



LPA

Lorraine Poulos & Associates

Infection Control in a Home Care setting with a focus on aged care

17th September 2025

Presented by
Steve Neal
Clinical Nurse Consultant



Acknowledgement of country Always was, Always will be

**I acknowledge that I am hosting this webinar from the lands of the Wurunderi
People of the Kulin Nation.**

**I also acknowledge the Traditional Custodians of the various lands on which you all
are from and the Aboriginal and Torres Strait Islander people participating today.**

Your Presenter

Steve Neal



- Head of Clinical Services and Leadership Programs
- Experienced Registered Nurse Clinical Nurse Consultant
- Lead Auditor Quality Systems
- Aged Care Infection Prevention and Control Guidance Group member with Healthcare Associated Infections
- Qualified executive coach and member of the International Coaching Federation

Our Mission

We strive to offer the human services sector the best training and consultancy services so they can make a real difference to the lives of those they serve.

We do this by offering practical solutions for our clients.

Our Vision

To make the most of our human talent and potential; inform, educate, and inspire people to reach their professional goals; create a work environment that both challenges and supports people; and accomplish our goals faster and easier, with less stress and more enjoyment.



Our Values



Courage

We fearlessly embrace challenges, inspiring personal growth and contributing to the organisation's progress



Respect

At LPA, we recognise the importance of others' thoughts, feelings, and backgrounds to our own, which enables understanding and collaboration.



Integrity

At LPA, we prioritise doing what's right, not what's easy.



Gratitude

LPA team members approach every interaction with humility and appreciation, and are grateful for the opportunity to make a positive impact.



Kindness

At LPA, we value understanding, care, and generosity to build strong relationships within our team, clients, and community.



Reliability

LPA values delivering on commitments with consistency. Our team is trustworthy, dependable, and highly engaged.

Overview

- This presentation focuses on aged care funded home services
- Home Care – Commonwealth funded programs
- Challenges- the context and impact of choice
- Unique risks in a home care setting
- Individual responsibilities

Current care model for seniors in Australia



Aged Care in Australia

200,000+ people living
in Residential Aged Care

299,000 people
receiving a Home Care
Package (HCP)

Approx 850,000 people
receiving services
through the
Commonwealth Home
Support Program (CHSP)

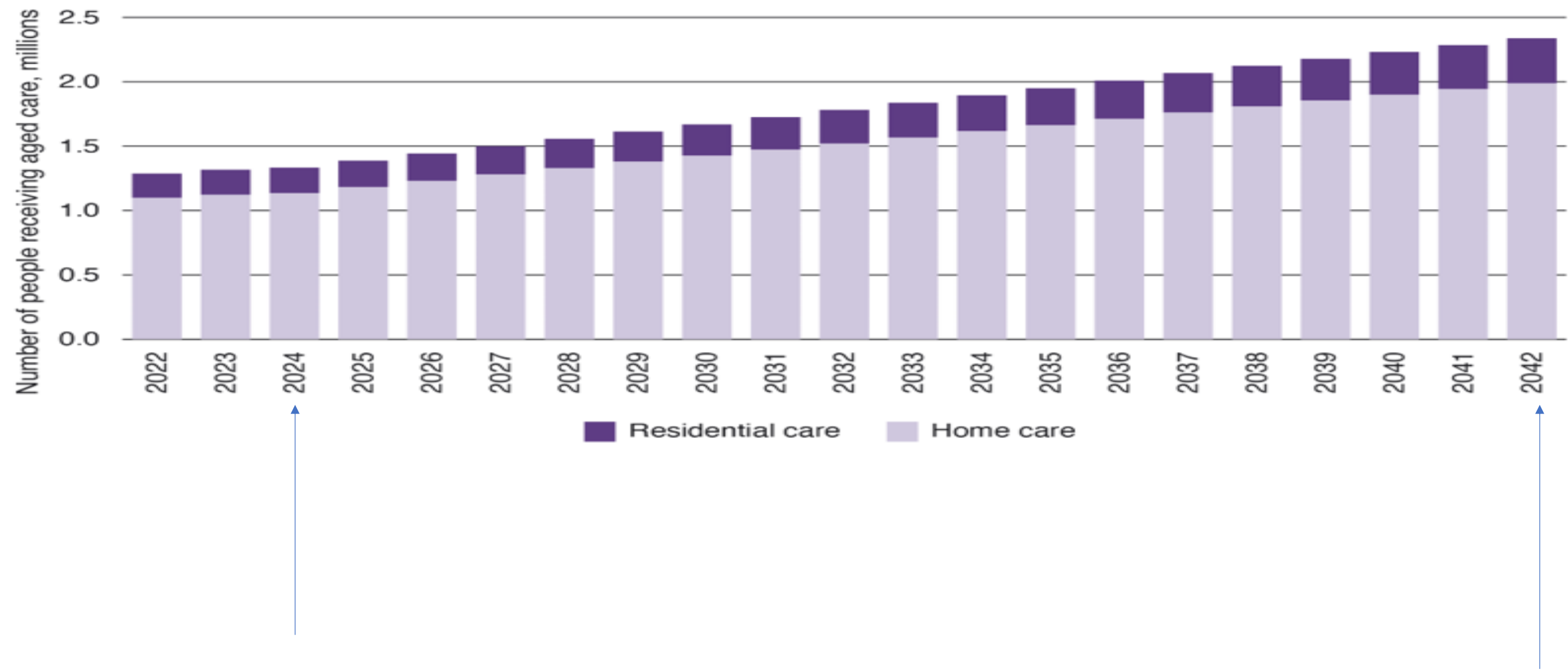
81,000 people on the
waiting list

- **70% home care participants are over 80 years old, with an average age of 82. (Gen Aged Care data)**
 - **Approx 30% live on their own**
 - **80,000 people work in the Aged Care Home Care sector**
- The number of older people wanting to remain at home is expected to increase by 100% in next two decades**

Future growth in Home Care

Source- Aged Care Taskforce report 2024

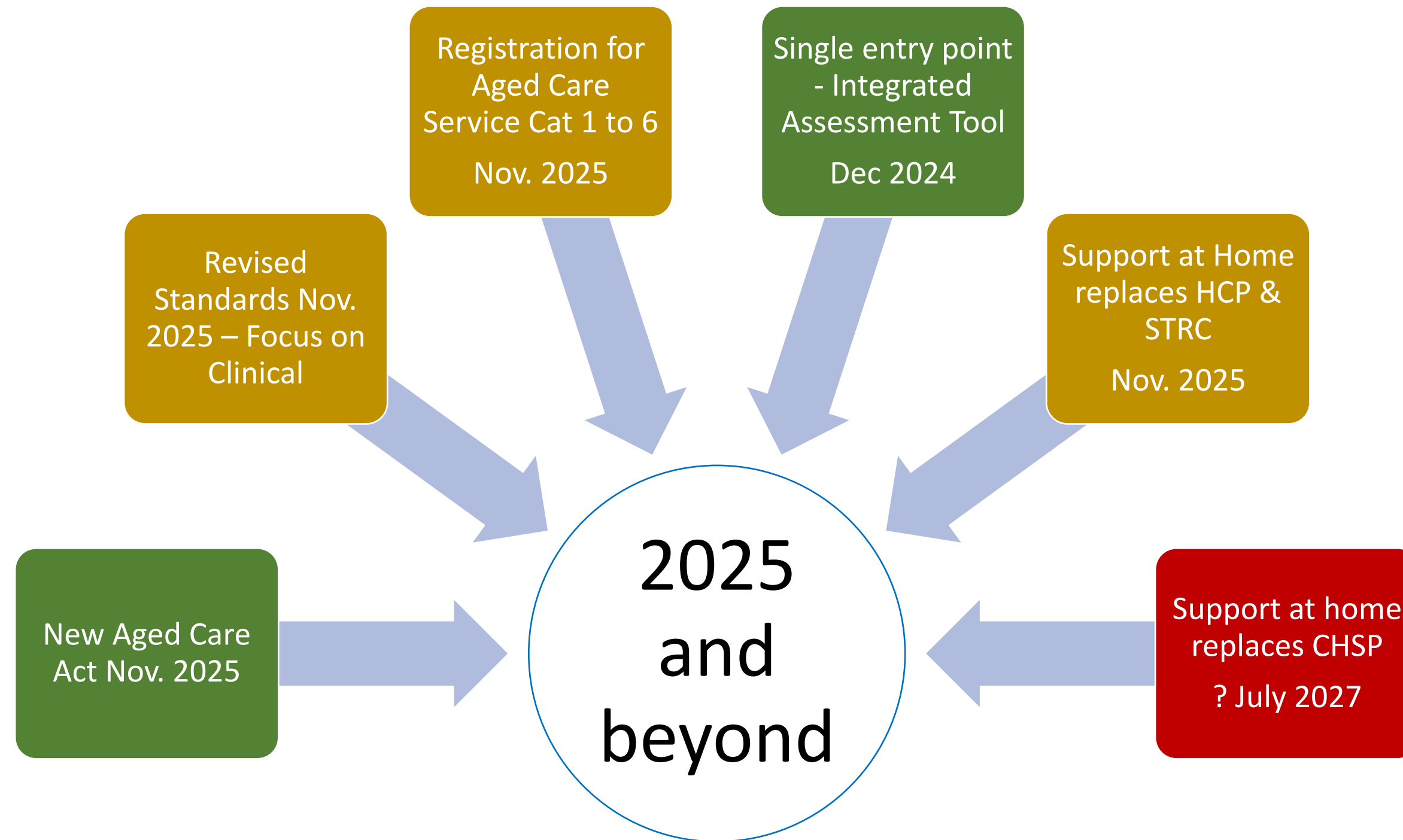
Chart 3: Projected use of aged care by care type, 2022 to 2042³⁰



²⁹ Department of Health and Aged Care data, 2023.

³⁰ Department of Health and Aged Care, *Financial Report on the Australian Aged Care Sector 2021-22*, pp 110-111

Reform Ready –Aged Care Home Care



Home care challenges

- The workforce work in people homes, it is a non-clinical environment
- **The workforce is on the road all the time with inconsistent access to PPE**
- Difficulty getting staff, varied qualification expectations from domestic support to specialised nursing support.
- **Average time a provider is in a client's home is 4 hours a week therefore reliant on the client and carers.**
- Workers travel from one house to the next – entering and leaving 4 to 6 properties a day.
- **Nearly impossible to isolate other unwell household members**
- The client group have multiple chronic conditions leaving them very exposed
- **Difficult to monitor and document compliance**

The “wake up” call

It took a pandemic to provide the opportunity to improve!

Clients were unable to get support if they had Covid

Staff had never had to don or doff

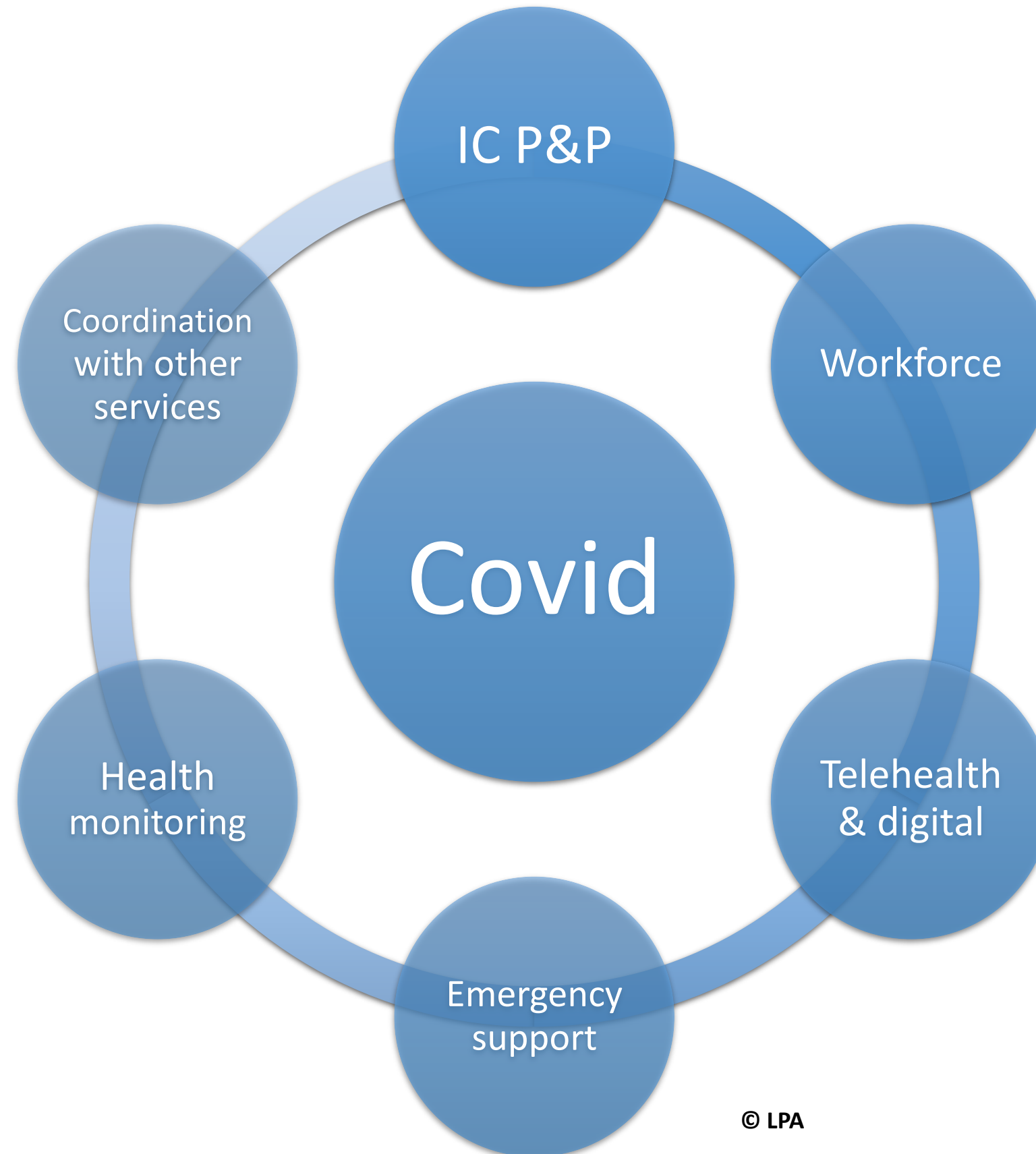
The risks of aged care residential services took centre stage

People in residential services moved back home

Staff were unable to work due to quarantine requirements

IC policies, procedures, guidelines were either basic, none existent or developed for residential services

COVID 19 – what did home care learn?



Aged Care Quality Safety Commission role in compliance to assist IC adherence during COVID 19 and ongoing

- Increase number of desk top audits checking providers understanding of IC guidelines
 - Introduction of a Risk and Vulnerability register for providers
 - Requirement that providers have a system for monitoring deteriorating conditions
 - Requirement for more clinical oversight by providers
 - Heightened clinical governance requirements
 - Standard 3 Personal and Clinical Care – in depth reviews of compliance
- e.g. of questions for providers
- Does the service have a process to identify and respond to changes in the condition of consumers? If so, what are these?
 - What action has the service taken to assess and minimise infection-related risks for the care of aged care consumers including the impact of a potential coronavirus (COVID-19) outbreak?

Future guidance for Aged Care

- Strengthened standards that are direct and are based on a risk-based approach with measurable outcomes and actions
- Home care providers have responsibilities in line with their duty of care while supporting clients to have a dignity of risk.
- [Strengthened Quality Standards - August 2025 - Australian Government Department of Health, Disability and Ageing](#)



The IPC Standards

[Strengthened Quality Standards - August 2025 - Australian Government
Department of Health, Disability and Ageing](#)

Outcome 4.2: Infection prevention and control

- The provider must have an appropriate infection prevention and control system. The provider must ensure that aged care workers use hygienic practices and take appropriate infection prevention and control precautions when delivering funded aged care services.

- 10 Actions

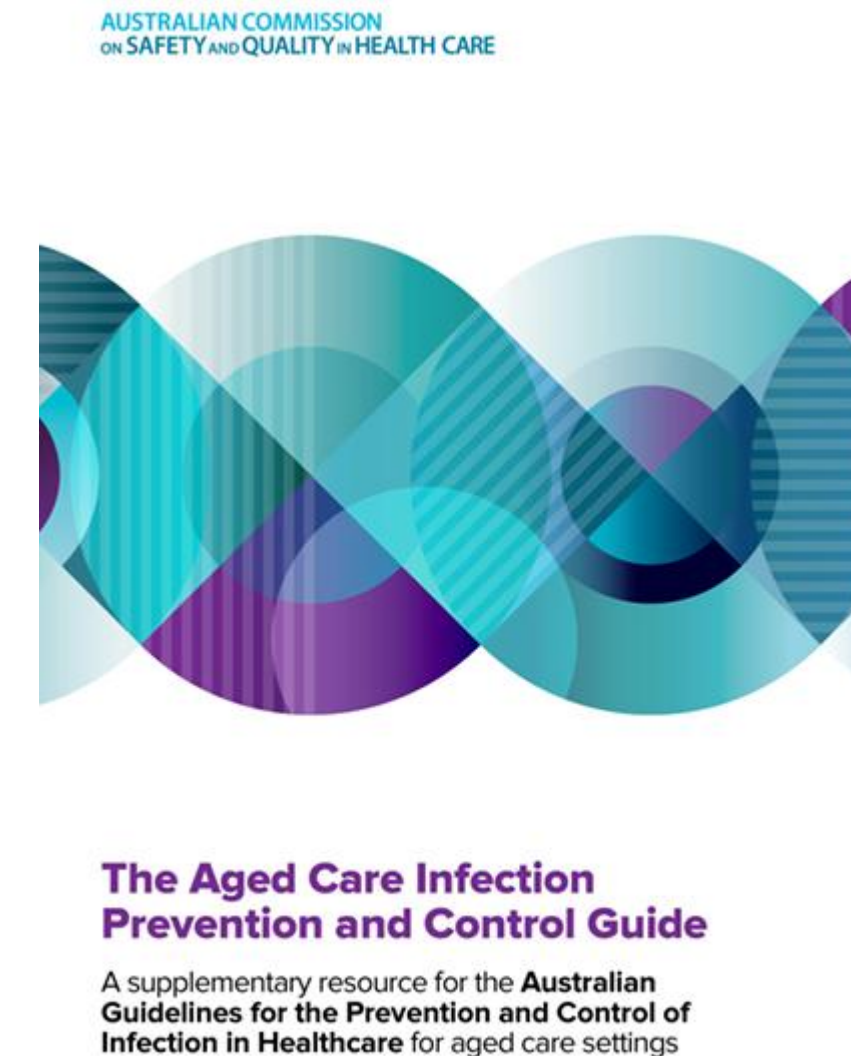
Outcome 5.2: Preventing and controlling infections in delivering clinical care services

- The provider must ensure that individuals, aged care workers, registered health practitioners and others are encouraged and supported to use antimicrobials appropriately to reduce risks of increasing resistance. The provider must ensure that infection risks are minimised and, if they occur, are controlled effectively.

- 4 Actions

IPC guidance

- The Aged care Infection prevention and control guide has given scope for home care services to build on the relationships they have developed with older Australians living in their own home.
- Home care providers have responsibilities in line with their duty of care while supporting clients to have a dignity of risk.
- [The Aged Care Infection Prevention and Control Guide](#)
- [The Aged Care Infection Prevention and Control Guide: summary resource | Australian Commission on Safety and Quality in Health Care](#)



Residential(R) Vs. Home care/Community setting (H)

Infection Monitoring

R– Required and structured
 H – Not core: data collection and support where possible

Risk Assessment

R- Easier in controlled setting
 C – Tailored to diverse settings

Governance and IPC systems

R – Centralised, facility based
 C- Distributed, flexible, home-specific tools needed

Hand Hygiene Monitoring

R – Direct auditing possible
 C – Indirect methods (Surveys, spot checks, supply checks)

Environmental control

R- Standardised environment
 C – Varies home to home, adaption required

Outbreak management

R – Protocols, isolation feasible
 C- Balance risk vs. personal autonomy

AMS management

R – Institutional protocols
 C – Home specific guidance

IPC resources

R- Robust, standard system
 C – Variable, must be accessible and portable

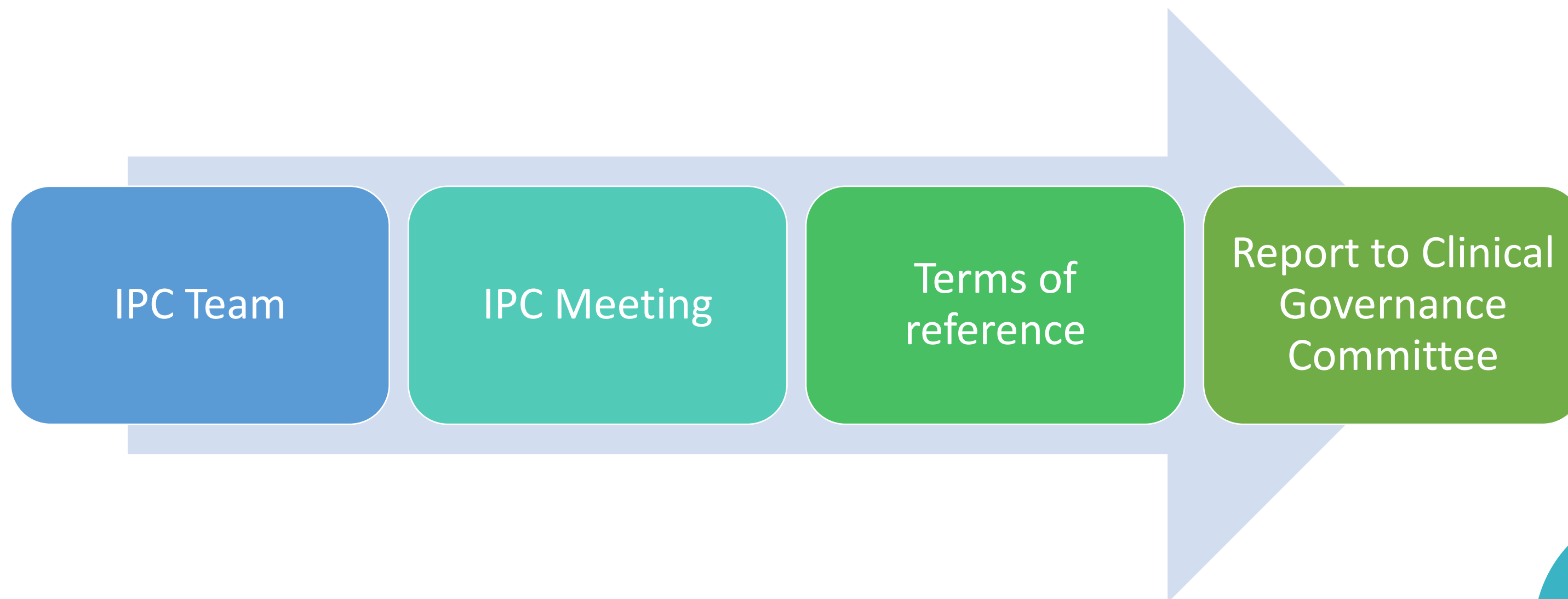
Application of IPC principles

R – Standardised protocols
 C- Must adapt guidelines to make them realistic at home

Expectations of a Home Care provider

- Pg17:

‘Currently, home and community aged care organisations are not required to have a dedicated IPC lead; however, these organisations are encouraged to appoint one or more workers (or a team) to oversee an IPC system.’



Role of the IPC team

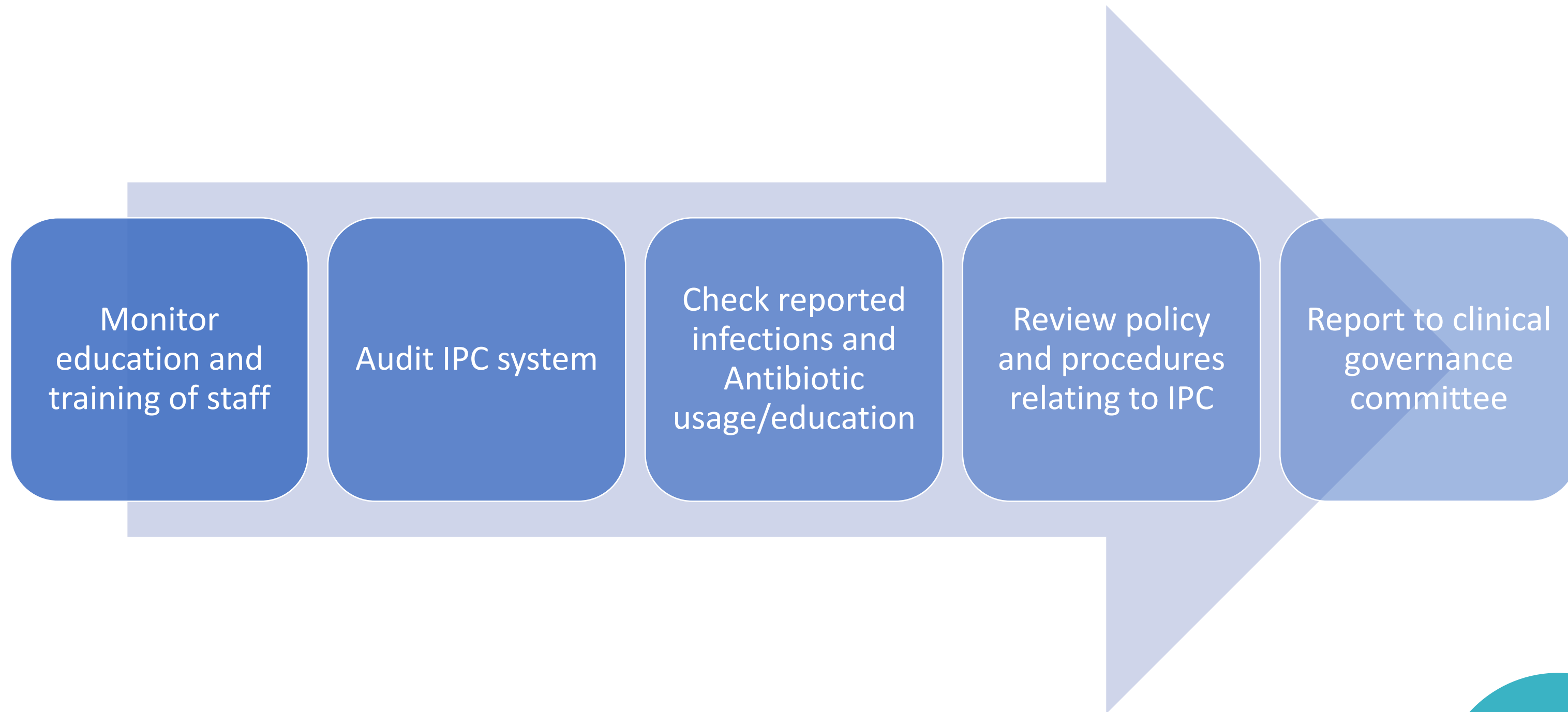
- Pg 17.

IPC lead(s) or the person(s) responsible for IPC

IPC leads are aged care workers who provide on-the-ground leadership and guidance around IPC. Depending on the size and type of aged care service, this may include:

- IPC-related training and education for the workforce and older people
- Identifying gaps in IPC-related practice or training and identifying opportunities for continuous quality improvement and learning
- Overseeing antimicrobial stewardship (AMS) and IPC practices
- Conducting IPC-related monitoring and audits
- Providing updates to the workforce and older people on IPC issues and initiatives, as well as on relevant new local and national guidance.

Role of the IPC team



Provide education

Education for older people and carers

Older people living in the community may be responsible for their own care or have other people – such as family members, carers, friends or neighbours – providing their care.

Aged care organisations should be proactive in providing IPC-related education to primary carers to empower them to provide safe and quality care.



Reference: The Aged Care Infection Prevention and Control Guide 2024

Monitoring

Monitoring of infections is not a core component of an IPC system in home and community aged care organisations; however, it should be considered for implementation, when possible.

- This IPC component involves keeping close watch over different types of infections that are spread through the delivery of care services. This involves interventions that aim to reduce the spread of infections and collecting local data on common infections.
- Aged care organisations can use this component to identify patterns of transmission so that strategies and practices can be implemented to reduce the rate and spread of infections.
- Monitoring infections will help aged care organisations identify whether there is an infection problem, the size of the problem and the factors contributing to the problem. This can also be done by collecting and monitoring data on vaccination rates, device-associated infections, and infections caused by multidrug-resistant organisms.

Question?

- List the type of infections that the provider you work for:
 - reports
 - trends
 - develops strategies to reduce occurrence/improve reporting



Understanding risk

Community and home aged care organisations

- Providing aged care services within a home or community environment will pose unique challenges when identifying and managing risks in the environment where care is provided.
- Aged care workers may be exposed to infectious diseases when providing care services in a community or home setting through activities such as personal care;
 - contact with blood and body fluids;
 - handling contaminated equipment,
 - linen, waste and household cleaning products;
 - unsafe food handling and storage practices; and
 - contact with mould, animals and animal excretions.

Can IC be achieved when working in the home care environment?

Considerations:

- **We remember it is someone's home, and we are guests**
- Respect and work within the person's boundaries
- **Understand that everyone deserves dignity, including the right to make choices and take risks**
- Listen to the care staff that work with older Australians
- **Continue to recognise that Home Care has a lot of differences to Residential care**
- Build on the trusting relationships that workers have developed with clients – it is all about relationships.

Thank you for listening



How LPA can help your service

At LPA we are here to assist. We are experienced industry experts who can assist you with our **LPA Ongoing Support Package**

Examples include:

Specific projects

Chairing Clinical Governance meetings

Relief manager roles

Quality Advisory Body Membership

Restructuring care models

Leadership program

External clinical and management support

Tailored packages

<https://www.lpaconsulting.com.au>

