

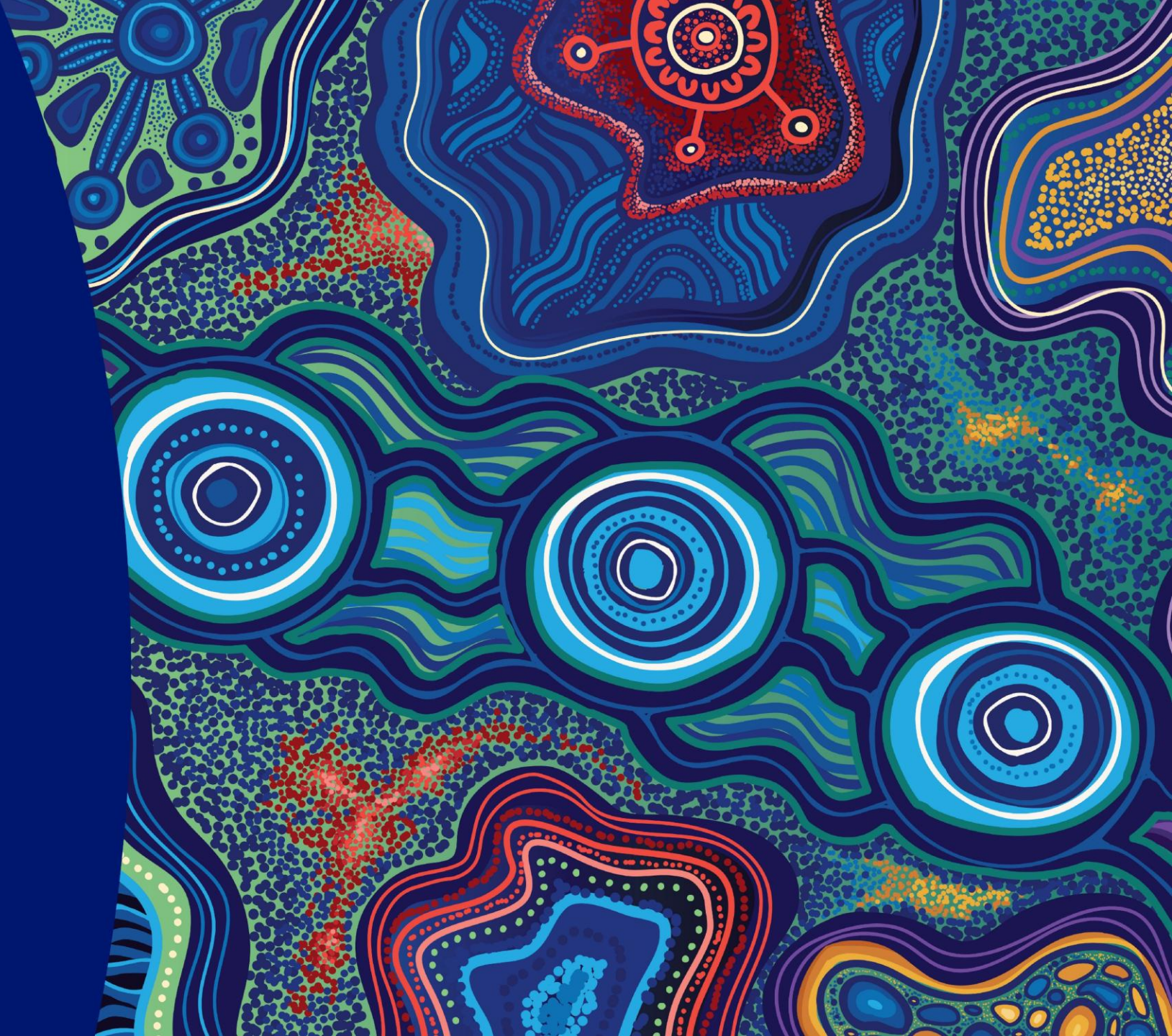
Strengthened Aged Care Quality Standards and IPC: What they mean for your facility

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We acknowledge all First Peoples of the land on which we live, walk and work on. We honour them and their Ancestors for their survival, continued traditions and spiritual connection to and caring of country, land, sky, water and sea. We pay respect to their Elders past and present and will continue to support their right to self-determination.

We are committed to Reconciliation and respectfully recognise that sovereignty has never been ceded.



AGENDA

- Background to the reform.
- New Aged Care Act 2024.
- Strengthened Aged Care Quality Standards (overview).
- Implications for infection prevention and control in aged care facilities.
- Tips for success.

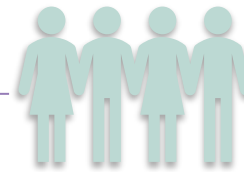
AGED CARE REFORM



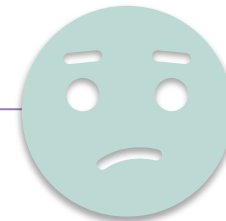
Background



Royal Commission
into Aged Care
Quality and Safety



Ageing
population



Public
concerns

AGED CARE REFORM

Why are the reforms needed?

- Positive, lasting changes to aged care to put the rights and needs of older people first.
- We all want to feel confident that we will be able to access affordable, safe and suitable support as we age.



AGED CARE REFORM



Key Reform Changes

Change	Replace current	Purpose of change
Aged Care Act 2024	<ul style="list-style-type: none">• Aged Care Act 1997• Aged Care (Transitional Provisions) Act 1997• Aged Care Quality and Safety Commission Act 2018	Improve how services are delivered to people in: <ul style="list-style-type: none">• Their homes• Community settings• Approved residential aged care homes.
Strengthened Aged Care Quality Standards	<ul style="list-style-type: none">• Aged Care Quality Standards (<i>from 8 to 7 standards</i>)	Recommendation from Royal Commission to be more comprehensive, detailed and objective. <ul style="list-style-type: none">• Rights are embedded• Strengthened focus areas – dementia care, governance, food and nutrition, diversity, and clinical care.



NEW AGED CARE ACT 2024

Implications for IPC

- **Statement of Rights:**
 - increased autonomy and independence of older people;
 - strengthened person-centred care principles (*...in IPC*).
- **High Quality Care:**
 - puts the individual first;
 - trauma-informed care (*especially important in infection prevention principles i.e., isolation*);
 - service upholds the rights of the individual;
 - individualised care, kindness, compassion and respect, person-centred care, timeliness and responsiveness, connection to community, natural environment and activities;
 - upskilling and empowerment of workers (*with IPC knowledge and skills*).

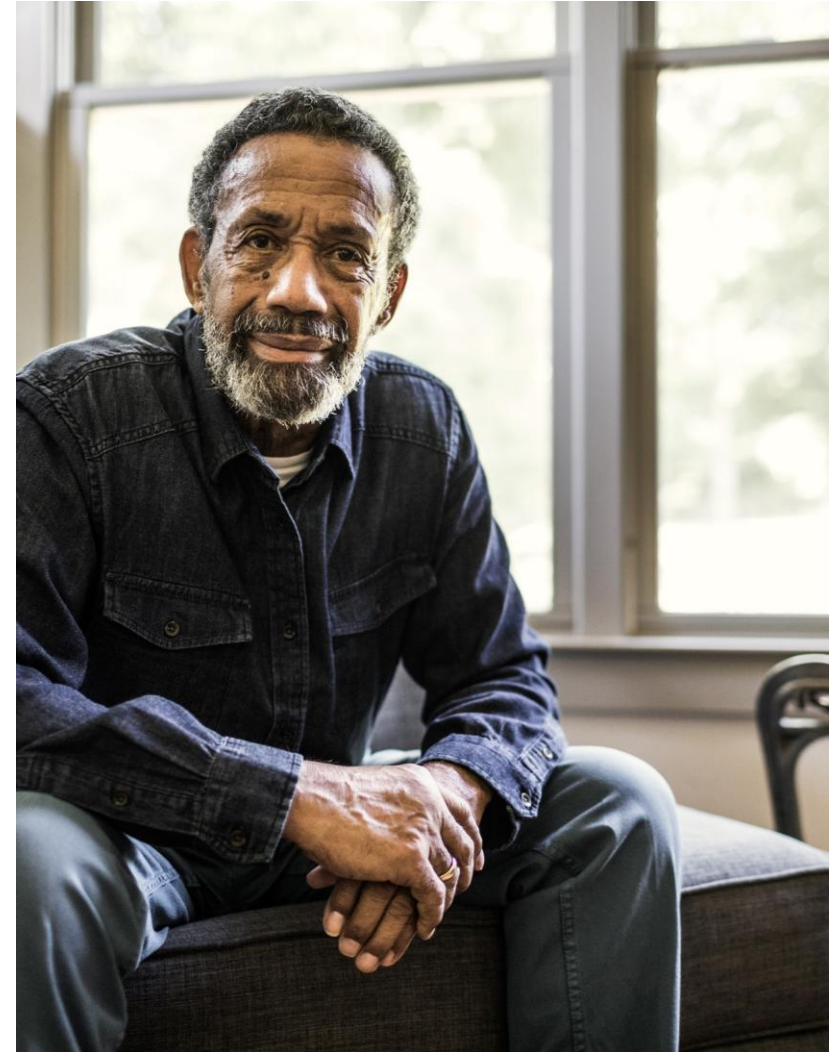
AGED CARE ACT 2024

Concern for IPC

Strengthened vaccination requirements.

- Must provide clients and aged care workers free access to:
 - influenza vaccination; and
 - COVID-19 vaccination.

Strengthened IPC governance in the Standards (Standard 2, Standard 4, Outcome 4.2; Standard 5, Outcome 5.2).



STRENGTHENED AGED CARE QUALITY STANDARDS

Brief overview



1

More comprehensive,
detailed and objective.

2

From 8 to 7 standards.

3

Rights are embedded
and strengthened focus
areas (including clinical
care and IPC).



STRENGTHENED ACQS

Implications for IPC

- *Note: all standards have implications for IPC, but this presentation will only focus on 2 of them.*
- Standards that **specifically** apply to IPC:
 - Standard 4: The environment
 - Outcome: **4.2**: Infection prevention and control (IPC).
 - Standard 5: Clinical care
 - Outcome **5.2**: Preventing and controlling infections in clinical care.



STRENGTHENED ACQS: STANDARD 4 (OUTCOME 4.2) Current state vs future state

Standard 4: The Environment

Outcome #	Outcome	Outcome statement	Action #	Action	Relevant Quality Standard(s) reference(s)	Analysis finding	Rationale & key concepts
4.2	Infection prevention and control	<p>The provider has an appropriate infection prevention and control system.</p> <p>Workers use hygienic practices and take appropriate infection prevention and control precautions when providing care and services.</p>	4.2.1	<p>The provider implements a system for infection prevention and control that is used where care and services are delivered, which:</p> <p>a. identifies an appropriately qualified and trained infection prevention and control lead</p> <p>b. prioritises the rights, safety, health and wellbeing of older people</p> <p>c. complies with contemporary, evidence-based practice</p> <p>d. describes standard and transmission-based precautions appropriate for the setting, including cleaning practices, hand hygiene practices, respiratory hygiene, cough etiquette and waste management and disposal</p> <p>e. ensures personal protective equipment is available to workers, older people and others who may need it.</p>	<ul style="list-style-type: none">• 3 (3)(g) Minimisation of infection-related risks through implementing:<ul style="list-style-type: none">(i) standard and transmission-based precautions to prevent and control infection.• 3 (3) The organisation demonstrates the following:<ul style="list-style-type: none">– 3 (3)(a) Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:<ul style="list-style-type: none">(i) is best practice; and(ii) tailored to their needs; and(iii) optimises their health and wellbeing.• 8 (3)(b) The organisation's governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.• 8 (3)(c) Effective organisation wide governance systems relating to the following:<ul style="list-style-type: none">(i) information management(ii) continuous improvement(iii) financial governance(iv) workforce governance – including the assignment of clear responsibilities and accountabilities(v) regulatory compliance(vi) feedback and complaints.	Clarify	<p>Expands upon existing infection and control requirements to include requirements for an infection control lead, that precautions must be appropriate for the setting, detail as to what must be included, that it must respond to novel viruses, be informed by immunisation rates and respond promptly to outbreaks.</p> <p>Clarified to include specific requirements relating to personal protective equipment for infection prevention and control.</p>

STRENGTHENED ACQS: STANDARD 4 (OUTCOME 4.2)



Current state vs future state

Standard 4: The Environment

Outcome #	Outcome	Outcome statement	Action #	Action	Relevant Quality Standard(s) reference(s)	Analysis finding	Rationale & key concepts
				f. supports workers, older people and others who need to use personal protective equipment to correctly use the personal protective equipment g. includes additional precautions to respond promptly to novel viruses and outbreaks of infectious diseases (suspected or confirmed) h. communicates and manages infection risks to older people, family, carers and workers i. is informed by worker and older person immunisation and infection rates j. undertakes risk-based vaccine-preventable disease screening and immunisation for older people and workers k. implements disease screening and immunisation requirements for visitors.	<ul style="list-style-type: none"> • 8 (3)(d) Effective risk management systems and practices, including but not limited to the following: <ul style="list-style-type: none"> (i) managing high-impact or high-prevalence risks associated with the care of consumers (ii) identifying and responding to abuse and neglect of consumers (iii) supporting consumers to live the best life they can (iv) managing and preventing incidents, including the use of an incident management system. • 8 (3)(e) Where clinical care is provided – a clinical governance framework, including but not limited to the following: <ul style="list-style-type: none"> (i) antimicrobial stewardship (ii) minimising the use of restraint (iii) open disclosure. • 3 (3)(g) Minimisation of infection-related risks through implementing: <ul style="list-style-type: none"> (i) standard and transmission based precautions to prevent and control infection. • 7 (3)(d) The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. 		
				Action updated and re-ordered to improve clarity. Actions 4.2.1 and 4.2.2 were combined due to similarity. Actions incorporated from Outcome 5.2.			



STRENGTHENED QUALITY STANDARD 4: THE ENVIRONMENT

Outcome 4.2: IPC

Ways to apply this in practice:

- ensure each facility has an **IPC system (program)**.
- support people receiving our care to feel safe in their home environment **by identifying and reducing environmental risks**.
- provide a **well-maintained service environment**.
- **design** a service environment that allows people to move freely.
- use **high-quality IPC processes**.

STRENGTHENED QUALITY STANDARD 4: THE ENVIRONMENT



Outcome 4.2: IPC

Detailed IPC procedures that cover:

- Hand hygiene.
- Cleaning and maintenance of equipment and the physical environment.
- Disinfection methods.
- Respiratory hygiene and cough etiquette.
- Waste management.
- Handling of linen.
- Use of PPE.
- Outbreak management.

An IPC system (program) for your facility.

STRENGTHENED QUALITY STANDARD 4: THE ENVIRONMENT



Outcome 4.2: IPC

Existing resources to support your facility:

- [Australian Guidelines for the Prevention and Control of Infection in Healthcare | Australian Commission on Safety and Quality in Health Care.](#)
- [The Aged Care Infection Prevention and Control Guide.](#)
- [Infection prevention and control | Aged Care Quality and Safety Commission.](#)
- [Aged Care - ACIPC - Australasian College for Infection Prevention and Control](#)
(great resources, tools, and templates).

STRENGTHENED ACQS: STANDARD 5 (OUTCOME 5.2)



Current state vs future state

Standard 5: Clinical Care

Outcome #	Outcome	Outcome statement	Action #	Action	Relevant Quality Standard(s) reference(s)	Analysis finding	Rationale & key concepts
5.2	Preventing and controlling infections in clinical care	Older people, workers, health professionals and others are encouraged and supported to use antimicrobials appropriately to reduce risks of increasing resistance. Infection risks are minimised and, if they occur, are managed effectively.	5.2.1	The provider implements an antimicrobial stewardship system that complies with contemporary, evidence-based practice and is relevant to the service context.	<ul style="list-style-type: none"> • 8 (3)(e) Where clinical care is provided – a clinical governance framework, including but not limited to the following: <ul style="list-style-type: none"> (i) antimicrobial stewardship. • 3 (3)(g) Minimisation of infection-related risks through implementing: <ul style="list-style-type: none"> (i) standard and transmission-based precautions to prevent and control infection; and (ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. 	Clarify	Clarified to include an action to implement an antimicrobial stewardship system that is relevant to the service context .
5.2	Preventing and controlling infections in clinical care	Older people, workers, health professionals and others are encouraged and supported to use antimicrobials appropriately to reduce risks of increasing resistance. Infection risks are minimised and, if they occur, are managed effectively.	5.2.2	The provider implements processes to minimise and manage infection when providing clinical care that includes but is not limited to: <ul style="list-style-type: none"> a. performing clean procedures and aseptic techniques b. using, managing and reviewing invasive devices including urinary catheters c. minimising the transmission of infections and other complications from infections. 	<ul style="list-style-type: none"> • 3 (3)(g) Minimisation of infection-related risks through implementing: <ul style="list-style-type: none"> (i) standard and transmission-based precautions to prevent and control infection; and (ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. 	Clarify	Clarified to include a specific action to minimise and manage infections when performing clean procedures, aseptic techniques, and using, managing, and reviewing invasive devices when providing clinical care.

STRENGTHENED ACQS: STANDARD 5



Outcome 5.2: Preventing and controlling infections in clinical care

Ways to apply this in practice:

- Follow **evidence-based IPC strategies** and national and local IPC **guidelines**.
- Clinically trained and qualified workers and health professionals should use **aseptic technique** during relevant procedures.
- Implement an **AMS program** to promote appropriate use of antimicrobials, improve care outcomes, and reduce negative effects of antimicrobials (including antimicrobial resistance, toxicity and unnecessary costs).

STRENGTHENED ACQS: STANDARD 5



Outcome 5.2: Preventing and controlling infections in clinical care

Detailed IPC policy that cover:

- Antimicrobial Stewardship principles.
- Clean technique and aseptic technique.
- Use, management, and review of invasive devices.

STRENGTHENED ACQS: STANDARD 5



Outcome 5.2: Preventing and controlling infections in clinical care

Existing resources to support your facility:

- [The Aged Care Infection Prevention and Control Guide.](#)
- [Antimicrobial Stewardship Self-Assessment Tool and User Guide | Aged Care Quality and Safety Commission.](#)
- [To Dip or Not to Dip audit tool | Aged Care Quality and Safety Commission.](#)
- [Aged Care - ACIPC - Australasian College for Infection Prevention and Control:](#)
 - AMS section
- [Australasia Aseptic Technique Resources - ACIPC - Australasian College for Infection Prevention and Control.](#)
- [FACTSHEET for health service organisations and primary care providers AURA.](#)

STRENGTHENED ACQS

Is your facility ready?



STANDARD (OUTCOME)	IPC ELEMENT to mitigate identified risks associated with Facility	Measures to be taken to prevent or minimise the risk/s	How to monitor and review the implementation and effectiveness of the measure/s
4 (4.2)	Hand hygiene	<ul style="list-style-type: none"> Place alcohol-based hand rub at delivery of point of care and other strategic points. 	<ul style="list-style-type: none"> IPC Lead to conduct quarterly observational audits of expiry date of ABHR, placement of ABHR throughout facility, and restocking process; direct follow-up should occur as required during the audit where gaps are identified.
	Safe use and handling of sharps	<ul style="list-style-type: none"> Ensure safe access to sharps containers at point-of-use for staff and clients who self-administer insulin. 	<ul style="list-style-type: none"> Quarterly observational audit of sharps container placement and use throughout facility by IPC Lead; audit of staff practices should occur during administration round and across 3 days; recorded on audit sheet and stored in audit file at facility Where follow-up action is required, direct 1:1 feedback is provided with education and training. If a high trend of misuse and mishandling of sharps is identified across the facility then a facility-wide education and training session is provided by IPC Lead

STRENGTHENED ACQS

Is your facility ready?



STANDARD (OUTCOME)	IPC ELEMENT to mitigate identified risks associated with Facility	Measures to be taken to prevent or minimise the risk/s	How to monitor and review the implementation and effectiveness of the measure/s
4 (4.2)	Personal protective equipment (PPE)	<ul style="list-style-type: none"> Product availability of PPE must come in different sizes and are available at point-of-use. 	<ul style="list-style-type: none"> IPC Lead to order stock in different sizes. IPC Lead to perform visual audit of stock available and evaluate placement of stock. Immediate follow-up is provided to ensure stock availability at point-of-use where gaps are identified.
	Vaccination	<ul style="list-style-type: none"> Clients will be offered booster doses of SARS-CoV-2 and Influenza (as recommended by their General Practitioner). 	<ul style="list-style-type: none"> IPC Lead to retain a record of client vaccination status and highlight clients that are eligible for booster doses IPC Lead to audit client vaccination file during an outbreak to determine who requires a booster dose
	Clean environment	<ul style="list-style-type: none"> All staff demonstrate correct process for handling infectious linen as per policy. 	<ul style="list-style-type: none"> IPC Lead conducts observational audit during an outbreak at random times throughout the day; direct feedback is provided Feedback from clients and staff on environmental cleaning is discussed at leadership meetings and evaluated

STRENGTHENED ACQS

Is your facility ready?



STANDARD (OUTCOME)	IPC ELEMENT to mitigate identified risks associated with Facility	Measures to be taken to prevent or minimise the risk/s	How to monitor and review the implementation and effectiveness of the measure/s
4 (4.2)	Standard and transmission-based precautions	<ul style="list-style-type: none"> Signage is used to communicate an outbreak, infectious precautions required, and other key infectious data. 	<ul style="list-style-type: none"> IPC Lead audits posters in facility every day during an outbreak and every four months during observational audit. Where posters are not in place, IPC Lead immediately corrects this.
	Respiratory hygiene and cough etiquette	<ul style="list-style-type: none"> Tissues, alcohol-based hand rub, and waste bins are placed in communal areas, staff rooms, and client rooms. 	<ul style="list-style-type: none"> IPC Lead to conduct visual audit throughout facility every four months and check product placement, expiration date of products, and usage; this is recorded in the audit tool and stored on-file; any actions identified are implemented immediately where possible, or are delegated to another person to complete and report back to the IPC Lead when completed.

STRENGTHENED ACQS

Is your facility ready?



STANDARD (OUTCOME)	IPC ELEMENT to mitigate identified risks associated with Facility	Measures to be taken to prevent or minimise the risk/s	How to monitor and review the implementation and effectiveness of the measure/s
5 (5.2)	Aseptic technique	<ul style="list-style-type: none"> The organisation has procedures that identify where aseptic technique is required. 	<ul style="list-style-type: none"> Bi-annual review of policy by Practice Development Lead to ensure currency and relevancy of procedures. Workplace performance is audited through observational audits to review compliance with procedures during buddy shifts, during in-services, and during orientation by Clinical Nurses.
	Antimicrobial stewardship	<ul style="list-style-type: none"> The 'to dip or not to dip' tool is utilised where there is a suspected urinary tract infection. 	<ul style="list-style-type: none"> Quarterly audit of use of the 'to dip or not to dip' tool on the client charting system is conducted by the IPC Lead and compared to rates of urinary tract infection (suspected and confirmed) reported to identify how well utilised the tool was in the quarter.

STRENGTHENED ACQS

Is your facility ready?



STANDARD (OUTCOME)	IPC Plan element	Staff training requirements	Expected outcomes	Record/evidence to be kept
4 (4.2)	Hand hygiene	1. Regular in-service training performed by IPC Lead.	Staff should be able to: <ul style="list-style-type: none"> • Explain the 5 moments of hand hygiene. • Demonstrate correct hand hygiene procedure. 	<ul style="list-style-type: none"> • Training attendance sheet signed and dated by staff; dated record kept on file.
	Safe use and handling of sharps	1.	• ...	• ..
	Personal protective equipment (PPE)	1.	• ...	• ..
	Vaccination	1.	• ...	• ..
	Clean environment	1.	• ...	• ..
	Standard and transmission-based precautions	1.	• ...	• ..
	Respiratory hygiene and cough etiquette	1.	• ...	• ..
5 (5.2)	Aseptic technique	1.	• ...	• ..
	Antimicrobial stewardship	1.	• ...	• ..



IPC PLAN

Helpful Resources

- Refer to ACIPC – [Aged Care IPC in Focus](#) for more information.
- Helpful webinar below: [Looking at your facility through an IPC lens on Vimeo](#).
- **Hot tip:** *Document the frequency of reviews and date of next scheduled review in the IPC plan.*

INFECTION PREVENTION AND CONTROL ANNUAL PROGRAM PLAN TEMPLATE EXAMPLE

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 gonorrhea, 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

STRENGTHENED ACQS READINESS



Person-centred care in IPC

- As per the [The Aged Care Infection Prevention and Control Guide](#):
 - **Risk-based isolation:** balancing the risk of isolation with the risk of acquiring and transmitting infection and psycho-social wellbeing of the individual (*p. 88*).
 - **Person-centred IPC strategies:** (*p. 90 – 91*):



Person-centred care in IPC

Groups	Strategies
Older people with cognitive impairment	<p>Implement one-on-one care (a special or a partner in care), which will not eliminate the risk of spreading the infection, but will reduce the risk and promote person-centred care (for example, through redirecting behaviour support for outdoor activities and diversional therapy).</p> <p>Encourage spending time outside in a safe manner (for example, away from other people, supervised or wearing a surgical mask).</p> <p>Refer to the ACQSC Infection prevention and control in aged care – Cognitive decline and dementia resource for further information.</p>
Older people who are socially active	<p>Strategies that will help them cope with isolation should be developed collaboratively with the older person and their carers or family members before and during outbreaks or when isolation may be required.</p> <p>Methods of communication should be provided if isolation is implemented (for example, through phone or video calls, or arranging contact with another person who is also infectious or who can effectively use PPE).</p> <p>Pre-emptive care plans should be developed, including information on partners in care.</p> <p>Encourage spending time outside in a safe manner (for example, away from other people, supervised or wearing a surgical mask).</p>
Older people with a hearing, visual or double impairment	<p>Aged care workers should work with their IPC lead(s) or person(s) responsible for IPC to conduct a risk assessment to determine the best way to support communication and engagement for the older person.</p>



Person-centred care in IPC

Groups	Strategies
	<p>Communication tools should be discussed at the commencement of service delivery to avoid complications in an outbreak situation.</p> <p>Ensure hearing aids are functioning well and that they are worn correctly.</p> <p>Visual aids (such as cards, pictures and videos) can be used to assist with communication.</p>
Older people with mental health issues	<p>Ensure that appropriate mental health care is provided (for example, referral to a geriatric psychiatrist or a mental health support plan).</p> <p>Consider strategies to provide mental health first aid for older people in isolation.</p> <p>Support spending time outside in a safe manner (for example, away from other people, supervised or wearing a surgical mask) and visits by partners in care and one-on-one activities.</p>
Older people at risk of weight loss	<p>Encourage partners in care to attend and assist with meals.</p> <p>Discuss the need for supplements or specialist reviews with the older person, their GP and their carer/family member.</p> <p>Develop meal plans with the older person to provide food that they enjoy.</p> <p>For more information see the ACQSC's Why meals matter.</p>



CONCLUSION

- Changes coming are not significantly new.
- Vaccination and Antimicrobial Stewardship Principles are reinforced.
- IPC in aged care must be **person-centred** and **trauma-informed**.
- Always come back to the basics:
 - ***Standard precautions;***
 - ***Transmission-based precautions;***
 - ***Outbreak management principles.***



References

- [About the new Aged Care Act and key changes for providers | Aged Care Quality and Safety Commission](#)
- *Aged Care Act 2024*
- [Supporters | Aged Care Quality and Safety Commission](#)
- [Strengthened Aged Care Quality Standards – February 2025 | Australian Government Department of Health and Aged Care](#)
- [About the Aged Care Act 2024 plain language fact sheet | Australian Government Department of Health and Aged Care](#)
- [Draft: worker guidance](#)
- [Strengthened Quality Standards framework analysis](#)
- [The Aged Care Infection Prevention and Control Guide.](#)
- [Antimicrobial Stewardship Self-Assessment Tool and User Guide | Aged Care Quality and Safety Commission.](#)
- [To Dip or Not to Dip audit tool | Aged Care Quality and Safety Commission.](#)
- [Aged Care - ACIPC - Australasian College for Infection Prevention and Control.](#)
- [Australasia Aseptic Technique Resources - ACIPC - Australasian College for Infection Prevention and Control.](#)
- [FACTSHEET for health service organisations and primary care providers AURA.](#)
- [Australian Guidelines for the Prevention and Control of Infection in Healthcare | Australian Commission on Safety and Quality in Health Care.](#)
- [Global report on infection prevention and control 2024.](#)