

INFECTION PREVENTION AND CONTROL ANNUAL PROGRAM PLAN TEMPLATE EXAMPLE

The Mission of the Infection Prevention and Control (IPC) Program: to improve the health of our residents and clients and the communities we serve by reducing the risk of healthcare-acquired infections. We are committed to a collaborative practice and management of IPC through the application of epidemiology across the continuum of care to prevent any adverse outcomes, improve resident, staff, and visitor safety, and to minimize the infectious occupational hazards associated with the care delivery services provided.

Resources: The program is resourced with three full time Infection Preventionists and a General Manager reporting to the Executive for Clinical Governance, Risk and Innovation. In addition to personnel, there are technological resources available for the department to support infection prevention and control activities. These include an electronic health record system and data extraction tools that mine data from the records for infection control surveillance. In addition, collaboration with Resident Manager, Hospitality, Procurement, Property, Work Health and Safety, Home Care, and other key stakeholders to aid with surveillance, case investigations, and continuous improvement work.

Surveillance activities: Infection data surveillance reporting has not been a focus for Aged Care providers in the past. However, the Victorian Healthcare Acquired Infection Surveillance System (VICNISS) are in the process of creating and implementing an infection reporting platform specific to Aged Care. In preparation *** has created a dashboard providing rates of infection, aiding with identifying trends. Infection Prevention and Control (IPC) Leads perform surveillance activities using this data and identify areas for improvement activity focus. In addition, for the last 4 years *** has participated in the annual national antimicrobial prescribing survey (NAPS) as part of the commitment to antimicrobial stewardship. Data collected provides a trend over time and benchmarks the RACFs against others within Australia. This data tool is used to aid with driving some changes at the local RACF level. Collaboratively, the IPC Committee also review other data tools including cleaning audits, water management preventative work, and water sampling results. All these aspects help to form the IPC program for the organization.

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Program Plan

Area of Focus	Evaluation (examples)	Gaps (examples)	Plan (examples)
Score 8			
Outbreaks	Outbreak activity continues to dominate throughout the year and due to the nature of COVID-19, seasonality is unpredictable.	<ul style="list-style-type: none"> Application of COVID-19 outbreak practices against other outbreaks (gastro, ARI) Appropriate use of N95 masks 	<ul style="list-style-type: none"> IPC Lead reviews compliance at each outbreak and provide education support IPC Lead involvement for upskilling after hours coordinators and team leaders Continued Fit Testing and fit check programs including support at Induction days.
Occupational Exposure – needlestick injuries	Needlestick injuries reported in 2023 specific to one product	<ul style="list-style-type: none"> Needle left exposed after injection is provided – creates hazard to staff Staff using self-administer pens and re-capping 	<ul style="list-style-type: none"> Product change to address exposed needle. Continued education and support for site on procedure. All needlestick injuries, to have incident report peer review to identify opportunities Continued review of current prevention mechanisms to ensure these continue to meet staff needs and address any emerging issues
Antimicrobial Stewardship	National Antimicrobial Prescribing Survey performed annually each July MAC meetings held at each residence Emerging multi-resistant pathogens with implications to residential aged care include gonorrhoea, candida auris, carbapenemase-producing organisms (CPO)	<ul style="list-style-type: none"> Continuing use for prophylaxis for “recurrent UTIs” noted No process to perform trial off UTI prophylaxis 	<ul style="list-style-type: none"> Use the National Center for Antimicrobial Stewardship recommendations for reassessment of long-term therapy Pilot the trial off medication with one residence where high use is noted Standardize a timeline for prn antifungal treatments to be removed from the medication record if not used within the specified time IPC Lead attend MAC meetings and provide input for long-term prescriptions following recommendations from bullet 1 above

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Transmission based precautions compliance	Heavy focus on COVID-19 precautions, low numbers of other infectious illnesses has resulted in staff misunderstanding of changes between COVID precautions and other ARIs/gastro.	<ul style="list-style-type: none"> Inconsistency with monthly education focus Monitoring/audit process not in place Australian Guidelines reference not consistently used for identifying type of precautions to apply 	<ul style="list-style-type: none"> IPC leads to assess isolation practices with each dedicated day IPC Leads provide staff with “focus of the month” topics Provide guideline reference to team lead each time an MDRO is identified to upskill RN/ENS
Hand Hygiene below 100%	Audit tool implemented 2021 with IPC Leads Resident hand hygiene has not been successfully implemented for key moments	<ul style="list-style-type: none"> Audits not consistently performed and compliance over-inflated Staff unaware of data results Resident hand hygiene not continually encouraged (included in CPO section) 	<ul style="list-style-type: none"> Data reviewed at every IPC Lead meeting Individualized planning with IPC lead, RM, and CCC Hand hygiene assessment included with initial induction on commencement. IPC Lead assess individual auditors performance and discuss process as needed
Emerging Pathogens – CPO	Release of Version 1 CPO guidelines for RACF from Victoria Department of Health include elements of care not currently in practice. Although rare in Australia, this is expected to become a global concern with minimal antimicrobial efficacy against these pathogenic organisms	<ul style="list-style-type: none"> Resident hand hygiene prior to meals and communal activities, after toileting No current alert on Care Manager record Screening of incoming residents, and close contacts Clearance of close contact cases *AMS program is not robust for reducing/removing long term antimicrobials 	<ul style="list-style-type: none"> Engage Leisure and Lifestyle team to assist with resident hand hygiene prior to activities and meals Perform gap analysis and create plan of implementation for gaps Present gaps to leadership Implement approved plan *Follow AMS plan recorded above
Infections	Infection dashboard implemented	<ul style="list-style-type: none"> Healthcare-associated definitions not established for RAC – pending release mid-2024 	<ul style="list-style-type: none"> Trending and analysis performed monthly by IPC leads. Data shared with RM and CCC Use trends to identify opportunities for improvement Use of McGeer’s definitions pending release of new definitions from NISPAC and VICNISS collaborative

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RACF Cleaning	Cleaning assessments have not been performed for internal cleaning teams.	<ul style="list-style-type: none"> Variation in practices, education, and compliance is unknown 	<ul style="list-style-type: none"> Implement audit tool to assess efficacy of cleaning Create standardized education tools for all cleaning staff based on findings of audit
Disinfection: point of use care equipment	All shared equipment is required to be cleaned at point of use.	<ul style="list-style-type: none"> No process in place to check compliance with equipment cleaning 	<ul style="list-style-type: none"> Identify key stakeholders to ensure wipes are consistently available New wipe packet must be dated at time of opening Ongoing assessment of process and frequency of new wipes to identify cleaning practices
Water Management	Some water testing results with legionella sp.. “other” - could be a flag for potential issues	<ul style="list-style-type: none"> Ongoing surveillance needed 	<ul style="list-style-type: none"> Engage with property team to create an audit process Collaborate with property team to identify all deadlegs Review flushing program to ensure all sinks are included in program such as medication room, pan room, etc. Property provide a quarterly report to leadership on new strategies implemented against water testing
Score 6			
Construction and Renovation and Community environment (flood)	New dust mitigation and water intrusion strategies introduced. Plan includes a checklist of recommendations based on the level of dust created by a project or length of time of water saturation based on resident/staff areas impacted	<ul style="list-style-type: none"> Surveillance needed to validate strategies are applied consistently Clear assigning and documentation of supervision responsibilities for sensitive operations, ensuring each task is closely monitored by designated employee and contractor supervisors. Unknown level of risks with construction work both minor and major Water intrusion process for drying out sensitive areas does not have a timeline attached 	<ul style="list-style-type: none"> Property team to implement mitigation tool during the pre-construction meeting phase Identify employee who will assess the construction/renovation site during works – ensuring the mitigation strategies are followed Proactive investigations for construction or renovation with a focus on developing a detailed document to address all potential risks and implement due diligence for sensitive construction works Property team to use the water intrusion tool for timeline to ensure water-logged area is dry or escalation if not

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Vaccine-preventable illness	<p>Shingles infection are difficult to track. Impact to residents is minimal (immunity from childhood and access to shingles vaccinations). However, staff demographic in younger employees may not have immunity or childhood vaccination for chicken pox Hepatitis B prevalence in Australia is low (<1%). However, vaccination against this blood borne pathogen is readily available</p> <p>HALO document from Victoria DoH published in 2023</p>	<ul style="list-style-type: none"> • Staff compliance with use of PPE when in direct contact with shingles lesions is unknown • Hepatitis B immunity is unknown for staff who will potentially be exposed • Unknown how well staff understand or use the HALO document for assessing vaccination needs • Resident vaccination status for shingles and pneumococcal illness is not readily available. • Ensuring updated vaccinations for staff and residents re COVID-19 and seasonal Influenza 	<ul style="list-style-type: none"> • IPC Leads continue to promote the use of the HALO document at key identified times (Infection Prevention week, NAPS month, etc) • Review of compliance with TBP for residents with identified shingles infections • Monitor of DoH website for updated “fully vaccinated” information for COVID-19 and mandatory flu season campaign • Use of data dashboard to continue to promote resident vaccinations for COVID-19 and Influenza • Review electronic medication records for updated pneumococcal and shingles vaccinations. Address same during MAC meetings • Vaccine campaign to occur April (flu, COVID, shingles, pneumococcal, hep B, MMR, TdP, varicella) and November (same vaccinations except flu)
New Item: Sexual health and sexually transmitted infections (STIs)	<p>Changes with legislation to improve the rights of residents including dignity of choice and risk extends to sexuality. Recent studies show rapidly increasing STIs in the older populations (gonorrhoea, chlamydia, syphilis)</p>	<ul style="list-style-type: none"> • Resident knowledge for safe sex practices is unknown • Current health education for residents does not include safe sex and prevention of STIs • *Residents are of an era of sexual freedom but very little public education campaigns (1960s, 1970s) • Misconception with condom use to only prevent pregnancy 	<ul style="list-style-type: none"> • Provide initial education for staff in combination with dignity of risk pilots • IPC Lead create education material for resident meetings • Identify sexual health brochures available and have these readily available at residences • Monitor/surveillance resident STIs • Engage with community partners (GP, PHUs) to aid with providing information for residents