

# Benchmark Essential Visitors List

## Visitation in Care Facilities

Essential visitor	Rationale
Persons providing end of life support and visits	<p>End of life support and visits should not be delayed. End of life support, visits and care can minimise distress and suffering, provide spiritual and emotional support, and preserve dignity.</p> <p>Generally, end of life refers to the last 14 to 28 days of a person's expected life. Considering the difficulty in accurately assessing this timeframe, broad and compassion-based decisions should be made toward visits to residents at or approaching the end of life.</p> <p>See the Department of Health's <a href="#">Standardised Care Process for end-of-life care</a> for further specific information.</p>
Parents or guardians of a resident if they are aged under 18 years	Parents and guardians are the primary care and support people in the lives of many young people. It is critical for parents and guardians to be able to support their children.
Parent, guardian (including guardians appointed by the Victorian Civil and Administrative Tribunal), partner, carer, support or other named person of a resident who is aged 18 or over to provide emotional and social support	This visitor category captures the people most likely to be personally closest to the resident and able to provide essential emotional and social support.
Persons providing care and/or support for a resident's immediate physical, cognitive, social or emotional wellbeing (including mental health support and support for people living with dementia) <i>Note care and/or support may relate to the person's mental or emotional health due to social isolation.</i>	The inclusion of this visitor category supports the provision of holistic care and/or support for residents. Without these supports, residents may deteriorate and experience worse overall health and wellbeing outcomes.
Nominated person in the case of a resident's mental illness or incapacity	The inclusion of this visitor category supports the provision of appropriate mental health support and care.
Persons requiring education and/or training to support a resident's transition of care.	To support a resident's care and transition to and from a care facility, and prevent the disruption of discharge plans, persons requiring the relevant education and/or training should be permitted entry.

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Interpreters or informal language support	Interpreters support care facility workers to deliver optimal care to residents. Language barriers between residents and staff may adversely impact the resident's care, safety and quality of life.
On-site attendance of contractors	This visitor cohort support the continuation of normal operations and maintenance of a care facility.
Aged and disability care advocates	Residents should have unrestricted access to advocates acting for an approved body. This is important to ensure residents rights are protected and care providers meet appropriate standards of care.
Legal representatives of residents and persons with power of attorney for residents	Access to legal advice and representation is an important human right and essential to residents seeking legal support.
Volunteers attending as part of a formal community visitors scheme <i>Including but not limited to those mentioned in Part 5.6, Division 82 in the Aged Care Act 1997 (Cth)</i>	For those residents who may be socially isolated or do not have social support beyond volunteers from the community visitors scheme, this is an important support network which has significant health and wellbeing benefits for those residents.

Table 1. Benchmark Essential Visitors List

Note: while this is an exhaustive list, facilities should apply a broad and compassion-based interpretation of essential visitation within the listed categories.

## Function of the Benchmark Essential Visitors List

The impacts of the COVID-19 pandemic on the care sector have been significant. This has necessitated at times visitor restrictions to keep residents safe. As the Victorian pandemic response continues to shift from Pandemic Orders to guidance for industry and individuals to self-manage COVID risk, care facilities will become empowered to self-regulate visitation that balances local needs in a compassionate way. This includes a transition back to shared decision-making between care providers and residents (and/or their representatives) based on underlying principles and supported by public health rationale.

Care facilities have faced some of the most challenging outbreak control scenarios throughout the pandemic. Ongoing concern has been expressed across the community and advocacy groups about some care facilities continuing overly restrictive visitation rules. An important balance must be achieved to ensure residents have vital personal, social and community connection, while continuing to mitigate the risk of COVID-19 introduction and spread.

The Benchmark Essential Visitors List (the List) outlines the minimum visitation requirements for residents – in the context of COVID-19 risk – including when there are active outbreaks occurring within a facility. The List will operate as part of the Pandemic Orders, which impose legal onus on care facilities to screen and restrict visits to residents. Pandemic Orders outline specific restrictions on access to care facilities for the protection of residents, however, this cannot be used by care facility providers to justify more stringent restrictions. Establishing a baseline for care facilities will support providers to make decisions that focus on the health and wellbeing of residents.

Current entry requirements within Pandemic Orders to care facilities also apply to essential visitors, including the requirement to present a negative result taken from a rapid antigen test on the day of the visit. Current

exemptions to testing requirements apply to essential visitors. Visitors are not required to present evidence of a negative result from a rapid antigen test if they are visiting for the purpose of end of life support, providing professional patient care e.g., are an ambulance worker, if they can provide evidence of a negative result from a PCR test administered within 24 hours of the visit, or are an essential carer of a resident where undertaking a rapid antigen test is not practicable. Essential visitors must not visit a care facility if they have tested positive for COVID-19, are a close contact, have COVID-19 symptoms or waiting for a COVID-19 test result, consistent with existing entry requirements.

## Existing standards for visitation in aged care settings

This list goes beyond the March 2022 Aged Care Quality and Safety Commission's '[Ensuring safe visitor access to residential aged care](#)' factsheet, which identifies three cohorts for essential visitors:

1. Partner in care.
2. Named visitor.
3. Visitor at end of life.

The Aged Care Quality and Safety Commission may take regulatory action where access for essential visitors is not adequately supported.

## Department of Health communications and resources

[Aged care planning and preparedness communications](#) (December 2021)

[Standardised Care Process for end-of-life care](#) (December 2015)

[Advanced Care Plan for Residential Aged Care Services](#) (October 2021)

COVID Peak (black) – very high-risk plan – Updated [Victorian Health Service Guidance and Response to COVID-19 Risks](#) - COVID Peak (October 2021, updated February 2022)

## Australian Government resources

Australian Government, Aged Care Quality and Safety Commission, '[Ensuring safe visitor access to residential aged care](#)' factsheet (March 2022).

## Document history and control

Version	Issue date	Section amended	Comments
1.0	22/04/2022	N/A.	First version established and published