



Looking at your facility through and IPC lens – what's in an aged care IPC program?

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Disclaimer

I have no conflicts of interest

Objectives

At the end of this presentation, you should be able to:

1. Use the ACIPC Foundations course learnings and strengthened standards to help guide the IPC plan
2. State the areas where IPC interacts with other departments
3. Describe how to use and apply a risk assessment tool
4. Create a program plan for your residence using the risk assessment

Introduction

- The IPC role was implemented to aid with improving Infection Prevention and Control responses within Aged Care
- Heavy focus has been with “control” – implementing practices after the event
- Prevention strategies will aid with reducing the need to put out fires through control



In the Beginning... (before the C word)

Minimal Infection Preventionists in Aged Care

Focus was not on prevention activities – reactionary behaviors

Hand Hygiene poor at best, most of the time completely lacking!

*Gloves used as a replacement for hand hygiene

MANTRA - “It’s not a hospital, it’s a home”



Pandemic time

Heavy focus on outbreak management

Administrative requirements increased exponentially

Constantly changing expectations

Little/no time for anything else!



Where We Are Now: Reactivity Remains the Driver



- Outbreak management still challenging
- IPC Lead role with little support or understanding
- Staff ownership – it takes a village
- Hospital versus home Mantra continues –
BUT it's not OUR home!

What you have learned - ACIPC Modules

Foundations of Infection Prevention and Control modules

- 1.Introductory concepts in infection prevention and control: microbiology, immunology and epidemiology
- 2.Exploring the concepts and science of HAI prevention: hand hygiene, standard and transmission-based precautions
- 3.Surveillance and audit: concepts and application
- 4.Cleaning, decontamination and sterilisation: environmental hygiene & management of reusable devices
- 5.Outbreak management: communicable disease notifications
- 6.Multi-resistant organisms: antimicrobial stewardship
- 7.Aseptic technique and invasive devices: management and evaluation
- 8.International and Australian oversight of infection prevention and control strategies: clinical governance – responding to standards and guidance
- 9.Theories of leadership and motivation: professional issues
- 10.Employee health: vaccination, sharps safety, pregnancy. Blood and body fluid exposure response and management
- 11.Practice specific settings: aged Care, haemodialysis, invasive procedure settings, the built environment

Aged Care Quality Standards



Figure 1: The strengthened Quality Standards

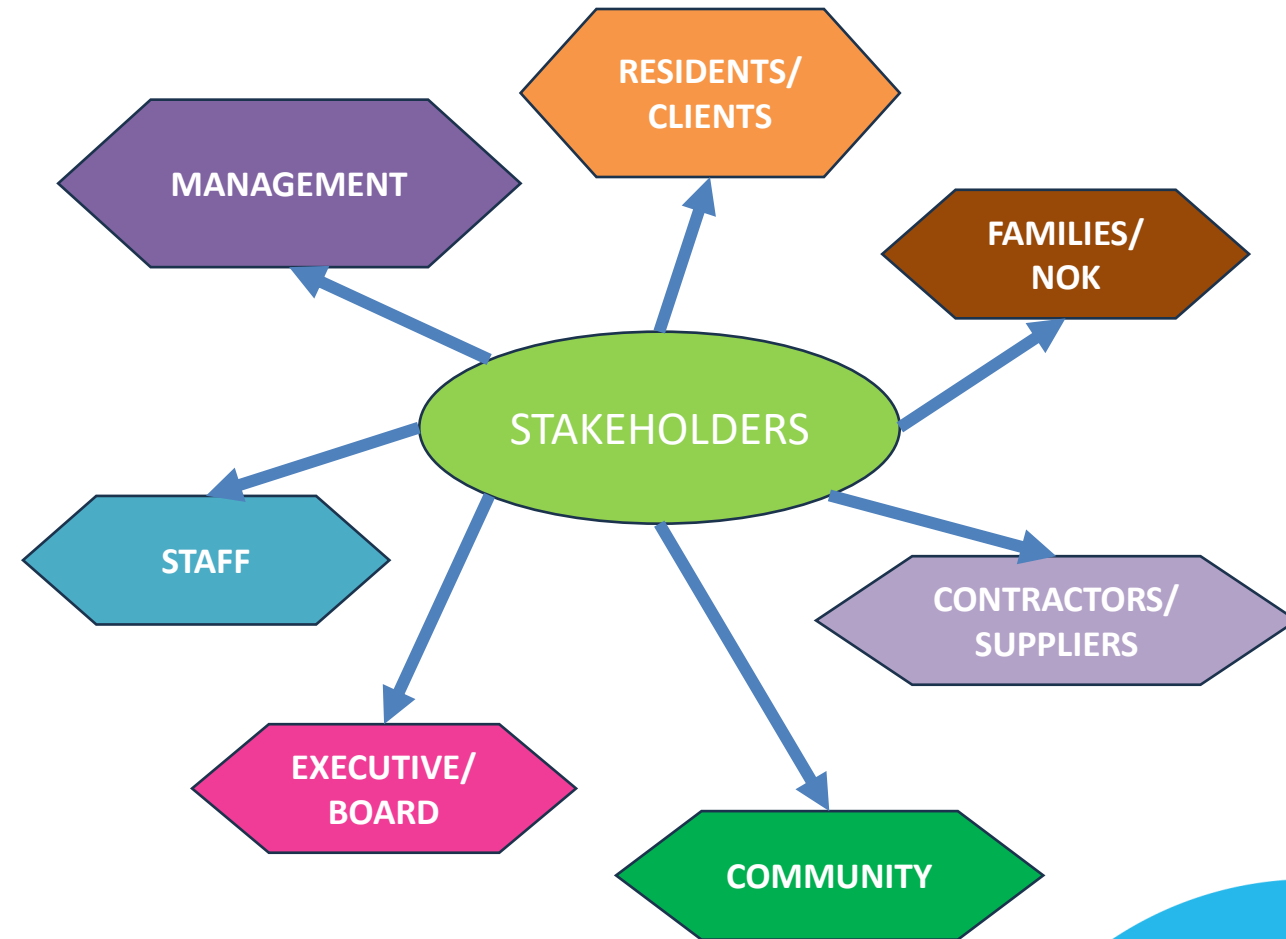
- Strengthened standards expected this year
- At the center is the resident – everything else we do revolves around them
- IPC touches into every aspect of the new standards, The Commission just haven't realized yet!

Key Stakeholder Engagement

Key stakeholders are those who either have the authority to implement change or those who the changes will impact

Early involvement of the key stakeholder(s) will impact the success of the elements you think should change

Key stakeholder input aids with identifying solutions to perceived risks and helps to solidify the sustainability once you remove yourself as the facilitator



Collaboration is key!

Take each individual role within the residence and break down the functions within that role

- *Collaborate with the person/people in the role to aid with the review

Use historical data or information to identify possible risks

Ask questions – can you see any risks with what is currently in place?

- *Use the risk assessment tool to assess the risk

Identify what IPC strategies are and/or should be in place

- *Use learnings from the ACIPC modules, self-research, studies, information from other IPCs, reference state and national guidelines/recommendations



Top to Bottom and Outside to Inside



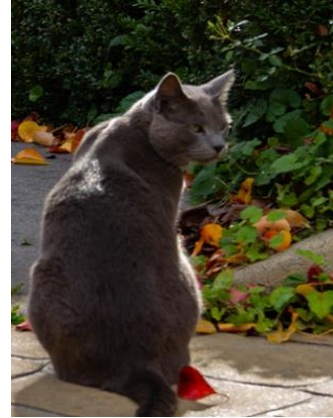
External environment proximity to the home – potential for severe weather to impact the home such as flooding

Front entry – what role does your administrative personnel play

Leisure and Lifestyle – communal activities and shared games, events, pets and pet therapy, visiting entertainment (includes barnyard, reptile, etc),

Food services – food safety program plan and adherence, café within the residence

Support services – hairdressers, allied health

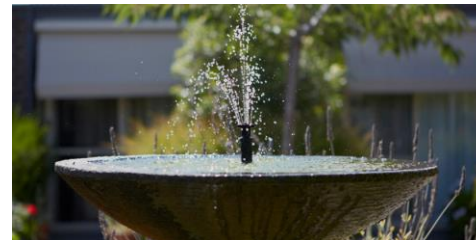


Who is not so obvious?

Property – water management plan, construction, renovation, maintenance, storage space

Cleaning and laundry – waste management, following contact/wet time, washing temperatures conducive to eliminating parasites and microorganisms

Procurement – correct product for the correct reason



Center of it all



Staff Health



Using a risk assessment tool

Likelihood Level	Consequence Level				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
1 Rare	Very Low	Very Low	Low	Low	Medium
2 Unlikely	Very Low	Low	Low	Medium	High
3 Possible	Low	Medium	Medium	High	Very High
4 Likely	Medium	Medium	High	Very High	Very High
5 Almost Certain	Medium	High	High	Very High	Very High

Level	Consequence Descriptor (examples)	Likelihood Descriptor (examples)
5	Fatality or permanent injury	Expected to occur in the immediate term (weeks/months)
4	Serious long-term physical or psychological injury	Anticipated it may occur in the short-term (<1 year)
3	Short term serious physical or psychological injury	May occur in the short to medium term (1-3 years)
2	Minor injuries requiring medical attention	Is not anticipated in the medium term (3-5 years)
1	Minor harm requiring first aid	Is not expected with medium to long-term >5 years

Applying a risk to the risk matrix

Example water flushing plan to prevent legionella biofilm

1. Is there a water flushing program in place?
2. Are all dead-legs included? How do you know?
3. Does flushing happen every 7 days or less? How do you know?
4. Are the following included in the program: empty resident rooms, occupied resident rooms where ensuite is not used, pan room, medication room? How do you know?
5. How often do you test for legionella and how are the areas for testing identified?
6. Have you had any positive results for legionella or “other species”? If yes, how often does that happen?

Using the table above, the consequence could be level 5 for a resident who acquires legionnaires disease that is not correctly identified.

The likelihood is dependent on testing results and how well the water management plan is implemented at your residence based on your state guidelines.

Experience - the maintenance/property officer interpreted “every 7 days” as “weekly”

The flushing timeline varied widely from one week to the next.

Example of a risk matrix with rationale

Potential Risk Category	Likelihood Level	Consequence	Risk Score	Example Rationale	Key Stakeholders
2024	5 - Almost certain 4 - Likely 3 - Possible 2 - Unlikely 1 - Rare	5 - Catastrophic 4 - Major 3 - Moderate 2 - Minor 1 - Insignificant			
Water Management Plan: legionella and other waterborne diseases	2	5	7	Regular sampling reveals legionella "other species" present. New systems in place will require ongoing surveillance.	Property Operations IPC
Hand Hygiene: compliance below 100%	5	2	7	Resident hand hygiene not consistently encouraged.	Operations Hospitality IPC
Occupational exposure: needlestick injuries	5	3	8	Needlestick injuries resulted in product change. Ongoing surveillance needed	WHS IPC Medication management committee Operations

Building an IPC Plan from the Risk Matrix

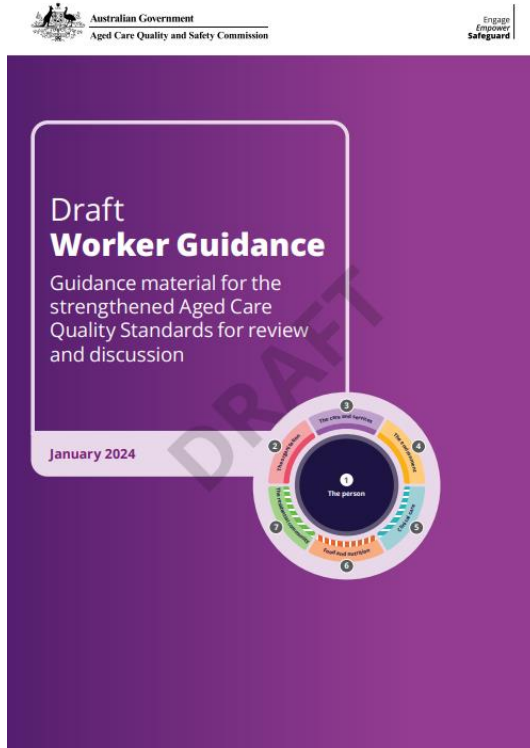
Area of Focus	Risk Score	Current	Strategies	How	Timeline	Who
Needlestick injuries	8	Staff using needles with exposed needle after use	<ul style="list-style-type: none"> • Use needless system • Educate staff on product use • Reassess injury data 	<ul style="list-style-type: none"> • Identify products which have retractable needles • Pilot use of needless system 		Procurement Staff educator RN
Hand Hygiene: Residents	7	Residents do not/are not assisted with hand hygiene prior to meals or activities	<ul style="list-style-type: none"> • Educate residents on hand hygiene importance • Provide hand sanitizing products at meal service • Encourage hand hygiene prior to activities 	<ul style="list-style-type: none"> • Create education topic • Present at resident meetings • Place sanitizer stations at entrance to dining area, and on tables 		IPC Lead IPC Lead and/or Manager Resident committee PCAs, L&L, and/or FSAs Leisure and Lifestyle team
Water management	7	Water flushing program in place but positive legionella "other spp." tests	<ul style="list-style-type: none"> • Remap deadleg flushing • Identify gaps with occupied rooms • Assess testing process to identify gaps 	<ul style="list-style-type: none"> • Review flushing timeline • Collaborate with clinical team for occupied rooms where ensuite is not in use • Reassess in 3 months 		Property/Maintenance officer Manager IPC Lead

Review of Blue Cross Templates Placeholder

Blue Cross Sample Risk Assessment

Blue Cross Program Plan

Putting it all together!



Use the ACIPC modules to aid with identifying general areas

Peel off different categories – one at a time and review

Review the Aged Care Quality Standards – worker guidance document and compare against your program plan

<https://www.agedcarequality.gov.au/sites/default/files/media/aged-care-quality-standards-draft-worker-guidance.pdf>

Review the state and national guidelines to aid with your strategies

DON'T try to solve world hunger – one step at a time

Australian Guidelines for the Prevention and Control of Infection in Healthcare

COVID-19

For information relevant to COVID-19 please refer to:

- For health and other care settings – the advice from the [Infection Control Expert Group](#)
- For all other settings – the [Department of Health COVID-19 webpage](#)
- Your local state or territory health department.

The Australian Commission on Safety and Quality in Healthcare has produced COVID-19 specific resources regarding PPE and the application of transmission-based precautions to complement Commonwealth and state and territory resources.

The Australian Guidelines for the Prevention and Control of Infection in Healthcare have been developed for use in all healthcare settings, including office-based practices. They contain guidance on personal protective equipment (PPE), standard and transmission-based precautions and outbreak management in section 3. For advice on infection control in community and other settings please go to the [Department of Health website](#).

