, implementation and ongoing regular reviews.

The ANMF agrees with the principles described in the code, particularly the new additional principle outlining the need to support aged care workers in implementing the code. However, the ANMF does have some suggested adjustments to a number of these principles which are outlined in question 3 below.

The statement made in the code outlining the support for mandating vaccination for visitors is also supported by the ANMF.

3. What changes would you make to the Industry Code?

The ANMF recommends a number of suggested changes to the current draft Code. These changes are outlined below:

Draft Code wording and structure

The ANMF notes that the draft Code is long and at times readability of the document is difficult. However the ANMF appreciates the need for the code to provide detailed guidelines to support direction for residents, visitors, workers and employers in supporting visitor access.



Work Health and Safety legislation

- The ANMF recommends that the draft Code needs to be revised to recognise that residents, visitors, employers, employees, volunteers and contractors all have responsibilities to ensure health and safety under the work health and safety (WHS) law.²
- Reference needs to be made to the WHS law requiring persons who have a duty to ensure health and safety³ to ‘manage risks’ by eliminating health and safety risks so far as is reasonably practicable, and if it is not reasonably practicable to do so, to minimise those risks so far as is reasonably practicable.⁴

Reasonably practicable means what could reasonably be done at a particular time to ensure health and safety measures are in place. What is reasonable will vary according to the following:

- the severity of any injury or harm to health that may occur;
 - the likelihood of the injury or harm occurring;
 - how much is known about the hazard and the ways of reducing, removing or controlling it;
 - the availability and suitability of ways to eliminate or minimise the risk;
 - what the duty holder knows or ought reasonably to know about the hazard giving rise to the risk and ways of eliminating or minimising the risk;
 - the cost of eliminating or minimising the risk; and
 - anything else prescribed by regulation.
- For clarity the draft Code should state, as it does with reference to public health orders that the WHS law takes precedence over the Code.

Introduction

- The reference made to influenza, gastroenteritis and shingles made in the introduction should be removed. The draft Code focus is on COVID-19 and its management needs to be front and centre. Making reference to other infectious diseases distracts from the importance of the current crisis of the COVID-19 pandemic and potentially creates confusion suggesting that all infectious diseases require the same infection control and prevention requirements.



Codes

- Day to day rates of local COVID-19 transmission, vaccination rates in the community, employees and residents need to be strongly considered when managing infection control and prevention risks in a nursing home, along with any COVID-19 exposures or outbreaks. The ANMF recognises the practicality of applying a traffic light system to assist in simplifying these difficult and complex assessments. However, the code system is reliant on state and territory governments agreeing and supporting the system outlined. The ANMF questions the current commitment of jurisdictions and is concerned that if they do not support this process then the current situation of misinformation and at times unjustified visitor restriction could be exacerbated. If the code system is to remain within the draft code, all state and territory governments should support and implement the outlined requirements.
- In relation to the funding for the further infection control and prevention measures when managing within 'code orange' and 'code red', the ANMF agrees that it is appropriate that government funding is provided to support these measures. This funding must be linked to the provision for which it was intended and transparently accounted for. The ANMF also recommends that consideration should be given to the establishment of a dedicated liaison worker in each facility to ensure effective communication to families of residents particularly during 'code red'.

Principles

- All residents should have access to at least one visitor at all times

The ANMF agrees with the statements made in this principle relating to the wishes and preferences of residents being at the centre of all decision making and that the rights of one resident should be balanced with the right of the others in the aged care home. The legal obligations of the employers and other stakeholders relating to the WHS legislation must also be considered and upheld.

- Visits should occur safely, and visitors have responsibilities to assist with infection prevention and control

The wording in this principle needs to specifically acknowledge the WHS obligations of employers and visitors by referencing the relevant sections in WHS law.⁵

The draft Code outlines that there should be basically unrestricted rights of visitors and does not consider that there may be other reasons that visitors are prevented from attending. For example, poor behaviour or aggression towards staff should lead to restrictions on visitation to times that managers or security are on site to supervise. Temporary bans should also be considered, where appropriate. The Code should make clear that the usual policies regarding visitor behaviour and conduct are not displaced.



Aged Care Workers should be supported to implement the Code

- As identified above the ANMF welcomes the inclusion of this principle to the latest version of the Code. The ANMF suggests that this principle should be moved to principle 5 within the document, above the principles relating to communication and complaint management.
- The following statement '*Aged Care Homes have responsibility to ensure adequate staff are available where 'staff monitored' screening processes are needed as outlined in Appendix 1*' needs to be expanded and state the following- '*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 PPE; visits where residents or visitors require monitoring for example window visits or limiting visitor movements and maintaining ongoing communication to support residents and visitors as outlined in Appendix 1.*'
- The importance of ongoing staff training also needs to be included in this principle.

Table

- The table on page 6 of the draft Code defines code orange (with increased restrictions) as applying when the facility is located within an LGA of concern. However, there is nothing in the table that addresses when a visitor lives/works in an LGA of concern, which could be an equal or higher risk.
- An addition is required to the table that provides direction on how a resident can attend external medical appointments in code green, orange and red, including requirements for COVID-19 testing and isolation as necessary.

4. Are there any other things we should consider?

The ANMF raises concerns about the implementation of the Code as it remains a guideline only. Although there may be many providers who support the draft Code, its implementation and ongoing monitoring will require resources and support. It is essential that aged care providers prioritise safe access visits for residents going forward. As outlined above it is important to gain support for the draft Code from state and territory governments and further from the Aged Care Quality and Safety Commission. Achieving this will enhance the Code's implementation.

5. What's your interest in the Industry Code?

Other: Professional/Industrial Organisation - The Australian Nursing and Midwifery Federation



6. Name

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8. If we have more questions, can contact you to follow up?

I consent

9. Phone

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1. Australian Health Protection Principal Committee (AHPPC) Statement on Visitation in Residential Aged Care Facilities. Available at: <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-visitation-in-residential-aged-care-facilities>
 2. Act based off the model Work Health and Safety Act 2011 in every jurisdiction except Victoria which has the *Occupational Health and Safety Act 2004 (OHS Act)*.
 3. *Work Health and Safety Act 2011* s19.
 4. *Ibid* s18
 5. *Ibid* s18