

## **Submission to draft Aged Care Visitor Access Code**

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While there are many reasonable proposals in this code which are aimed at minimising the spread of COVID-19 infection, we urge that the Code adopts an approach based on established principles on aged care, drawing on human rights standards, including those outlined in the Aged Care Quality Standards. The Code must be underlined by the principles of transparency and accountability, rather than functioning centrally as a procedural document. We make the following recommendations and observations:

### **Chemical Restraint (Guideline 9)**

We are of the view that chemical restraint and other forms of restrictive practices should not be used because they are contrary to international human rights and are a form of violence and discrimination. However, where facilities do persist in using them, we are concerned about the potential for use of chemical restraint 'as a last resort' without defining what chemical restraint in these circumstances would comprise. This is also considering the findings of the Royal Commission into Aged Care Quality and Safety that there has been a dramatic increase in the use of chemical restraint, with adverse impacts on people living in residential care. It is not unreasonable to expect that chemical restraint may increase where this is limited oversight, including from accreditation inspections, and where there are limited staff resources, visits and support. These elements are characteristic of conditions in aged care as an effect of COVID-19.

We are concerned that chemical restraint is regarded as a last resort possibility. Under what conditions does it become a 'last resort'?

The Code must detail:

1. The circumstances under which chemical restraint might be use
2. The right to informed consent, for families and residents
3. Transparent record-keeping of this practice.

### **Electronic communication (Guideline 12) and Provider Responsibilities**

How will communication be addressed in cases where there is a lack of access to digital communication, window visits and other avenues for alternative communication? The responsibility to, and practices undertaken to 'increase utility of digital or other communication mechanism to compensate for short visit durations', must be clearly communicated to residents, family and friends.

This also needs to be more clearly set out so that it addresses concerns for residents who are from linguistically diverse communities. What supports are in place to ensure connection for residents whose first language is not English? What additional supports are provided for Aboriginal communities with family members in care?

## **Varying responses of facilities (Guideline 12)**

The statement that responses might adopt varying responses to adapt to the COVID-19 crisis is too open-ended. Such responses need to be specific, and should be clearly, and transparently communicated to residents, friends and family members.

### **Rights of residents**

These are not sufficiently detailed in the section on 'rights', which seems to be directed at the rights of visitors, rather than of those being visited.

### **Rights of providers: Exceptional circumstances**

The current wording in the Code states that provider rights shall include the right 'To move into full lockdown when an outbreak has occurred within their facility, or a declared outbreak has occurred within its local area or if there are other extraordinary circumstances that require it'.

This statement requires further detail as to what exceptional circumstances might mean. Consideration should be given to removal of the reference to 'exceptional circumstances' as the code is only addressing COVID 19 related issues and should not be open-ended about factors which might be unrelated to COVID-19. We note that Standard 8, of the Aged Care Quality Standards, are already in place to address infection outbreaks and should be reflected in this Code.

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