WEBINAR SERIES

Complete Care for Aged Care

Infection Prevention recommendations in plain English

Kathy Dempsey
NSW Chief ICP & HAI Advisor, IPAC COVID-19 Response
Clinical Lead, Clinical Excellence Commission

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Thanks for joining us tonight.
Feel free to register for our upcoming webinars while you're waiting.

Choosing a disinfectant & auditing 'clean'

https://qrstud.io/me8zckp

Best practice for the management of Incontinence Associated Dermatitis

https://qrstud.io/66prwlj

Complete Care for Aged Care: Infection Prevention recommendations in plain English

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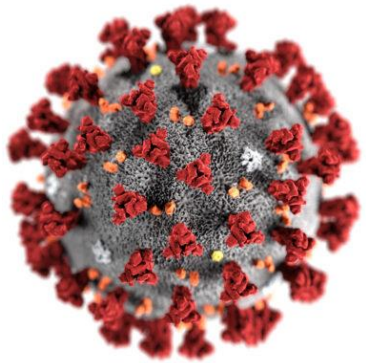
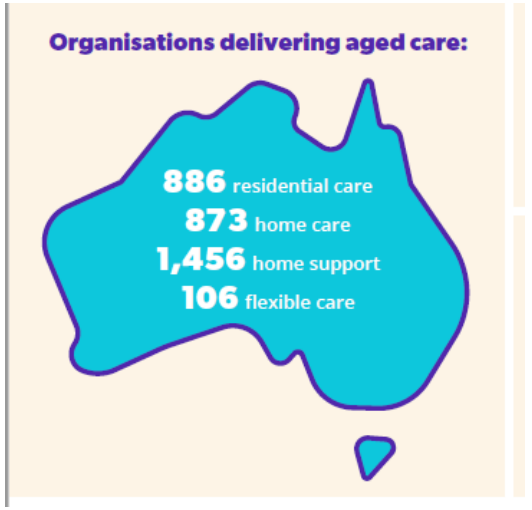
NSW GOVERNMENT

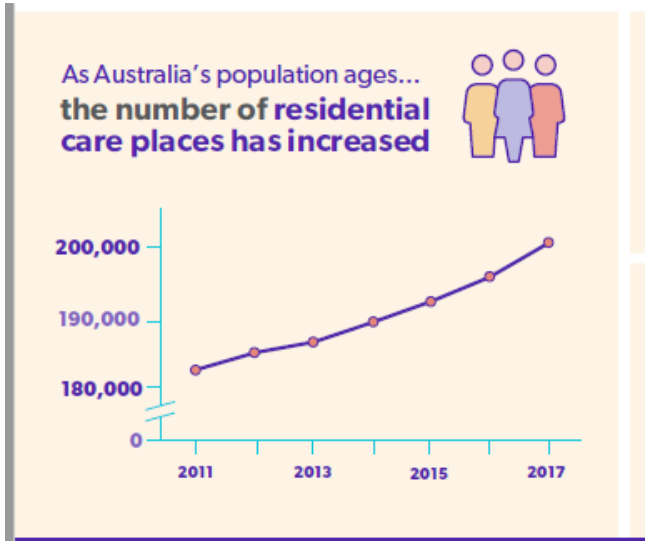
CLINICAL EXCELLENCE COMMISSION



AGED CARE IN AUSTRALIA

- 300 AGED CARE PROVIDERS
- 9,000 OUTLETS
- CARE FOR 1.3 MILLION PEOPLE (2018-2019)





https://www.aihw.gov.au/reports/australias-welfare/aged-care

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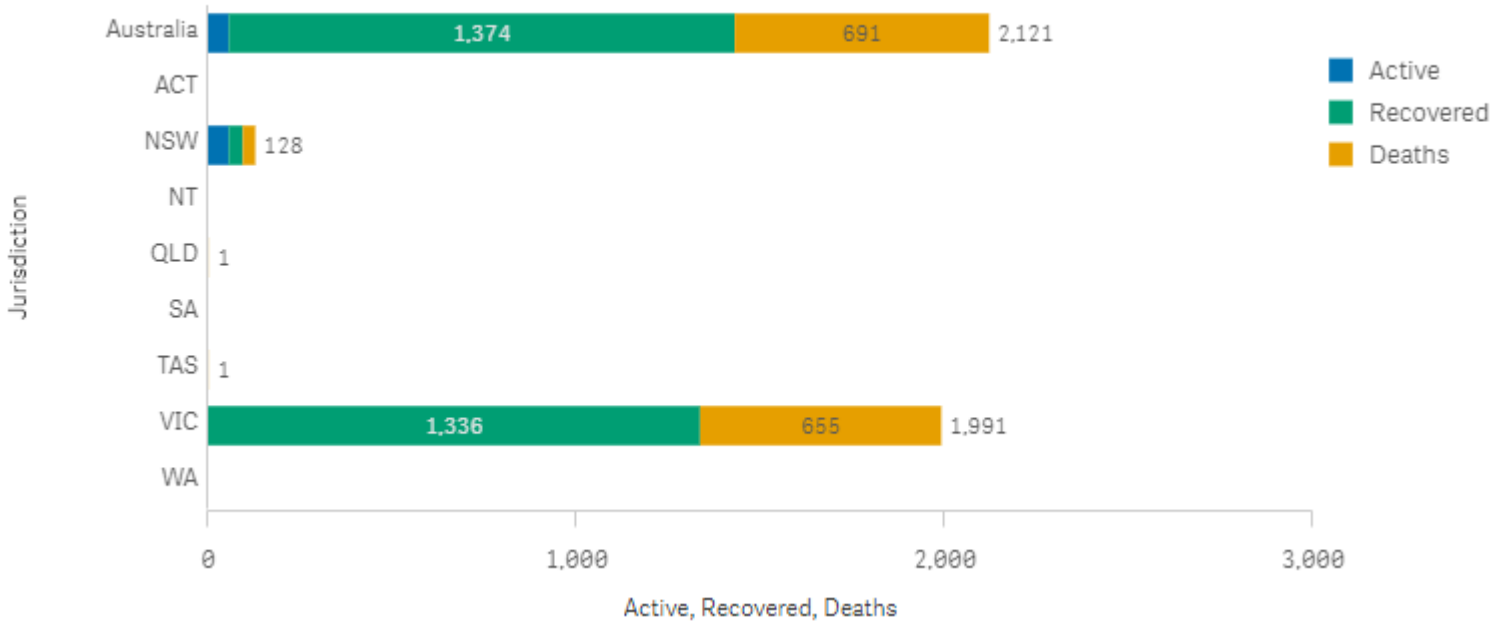
COVID CASES IN RACF

Source: Department of Health 17/8/2021



Source: Department of Health 17/8/2021

Jurisdiction	Active	Recovered	Deaths
Australia	56	1,374	691
ACT	0	0	0
NSW	56	38	34
NT	0	0	0
QLD	0	0	1
SA	0	0	0
TAS	0	0	1
VIC	0	1,336	655
WA	0	0	0

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- **NT DoH – Aged Care**

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

- QLD Health Aged Care sector
- Residential aged care direction (No 5)
- Pandemic Response guidance

Australian Government
Aged Care Quality and Safety Commission
Australian Health Protection Principal Committee (AHPPC)

- WA DoH
- WA DoH Aged Care

- **SA HEALTH**
- **SA Health- Aged Care**
- **IPAC AND PPE**

- NSW Public Health
- SHEOC – RACF
- **CEC**

- Vic DHHS Aged Care Sector
- DHHS COVID-19
- Zones and way finding

- TAS DoH Aged Care Sector
- TAS PH

IPC LEADS

Each residential aged care facility must appoint a nurse to be the lead person for infection prevention and control. This is an ongoing requirement.

An IPC lead:

- must be a member of the nursing staff who has completed an identified IPC course
- must be employed by and report to the provider
- observes, assesses and reports on IPC of the service
- helps develop procedures
- provides advice within the service and will be a key infection control contact
- must work on site and be dedicated to a facility
- may have a broader role in the facility, and could be an existing member of the nursing staff.

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IPC lead training requirements

The IPC lead is required to be trained or undertake relevant training in infection prevention and control.

IPC leads must have suitable specialist IPC qualifications. These may be existing, or IPC leads may undertake additional training.

All IPC leads must complete our COVID-19 infection control online training modules, specifically:

- Infection Control Training – COVID 19
- all aged care modules, except 2.2 or 9.2 which relate to home care.

IPC leads should keep a copy of their completion certificates for verification purposes.

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INFECTION PREVENTION AND CONTROL

3400 Aged Care Leads from facilities across Australia

AUSTRALIAN CREDENTIALLED ICPS

	AUS	NSW	QLD	VIC	SA	WA	ACT	TAS	NZ
CICP-E	43	10	12	5	7	6	2		1
CICP-A	13	2	6	4				1	
CICP-P	19	3	8	3	1	3		1	

P

Primary Credentialled Infection Control Professional (CICP – P)

Nurses, Doctors, Scientists, Dentists, Epidemiologists, Veterinarians, Allied Health Professionals, Public Health and Environmental Health Professionals, Child Care Workers, Pharmacists, Occupational Health Industry Representatives, Midwives, Ambulance Paramedics, Defence Health Workers, Personal Care Professionals (tattooists, hairdressers, piercers etc.), Funeral Attendants, others on a case-by-case basis.

- Current financial membership of ACIPC
- Working >12 months part time in infection prevention and control where an aspect of infection control was an explicit focus of your role.

A

Advanced Credentialled Infection Control Professional (CICP – A)

Registered Nurses, Doctors, Scientists, Epidemiologists, Dentists, Veterinarians, Pharmacists, Midwives, Ambulance Paramedics, others on a case-by-case basis.

- Current financial membership of ACIPC
- Working >3 years part time in infection prevention and control where infection control was a major focus of your role.

E

Expert Credentialled Infection Control Professional (CICP – E)

Registered Nurses, Doctors, Midwives, Ambulance Paramedics, others on a case-by-case basis.

- Current financial membership of ACIPC
- Working >5 years in infection prevention and control where infection control was the primary purpose of your role.

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PRIMARY CICP

The Primary CICP demonstrates the knowledge, attributes and behaviours in infection control at a basic level. They have participatory responsibility for infection control in their setting. They defer to the expertise of an Advanced or Expert ICP and/or fulfil some infection control responsibility in accordance with specific legislation and standards of practice. This may include hand hygiene auditing, acting as a link nurse, or a person who is involved in reprocessing reusable equipment. It is expected that they will routinely practice in accordance with relevant guidelines and the

ADVANCED CICP

The Advanced CICP demonstrates the knowledge, attributes and behaviours in infection control at an advanced level. They have leadership responsibility for one or more elements of an infection control program in their setting. They would defer to an Expert ICP for guidance and oversight in co-ordinating an entire program. It is expected that they will act as role models to Primary ICPs and practise in accordance with relevant guidelines and the best available evidence, and actively seek the advice of Expert CICPs in applying core principles to new, unfamiliar or challenging circumstances.

EXPERT CICP

The Expert CICP demonstrates the knowledge, attributes and behaviours at an expert level. They plan, implement, review and evaluate comprehensive infection control programs. They take a leadership role in terms of research and knowledge generation and contribute to the evolution of the discipline of infection control. They act as role model and mentor to Primary and Advanced ICPs and in accordance with relevant guidelines and the best available evidence, and work collaboratively with other Expert CICPs in applying core principles to challenging circumstances and generating new evidence for practice.

FROM NOVICE TO EXPERT

EXPERT

PROFICIENT

PERCEIVES SITUATIONS- WHAT TO EXPECT AND MODIFIES PLANS

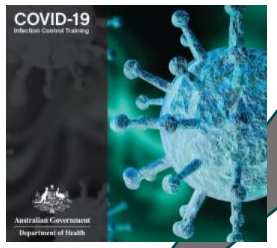
COMPETENT

AN EXERIENCED PROFESSIONAL 2-3 YEARS

ACIPC
Australasian College for Infection Prevention and Control

BEGINNER

LIMITED ON THE JOB TRAINING



NOVICE

HAS NO EXPERIENCE

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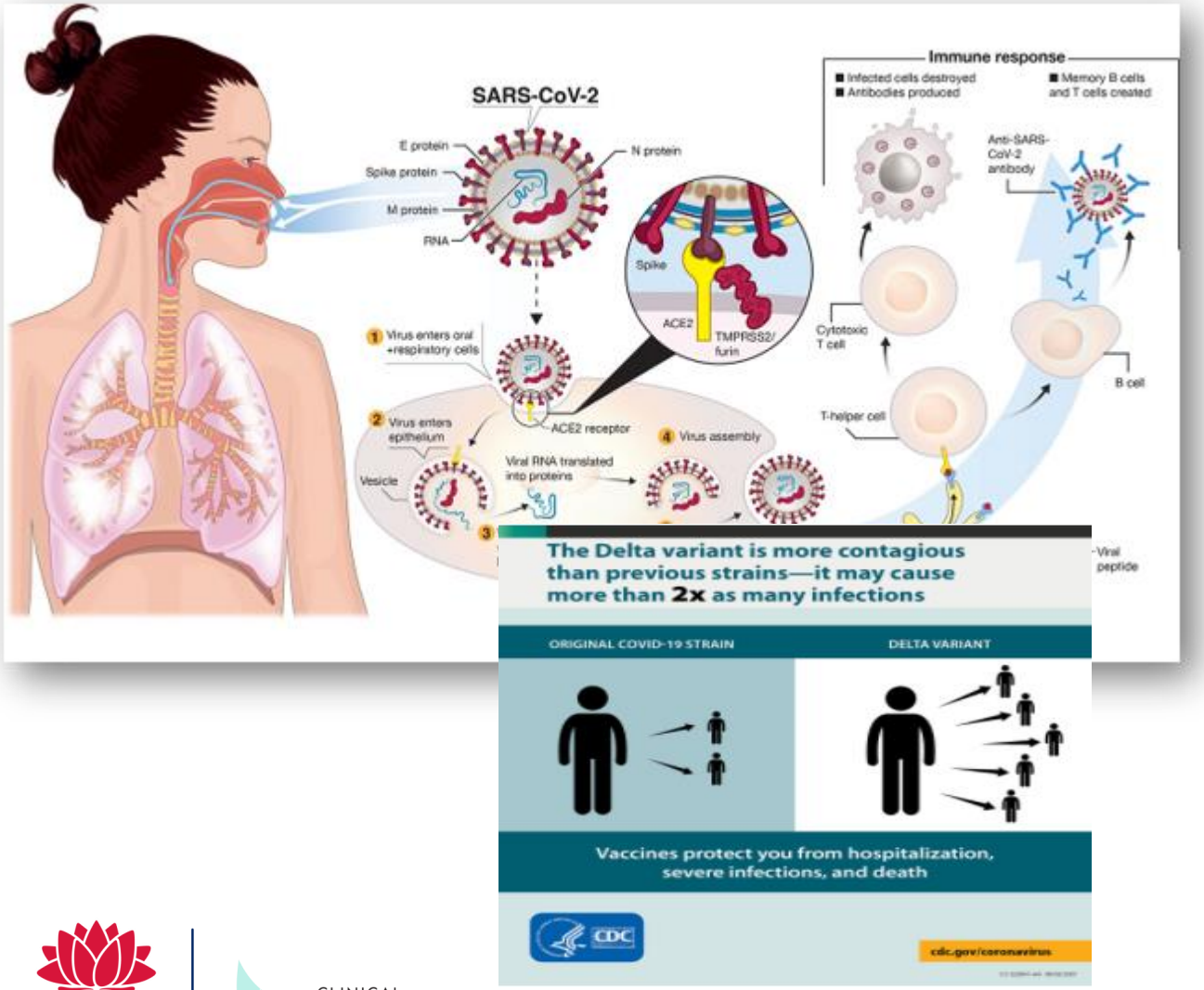
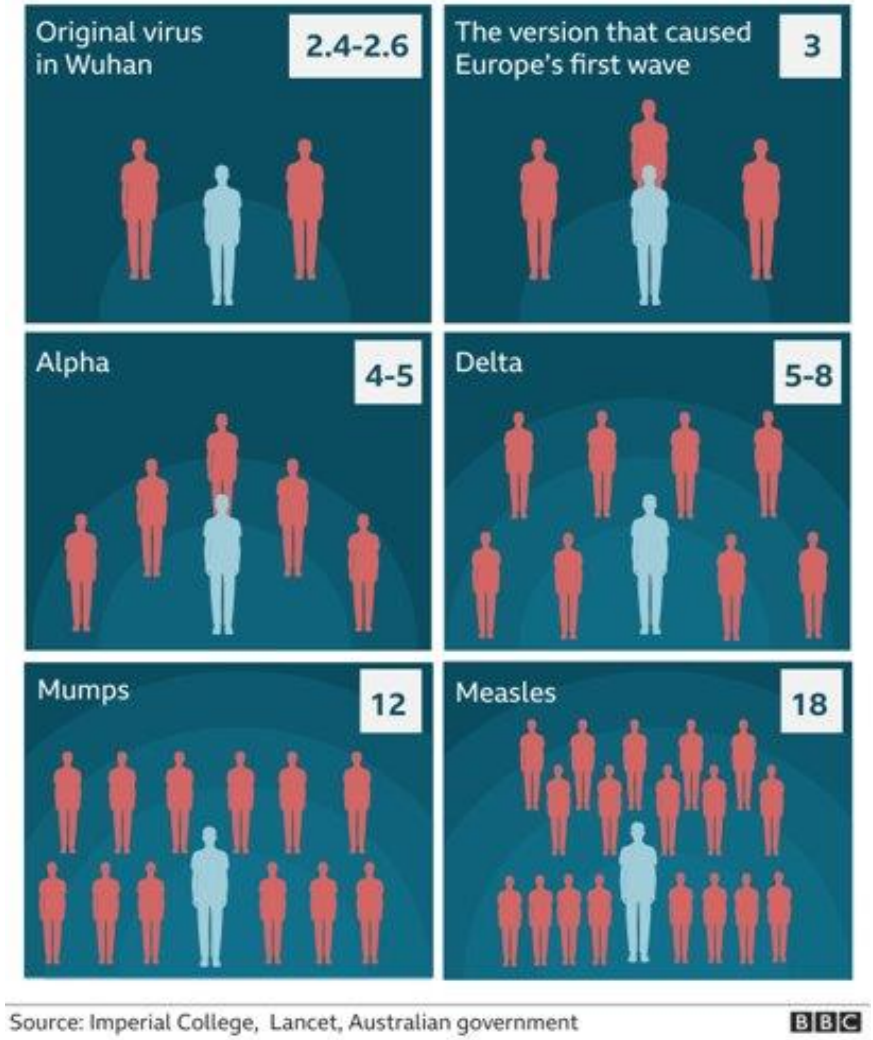
Patricia Benner
The American Journal of Nursing
Vol. 82, No. 3 (Mar., 1982), pp. 402-407

DELTA VOC





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PREVENT AND PREPARE

1. ESTABLISH SCREENING FOR STAFF AND VISITORS
2. ACCESS TO INFECTION CONTROL EXPERTISE
3. TRAINED STAFF IN ALL ASPECTS OF OUTBREAK MANAGEMENT – IPC AND PPE USE
4. REGULAR RETRAINING TO REVIEW AND REFRESH AND ASSESS COMPLIANCE
5. STANDARD IPC PRECUATIONS IN PLACE – UNDERSTANDING OF STANDARD AND TRANSMISSION BASED PRECAUTIONS
6. ADEQUATE PPE SUPPLIES (TGA APPROVED)
7. SYSTEMS TO MONITOR RESIDENTS AND STAFF FOR SYMPTOMS
8. OUTBREAK MANAGEMENT PLANS – TESTED AND UPDATED
9. COVID SAFE PLANS IN LINE WITH PHO
10. CONDUCT A WHS RISK ASSESSMENT AND ADDRESS GAPS
11. PROCESS FOR TESTING

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REDUCE RISK

AVOID EXPOSURE:

- PHYSICAL DISTANCING
- HAND HYGIENE
- COUGH AND SNEEZE ETIQUETTE

WHEN TO STAY AT HOME: ANY SYMPTOMS

- STAY AT HOME AND GET TESTED
  - TESTING IS FREE

5 MOMENTS OF HAND HYGIENE

There are 5 moments for Hand Hygiene:

1. Before touching a patient
2. Before a procedure
3. After a procedure or body fluid exposure risk
4. After touching a patient
5. After touching a patients surroundings

PERSONAL HAND HYGIENE

- AFTER TOILETING
- BEFORE AND AFTER MEALS
- AFTER SNEEZING/COUGHING

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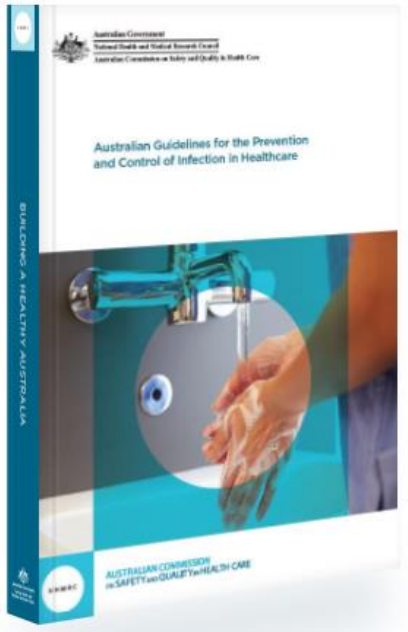
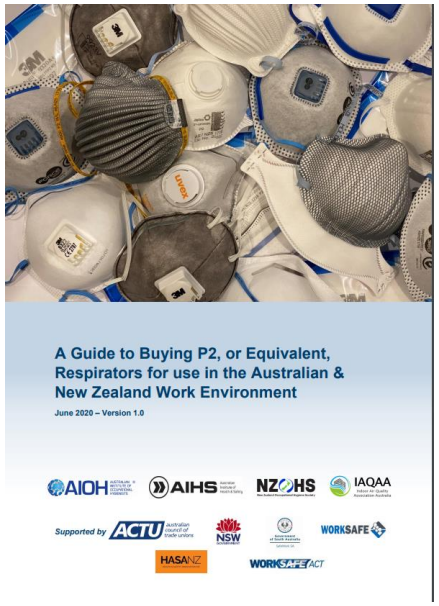
PPE RECOMMENDATIONS

- Airborne (contact/droplet) precautions for the following patients
  - Confirmed COVID-19
  - Suspected COVID-19 (CDNA requires clinical + epidemiological link)
  - Close contact – if deemed by NSW PHU as a close contact requiring testing and 14 days isolation
  - Acute respiratory illness with no alternate diagnosis – may cause problems in paediatrics.





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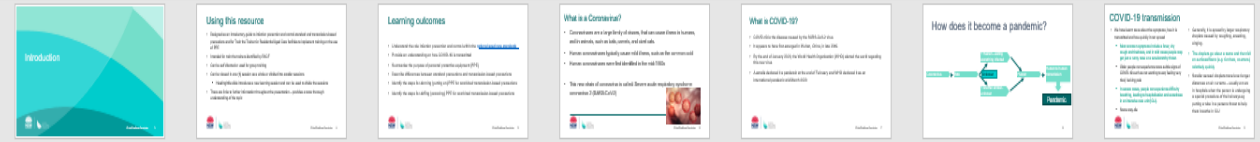

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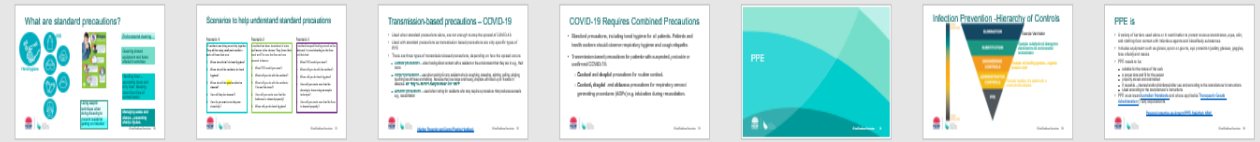

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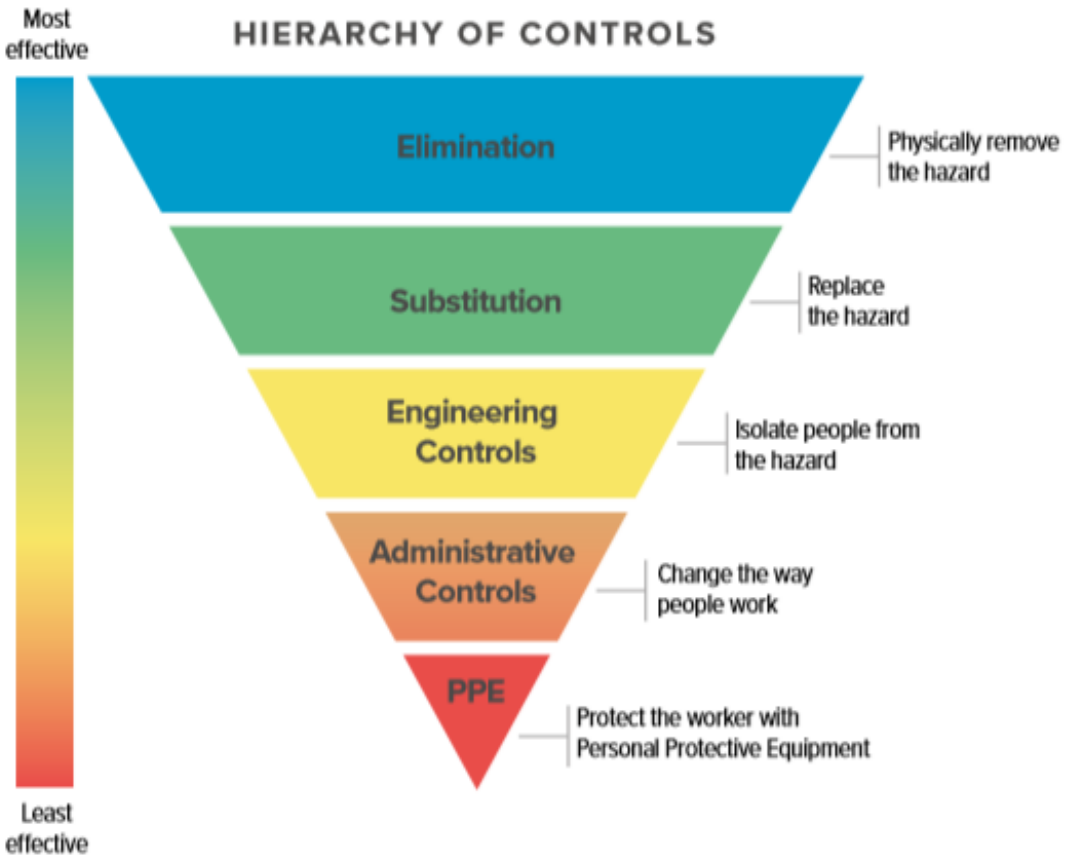
HEIRARCHY OF CONTROLS



I
P
A
C

- STANDARD PRECAUTIONS
- TRANSMISSION BASED PRECAUTIONS
- ENVIRONMENTAL CLEANING
- REPROCESSING
- HAIs & SURVEILLANCE
- MROs

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PRECAUTIONS UNPACKED

Standard Precautions PPE

Protection to avoid contact with blood or body substances. On risk assessment may include:

HH Applies to all precautions

Hand Hygiene

Disposable Gloves

Fluid Resistant or Isolation Gown

Surgical Mask

Eye Protection

Any or all the above may be applied based on the anticipated exposure to blood or body substance.

PRECAUTIONS UNPACKED

- **Contact Precautions** protect the HW by minimising the COVID-19 transmission risk from direct physical contact with patients or indirect contact from shared patient care equipment or from contaminated environmental surfaces

- **Droplet Precautions** protect the HWs nose, mouth and eyes from droplets produced by the patient coughing and sneezing

- **Airborne Precautions** protect the HWs respiratory tract from very small and unseen airborne particles that become suspended in the air.

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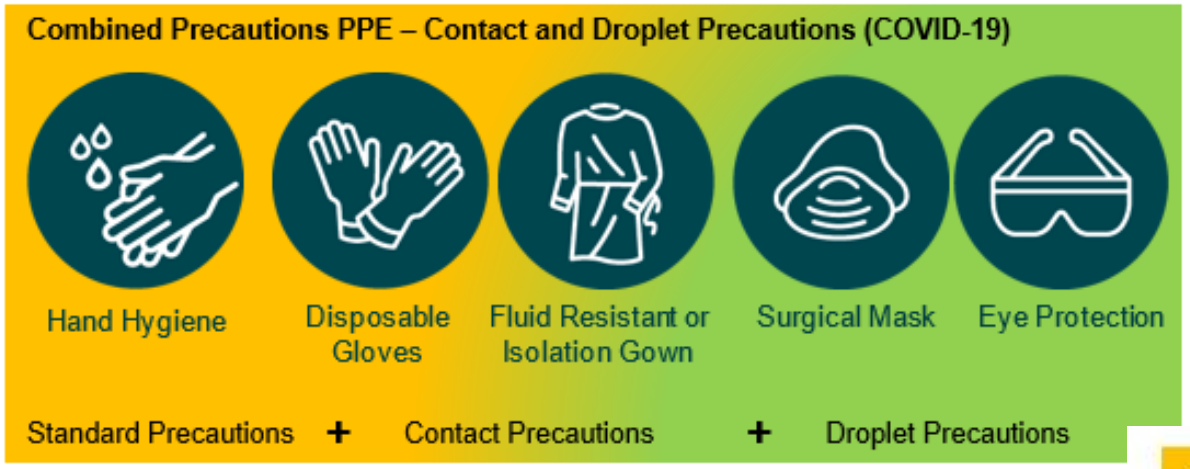
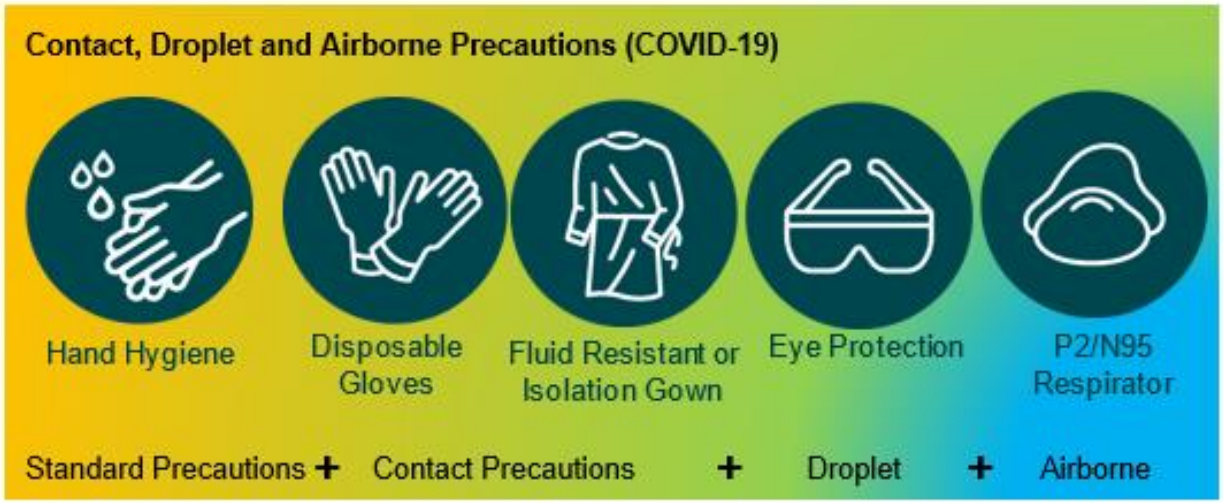
COMBINED PRECAUTIONS





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OUTBREAK MANAGEMENT

WHAT'S AN OUTBREAK?

A COVID-19 OUTBREAK IS DEFINED AS A SINGLE CONFIRMED CASE IN A RESIDENT, STAFF OR FREQUENT ATTENDEE

- OMT
- ISOLATE AND COHORT
- SUSPEND GROUP ACITIVITIES
- RESTRICT VISITS
- ALLOCATE STAFF
  - No movement between allocated rooms/section
  - Not work in other facilities until outbreak declared over

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Staff testing in residential care facilities

PURPOSE OF TEST	ACTION WHILE WAITING FOR RESULT
Screening (no symptoms)	Keep working (unless advised not to by PHU*) 
Close contact	Quarantine for 14 days from date of last contact 
COVID-19 symptoms (not close contact)	Stay home until test result and no longer have symptoms 

If test result is positive, person must isolate for at least 10 days until released by the PHU*

*PHU = local public health unit or public health authority

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TESTING

Situation	Testing population
First positive case, resident OR staff member (care provider or other) who worked in infectious period.	All staff (clinical, administrative, cleaning, catering etc.) , residents and visitors who attended while the case was infectious (usually 48 hours prior to symptoms) should be contacted and referred for testing in the community.
Positive case in a staff member who had not worked during their infectious period	For public health consideration. Depending on the time the staff member was last at the facility and their close contacts, the PHU may advise testing to exclude the RCF as the site of acquisition.
Ongoing outbreak	All residents and staff 72 hourly if feasible but NOT those who have already tested positive for COVID-19 within the past three months.
Quarantined or furloughed staff	An early test (approximately day 2) and a late test (approximately day 12) in the quarantine period or as mandated by the PHU.
Stable outbreaks near the end with no ongoing spread evident (as advised by PHU)	Cease 72 hour testing regime when no new cases identified or as directed by the PHU. Test all previously negative staff and residents before exit from quarantine/ furlough as guided by the PHU.
‘Mystery staff case’ - a staff member who had no clear community source	As advised by Public Health Unit, widespread testing may identify asymptomatic cases in other staff members or residents. If waste water testing is feasible it may be used to determine if COVID-19 is in the facility.

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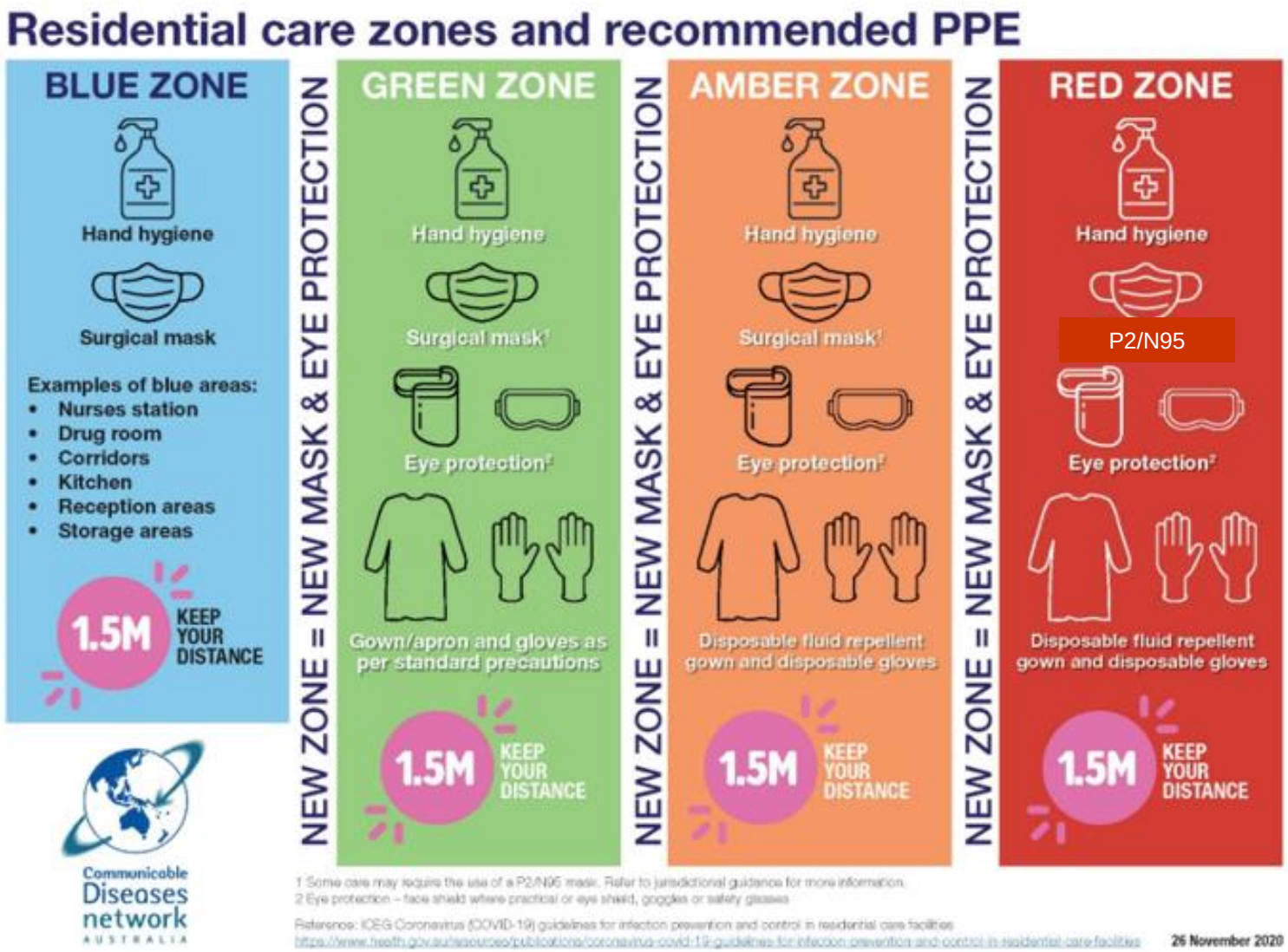

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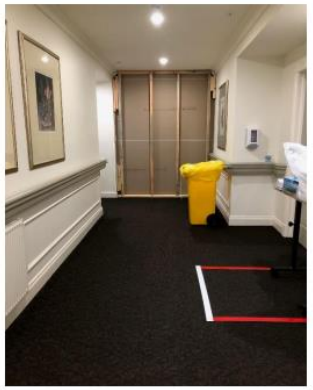
Reminders to stop staff entering red zones

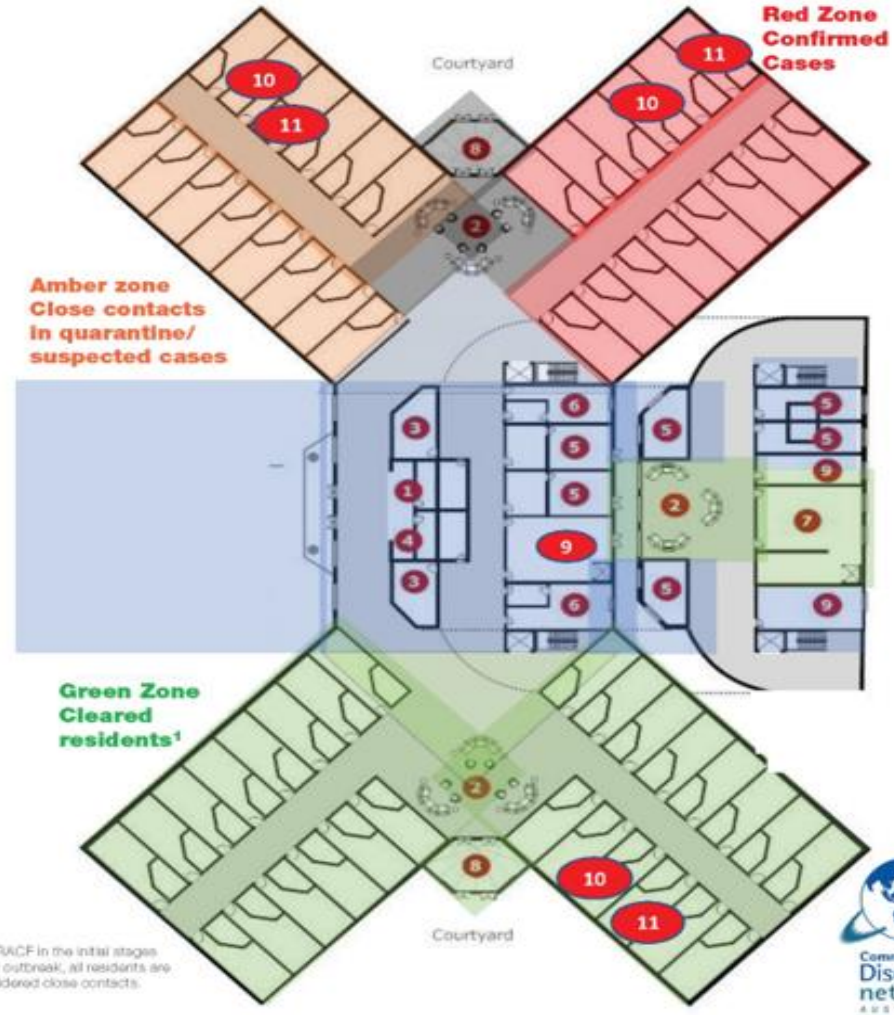
Some site use red tape

One site place a false wall



Zoning in Residential Care Facilities

1. Administration
2. Lounge/donning and doffing station
3. Nurses station
4. Medication room
5. Equipment room
6. Laundry
7. Resident dining room
8. Sunroom
9. Staff lunchroom
10. Satellite lunchroom
11. Satellite nurses station



Reference: ICEG Coronavirus (COVID-19) guidelines for infection prevention and control in residential care facilities
https://www.health.gov.au/resources/publications/coronavirus-covid-19-guidelines-for-infection-prevention-and-control-in-residential-care-facilities

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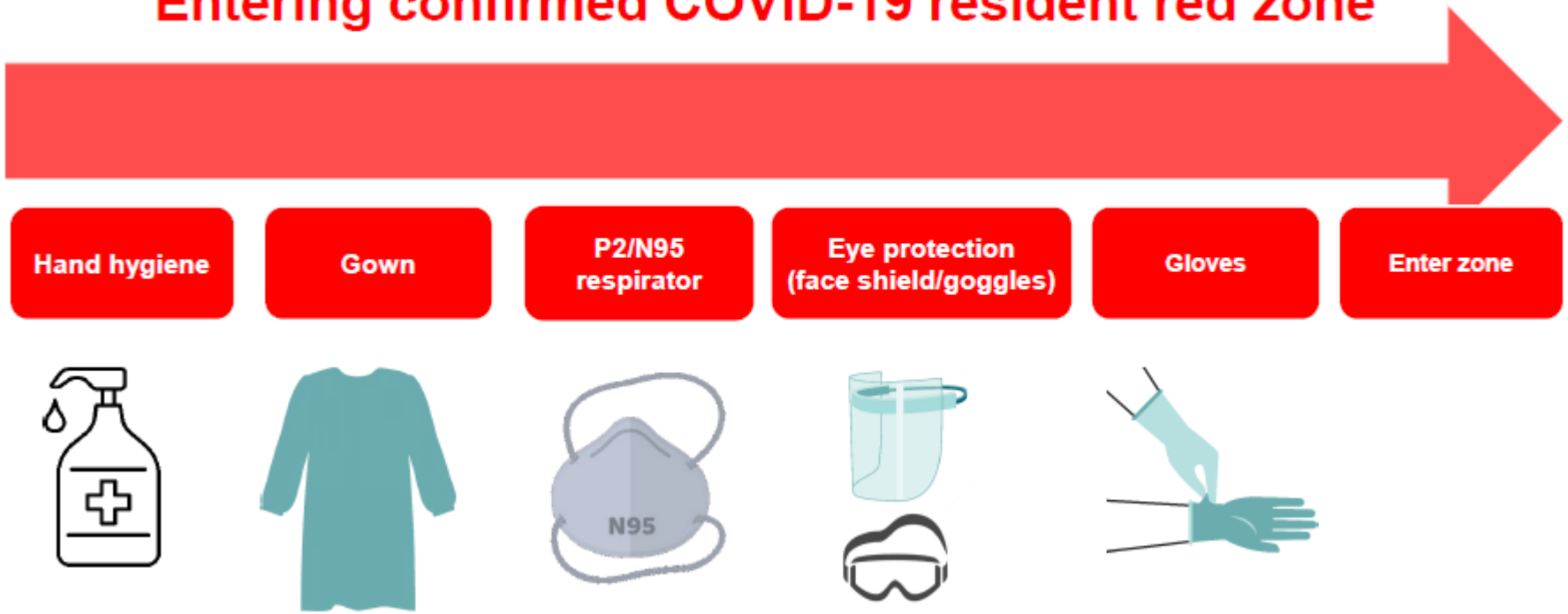
Use of PPE in residential care facilities

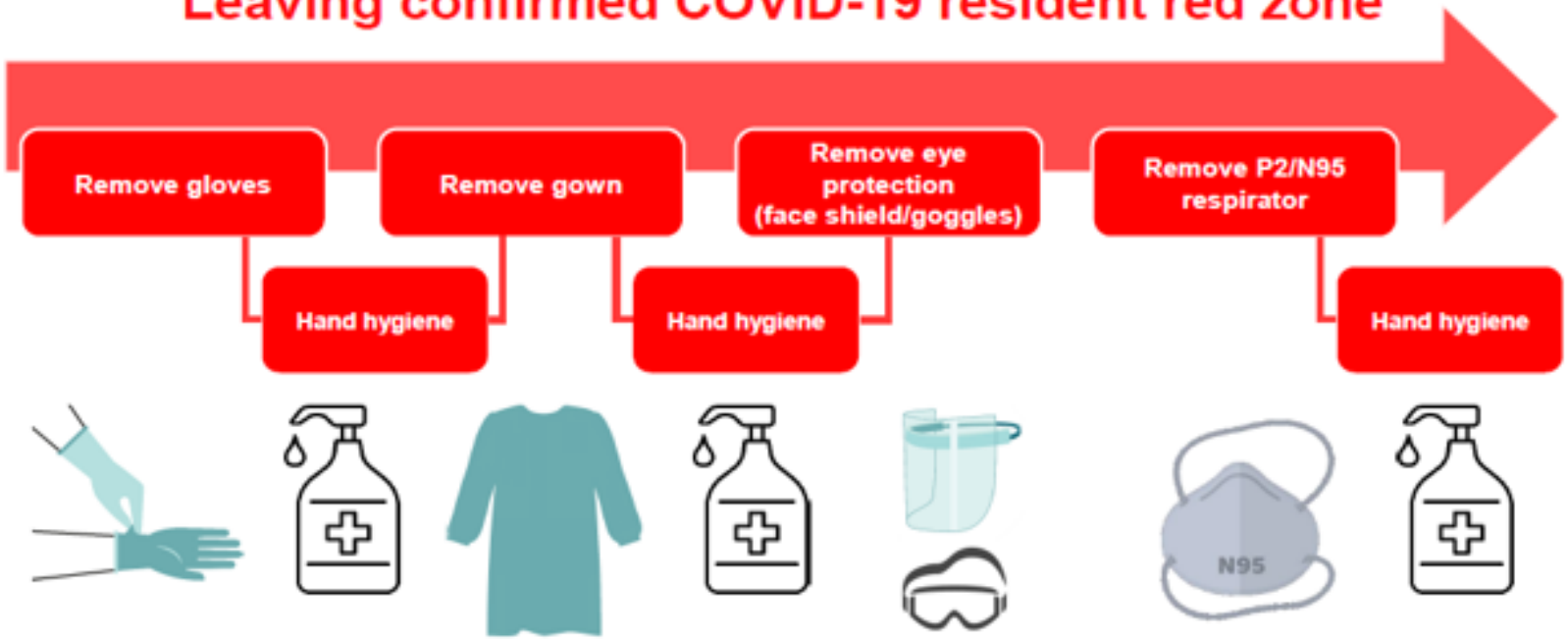
Putting on (donning) PPE: Entering confirmed COVID-19 resident red zone



*Some care may require the use of a P2/N95 mask. Refer to jurisdictional guidance for more information
November 26, 2020 V1

Use of PPE in residential care facilities

Taking off (doffing) PPE: Leaving confirmed COVID-19 resident red zone



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Use of PPE in residential care facilities

Putting on (donning) PPE: Entering close contact or suspected COVID-19 resident amber zone

*Some care may require the use of a P2/N95 mask. Refer to jurisdictional guidance for more information
November 26, 2020 V1

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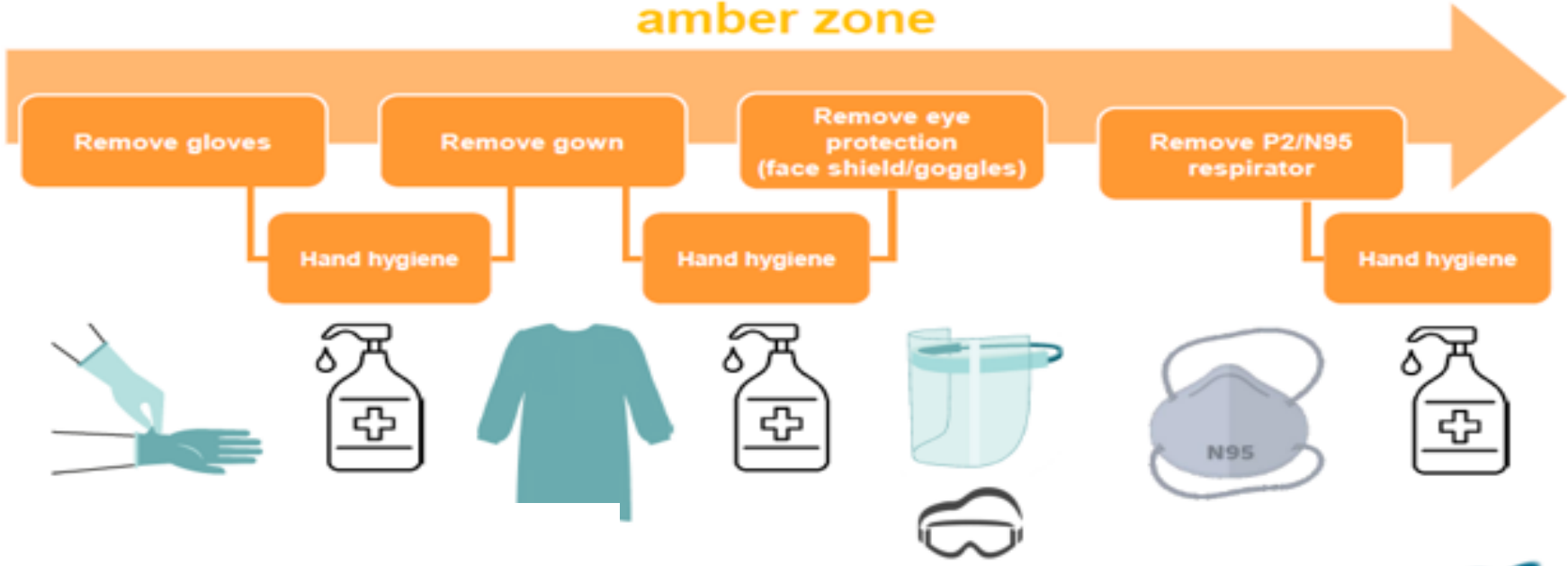
Use of PPE in residential care facilities

Taking off (doffing) PPE: Leaving suspected COVID-19 or close contact resident amber zone



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November 26, 2020 V1

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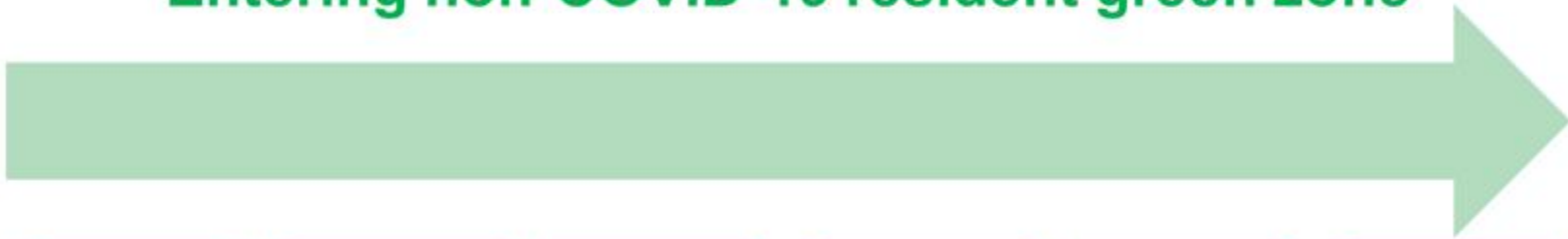
Putting on (donning) PPE: Entering non-COVID-19 resident green zone



Hand hygiene	Gown[1]	Surgical mask	Eye protection (face shield/goggles)	Gloves[2]	Enter zone

[1] Don gown if anticipating potential exposure to blood or body fluids

[2] Don gloves if anticipating potential exposure to blood or body fluids

*Some care may require the use of a P2/N95 mask. Refer to jurisdictional guidance for more information

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Putting on (donning) PPE:
Entering NON-COVID-19 resident green zone

Hand hygiene

Surgical mask

Eye protection (face shield/goggle)

Enter zone

Gown Gloves

Don gown and gloves if anticipating potential exposure to blood or body fluids

September 28, 2020 V1
Reference: https://www.dhhs.vic.gov.au/coronavirus-covid-19-factsheet-ppe-guidance-racf
Personal protective equipment (PPE) guidance for residential aged care facility (RACF)
COVID-19 Response Infection Prevention and Control (IPC) Advice Cell

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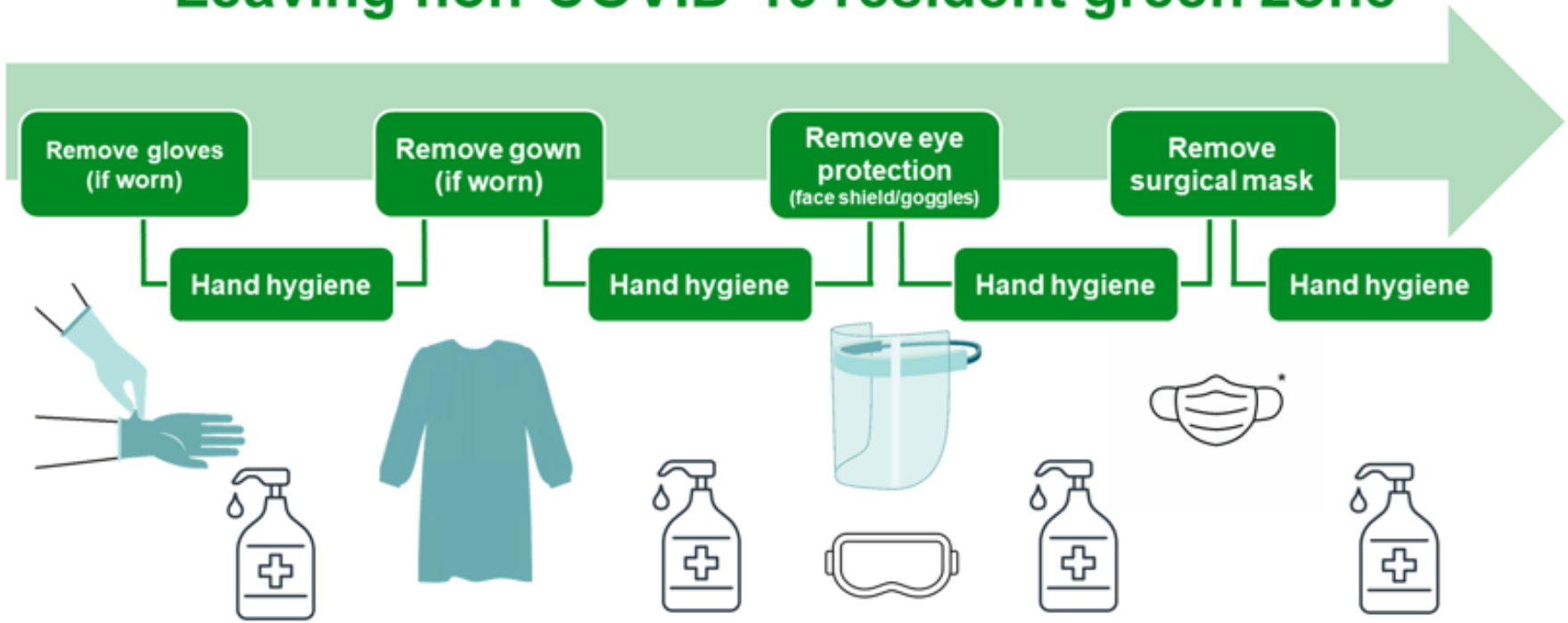
Taking off (doffing) PPE: Leaving non-COVID-19 resident green zone



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Changing PPE between residents:
Close contacts or suspected COVID-19 in amber zone

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[1] Respirator and eye protection can be worn for up to 4 hours unless visibly soiled, likely contaminated, wet or damaged if going between residents in a dedicated zone with suspected COVID-19 cases or close contacts (amber zone). If you need to replace your eye protection or respirator you should do so at a safe distance from a resident >1.5 meters.

Changing PPE between residents: Confirmed COVID-19 in red zone

Mask/respirator, eye protection and gown can be worn for up to 4 hours unless visibly soiled, likely contaminated, wet or damaged if going between residents in a dedicated zone with confirmed COVID-19 cases (red zone). If you need to replace your eye protection or mask/respirator you should do so at a safe distance from a resident >1.5 meters.[1]

[1] ICEG Coronavirus (COVID-19) guidelines for infection prevention and control in residential care facilities
https://www.health.gov.au/resources/publications/coronavirus-covid-19-guidelines-for-infection-prevention-and-control-in-residential-care-facilities
November 26, 2020 V1

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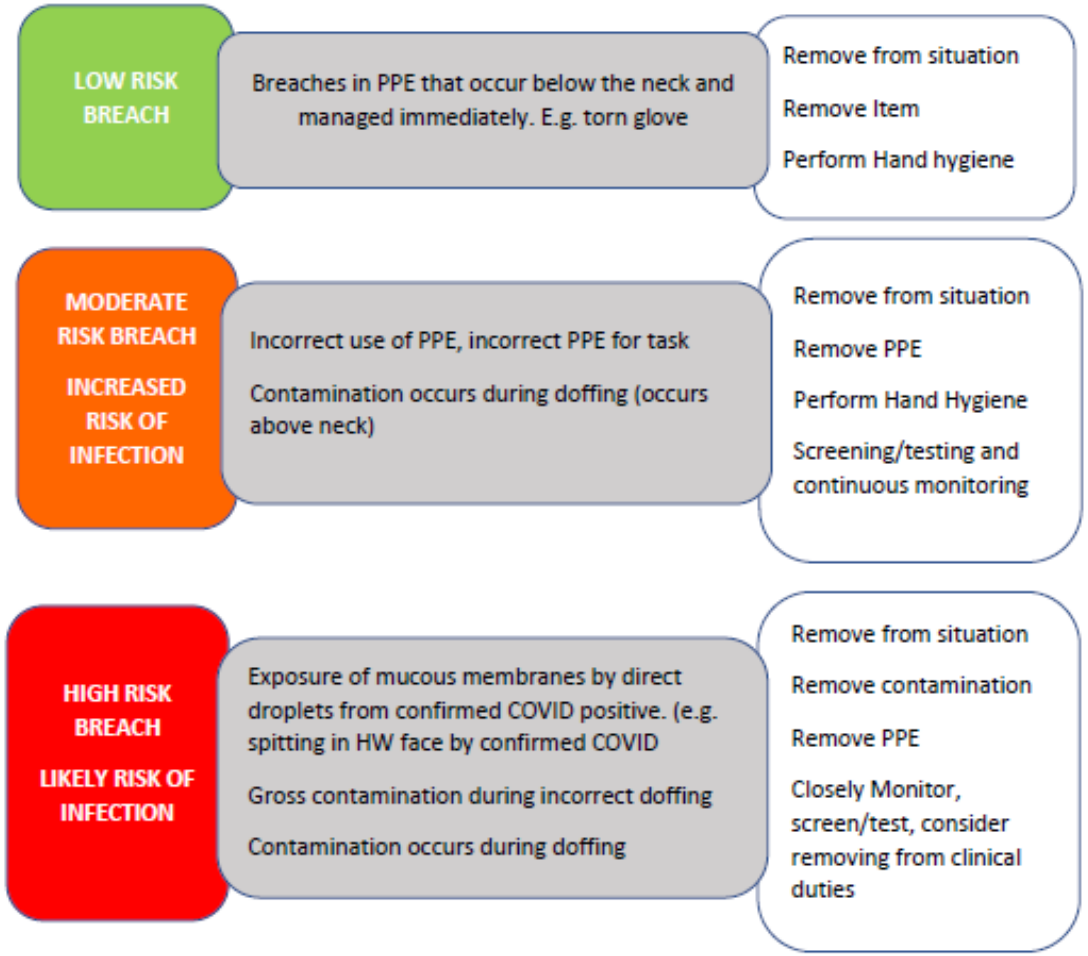
UNDERSTANDING A BREACH AND LEVEL OF RISK

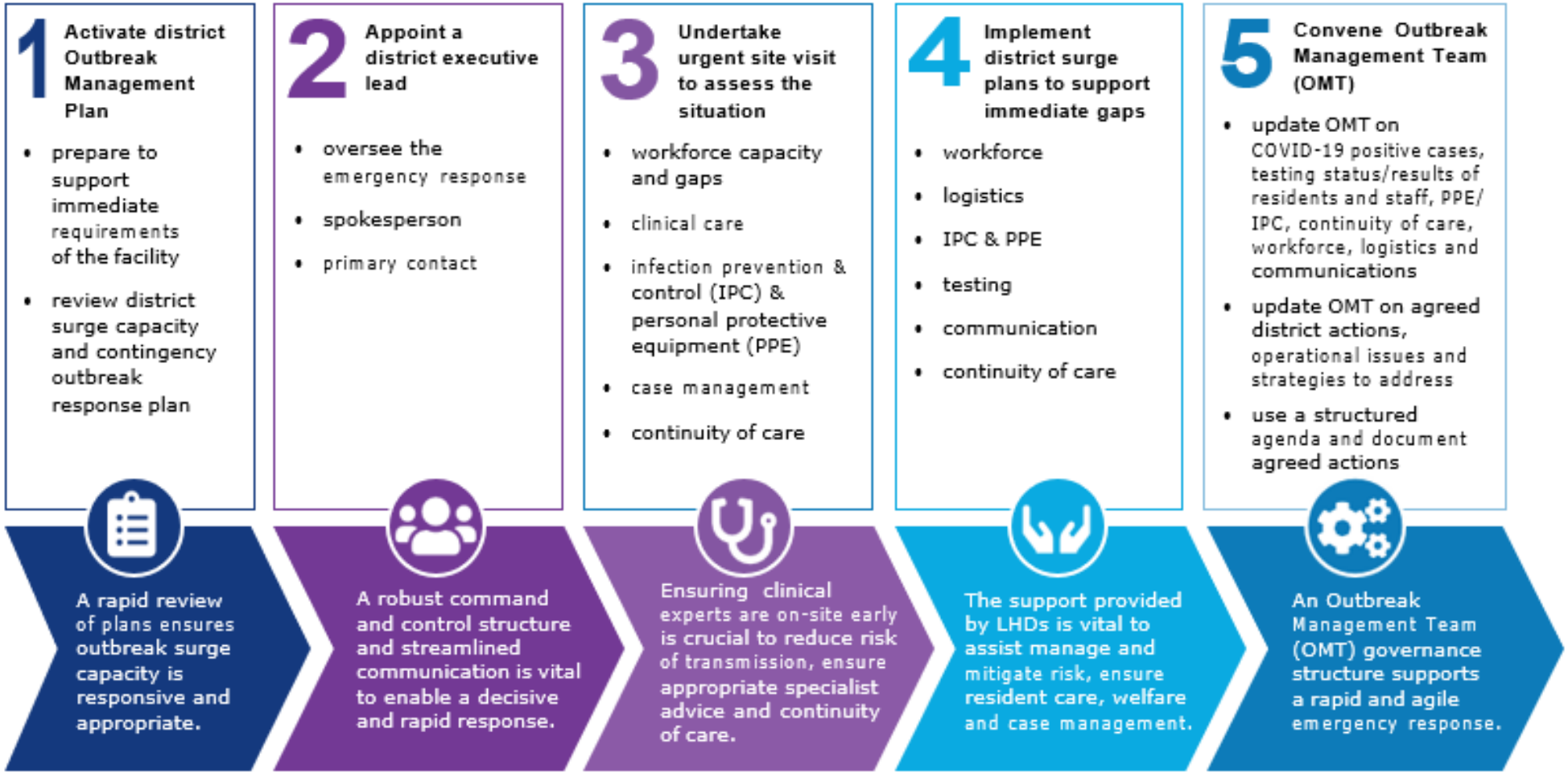
* PPE Breach Risk Assessment key principles.

- Perform a risk assessment to determine the level of exposure as applied to COVID-19 suspected/confirmed.



Adapted and modified from work developed by AUSMAT Quarantine management and operations compendium for the Howard Springs Quarantine Facility for the Repatriation of Australians at the Centre for National Resilience. National Critical Care and Trauma Response Centre. Darwin 2021.

THE FIRST 24 HOURS



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IPAC - FIRST 24 HOURS

Identification of a case

- Resident
- Staff member
- Both

30 mins

- ISOLATE
- REPORT
- LOCKDOWN – CONTROL MOVEMENT
- INITIATE PPE
- SET UP DONNING AND DOFFING ZONES
- REVIEW AGPS (NEBS)
- AIR HANDLING SYSTEMS

30-60 mins

- ACTIVATE OMP
- ESTABLISH OMT
- REVIEW ENTRANCE SCREENING
- COMMUNICATION
- DETERMINE CLINICAL MANAGEMENT OF CASES
- CHECK ROOM CAPACITY FOR STAFF AND REDUCE NUMBERS
- BEGIN PP AND HH EDUCATION

HOURS 2-3

- BEGIN LINE LISTING
- ID KEY DOCUMENTS
- PPE STOCKTAKE
- APPOINT COMMUNICATION MANAGER
- ENSURE ADEQUATE HH AND PLACEMENT

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IPAC - FIRST 24 HOURS

HOURS 4-6

- MEET PHU/OMT
- STAFF PLANNING AND ROSTERS
- ORGANSE TESTING – RESIDENTS AND STAFF
- DETERMINE IPAC LEAD
- DETERMINE PPE REQUIREMENTS
- REMOVE/CONTROL SHARED AREAS

HOURS 6-12

- COHORT/ ZONING / RELOCATION FOR IPAC
- SPERATE CLEARED, POSITIVE, SUSPECTED AND CLOSE CONTACTS INTO ZONES
- INCREASE STAFF NUMBERS – ADD EDUCATION AND IPC LEAD; SPOTTERS. SAFETY MARSHALS
- REVIEW WASTE, LINEN, FOOD, CLEANING, PPE

HOURS 12-24

- CLINICAL FIRST RESPONDER
- ASSESS PPE STOCK LEVELS

R/V

- CLEANING AND DISINFECTION EDUCATE HOUSEKEEPING
- PPE SESSIONS
- SHARED EQUIPMENT
- VACCINATION RECORDS

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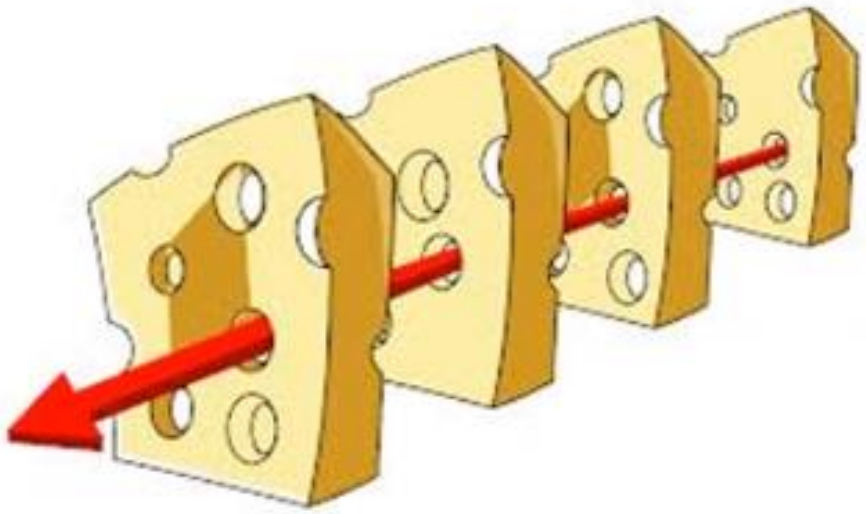
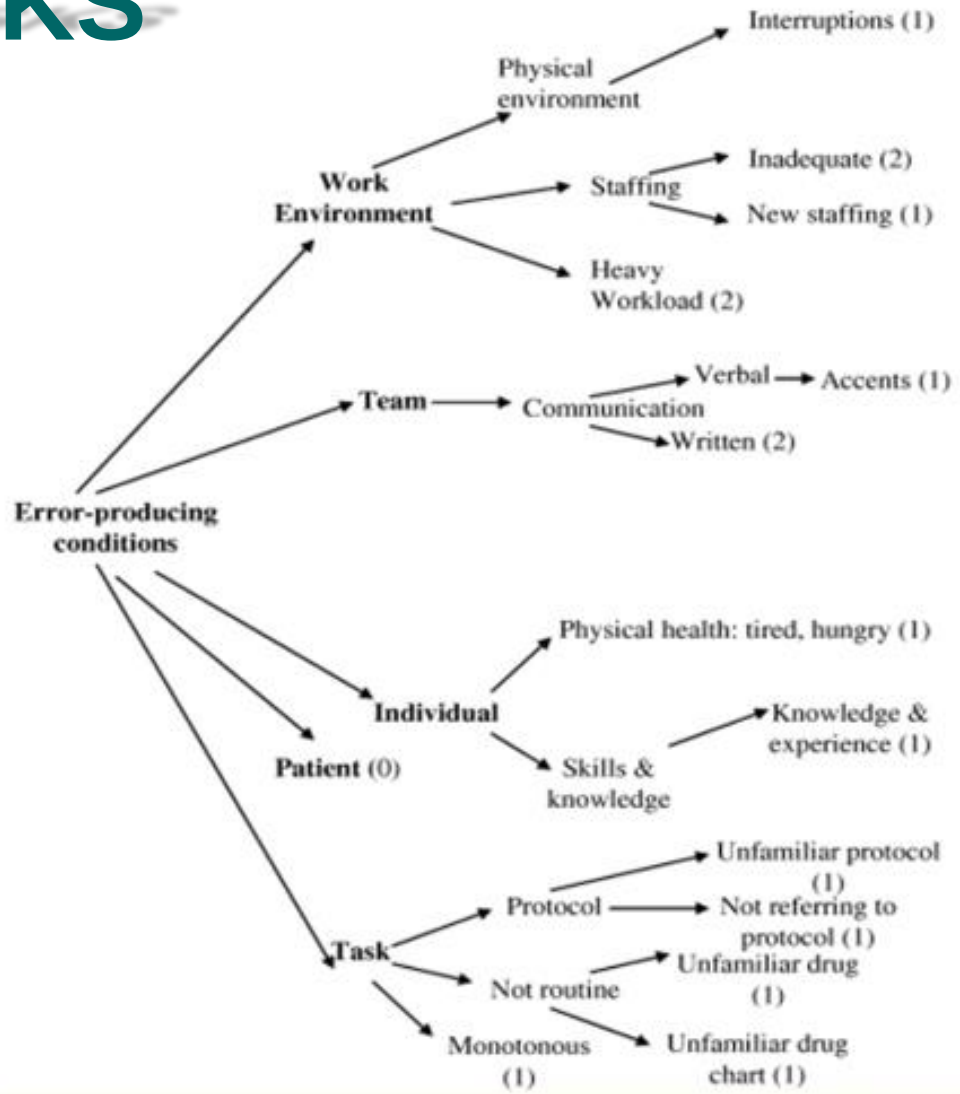
COMMON ERRORS

1. FULL PPE
2. UNIVERSAL PPE
3. NO CLEAR ZONING
4. UNFAMILIAR WITH PPE
5. LACK OF EDUCATION AND COMPETENCY WITH PPE
6. THINKING SOMEONE ELSE WILL COMPLETELY TAKE OVER IPC
7. UNPRACTICED RESPONSE

TRANSMISSION RISKS





From Saghera et al 2006

10 KEY LESSONS

1. PREPAREDENESS: COMPREHENSIVE PLANNING AND TRAINING IN PLACE
2. INSTIGATING THE RESPONSE: COMPREHENSIVE EARLY ACTION (TIME CRITICAL)
3. GOVERNANCE
4. WORKFORCE – SURGE CAPACITY AND DETAILED UNDERSTANDING OF IPAC
    a. Plan in place rather than relying on LHD/Services
5. RESIDENTS – SAFETY AND WELL BEING
6. TESTING staff and residents/SCREENING OF STAFF
7. **INFECTION PREVENTION AND CONTROL**
    a. Declutter
8. MEDICAL AND OTHER CLINICAL NEEDS REQUIRE ACTIVE ATTENTION
    a. Utilizing telehealth with the GP or a GP in the local area to check on the wellbeing of residents daily
9. INFORMED AND COORDINATED COMMUNICATION IS REQUIRED
10. STEP DOWN PLANNING (EXIT STRATEGY & BAU)

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LESSONS LEARNT

1. rapid isolation of a COVID-19 positive resident and implementation of infection prevention and control precautions will reduce further transmission of the virus.
2. Rapid identification of a COVID-19 positive staff member enables rapid implementation of contact tracing, infection prevention and control precautions and isolation/zoning of residents
3. able to quickly identify any staff with symptoms and prevent them from entering the facility. Also enables contact details for contact tracing.
4. Robust command and control structure and streamlined communication is vital to enable a decisive and rapid response.
5. Clinical experts on-site early to support infection prevention and control practices and case management reduces the risk of transmission and ensures residents have access to appropriate specialist advice, healthcare and continuity of care.

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OUTBREAK IPAC START UP TOOL KIT

- THE FIRST 24 HOURS MANAGING COVID
- PRINCIPLES OF FIT CHECKING POSTER
- RECOMMENDED ZONES FOR RCF OUTBREAKS
  - Sample zoning
- CLEANING OUTBREAK STARTER KIT
- PRECAUTION SIGNS
- EDUCATION AND TRAINING
- IMMEDIATE ASSESSMENT CHECKLIST
- OUTBREAK LINE LISTING TEMPLATE
- RACF OUTBREAK MANAGEMENT CHECKLIST
- USE OF PPE
- RESOURCE LINKS

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RESOURCES

- Commonwealth Aged Care Quality and Safety Committee :

https://www.agedcarequality.gov.au/covid-19-coronavirus-information

- Coronavirus (COVID-19) guidelines for infection prevention and control in residential care facilities

https://www.health.gov.au/resources/publications/coronavirus-covid-19-guidelines-for-infection-prevention-and-control-in-residential-care-facilities

- Australian Department of Health Infection prevention and control leads

https://www.health.gov.au/initiatives-and-programs/infection-prevention-and-control-leads

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Suitable IPC Courses

For an IPC specialist course to be deemed suitable, it must:

- focus on infection prevention and control
- be specified at the level of AQF8
- be delivered by a recognised education or training provider
- have an assessment, or assessments, that facilitate successful completion of the course.

Any course that meets these requirements is suitable.

The following training courses have been identified as meeting the educational requirements of a suitable specialist IPC training course:

- Foundations of Infection Prevention and Control for Aged Care Staff at the Australasian College for Infection Prevention and Control (ACIPC)
- Graduate Certificate in Infection Prevention and Control, Griffith University
- Master in Infection Prevention and Control, Griffith University
- Graduate Certificate of Infection Control, James Cook University
- Graduate Certificate in Nursing Science (Infection Control Nursing), University of Adelaide

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