



COVID-19 Case study

#03 Going to outside appointments



An aged care service tells a resident she will have to stay in her room for 14 days after going to a doctor's appointment in town

Maria lives in an aged care service in a regional area where there are no current reports of community transmission of COVID-19. The service has had no cases of the virus. Maria is a very sociable person who loves to have family and friends visit and participates in all the activities offered by the service. She has close friends in her aged care home with whom she always sits for meals in the dining room. Her mobility is limited but otherwise she has a fair degree of independence.

Maria's daughter, Angela, complained to the Aged Care Quality and Safety Commission (the Commission) that the service said her mother would need to stay isolated in her room for 14 days on returning from a specialist medical appointment in the nearby town the following week, because of the risk of contact with COVID-19. She said her mother was likely to need to attend ongoing external appointments, which could mean that for the foreseeable future she would only be able to leave her room to go to the doctor. Angela considered this much too restrictive and said her mother felt the same way but felt powerless to do anything about it.

When the complaints officer asked what impact 14 days of isolation might have on Maria, Angela described how badly her mother was affected when the service was in precautionary lockdown for several weeks earlier in the year. Without social contact she felt bored and lonely and became anxious, withdrawn and unhappy. She spent most of that time sitting in a chair, which made Angela worry that her mother's mobility and strength – and therefore her independence – would deteriorate very quickly if she was stuck in her room indefinitely.

Immediately after this conversation, the officer discussed Angela's complaint with the aged care service. The manager there confirmed that the service's current policy was that residents who left the premises for any reason

2. (including medical) had to isolate in their room for 14 days afterwards. The manager said they regretted the need for this measure but considered it necessary to keep other residents safe from infection, and that they had clearly communicated the policy to all residents and their representatives. He also said the policy was complying with current public health advice.
- 3.

The complaints officer asked for information about the service's decision-making in developing and reviewing this policy, and which public health direction it was referring to. The manager didn't know these details but said it was a Board decision. The officer sent him a link to the Australian Health Protection Principal Committee visiting guidelines for residential aged care services. This essentially advises against isolating new or returning residents in a low-transmission area unless there are specific indications of possible contact with the virus.

The Commission then asked for a written response from the service within two business days, as Maria's appointment was so soon, and for a copy of the service's COVID-19 management plan.

In its response the service said it had reflected on the latest public health advice and considered the potential effects of isolation on Maria's physical, emotional, spiritual, social and cultural wellbeing. Taking this into account and given the current absence of any local cases of COVID-19 infection, the service had decided to update its policy over the next week. In the meantime, it would let Maria and Angela know that Maria wouldn't have to isolate in her room after each medical appointment, as long as they were both careful to:

- always wear a mask while outside the grounds of the building
- behave responsibly with their social distancing
- wash their hands using the recommended technique on returning to the building.

Maria and Angela are very pleased with this outcome and understand the importance of mask-wearing, social distancing and hand-washing for the safety of all residents.

In responding to complaints like Angela's, the Commission encourages the service to recognise and weigh all the risks on both sides: on one hand the COVID-19 risks for its other residents and staff; and on the other hand, the potential negative impact on the individual resident in isolation. To decide on the best policy or case-by-case outcome services need to take into account:

- current public health directions
- current rates of community transmission in the local area
- risks from the proposed activity
- risks to the individual resident from isolation or restricted access
- the resident's wishes
- the resident's clinical and psychosocial needs.

Aged care services should incorporate all these considerations and strategies in their COVID-19 management plan and care plans for individual residents.

1. The impact on Maria is secondary to the fundamental unlawfulness of imprisoning her.

2. The Commission is assuming that the "regrettable" action of isolation for 14 days was lawful.

3. There is no comment on this.

4. The visiting guidelines are a distraction, unhelpful, and not entirely correct. Lawfulness of visitor restrictions must be judged against the law.

5. This implies that a service can adopt its own policy to detain or not detain residents.

6. The suggestion that a Facility can balance risk completely misunderstands what unlawful detention is. The Commission assumes that a Facility can detain at will as long as they have balanced risks. This is incorrect. A Facility has no general power to detain people at their discretion, or based on their (unqualified and unauthorised) views about Covid risk. Under the law of false imprisonment, the person performing the detention has to point to actual authority for such detention.