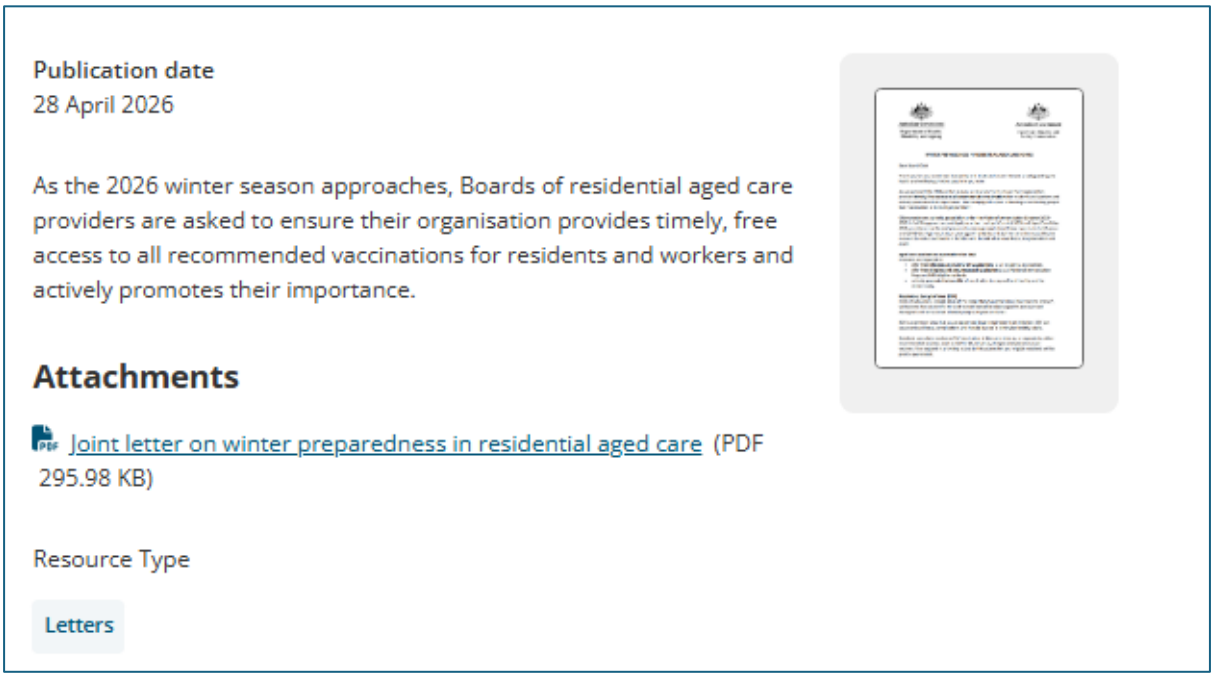
ACIPC Aged Care IPC May 2026 - IPC Governance Webinar Q&A

Why isn't the IPC lead chair of the IPC sub-committee?
The Terms of Reference for an IPC Committee should set out how the chair is appointed. Typically, members vote for the position of chairperson.

Did the Winter preparedness letter go to Board Chairs in Support at Home also?
Waiting on a response from Aged Care commission.

See: Joint letter on winter preparedness in residential aged care (PDF)
States 'Boards of Residential Aged Care providers.'



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28 April 2026

As the 2026 winter season approaches, Boards of residential aged care providers are asked to ensure their organisation provides timely, free access to all recommended vaccinations for residents and workers and actively promotes their importance.

Attachments

Joint letter on winter preparedness in residential aged care (PDF 295.98 KB)

Resource Type

Letters

As the 2026 winter season approaches, Boards of residential aged care providers are asked to ensure their organisation provides timely, free access to all recommended vaccinations for residents and workers and actively promotes their importance.

I am sorry, but how does one find the time to do all of this as a single individual in a small - medium standalone facility?
Presented was the governance framework with an IPC focus which requires the Board , the Executive and Quality /Clinical Governance team, to be involved in the development , planning and implementation of the provider's IPC program .

The Clinical Governance Committee may be delegated responsibility for oversight of the IPC program by the Board.
It was not recommended to utilise a single individual approach – as an IPC lead or IPC champion to be responsible for the IPC program.

As IPC Lead is not a requirement in home care services, we have developed a Safety, Quality & Risk sub-committee and included IPC/AMS in the Agenda however I'm not sure we are covering off on the topics we should. Where can we find guidance to know what should be trended, analysed, discussed etc?
-Compliance for Support at Home providers:
https://www.health.gov.au/our-work/support-at-home/responsibilities-of-support-at-home-providers/compliance-for-support-at-home-providers?language=en
-Support at Home:
https://www.agedcarequality.gov.au/providers/aged-care-servicerequirements/support-home
-Home care (including Support at Home and community services) is regulated under the Strengthened Aged Care Quality Standards:
https://www.agedcarequality.gov.au/providers/quality-standards/strengthened-aged-care-quality-standards
The specific sections that apply to your organisation depends on your service registration category, ranging from Standards 1 to 4 and registered to provide 5

Summary of changes in CDECT please?
Posted on ACIPC 21.5.26

A new topic has been posted to ACIPC's Aged Care Connexion forum.

Topic Link:
https://www.acipc.org.au/members/forums-members/topic/cdect-documents-and-ipc-related-review/.

Do the care minutes allocated as an IPC in an aged care services like care staff and RNs?
Refer to the Care Minutes Guide for Registered Providers
https://www.health.gov.au/resources/publications/care-minutes-and-247-registered-nurse-requirements-guides-for-registered-providers-of-residential-care-homes?language=en
RAC labour costs and hours for IPC leads are reported by providers through the Quarterly Financial Report
IPC Leads are reported under Residential Labour Costs and Expenses

The total amount of expenses incurred for the Infection Prevention and Control (IPC) lead.
Includes:

- IPC lead training costs
- Hiring or on boarding IPC lead in each home
- IPC lead study leave
- IPC training for non-IPC leads (including refresher training)

IPC lead salaries/wages is included in Employee and Agency Labour costs (for Outbreak management)).

Data definitions here:
https://www.health.gov.au/resources/publications/quarterly-financial-report-data-definitions-q3-2025-26?language=en

Care minutes can be delivered by RNs, Enrolled Nurses (ENs) who may also be IPC lead

I have just reviewed it and there are a few additional items. I also noticed they want immunisation records for staff and volunteers - however it is my understanding immunisation is not mandatory for home care (whilst we promote it, it isn't a mandatory requirement and staff can choose and it wasn't a previous reporting requirement). Is that correct or has it changed under the Act?
There is a requirement to look at your jurisdiction requirements (state/territory) and as to whether your provider is public/private – there are differing rules.
The is no national requirement for RCH or HC staff vaccination/immunisation uptake. However, the Aged Care Act 2024 requires providers to keep records of staff who have obtained current Influenza/COVID-19 vaccinations, either externally or via an organisation vaccine program and record it. These records are to be maintained onsite.
Aged care providers can also adopt their own policies and work health and safety arrangements. Under state and territory workplace safety legislation aged care services are responsible for providing a safe working environment for staff and visitors.
Check you provider's vaccination policy to determine if vaccination is a mandatory requirement

Aged care workers can voluntarily inform their employer of when they've received a COVID-19/Influenza vaccination.

Providers in Category 6 are required to keep records and are required to report on the number of workers who have voluntarily informed them they've received a COVID-19/Influenza vaccination

The Act Reference	CHAPTER 4 Conditions on Provider Registration
Div 2 - Vaccination	153-5 Kinds of provider to which the condition applies For the purposes of subsection 153(1) of the Act, a registered provider registered in the registration category residential care is prescribed. 153-10 Requirements for providing access to vaccinations to individuals For the purposes of subsection 153(1) of the Act, the requirement in accordance with which a registered provider must provide access to the vaccinations mentioned in subsection 153(2) of the Act for free to individuals to whom the provider is delivering funded aged care services is that the provider must do so in accordance with the National Immunisation Program Schedule, published by the Department, as existing from time to time. Note: The National Immunisation Program Schedule could in 2026 be viewed on the Department's website (https://www.health.gov.au).
Subdivision C-Vaccination	154-5 Application of this Subdivision to certain registered providers - RAC
	154-10 Records about service staff—influenza vaccinations
	154-15 Records about service staff—COVID-19 vaccinations
	154-20 Records about individuals receiving residential care—influenza vaccination
	154-25 Records about individuals receiving residential care—COVID-19 vaccinations

Are you collecting data for staff COVID vaccination rates

Yes for workers in RAC and Support at Home/CHSP

Yes for older people in RAC

No for Older people Support at Home /CHSP

Interesting that the requirement is to promote the benefits of vaccination. Informed consent would also require information about the risks/side effects as well. Or is it expected that that would be covered by the doctor or pharmacist?

This differs to the benefits of vaccination. There are two different pathways here – older people and staff. Both require information prior to vaccination but may be provided by different parties.

Providers should ensure they promote vaccination benefits to residents and workers to stay well and healthy and be winter-ready

How long is the vaccination consent valid for ?

This is a risk assessed organisation process –within safety and capacity for change of consent or to provide consent on previous decline

Consent for vaccination does not have a strict legal expiry date; rather, it is valid only for a single specific dose or a planned, multi-dose vaccination course. Because medical circumstances and information can change, health professionals must verify a patient's informed consent directly before administering any vaccine.

Reference: https://immunisationhandbook.health.gov.au/contents/vaccination-procedures/preparing-for-vaccination

Is there any social distance requirement, which is mentioned in IPC checklist. We are locating in QLD.

This is a risk assessed IPC measure in the presence of respiratory infections circulating

The age limit for the free RSV vaccine is 60 and above

From May 15, 2026, Australians aged 75 and over and can receive free RSV vaccination. Aboriginal and Torres Strait Islander people are eligible from the aged of 60.

There are no RSV vaccines funded through the National Immunisation Program for people with medical risk conditions and adults aged 60-74 years.

References:

https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/free-rsv-vaccine-for-older-australians

https://www.health.gov.au/sites/default/files/2026-05/respiratory-syncytial-virus-rsv-vaccine-for-older-australians-consumer-fact-sheet.pdf

How should a governance framework balance the clinical necessity of transmission-based isolation with a resident's psychosocial right to move freely under the Aged Care Quality Standards?

This could be managed in the same way that IPC is managed in a dementia / memory support specific area.

Preventative Practices (Everyday Care):

Embedded into routine care to reduce infection risk:

- Vaccination
- Nutrition and hydration
- Ventilation and air quality
- Environmental cleaning
- Safe staffing levels
- Supported hand hygiene

Active Practices (When Infection Occurs):

Adapted responses that protect both safety and choice:

- Polite conversation around risk to others and alternate measures to isolation will be put in place
- Minor environmental modifications (i.e. seating distancing)

- Enhanced surface and equipment and item cleaning frequency, with short disinfectant product contact time
- Safe participation in daily activities (i.e. 1:1, outdoors, activity with no shared items)
- PHU involvement

IPC role became obsolete. IPC roles/responsibilities can be shared without former qualifications

The IPC lead role is still a mandatory requirement for Providers Registered in Category 6 and is relevant to the Aged Care Quality Standards outcomes 2.8,2.9,4.2 and 5.2.

The Aged Care Quality and Safety Commission will monitor and audit your IPC responsibilities aligned to the Quality Standards, including processes to appoint an IPC Lead.

(reference: https://www.health.gov.au/topics/aged-care/managing-respiratory-infection/infection-prevention-and-control-in-aged-care?language=en)

Care Delivery Evidence Collection Tool (CDECT) category 6

Australian Government
Aged Care Quality and Safety Commission

Engage Empower Safeguard

Document number	Evidence, document description or record we need	Relevant Outcome(s)	Check box for each document you submit *(Only submit documents once)*	Title of documents with evidence we need. *(Include page number and where the information is in the document)*	Time period	Commission use only *(Internal record keeping)*
14	Evidence that the Infection Prevention and Control Lead has completed training as per legislative requirements	2.8, 2.9, 4.2, 5.2	☐	Click or tap here to enter text.	Current	Choose an item.

Is there set hours dedicated for IPC lead to do the audits, huddles with staff as part of education for care workers?

No – this is established within an organisation/facility and is dependent on the needs of that home.

Vaccine status information is status is sensitive health information (APP and Privacy Act 1988). Must be handled with strict privacy controls.

Correct

Refer to the Clinical Alert and advice from the ACQSC

https://www.agedcarequality.gov.au/news-publications/clinical-alerts-and-advice/improving-access-vaccination-records-aged-care

The Privacy Policy for the AIR states that once an individual has been vaccinated, they cannot opt-out of having their information reported to the AIR where the AIR Act requires reporting of the information. Providers are encouraged to inform patients of the requirement to report their personal information to the AIR,

however they are not obligated to seek consent as they are required by law to report this information.
Users of HPOS must comply with the terms and conditions of use and access. Organisations and providers who delegate to other users to perform tasks in HPOS on their behalf, must do so responsibly and appropriately. Failure to take reasonable steps to protect HPOS information (including the AIR) from misuse, interference and loss, and from unauthorised access, modification or disclosure is a serious offence under the Privacy Act. This applies to the authorised representative of the organisation and the member who has delegated access.

Reference: https://www.phnimmunise.org.au/assets/Information-sheet-AIR-access-for-Residential-Care-Facilities-May-2025.pdf

What are the protocols for other acute respiratory illness e.g. rhinovirus?
See the Aged Care IPC Guide: Table 15 - Pg 81.
https://www.safetyandquality.gov.au/sites/default/files/resources/attachments/The-Aged-Care-Infection-Prevention-and-Control-Guide.pdf

I am just wondering if there are any changes to support nurses and healthcare providers to better help low-income patients access the shingles vaccination if they do not meet the NIP criteria for subsidised vaccination? specifically 50- to 64-year-olds
Latest information: Shingles (herpes zoster) vaccine - https://www.health.gov.au/topics/immunisation/vaccines/shingles-herpes-zoster-immunisation-service

We have decided to simplify the response for all types of respiratory infections to be the same. COVID is managed the same as Flu which is the same for Rhino
ACIPC promote (in response to research-based evidence) that these viral infections have different transmission means and precautions should marry with the transmission means - COVID 19 is airborne, droplet and contact transmission, while Influenza, RSV and Rhinovirus are droplet and contact transmission.