



# ACIPC

Australasian College  
for Infection Prevention and Control

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## Beyond the Basics

### Aged Care

#### IPC Community of Practice:

Aged Care Connexion  
Resources  
Webinars



Advancing Infection  
Prevention and Control in  
Aged Care



## Acknowledgment

ACIPC acknowledges Aboriginal and Torres Strait Island people as the traditional custodians of country throughout Australia and respects their continuing connection to culture, land, waterways, community, and family.





# Understanding the Current IPC Landscape

<u>Category</u>	<u>Details</u>
<b>Unique Setting</b>	- Requires tailored IPC practices specific to aged care environments
<b>Service Types</b>	- Public, private (for-profit / not-for-profit), multi-purpose services
<b>Common Infections</b>	- Respiratory - Gastrointestinal - Urinary tract infections - Skin infections – MDROs
<b>IPC Challenges</b>	- Shared spaces, room/bed ownership - vulnerable populations - building infrastructure and poor ventilation (Australasian Health Facility Guidelines not applicable) - resource constraints - chloride damages
<b>Key Learnings</b>	- Aged Care Royal Commission and COVID-19 exposed critical IPC gaps - Acknowledgement of aged care being on the IPC frontline
<b>Post-Pandemic Realities</b>	- Need for surge planning and flexible response systems - Workforce fatigue and burnout - Managing ongoing change and adaptation



# Advancing Aged Care IPC



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- Identifying the barriers/challenges
- Overcome barriers/challenges
- Tools for success - enablers



# Governance

**Enabler:** New guidance

Aged Care is a rights-based approach

- Aged Care - Statement of Rights
- New Aged Care Act and accompanying rules effective 1 July 2025
- Strengthened Aged Care Quality Standards effective 1 July 2025
  - Aimed to align with National Standards (NSQHS)
  - IPC integration across multiple standards:
    - **Standard 2:** The Organisation – IPC as part of governance, planning, and continuous improvement
    - **Standard 4:** The Care and Services – Ensuring services are delivered safely with robust IPC practices
    - **Standard 5:** Clinical Care – Safe, effective infection prevention embedded in clinical governance
- Multi-Purpose Services Aged Care Module - NSQHS

## Strengthened Aged Care Quality Standards





# Person-Centred and Rights Care

## Challenge:

- Balancing safety with dignity and autonomy
- Terminology – Older Person, Individual, Resident, Client

## Enabler:

- Inform and educate older persons of infection risks and prevention strategies
- Older persons respected:
  - Dignity, privacy, and cultural values
  - Older person preferences for visitors or care choices (including isolation)
- Communication:
  - Clear and age-appropriate
  - Delivered in preferred languages or accessible formats
- Culturally appropriate IPC processes



## Sector Code for Visiting in Aged Care Homes

Endorsed Version 7.2 - Current at 26 June 2023

### Introduction

The Industry Code for Visiting in Aged Care Homes has been updated in June 2023 in consideration the [National COVID-19 Health Management Plan for 2023 \(the 2023 National COVID-19 Plan\)](#), [National Statement of Expectations on COVID-19 management in aged care settings \(the National Aged Care Statement\)](#) and [the National COVID-19 Community Protection Framework \(the COVID-19 Framework\)](#). As discussed below in the Role of this Code, the Code was developed to give clear guidance where directions from local state or territory public health authorities were not available.

Outbreaks of viral and other infections are especially dangerous for aged care residents. They can be respiratory infections such as influenza, Respiratory syncytial virus (RSV) and COVID-19 or other types of virus such as Norovirus and other forms of gastroenteritis. They can be easily spread, and all providers should plan to prevent their spread in homes. Infection control measures need to be balanced with the needs of residents for social lives, and respect for their individual rights to be in control of their own lives and the rights of others within the community in which they live. The risks associated with COVID-19 must be balanced with the mental and physical health risks of residents not having access to visitors of their choosing.

[The 2023 National COVID-19 Plan](#) has been developed to outline the Australian Government health supports to manage COVID-19 during 2023.

The National Aged Care Statement was included in in pages 11-16 of [the 2023 National COVID-19 Plan](#). It outlines what is required to deliver safe and quality care with regards to COVID-19. The National Aged Care statement recognises the need for aged care providers to continue preparedness and response planning and infection prevention and control measures. It recognises the need to undertake Public Health and Safety measures in a manner which is cognisant of the rights of senior Australians and considers the impacts of social isolation. Timely access to medically appropriate acute and primary care services, continuity of all care and lifestyle support, and ongoing access to visitors is supported by the National Aged Care Statement.



# Aged Care IPC Resources



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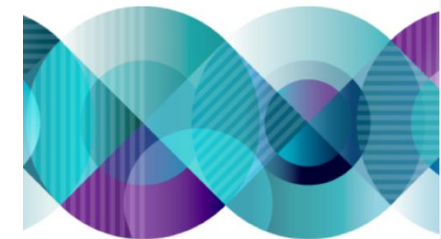
## Challenge:

- Require consistency across information (as applicable) and terminology

## Enabler:

- Aged care dedicated resources
- Use of these guides to lead local processes/policies
  - Aged Care IPC Guide
  - CDNA Guidelines
  - Department of Health and Aged Care –IPC/AMS aged care resources
  - Aged Care Quality and Safety Commission –IPC/AMS resources
  - ACIPC Aged Care IPC resources and courses
  - State/territory Aged Care IPC resources
  - Organisations which focus on aged care IPC learning/education and alerts

AUSTRALIAN COMMISSION  
on SAFETY and QUALITY in HEALTH CARE



### **The Aged Care Infection Prevention and Control Guide**

A supplementary resource for the **Australian  
Guidelines for the Prevention and Control of  
Infection in Healthcare** for aged care settings





# Leadership, Workforce Capability and Culture

## Challenge:

- Depth of leaders IPC knowledge and understanding
- Facility Manager accountable for all
- Funding
- Workforce staffing and skill mix

## Leadership

- IPC education
- Embed IPC in strategic priorities and resource planning
- Empower IPC Leads and managers to drive change
- Model accountability and visible commitment to safety
- Resources to enable IPC practices

## Workforce Capability

- Role-specific (behavioural), ongoing IPC training and competency checks and time allocation
- Career development and IPC specialisation
- Foster multidisciplinary teamwork and knowledge sharing
- Roster planning must ensure safe HCW-to-older person ratios to reduce infection risk.
- Health screening – vaccination, immunisation, chronic infections

## Culture

- A “safety-first” mindset and just culture
- Open communication, incident reporting, and learning
- Psychological safety to report
- Recognise and celebrate IPC excellence and innovation







# IPC Lead

## Challenge:

- Not set up for success
- Blocks
- Confidence, experience, role desire
- Limited ongoing education or time allocation for such

## Enabler:

- Rethink ticking the box, and make it work
- JD – environment dependant
- Dedicated time – environmental dependant
- Empowerment, enablement and authority
- Real expectations – level of capacity to risk assess, knowledge, experience, education, confidence
- Ongoing support, education, collaboration





# IPC Lead Roles

## Enabler:

Duty Statement – IPC Lead			
Lead Title:	Infection Prevention and Control (IPC) Lead		
Site/Facility:			
Reports To:	Facility Manager		
Date of Preparation:	3 March 2021	Date Updated:	02 April 2024
<b>Primary Purpose</b>			
The IPC Lead supports the facility manager and leadership team at the facility to lead good practice in the prevention and management of infection and infectious diseases including COVID-19, influenza and others. The IPC Lead also takes the lead in ensuring good practice in antimicrobial stewardship.			
The IPC Lead's role within the service is to observe, assess and report on infection prevention and control, and to assist with developing procedures and providing best practice advice. This is to ensure that each service has up-to-date processes and procedures in place regarding infection prevention and control, and outbreak management, which are reflective of best practice.			
The IPC Leads, with support and guidance from the Calvary National IPC Advisor – Aged Care, and support from the IPC champions/s, will be held accountable for the role requirements stipulated below.			
<b>Accountabilities</b>			
<b>Policy and Procedure Development</b>			
<ul style="list-style-type: none"><li>Contribution to relevant policy and procedure development and implementation</li><li>Point of contact for facility staff</li></ul>			
<b>Quality Improvement</b>			
<ul style="list-style-type: none"><li>Identify and actively participate in opportunities for quality improvement</li></ul>			
<b>Education and Training</b>			
<ul style="list-style-type: none"><li>Ensure all IPC required education is completed and required competencies are met</li><li>Monitor IPC related mandatory training completion at the facility and ensure 100% compliance (incl. Aseptic Non-Touch Technique (ANTT) and Hand Hygiene Compliance</li><li>Training and mentoring of staff as required</li><li>Preparation and distribution of relevant communications regarding IPC such as flyers, newsletter and posters</li><li>Identify and support staff who may qualify to become a future IPC lead</li></ul>			
<b>Outbreak/pandemic Preparedness and Management</b>			
<ul style="list-style-type: none"><li>Ensure pandemic and outbreak management plans are current, available and understood by key staff</li><li>Assist with preparation for and communication about pandemic and outbreak management</li><li>Attend all relevant meetings in the event of an outbreak</li><li>Ensure required documentation such as reports, line listings and meeting minutes are maintained</li><li>Act as liaison regarding outbreak/pandemic management such as tests, planning, isolation, referral</li></ul>			

## IPC Lead Roles and Responsibilities

### Background

The Australian Government Department of Health and Aged Care requires all aged care facilities to appoint a clinical staff member (RN/EN) at each residence as an Infection Prevention and Control (IPC) lead. The IPC Champion will work in collaboration with the IPC Lead and report on IPC practices within the residence by applying information learned from the Infection Prevention and Control in Aged Care Settings short course.

### Roles and Responsibilities

The IPC Champion will work in collaboration with the IPC Lead to perform functions which will include:

1. Ensure the Infection Prevention and Control Plan is met
2. Provide support to all staff in relation to infection prevention and control within the residence
3. Have a clear and strong knowledge of Aged Care Quality Standard 3 (3)(g) and Standard 8 (3) (d) and (e) and how to apply these within the residence
4. Conduct routine rounds at the residence to oversee and assess compliance with standard infection prevention and control practices and any transmission-based precautions that may be in place
5. Identify gaps and support the implementation of actions where appropriate in collaboration with the IPC Lead, Residence Manager and Clinical Care Coordinator
6. Initiates and maintains communication with staff, sharing information, and providing feedback in real time to aid with staff understanding of the principles of infection prevention and control including standard and transmission-based precautions
7. Provide clear communication of observations to the IPC Lead, Management team, and central office Infection Control team
8. Participate in continuous improvement activities of the home starting with the hand hygiene campaign
9. Attend monthly IPC leads committee meetings in the absence of the IPC lead, and participate in group workshops as needed
10. Provide education for onboarding staff during orientation, annual updates, and as needed at other times during the year as directed by the IPC Lead, Residence Manager and CCC.

### Requirements of the IPC Champion Role

1. Provide support regarding the assessment, planning, implementation, documentation, and evaluation of transmission precautions of infectious clients, carriers of multi-resistant organisms or those in isolation.
2. Plan and promote activities for infection prevention and control events. The three identified events throughout the year are international hand hygiene day (5<sup>th</sup> May), National Antimicrobial Prescribing Survey NAPS (July), and International Infection Prevention week (October).
3. Provide support, training, and assessment, of the requirements for standard and transmission-based precautions including but not limited to:

## Infection Prevention and Control Lead (IPC Lead) Duty Statement

The following tasks fall within this position's responsibilities:

### Daily Practice

- ☐ Have knowledge of Aged Care Quality Standard 3 (3)(g) and 8 (3) (d) (e) and applying
- ☐ Is a dedicated IPC Lead to the facility and key infection control contact
- ☐ Act as a resource and mentor to all staff on issues related to infection prevention and control at floor level
- ☐ Visit all areas of facility to oversee that standard infection prevention and control practices are being carried out in accordance with written IPC State/Territory and Australian Guidelines.
- ☐ Initiate and maintain communication with staff and shares information, feedback, and encourage participation in infection control precautions
- ☐ Feed's infection control concerns to facility manager, IPC manager/consultant, clinical governance teams – as per communication pathway

### Care

- ☐ Oversee infection care planning (screening, monitoring, clearance)
- ☐ Provides support regarding the assessment, planning implementation, documentation, and evaluation of HAI, including multi-resistant organism, incontinence associated dermatitis and device associated infections

### Governance

- ☐ Provides input into the development of infection prevention and control policies/procedures and implementation
- ☐ Undertakes the ASQSC Infection Control Monitoring Checklist
- ☐ Assists with the ASQSC Governance and Operational checklist in conjunction with facility manager and governance teams

### Surveillance

- ☐ Attend/assists with infection control surveillance (i.e., national audit schedule – i.e. IPC processes, infections, AMS), ensure reporting processes
- ☐ Collaborates and rolls out action plan/change processes in accordance to audit outcomes – with facility manager.
- ☐ Review strategies post implementation for success or change

### Antimicrobial Stewardship

- ☐ Promotes Antimicrobial Stewardship (AMS) and annual World Antimicrobial Awareness Week

# Risk Assessment and Controls

## Challenges:

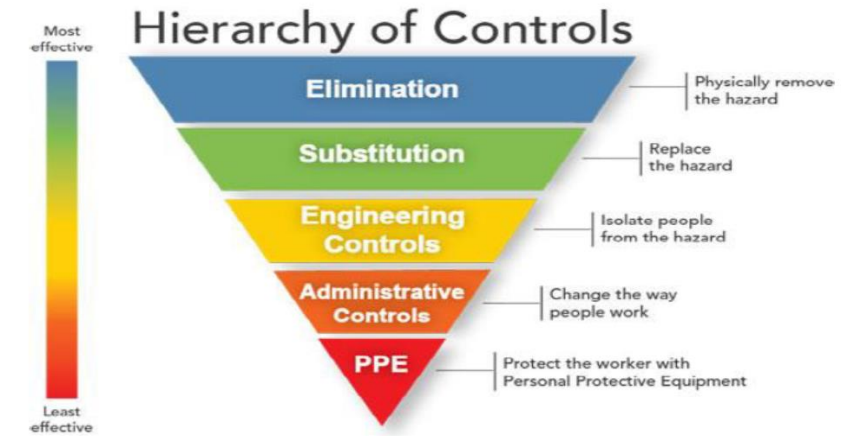
- How and when to do it
- Limited training/education
- Inaccurate assessments – risk safety

## Risk-based approach:

- Risk assessments:
  - Physical environment
  - Older person health status
  - HCW practices

## Use Hierarchy of Controls:

- Eliminate/reduce
- Substitution
- Engineering: air flow, isolation
- Administrative: training, policies
- PPE



- Reporting incidents systems/platforms and active policy/practice change
- Education



## Infection Prevention and Control Program Risk Assessment Template Example

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

Enabler:

Potential Risk Category	Likelihood Level	Consequence	Risk Score	Example Rationale	Example Key Stakeholders
<b>2024</b>	5 - Almost certain 4 - Likely 3 - Possible 2 - Unlikely 1 - Rare	5 - Catastrophic 4 - Major 3 - Moderate 2 - Minor 1 - Insignificant			
<b>Geographic Location:</b> proximity to risk areas such as ports, airports, rivers, etc	1	3	4	Impact from proximity is unlikely to create significant impact across the organization. Impact more likely at a local level and emergency management plans are in place	Property WHS IPC Operations
<b>Community environment:</b> flood, fire, earthquake, extreme temperatures, gale force winds	3	3	6	Flooding has occurred during heavy rainfall. Unusually high temperatures are predicted for summer 2024	Property WHS IPC Operations

## Infection Prevention and Control Program Risk Assessment Template Example

<b>Water Management Plan:</b> legionella and other waterborne diseases	2	5	7	Regular sampling reveals legionella "other species" present indicating gaps in flushing program	Property Manager
<b>Outbreaks:</b> gastro, acute respiratory infections including influenza and COVID-19	5	3	8	Outbreaks are occurring with more frequency due to the lack of seasonality for COVID-19. Recent gastro events revealed IPC gaps. Ongoing monitoring needed	Operations Hospitality IPC
<b>Transmission based precautions compliance:</b> multi-drug resistant organisms, c diff, other respiratory viruses	5	2	7	TBP not consistently implemented across the organization	Clinical coordinator IPC
<b>Infections:</b> urinary, respiratory, skin/wound, devices	5	2	7	Ongoing increased numbers of prn medications for skin "infections" not applied per prn order. Not an established practice for identifying UTI	Clinical coordinator Education IPC
<b>Emerging Pathogens:</b> Carbapenem Producing Organisms (CPO)	3	4	7	New guidelines from Victoria Department of Health published December 2023 include aspects of care not currently in place.	
<b>Antimicrobial Stewardship:</b> overuse/misuse of long term and prn therapies	5	3	8	Challenges with marrying abx with infections. Prophylaxis treatments not trialed off to review ongoing necessity.	
<b>Disinfection:</b> point of use shared equipment	5	2	7	No audit process in place to assess compliance with cleaning shared equipment. No process in place to identify frequency of use for disinfecting wipes.	
<b>Leisure and Lifestyle:</b> animal care	4	3	7	Up to date vaccination and health records not readily available for in-house pets. Visiting farms without access to portable hand hygiene sinks.	
<b>Home Care:</b>	4	4	8	No current active surveillance or observations and minimal education for IPC with home care staff	
<b>Hand Hygiene:</b> compliance below 100%	5	2	7	Resident hand hygiene not consistently encouraged.	Operations Hospitality IPC

ACIPC: <https://www.acipc.org.au/wp-content/uploads/2024/04/Infection-Prevention-and-Control-Program-Risk-Assessment-Template-Example.pdf>



# Comprehensive IPC Program and Plan

## Challenge:

- Can't see the wood for the trees with out these
- Information accuracy, inclusion of correct information, currency
- Awareness to superseded guidelines/standards

## Enabler:

- IPC Program/System
- Annual IPC Plan
- Tailored IPC policies, procedures, and protocols
- Annual and as required review and supersede

## Why:

- Sets measurable goals and actions aligned with risks and regulatory standards
- Includes timelines, responsibilities, and evaluation methods
- Multidisciplinary Involvement - Engage leadership, IPC Leads, clinical HCW, cleaning, laundry, maintenance, catering, and external partners







# IPC Program

## Infection Prevention and Control Program

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### Introduction

The Infection prevention and control program (IPC Program) is an overarching document that outlines the structure and requirements for the success of an Infection Prevention and Control Plan. The aim of both the Program and the Plan is to minimise the risk of transmission of infections and the development of antimicrobial resistance within healthcare settings.

### Policy Reference

xxxxxxxxxxxxxxxxxxxxxxxx

### Section 1: Program Management and Governance

1. An Infection Prevention and Control Lead Nurse (Consultant, Specialist, Lead) is designated time, authority, physical and financial resources to coordinate the organisation's IPC Program.
2. The lead:
  - (a) Is skilled and qualified to meet the needs of the setting and can develop, implement, coordinate, and evaluate the organisation IPC Program; is supported annually by the organisation with resources and time to maintain clinical and professional currency. This includes support for relevant postgraduate qualifications.
  - (b) Management appraises the leads' performance at least annually and individual professional development goals are negotiated, supported and opportunities provided.
3. Key Stakeholders (CEO/COO, Facility Manager):
  - (a) Has a performance agreement which includes infection prevention and control outcomes as a key performance indicator.
  - (b) Endorses the inclusion of specific articulated infection prevention and control roles, responsibilities, and accountabilities for relevant personnel within the organisation's management plan.

## Infection Prevention and Control Program

- (d) National and/or state infection prevention and control policies relevant to the organisation are endorsed by the IPC Program and management plan, implemented and compliance monitored.
- (e) Topics to be addressed include:
  - i) Hand Hygiene
  - ii) Standard and Transmission Based Precautions (including Isolation) and Personal Protective Equipment
  - iii) Aseptic technique
  - iv) Specific infection and emerging pathogen management – MRO, COVID 19, CAUTI
  - v) Surveillance
  - vi) Environmental cleaning and disinfection
  - vii) Reprocessing of reusable medical devices
  - viii) Safe management of waste, water, and soiled/clean linen
  - ix) Sharps and healthcare exposure management
  - x) Staff health and healthcare associated risks – including occupational assessment, vaccination/immunisation and respiratory protection program.
  - xi) Outbreak Management
  - xii) Antimicrobial Stewardship
  - xiii) IPC education programs and competency
  - xiv) Clinical practice standards – self assessment
  - xv) Guidelines and policies relating to infection prevention and control and their implications for the healthcare facility. Access.
  - xvi) Consumer engagement - person centered care
- (f) Regular and ad-hoc communication processes exist between the lead, managers, committees, and relevant public health authorities.
- (g) The organisation supports lead attendance at relevant state or national professional organisation meetings by providing conference leave and funding workshop, conference or other professional development related registration fees in accordance with Award conditions.

Enabler:

ACIPC: <https://www.acipc.org.au/wp-content/uploads/2024/04/IPC-Program-Example.pdf>

# Annual IPC Plan



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Enabler:

## INFECTION PREVENTION AND CONTROL ANNUAL PROGRAM PLAN TEMPLATE EXAMPLE

Area of Focus	Evaluation (examples)	Gaps (examples)	Plan (examples)
<b>Score 7</b>			
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"> <li>Inconsistency with monthly education focus</li> <li>Monitoring/audit process not in place</li> <li>Australian Guidelines reference not consistently used for identifying type of precautions to apply</li> </ul>	<ul style="list-style-type: none"> <li>IPC leads to assess isolation practices with each dedicated day</li> <li>IPC Leads provide staff with "focus of the month" topics</li> <li>Provide guideline reference to team lead each time an MDRO is identified to upskill RN/ENS</li> </ul>
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"> <li>Audits not consistently performed and compliance over-inflated</li> <li>Staff unaware of data results</li> <li>Resident hand hygiene not continually encouraged (included in CPO section)</li> </ul>	<ul style="list-style-type: none"> <li>Data reviewed at every IPC Lead meeting</li> <li>Individualized planning with IPC lead, RM, and CCC</li> <li>Hand hygiene assessment included with initial induction on commencement.</li> <li>IPC Lead assess individual auditors performance and discuss process as needed</li> </ul>
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"> <li>Resident hand hygiene prior to meals and communal activities, after toileting</li> <li>No current alert on Care Manager record</li> <li>Screening of incoming residents, and close contacts</li> <li>Clearance of close contact cases</li> <li>*AMS program is not robust for reducing/removing long term antimicrobials</li> </ul>	<ul style="list-style-type: none"> <li>Engage Leisure and Lifestyle team to assist with resident hand hygiene prior to activities and meals</li> <li>Perform gap analysis and create plan of implementation for gaps</li> <li>Present gaps to leadership</li> <li>Implement approved plan</li> <li>*Follow AMS plan recorded above</li> </ul>
Infections	Infection dashboard implemented	<ul style="list-style-type: none"> <li>Healthcare-associated definitions not established for RAC – pending release mid-2024</li> </ul>	<ul style="list-style-type: none"> <li>Trending and analysis performed monthly by IPC leads. Data shared with RM and CCC</li> <li>Use trends to identify opportunities for improvement</li> <li>Use of McGeer's definitions pending release of new definitions from NISPAC and VICNISS collaborative</li> </ul>

ACIPC: <https://www.acipc.org.au/wp-content/uploads/2024/04/Infection-Prevention-and-Control-Program-Plan-Template-Example.pdf>

# Surveillance and Audit



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## Challenge:

- What, when, how, who, feedback, action planning and delivery
- Clinical, environmental, supply, etc come under the same auditing team
- Consistency of auditing, experience of auditor, accuracy of data

## Enabler:

### Category

### Details

#### Standardise Systems

International/national definitions (e.g., McGeer Criteria), validated tools

#### Digitise Processes

Integrate surveillance software, real-time dashboards

#### Build Capacity

Train IPC Leads or alternative, support continuous learning, enable peer networks

#### Use Data Effectively

Routine audit/surveillance and audit for immediate change.  
Regular reporting, benchmarking, feedback to inform practice

#### Collaborate Widely

Link with public health, GPs, and regional networks.

#### Focus Surveillance

Prioritise common infections, monitor antimicrobial resistance and antimicrobial use-  
Aged Care NAPS

#### Evaluate & Improve

Apply QI cycles, adapt policy/practice based on outcomes. Data-driven outcomes







# IPC Surveillance Examples

Enabler:

ACIPC: [https://www.acipc.org.au/aged-](https://www.acipc.org.au/aged-care/aged-care-ipc-templates-and-tools/)

[care/aged-care-ipc-templates-and-tools/](https://www.acipc.org.au/aged-care/aged-care-ipc-templates-and-tools/)

## INFECTION PREVENTION AND CONTROL (IPC) MANAGEMENT PLAN:

### AUDIT and IN-SERVICE SCHEDULE 2024

Facility:	Person/s Responsible	Date Developed / Reviewed:	Relevant Qualification and IPC specific training
Executive/Senior Manager responsible for the IPC program			N/A
IPC Clinical Lead/IPC Champion			Minimum: ACIPC Foundations of Infection Prevention & Control certificate

### ANNUAL CALENDAR

ITEM	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
<b>Meetings</b>												
IPC Clinical Lead Working Group Meeting	X	X	X	X	X	X	X	X	X	X	X	X
<b>Reports</b>												
*NAPS report to be submitted to HM, GM, QM, Clinical Governance, IPC Advisor												
** HICMR report provided to HM, GM & IPC Advisor. GM has access to reports on Calvary Connect												
<b>Audits</b>												
AMS Audit – MeG Audit (6 monthly)						X						X
AC NAPS Audit (Annually between Jun to Aug)*						X						
Environmental Cleaning Audit – MeG Audit (4 monthly)	X				X				X			
Standard Precautions & Vaccine Management Audit – MeG Audit (4 monthly)		X				X				X		
Transmission-based Precautions & Outbreak Management Audit – MeG Audit (4 monthly)			X				X				X	
Aseptic Technique & Invasive Devices Audit – MeG Audit (6 monthly)				X						X		
Outbreak Preparedness Self-Monitoring Audit (Quarterly)	X			X			X			X		

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	General	Aged Care specific
Monthly	<ul style="list-style-type: none"><li>Call IPC and let them know you are on an IPC Lead day. Discuss/plan day.</li><li>Check x3 occupational exposure packs in Occupational exposure folder.</li><li>Hand Hygiene Audits- 20mins first up.</li><li>Posters laminated &amp; hung with blue tack or adhesive squares (no sticky tape) in clinical areas</li><li>Review &amp; comment on any procedure/work practices sent for consultation</li><li>Audit: Infections and action</li><li>Audit: Urinary Catheter (if there are any)</li><li>Audit: masks &amp; bare below elbow.</li></ul>	<ul style="list-style-type: none"><li>New Admissions – has immunisation history been obtained?</li><li>Are all residents up to date with vaccination &amp; entered into the vaccination section?</li><li>Are staff up to date with vaccination &amp; recorded</li><li>Weekly recording resident and staff COVID vaccines</li><li>Ensure resident infections are entered &amp; review.</li><li>Staff training/competencies</li></ul>
January	<ul style="list-style-type: none"><li>Audit: Sharps</li><li>Audit: Donning &amp; Doffing Station</li><li>IPC lead and FM meeting – action plan</li></ul>	<ul style="list-style-type: none"><li>Review IPC Program and annual plan</li></ul>
February	<ul style="list-style-type: none"><li>Audit: TBP</li><li>IPC lead and FM meeting – action plan</li></ul>	<ul style="list-style-type: none"><li>Review Outbreak plans and processes</li></ul>
March	<ul style="list-style-type: none"><li>Audit: Linen management</li><li>Attend IPAC Network Meeting</li><li>Audit: IPC Checklist</li><li>IPC lead and FM meeting – action plan</li></ul>	
April	<ul style="list-style-type: none"><li>Audit: Donning &amp; Doffing Station</li><li>World Immunisation Week</li></ul>	
May	<ul style="list-style-type: none"><li>International Hand Hygiene Day 5<sup>th</sup> May</li><li>Promote Flu/COVID/RSV campaign</li><li>IPC lead and FM meeting – action plan</li></ul>	
June	<ul style="list-style-type: none"><li>Audit: Sharps</li><li>Attend IPAC Network Meeting</li><li>Promote Flu/COVID/RSV campaign</li><li>IPC lead and FM meeting – action plan</li></ul>	<ul style="list-style-type: none"><li>VICNISS Resident Vaccination Audit due 31<sup>st</sup></li></ul>
July	<ul style="list-style-type: none"><li>Audit: Donning &amp; Doffing Station</li><li>Promote Flu/COVID/RSV campaign</li><li>Audit: IPC Checklist</li><li>IPC lead and FM meeting – action plan</li></ul>	<ul style="list-style-type: none"><li>NAPS point prevalence + 1 month look back</li></ul>
August	<ul style="list-style-type: none"><li>Audit: Cleaning/disinfection and reprocessing</li><li>IPC lead and FM meeting – action plan</li></ul>	<ul style="list-style-type: none"><li>NAPS point prevalence + 1 month look back</li></ul>
September	<ul style="list-style-type: none"><li>Attend IPAC Network Meeting</li><li>Audit: Linen management</li></ul>	<ul style="list-style-type: none"><li></li></ul>



# Education, Training and Competency

## Challenge:

- Limited IPC expertise in training
- IPC is not (or very minimally) included in certificate care and environmental courses
- Education alone doesn't change or enhance practice
- Competencies without context are less effective

## Enabler:

### Category

### Details

#### **Deliver Consistent Training**

Training aligned with aged care and national IPC guidelines

#### **Role-Specific Competency**

Tailor training to clinical, environment, admin, volunteers, and IPC Lead roles with clear learning outcomes

#### **Culture**

Culturally appropriate resources

#### **Mandatory Competency Assessments**

Implement routine tracked practical competency assessments to ensure understanding and knowledge retention

#### **Embed Training in Onboarding & Ongoing**

Integrate IPC into induction, annual refresher courses, and continuing professional development (CPD)

#### **Use Diverse Learning Methods**

Combine eLearning, simulation, case studies, and peer mentoring to enhance engagement

#### **Signage**

Prompts

#### **Monitor and Evaluate Effectiveness**

Collect feedback, audit compliance, and review outcomes to improve training quality



# IPC Training Program

## Enabler:

IPC Education & Training												
In-service Session – Clinical Staff	X		X		X 5 May Annual HH Day	X		X		X 3 <sup>rd</sup> week Annual IPC Week	X 3 <sup>rd</sup> week Annual AMS Week	
In-service Session – Support Services Staff (cleaning, waste, food, maintenance and linen services staff)		X		X	X 5 May Annual HH Day		X		X	X 3 <sup>rd</sup> week Annual IPC Week	X 3 <sup>rd</sup> week Annual AMS Week	X
PPE donning and doffing competency assessments (On recruitment and thereafter annually)	X	X	X	X	X	X	X	X	X	X	X	X
Hand Hygiene competency assessment (On recruitment and thereafter annually)	X	X	X	X	X	X	X	X	X	X	X	X
Quality Improvement												
AMS QI – To dip or not to dip	X											

**ACIPC:** <https://www.acipc.org.au/aged-care/aged-care-ipc-templates-and-tools/>



# Standard and Transmission-Based Precautions

## Challenge:

- Strengthening the precautions
- Terminology differences between guides - confusion
- Team knowledge, understanding and turn over
- Standard and Transmission-based precautions –marry the transmission means – not one size fits all
- Lack direction on cohorting, isolation

## Enables:

- On the go access to resources – PPE, wipes, waste – location location location
- Provide signage, prompts and communications
- Include cohorting, isolation time frames in communications
- Training/competency
- AI PPE alert systems



# Environmental and Hospitality Services



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## Challenges:

- Knowledge of leadership and procurement
- No IPC involvement and oversight
- Teams' knowledge and understanding
- Inappropriate resources

## Focus Area

## Enablers

### Cleaning & Disinfection

- Standardise schedules and checklists – surfaces, equipment, objects
- Use TGA-approved disinfectants to pathogen/know contact times
- Use PPE
- Conduct regular audits and validation
- Processes for air quality, water management

### Reprocessing of Equipment

- Standardise schedules and checklists
- Follow AS 5369:2023 and manufacturer guidelines
- Establish processes for reusable vs single-use items

### Laundry Services

- Establish processes – follow AS 4146: 2024
- Segregate soiled and clean linen
- Maintain thermal or chemical disinfection
- Use PPE and safe handling practices

### Waste Management






- Establish protocols- state/territory driven
- Categorise general, clinical, and sharps waste
- Use PPE
- Ensure safe storage, transport, and disposal

### Food Services

- Comply with food safety and IPC standards
- Maintain hygiene in food prep and service
- Train HCW on cross-contamination prevention

# Reprocessing for Success






## Reusable Equipment Reprocessing in Aged Care

		<ul style="list-style-type: none"> <li>Staff to wear precaution PPE -apron and gloves</li> <li>Clean mugs with warm water and detergent after each use, rinse</li> <li>Store in older person's bathroom</li> </ul>
<b>Commodes</b> 	After each use, and daily	<ul style="list-style-type: none"> <li>Use detergent wipes/disinfectant wipes</li> <li>Wipe base and back and armrests of chair</li> <li>Wipe underside of seat Wipe chair wheels and foot plates</li> <li>Ensure, pan is clean post use</li> </ul> Include in cleaning schedule.
<b>Glucometer</b> 	After each use	<ul style="list-style-type: none"> <li>Ideally older persons have their own device</li> <li>Use disinfectant wipes</li> <li>Thoroughly wipe over all parts</li> </ul>
<b>Hoists</b> 	After each use and daily	<ul style="list-style-type: none"> <li>Use detergent wipes/disinfectant wipes</li> <li>Wipe over the frames</li> <li>Wipe handlebars and grips</li> <li>Wipe base and wheels</li> <li>Wipe controls</li> </ul> Include in cleaning schedule.
<b>Slings</b> 	Weekly and as required (or as manufacturer's instructions)	<ul style="list-style-type: none"> <li>As possible: dedicate sling to client</li> <li>All slings are numbered and weekly washed in accordance with their number</li> <li>Care staff send the slings to the laundry on the allocated day of washing</li> <li>Laundry staff mark that they have washed according to the sling number- that is on their monthly list</li> <li>Use manufacturer washing instructions</li> </ul>
<b>Walking Frames</b>	Daily	<ul style="list-style-type: none"> <li>Use detergent wipes/disinfectant wipes</li> </ul>

## Enabler:

ACIPC: <https://www.acipc.org.au/wp-content/uploads/2024/11/Reusable-Equipment-cleaning-toolbox-2024.pdf>

## Reusable Equipment Reprocessing in Aged Care

		<ul style="list-style-type: none"> <li>Wipe over all parts of the frames including handles and legs</li> </ul> Include in cleaning schedule.
<b>Wheelchairs</b> 	Daily	<ul style="list-style-type: none"> <li>Use detergent wipes/disinfectant wipes</li> <li>Wipe base and back of chair</li> <li>Wipe underside of seat</li> <li>Wipe handle grips</li> <li>Wipe wheels and foot plates</li> </ul> Include in cleaning schedule
<b>Weigh Chairs</b> 	After each use and daily	<ul style="list-style-type: none"> <li>Use detergent wipes/disinfectant wipes</li> <li>Wipe base and back of chair</li> <li>Wipe underside of seat and bars</li> <li>Wipe handle grips</li> <li>Wipe wheels and foot plates</li> </ul> Include in cleaning schedule
<b>Nebulizers</b> 	After every use and daily	<ul style="list-style-type: none"> <li>Use detergent wipes/disinfectant wipes</li> <li>Wipe over the entire surface</li> <li>Wipe under covers and in storage parts</li> <li>Wipe over tubing and mask</li> <li>Change tubing and mask weekly (or as manufacturer's instructions)</li> </ul> Include in cleaning schedule.
<b>CPAP</b> 	After each use and full monthly	<ul style="list-style-type: none"> <li>Single older person use</li> <li>Use detergent wipes/disinfectant wipes</li> <li>CPAP Cleaning process (as per manufacturer's instructions)</li> </ul> Include in cleaning schedule.
<b>Concentrator and nasal prongs</b>	After each use and full monthly	<ul style="list-style-type: none"> <li>Older person has their own</li> <li>Use detergent wipes/disinfectant wipes</li> <li>Wipe over the entire surface</li> <li>Wipe under covers and in storage parts</li> </ul>

# Continuous Quality Improvement

**Challenge:** Awareness and understanding of what it is and how to action and demonstrate

**Enablers:**

Category	Details
	Action and educate:
<b>Embed Quality Improvement (QI) Methods</b>	Apply tools like PDSA (Plan-Do-Study-Act) cycles to test and refine IPC practices
<b>Use Data to Drive Change</b>	Analyse trends, audit results, and incident reports to identify areas for improvement
<b>Engage the Workforce</b>	Involve HCW in identifying issues and co-designing solutions; recognise and reward improvements
<b>Regular Monitoring and Evaluation</b>	Set benchmarks, track performance, and adjust plans based on outcomes
<b>Close the Loop</b>	Ensure findings from audits, surveillance, and reviews lead to documented actions and updated policies





# Continuous Improvement Template

Enabler:

Status	Risk
Not started	Low
Working on	Medium
Completed	High

## The Aged Care Infection Prevention and Control Quality Improvement Action Plan

Action plan developed by: \_\_\_\_\_ Date: \_\_\_\_\_

Standard	Matter for Improvement	Risk	Owner	Strategies	Due Date	Status
Example: 3, 8	Hand Hygiene	High	Educator IPC Lead	All staff to undertake hand hygiene competency	30/6/2024	Working on



# Current IPC Research in Aged Care



## Enabler:

<u>Project Title</u>	<u>Lead Author</u>	<u>Organisation</u>
NISPAC Surveillance Research: National Infection Surveillance for Australian Aged Care	Professor Mary-Louise McLaws A/Prof Noleen Bennett	The Doherty Institute for Infection and Immunity,
IMMERSE-2: Implementing effective IPC in RAC – Communities of Practice for IPC Leads	Dr Joanne Tropea	University of Melbourne
Partnering with older persons, families and carer for person-centred IPC in RAC	Dr Su-yin Hor	University of Technology Sydney (UTS)
Optimised IPC Study in RACH (OPTICS)	Professor Anton Peleg	Monash University
A-Precise Study (Australia - PReventing infECTions In older personal agEd care)	Professor Helen Rawson Professor Phil Russo	Monash University's National Centre for Healthy Ageing (NCHA)
Establishing standards for governance, program elements, and IPC practices in Australian aged care	Professor Ramon Shaban	University of Sydney
Safe At Home Research Project	Professor Anne-Marie Hill	University of Melbourne
Efficacy of Germicidal Ultraviolet Light Technology	Professor Martyn Kirk	Burnett Institute



# Aged Care

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**IPC Community of Practice:**  
Aged Care Connexion  
Resources  
Webinars



# ACIPC

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# THANK YOU

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