

# Clinical Governance and Continuous Improvement - Supporting Infection Prevention and Control in Aged Care

20 May 2026

Presenter:

Catherine McGovern

- Manager Quality & Clinical Governance, Bene Aged Care
- ACIPC Board Member





## CATHERINE McGOVERN

BNsg, Grad Dip Nsg Sci, Dip Project Mgt, CICP-P  
AHRPA RN, MAICD

Catherine is the [Executive Manager Quality and Clinical Governance at Bene Aged Care](#), responsible for implementing evidence-based, best-practice clinical care across the organisation's aged care services. Her role at Bene includes chairperson of the Infection Prevention and Control Committee, IPC policy and procedure development, provision of specialist IPC advice and education, and ongoing mentorship of IPC lead nurses to support effective clinical governance.

A registered nurse with 35 years experience, Catherine has worked in both the acute and aged care settings, with a strong professional focus on IPC and client safety. After working as the Clinical Nurse Consultant at the Royal Adelaide Hospital's Geriatric and Palliative Care Unit she left to began her aged care nursing career as the Care Manager at Helping Hand Aged Care, Ingle Farm to implement a new 'intermix' model of care. This national pilot site trialled the Department of Human Services and Health's 'Ageing in Place' reform agenda in 1995. Ageing in place was one of the specified objectives of the changes to the Australian aged care system which came about with the introduction of the Commonwealth Aged Care Act, 1997. The "ageing in place" model trialled in S.A remains the foundation of the modern Australian aged care system.

With nearly three decades in the Aged & Community Care industry, Catherine has built a distinguished career leading innovation and strategy, clinical governance, risk management, and quality improvement. In November 2020, she served as the IPC Outbreak Coordinator during the successful containment of one of South Australia's earliest COVID-19 outbreaks in Residential Aged Care, resulting in zero COVID-19 transmission to residents. A role in which her decisive leadership and ability to embed an 'IPC mindset' proved critical to outbreak control. Her expertise and effectiveness in that response earned her an invitation to present at the SA Health COVID-19 outbreak preparedness in RAC workshops and contribute to the [Independent review of COVID-19 Outbreaks in Australian Residential Aged Care in 2021](#).

Catherine was appointed as a [Board member of the Australasian College of Infection Prevention and Control](#) in November 2023. Catherine has previously held roles as the Aged Care Representative on various ACIPC Committees including the Practice Guidance Committee (2022-23), Education Committee (2023-24), Scientific Conference Committee (2024-25). Catherine co chaired the ACIPC International Conference Aged Care workshops in 2024-25 and is currently serving as a member of the [Membership and Engagement Committee](#).

Catherine is an ACIPC [Primary Credentialed Infection Prevention Control Professional \(CICP-P\)](#) and a graduate of the ACIPC Foundations of IPC Course (2021). Catherine most recently was the ACIPC representative on the Stakeholder Advisory Committee for the [A-PRECISE model for effective infection prevention and control in residential aged care Homes \(Monash University\)](#).



ACIPC  
Australasian College  
for Infection Prevention and Control

# Presentation sections



**Section 1:** [An overview of Aged Care Act and Rules obligation](#)

**Slides 3-12**



**Section 2:** [A brief overview of the Strengthened Aged Care Quality Standards](#)

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**Section 3:** [Roles and Responsibilities in IPC](#)

**Slides 18 -23**



**Section 4:** [IPC Governance](#)

**Slides 24-32**



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**Section 6:** [Re – registration and IPC readiness](#)

**Slides 37 -39**



**Section 7:** **Key reflections and additional resources**

**Slides 40-42**



**Questions**

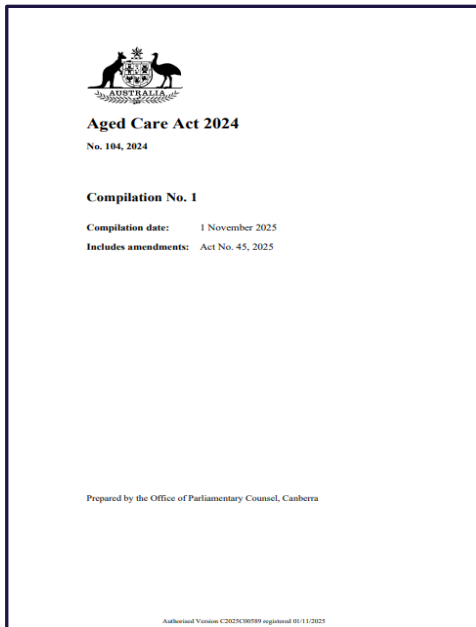


# An overview of the Aged Care Act 2024 and Rules



# LEGISLATION : THE ACT and RULES

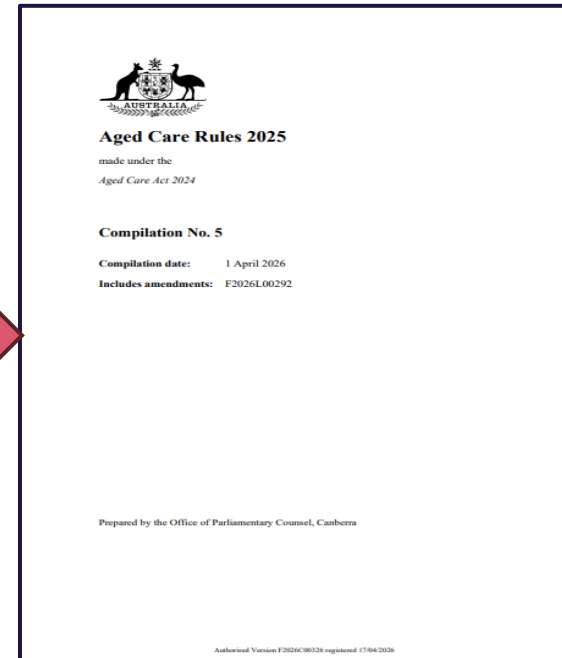
## AGED CARE ACT 2024



- Commenced 1 November 2025
- Ensures older people are at the centre
- Rights Based Regulation
- Provider Obligations
- Rights based complaint handling



## AGED CARE RULES 2025



- Instrument that commenced as the same time as the Aged Care Act 2024
  - Contain details which direct how the law is put into practice
  - The Rules can be reviewed and changed from time to time
- Include direction on:  
provider registration, conditions and obligations subsidies,  
how the aged care system is managed  
the regulatory system and processes, including the powers of the regulators and what providers must do

Reference: <https://www.legislation.gov.au>

# DIVISION 2 : THE STANDARDS

| The Rules Reference             | Delivery of Aged Care Services  |   |   |   |
|---------------------------------|---|---|---|---|
|                                 |   | 4 | 5 | 6 |
| 15-15<br>Std 2 The Organisation | <p>Outcome 2.3—Accountability, quality system and policies and procedures</p> <p>(4) The governing body is accountable for the delivery of quality funded aged care services and must maintain oversight of all aspects of the provider’s operations.</p> <p>(5) The provider must use a quality system to enable and drive continuous improvement of the provider’s delivery of funded aged care services.</p> <p>(6) The provider must:</p> <p>(a) maintain current policies and procedures that guide the way aged care workers undertake their roles; and</p> <p>(b) require aged care workers to follow the policies and procedures.</p> | ✓ | ✓ | ✓ |
|                                 | <p>Outcome 2.4—Risk management</p> <p>(7) The provider must use a risk management system to identify, manage and continuously review risks to individuals, aged care workers and the provider’s operations.</p>   | ✓ | ✓ | ✓ |
|                                 | <p>Outcome 2.5—Incident management</p> <p>(8) The provider must use an incident management system to:</p> <p>(a) safeguard individuals; and</p> <p>(b) acknowledge, respond to, effectively manage and learn from incidents.</p>  | ✓ | ✓ | ✓ |
|                                 | <p>Outcome 2.6a—Complaints and feedback management—for aged care workers</p> <p>Outcome 2.6b—Complaints and feedback management—for individuals</p>   | ✓ | ✓ | ✓ |
|                                 | Outcome 2.7—Information management  | ✓ | ✓ | ✓ |
|                                 | Outcome 2.9—Human resource management   | ✓ | ✓ | ✓ |
|                                 | Outcome 2.10—Emergency and disaster management  | ✓ | ✓ | ✓ |

# DIVISION 2 : THE STANDARDS

| The Rules Reference                | Delivery of Aged Care Services  | Registration Categories |   |   |   |   |   |
|------------------------------------|---|-------------------------|---|---|---|---|---|
|                                    |   | 1                       | 2 | 3 | 4 | 5 | 6 |
| 15-25<br>Std 4 The Environment     | <p>Outcome 4.2—Infection prevention and control</p> <p>(4) The provider must have an appropriate infection prevention and control system.</p> <p>(5) 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.</p>  |                         |   |   | ✓ | ✓ | ✓ |
| 15-30 Standard 5—<br>Clinical care | <p>Outcome 5.2—Preventing and controlling infections in delivering clinical care services</p> <p>(3) 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.</p> <p>(4) The provider must ensure that infection risks are minimised and, if they occur, are controlled effectively.</p> |                         |   |   |   | ✓ | ✓ |

# AGED CARE ACT 2024 : CONDITIONS ON PROVIDER REGISTRATION:

| The Act Reference          | CHAPTER 4 Conditions on Provider Registration  |
|----------------------------|--|
| Div 2 - Vaccination        | <p>153-5 Kinds of provider to which the condition applies</p> <p>For the purposes of subsection 153(1) of the Act, a registered provider registered in the registration category residential care is prescribed.</p> <p>153-10 Requirements for providing access to vaccinations to individuals</p> <p>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.</p> <p>Note: The National Immunisation Program Schedule could in 2026 be viewed on the Department’s website (<a href="https://www.health.gov.au">https://www.health.gov.au</a>).</p> |
| Subdivision C- Vaccination | <p>154-5 Application of this Subdivision to certain registered providers - RAC</p> <p>154-10 Records about service staff—influenza vaccinations</p> <p>154-15 Records about service staff—COVID-19 vaccinations</p> <p>154-20 Records about individuals receiving residential care—influenza vaccination</p>   |
|                            | <p>154-25 Records about individuals receiving residential care—COVID-19 vaccinations</p>   |

# AGED CARE RULES 2025 CHAPTER 4 : CONDITIONS ON PROVIDER REGISTRATION AND CHAPTER 5 :OBLIGATIONS

| Reference   | Regulatory Requirements   |
|---|---|
| <p><b>Chapter 4—Conditions on provider registration</b><br/>Part 7: Information and Access<br/>Subdivision C: Vaccination</p>   | <p>154-5 Application of this Subdivision to certain registered providers</p> <p>154-10 Records about service staff—influenza vaccinations</p> <p>154-15 Records about service staff—COVID-19 vaccinations</p> <p>154-20 Records about individuals receiving residential care—influenza vaccinations</p> <p>154-25 Records about individuals receiving residential care—COVID-19 vaccinations</p>          |
| <p><b>Chapter 5 -Registered provider, responsible person and aged care worker obligations</b><br/>Part 2—Obligations relating to reporting, notifications and information</p> | <p>Division 3—Provider obligation—reporting to particular persons</p> <p>Subdivision A—Vaccinations</p> <p>166-5 Application of Subdivision to certain registered providers</p> <p>166-10 Reports about service staff—influenza vaccinations</p> <p>166-15 Reports about service staff—COVID-19 vaccinations</p> <p>166-25 Reports about individuals receiving residential care—COVID-19 vaccinations</p> |

# CONDITIONS OF REGISTRATION: DELIVERY OF FUNDED AGED CARE SERVICES

## Aged Care Rules: Chapter 4

### Division 3- Requirements for delivering funded aged care services

**Providers delivering services under provider registration category home and community services, assistive technology and home modifications or advisory and support services—requirements for personal protective equipment, infection prevention and**

| The Rules Reference | Delivery of Aged Care Services  |
|---------------------|---|
| 148-25 (2)          | The provider must ensure that the equipment is safe and meets the needs of the individual at the time the service is delivered to the individual.                                 |
| 148-30 (a)          | have an appropriate infection prevention and control system for delivery of funded aged care services   |
| 148-30 (b)          | ensure that aged care workers of the provider use hygienic practices and take appropriate infection prevention and control precautions when delivering funded aged care services. |

Reference: <https://www.legislation.gov.au/F2025L01173/latest/text>

# CONDITIONS OF REGISTRATION: RECORD KEEPING

## CHAPT 3, PART 4, DIV 1, S154

| The Rules Reference  | Delivery of Aged Care Services                             | Registration Categories |   |   |   |   |   |
|----------------------|--|-------------------------|---|---|---|---|---|
|                      |  | 1                       | 2 | 3 | 4 | 5 | 6 |
| Part 7 Subdivision B | Record keeping Vaccinations ( Service Staff and Residents) |                         |   |   |   |   | ✓ |
| Part 7 Subdivision D | Complaints & Feedback                                      | ✓                       | ✓ | ✓ | ✓ | ✓ | ✓ |
| Part 7 Subdivision L | Incidents  | ✓                       | ✓ | ✓ | ✓ | ✓ | ✓ |

# CHAPTER 3 : STATUTORY DUTIES

## CHAPT 3, PART 5, DIV 1

| Reference                              | Obligations  | Registration Categories |   |   |   |   |   |
|--|--|-------------------------|---|---|---|---|---|
|  |  | 1                       | 2 | 3 | 4 | 5 | 6 |
| Chapter 3, Part 5<br>Division 1 S179   | Registered Providers to exercise Due Diligence CP 500-4800<br>Penalty Units) | ✓                       | ✓ | ✓ | ✓ | ✓ | ✓ |
| Chapter 3 Part 5 ,<br>Division 1, S180 | Responsible Persons to exercise Due Diligence (CP 150-500<br>Penalty Units)  | ✓                       | ✓ | ✓ | ✓ | ✓ | ✓ |

### Sec : Part 5 Divsion1 S179

A registered provider must ensure, so far as is reasonably practicable, that the conduct of the provider does not cause adverse effects to the health and safety of individuals to whom the provider is delivering funded aged care services while the provider is delivering those services

# CHAPTER 3 : RESPONSIBLE PERSONS DUTY

## Chapter 3, Part 5 Division 1 Section 180

| SEC | Obligation             |  |
|-----|------------------------|--|
| 180 | Exercise Due Diligence | <p>To exercise due diligence to ensure that the provider complies with their duties in relation to the health and safety of the people in care. Due diligence includes taking reasonable steps to:</p> <ul style="list-style-type: none"><li>(a) to <b>acquire and maintain knowledge of requirements</b> applying to registered providers under this Act; and</li><li>(b) to <b>gain an understanding of the nature of the funded aged care services</b> the registered provider delivers and <b>the potential adverse effects</b> that can result to individuals when delivering those services; and</li><li>(c) to ensure that the registered provider has available for use, and uses, <b>appropriate resources and processes to manage adverse effects</b> to the health and safety of individuals accessing funded aged care services delivered by the provider; and</li><li>(d) to ensure that the registered provider <b>has appropriate processes for receiving and considering information regarding incidents and risks</b> and responding in a timely way to that information;</li></ul> <p>And</p> <ul style="list-style-type: none"><li>(e) to ensure that the registered provider has <b>and implements processes for complying with any duty or requirement</b> of the registered provider under this Act.</li></ul> <p><i>NB a person may be found liable to pay a civil penalty under this Act relating to a duty under this section whether or not the registered provider has been found liable to pay a civil penalty under section 179.</i></p> <p>Penalties: Serious Failures: CP 150 PU, Death or Serious Injury, Illness: CP 500 PU</p> |

# Aged Care Quality Standards



# What's new?

13% of the expectations are new

63% clarify current expectations

24% align to current Quality Standards



# PROVIDER REGISTRATION CATEGORIES

| Provider registration category | Description   | Service types   |
|--------------------------------|---|---|
| <b>Category 1</b>              | Home and community services   | <ul style="list-style-type: none"><li>• Domestic assistance</li><li>• Home maintenance and repairs</li><li>• Meals</li><li>• Transport</li></ul>  |
| <b>Category 2</b>              | Assistive technology and home modifications                                 | <ul style="list-style-type: none"><li>• Equipment and products</li><li>• Home adjustments</li></ul>   |
| <b>Category 3</b>              | Advisory and support services   | <ul style="list-style-type: none"><li>• Hoarding and squalor assistance</li><li>• Social support and community engagement</li></ul>   |
| <b>Category 4</b>              | Personal care and care support in the home or community (including respite) | <ul style="list-style-type: none"><li>• Allied health and other therapy</li><li>• Personal care</li><li>• Nutrition</li><li>• Therapeutic services for independent living</li><li>• Home or community general respite</li><li>• Community cottage respite</li><li>• Care management</li><li>• Restorative care management</li></ul> |
| <b>Category 5</b>              | Nursing and transition care   | <ul style="list-style-type: none"><li>• Nursing care</li><li>• Assistance with transition care</li></ul>  |
| <b>Category 6</b>              | Residential care (including respite)  | <ul style="list-style-type: none"><li>• Residential accommodation</li><li>• Residential everyday living</li><li>• Residential services</li><li>• Residential clinical care</li></ul>  |

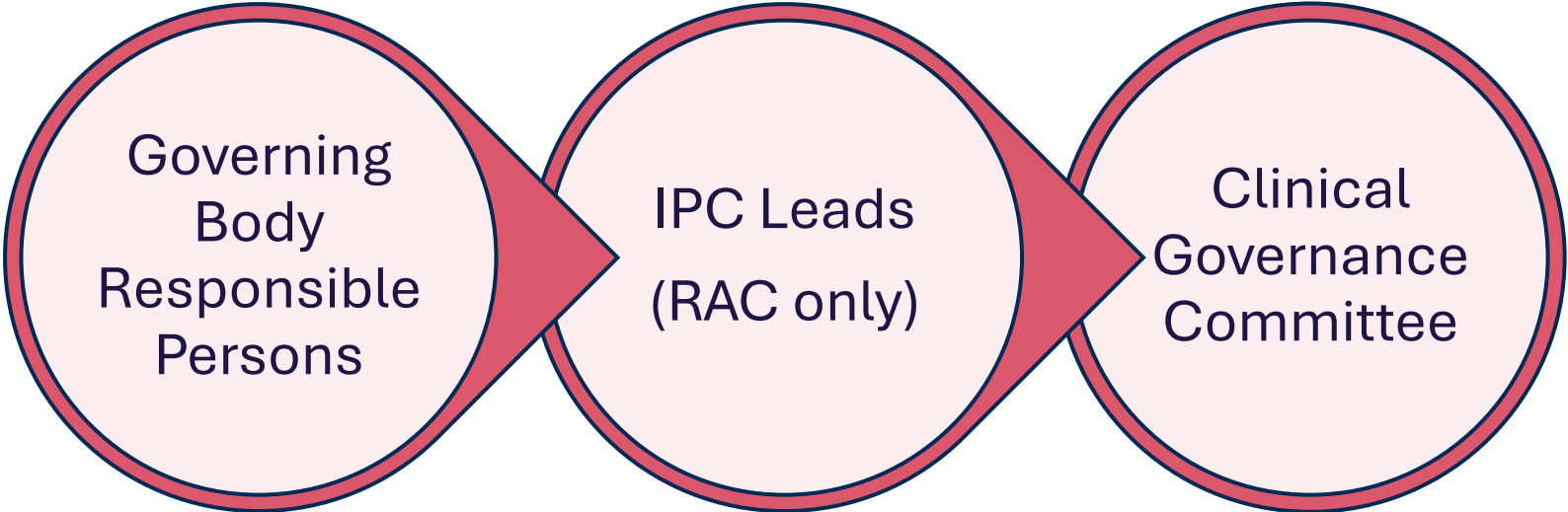
# WHAT APPLIES?

| Provider types   | Which strengthened Aged Care Quality Standards apply? |
|--|---|
| <b>Type A – Category 1-3</b><br>(home or community based)                                      | No standards  |
| <b>Type B – Category 1, 2, 3 &amp; 4</b><br>(home and community based)                         | Standards 1-4 (Category 4 only)                       |
| <b>Type C – Category 1, 2, 3, 4 and 5</b><br>(home or community based)                         | Standards 1-5 (Categories 4 and 5 only)               |
| <b>Type D – Category 1, 2, 3, 4, 5 and 6</b><br>(home or community based and residential care) | All Standards (Categories 4, 5, and 6 only)           |
| <b>Type E – Category 6</b><br>(residential care)   | All standards   |



# Roles and Responsibilities in IPC

# ROLES



# ROLES: GOVERNING BODY – RESPONSIBLE PERSONS

- Individuals in executive decision-making roles (including the members of the board or other roles that have authority, responsibility for or significant influence over planning, directing or controlling activities of the registered provider;
- Registered nurses who have responsibility for the overall management of nursing services delivered by the registered provider at a residential aged care home; and
- Any individual who has responsibility for the day-to-day operations of the registered provider.
- responsible persons to exercise *due diligence* to ensure that the provider complies with the separate Provider Duty.
- The provider duty is a requirement that it does not cause adverse effects to the health and safety of older people while delivering funded aged care services.
- Due diligence is defined as taking ‘reasonable steps’ in several areas. For example, the responsible person ensuring the provider has appropriate processes for considering information regarding incidents and risks and responding in a timely way.
- A breach of the duty carries the threat of significant fines
- Serious Failures 150 PU, Death or Serious Injury 500 PU

Reference: Guide to Aged Care Law

<https://www.health.gov.au/resources/publications/guide-to-aged-care-law/chapter-6-regulatory-mechanisms/infringement-notices>

| Penalty units | Maximum infringement notice amount |             | Maximum penalty the court can apply |             |
|---------------|------------------------------------|-------------|-------------------------------------|-------------|
|               | Person                             | Corporation | Person                              | Corporation |
| 30            | \$1,878                            | \$9,390     | \$9,390                             | \$46,950    |
| 60            | \$3,756                            | \$18,780    | \$18,780                            | \$93,900    |
| 250           | \$3,756                            | \$18,780    | \$78,250                            | \$391,250   |
| 500           | \$3,756                            | \$18,780    | \$156,500                           | \$782,500   |
| 1000          | \$3,756                            | \$18,780    | \$275,000                           | \$1,375,000 |

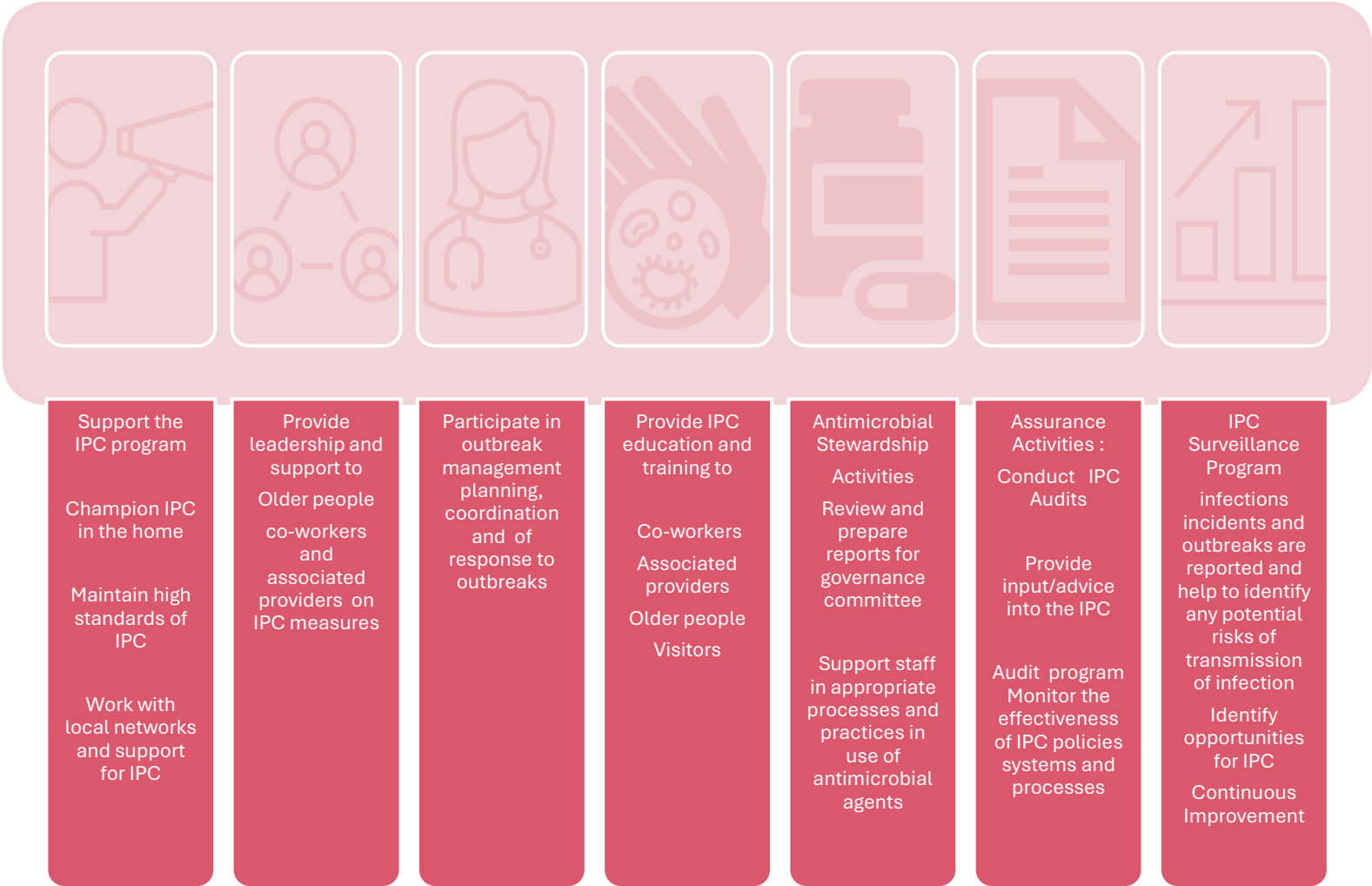
# ROLES: The Governing Body ( The Board)



The IPC Committee provides the Board with independent assurance that infection risks are identified, assessed, and actively managed in accordance with the organisation's risk appetite, regulatory obligations under the Aged Care Quality Standards, and best-practice IPC guidelines.


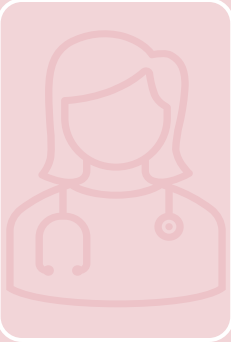



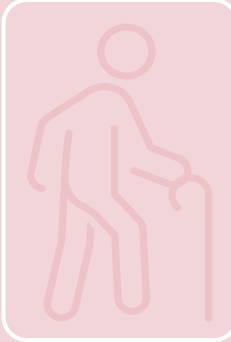
# ROLES: IPC LEAD

## IPC LEAD NURSE (RAC)



# ROLES: COMMITTEES

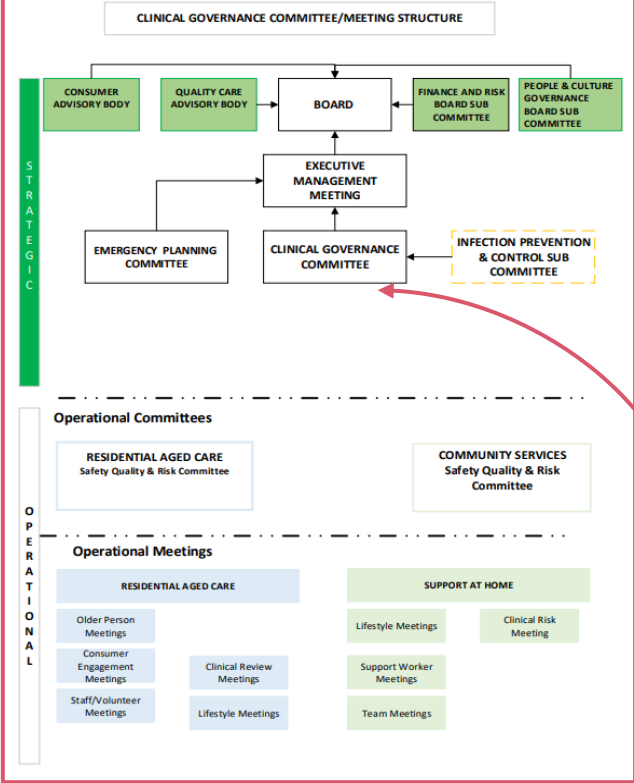


|   |  |  |   |  |  |
|---|--|--|---|--|--|
|  |   |   |    |   |   |
| <p>Support the development , implementation and evaluation of the IPC program</p> | <p>Monitor compliance with legislative requirements</p> <p>Ensure IPC practices are based on current evidence and best practice guidelines</p> | <p>Review and provide feedback on IPC Policies and Procedures</p> <p>Maintain Acute Respiratory Outbreak Plan/Gastro Outbreak Plans</p> <p>Review controls for IPC risks/emerging risks related to IPC</p> | <p><u>Antimicrobial Stewardship</u></p> <p>Review AMS reports make recommendations to improve AMS practice</p> <p>Identify processes to support staff in appropriate processes and practices in use of antimicrobial agents</p> | <p><u>IPC Surveillance Program</u> is in place and infections incidents and outbreaks are reported</p> <p>Review incidents or issues raised that relate to clinical care related to infection and/or outbreak management</p> | <p>Review older person experiences and feedback and modify the IPC program to provide better outcomes for older people</p> <p>Safe visitation and partnerships with older people</p> |

The slide features a dark blue background with a large, thin white circle in the center. The text "IPC Governance" is written in white, bold, sans-serif font across the middle of this circle. To the left of the circle, there are two white wavy lines. Below the circle, on the left side, is a solid light green circle. On the right side, there is a light green double-lined circle and a grid of small white dots. The overall design is modern and minimalist.

# IPC Governance

# ROLES: THE CLINICAL GOVERNANCE COMMITTEE /IPC COMMITTEE



**INFECTION PREVENTION AND CONTROL SUB-COMMITTEE**  
TERMS OF REFERENCE

Doc No:  
Version: 1  
Date:  
Page: Page 1 of 5

- The Committee**
  - The Bene Infection Control Sub Committee is a sub-committee of the Clinical Governance Committee and is integral to consumer and staff safety
  - The Sub Committee's services extend to Residential and Community Aged Care services
- Role of the Committee**

The role of the committee is to:

  - Develop priorities for the Committee following identification of areas of need for infection prevention and control guidance as part of Bene's clinical governance framework.
  - Compile, assess, develop and influence guidelines and standards related to infection prevention and control practice;
  - Provide a means within Bene Aged Care to guide and inform the membership and IPC Leads on practice issues;
  - Make recommendations to the Clinical Governance Committee on standards, guidelines and other pertinent documents that affect or influence infection prevention and control practice across Bene Aged Care.
  - To monitor trends in infection control surveillance, and ensure the provision of appropriate information to clinicians, managers.
  - Further responsibilities of the Committee are set out in Appendix A.
- Relationship with the Other Committees**
  - The Chairperson will provide regular reports to the Clinical Governance Committee as per the reporting schedule.
  - The Committee shall make whatever recommendations to the Clinical Governance Committee it considers necessary to promote and support care and clinical governance and safety across Bene Aged Care. The Committee shall refer matters outside its remit to relevant committees in accordance with that Committees remit, as set out in its terms of reference.
- Composition**
  - The chair of the Committee shall be elected by the Committee appointed for a period of 12 months
  - Membership includes:

**INFECTION CONTROL SUB COMMITTEE**  
AGENDA

| DATE:       |  | LOCATION:   |             |
|-------------|--|-------------|-------------|
| START TIME  |  | FINISH TIME |             |
| AGENDA ITEM | DISCUSSION   | TIME        | RESPONSIBLE |
| 1           | Declarations   |             |             |
| 2           | Welcome and Apologies  |             |             |
| 3           | Confirmation of IPC Action List  |             |             |
| 4           | <b>BUSINESS ARISING</b>  |             |             |
| 4.1         | Action List Review (completed and outstanding action items)  |             |             |
| 5           | <b>STANDING AGENDA ITEMS</b>   |             |             |
| 5.1         | Current Disease Outbreaks  |             |             |
| 5.2         | IPC Clinical Alerts/Legislative Updates  |             |             |
| 5.3         | ARI Outbreak Management Plan Review  |             |             |
| 5.4         | IPC Site/Service Risk Management Reports <ul style="list-style-type: none"> <li>RAC</li> <li>Community Services</li> </ul>     |             |             |
| 5.5         | Antimicrobial Stewardship  |             |             |
| 5.6         | IPC Education <ul style="list-style-type: none"> <li>IPC Standard, guidelines journals and publications of interest</li> </ul> |             |             |
| 5.7         | IPC Policy/Procedure Reviews   |             |             |
| 5.8         | IPC Special Interest Group Report (AGIPC)  |             |             |
| 6           | <b>NEW BUSINESS</b>  |             |             |
| 6.1         |  |             |             |
| 6.2         |  |             |             |
| 6.3         |  |             |             |
| 6.4         |  |             |             |
| 7           | <b>BUSINESS WITHOUT NOTICE</b>   |             | Chair       |
| 7.1         | Round the table key issues update  | 5m          |             |
| 8           | <b>MEETING CLOSURE</b>   |             |             |
| 8.1         | Next Meeting Details <ul style="list-style-type: none"> <li>Date:</li> <li>Time:</li> <li>Location:</li> </ul>                 |             | Chair       |

## IPC 6 monthly report to clinical governance committee

|   |   |                 |
|---|---|-----------------|
| LOGO  | Report to:<br>Clinical Governance Committee   | Agenda Item no. |
| Title : Infection Control Sub Committee Report  |   |                 |
| Date of Meeting   |   |                 |
| Agenda Item No  |   |                 |
| Report Author:  | Email:  |                 |
| IPC Chairperson:  |   |                 |
| Membership:   | IPC Leads, Director of Residential Aged Care, Community RN, Residential Services Managers |                 |
| For:  | NOTING  | DISCUSSION      |
| Please tick action required   | APPROVAL  |                 |
| <b>PURPOSE OF REPORT</b>  |   |                 |
| To present a six monthly report of the IPC subcommittee :   |   |                 |
| <ul style="list-style-type: none"> <li>Achievement of Key Performance Indicators</li> <li>Progress of Sub Committee activities</li> </ul> |   |                 |

**Role of the Infection Control Sub Committee:**

- Develop priorities for the Committee following identification of areas of need for infection prevention and control guidance as part of Bene's clinical governance framework.
- Compile, assess, develop and influence guidelines and standards related to infection prevention and control practice;
- Provide a means within Bene Aged Care to guide and inform the membership and IPC Leads on practice issues;
- Make recommendations to the Clinical Governance Committee on standards, guidelines and other pertinent documents that affect or influence infection prevention and control practice across Bene Aged Care
- To monitor trends in infection control surveillance, and ensure the provision of appropriate information to clinicians, managers

Source: [Terms of Reference](#)

**Delegation:** The committee has no expenditure authority but can make recommendations (including advice from independent external consultants, planning and resource allocation) to the Clinical Governance Committee.

**Key Performance Indicators:**

1. Meetings are held in accordance with Terms of Reference

Meeting frequency: Bi monthly

Date Meetings were held:

|     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|
| (1) | (2) | (3) | (4) | (5) | (6) |
|-----|-----|-----|-----|-----|-----|

1. Overview of sub-committee activities

Actions completed:

2. Key Achievements:

3. Issues/Recommendations

Attachments:  
Meeting Minutes  
Appendix A- responsibilities of the IPC Committee



0

### Outbreak Events

*This Quarter*

94%

### Hand Hygiene Compliance

*Target: ≥90%*

12/12

### IPC Audits Completed

*100% Complete*

7

### Infection Incidents Reported this quarter

*1 Actioned*



## Committee Activities

- Quarterly IPC Committee meeting held — 100% member attendance
- IPC Policy review completed; 3 policies updated and ratified
- Staff IPC education delivered to 98% of clinical workforce
- Environmental audit across all units — no critical findings
- PPE stock levels reviewed; adequate supply confirmed
- Infection surveillance data reviewed; no emerging trends identified
- AMS Activities- ACNAPS completed and staff and GPS notified of results and actin plan developed to address gaps
- IPC Promotion: AMS Week Activities



## Risks, Actions & Board Recommendations

RISK

Seasonal influenza activity elevated; enhanced surveillance activated

ACTION

2026 Influenza vaccination campaign underway — 87% staff uptake to date

RISK

IPC don/doffing PPE compliance at 84 % — below 90% target

ACTION

Mandatory IPC don/doffing implemented for all staff

BOARD

Note IPC performance metrics and approve updated Outbreak Management Plan

# IPC Risk Intelligence — Surveillance & Trend Analysis

## Infection Surveillance

0

Outbreak Events This Quarter

4

Respiratory Incidents Monitored

2

Skin/Wound Infections Treated

*Respiratory activity elevated vs Q1. No outbreaks declared. Surveillance frequency increased to weekly.*

## Compliance Intelligence

94%

Hand Hygiene Compliance

78%

ARI Reduction Rate

100%

Audit Schedule Completion

*Hand hygiene above 90% target..*

## Workforce & Education

98%

Staff IPC Education Completion

87%

Influenza Vaccination Uptake

3

IPC Lead Roles Active

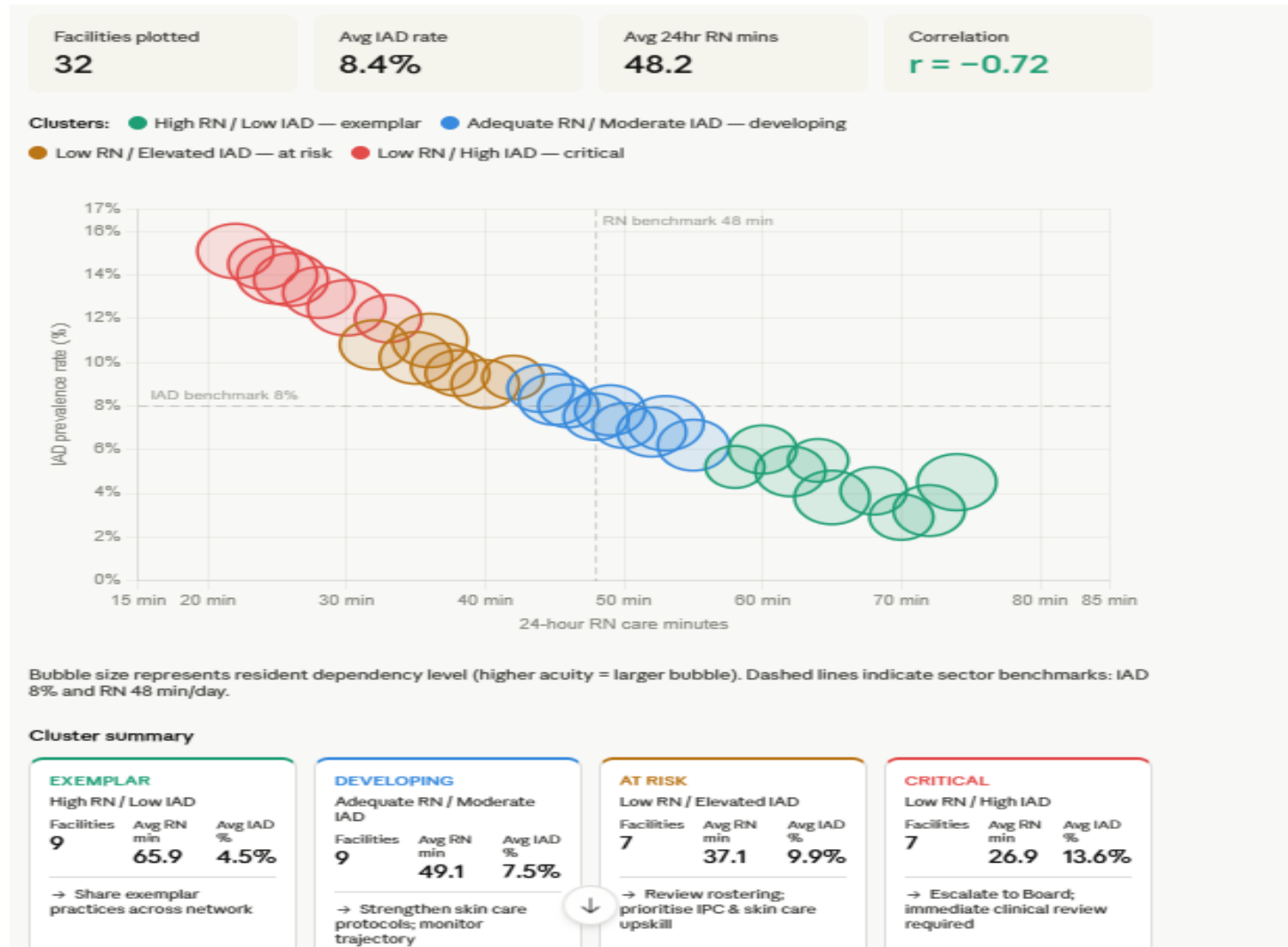
*Education completion at near-full coverage. Vaccination drive continues; target 95% by end of Q2.*




### INTELLIGENCE SIGNAL:

SA Health respiratory surveillance data indicates above-average influenza activity for January 2026. IPC Committee has activated enhanced monitoring protocols and recommends the Board note the elevated risk environment and endorse the proposed Outbreak Readiness Plan for Q3.


# IPC Risk Intelligence — Cluster Intelligence : Visualising the Data



# IPC GOVERNANCE : Example



**Australian Government**  
Department of Health,  
Disability and Ageing



**Australian Government**  
Aged Care Quality and  
Safety Commission

**WINTER PREPAREDNESS IN RESIDENTIAL AGED CARE HOMES**

Dear Board Chair

Thank you for your continued leadership and the Board's commitment to safeguarding the health and wellbeing of older people in your care.

As we approach the 2026 winter season, we ask Boards to ensure their organisation provides **timely, free access to all recommended vaccinations** for residents and workers and actively promotes their importance. Our campaign this year is focusing on reminding people that "Vaccination is the best preparation".

Older people are a priority population under the *National Immunisation Strategy 2025–2030*. In fulfilling governance obligations under the *Aged Care Act 2024* and *Aged Care Rules 2025*, providers must be well prepared to manage respiratory illness – particularly influenza and COVID-19. High vaccination coverage of residents and staff remains the most effective measure to reduce outbreaks in facilities and the risk of serious illness, hospitalisation and death.

**Aged care vaccination expectations for 2026**  
Providers are required to:

- offer **free influenza and COVID-19 vaccinations** to all residents and workers
- offer **free shingles and pneumococcal vaccinations** to all National Immunisation Program (NIP) eligible residents
- actively **promote the benefits** of vaccination to stay well and healthy and be winter-ready.

**Respiratory Syncytial Virus (RSV)**  
From 15 May 2026, a single dose of the Respiratory Syncytial Virus (RSV) vaccine Arexvy®, will become free under the NIP and recommended for adults aged 75 and over and Aboriginal and Torres Strait Islander people 60 years and over.

RSV is a common virus that causes upper and lower respiratory tract infection. RSV can cause serious illness, complications and hospitalisation in otherwise healthy adults.

Residents can safely receive an RSV vaccination at the same time as, or separate to, other recommended vaccines, such as COVID-19, influenza, shingles and pneumococcal vaccines. Your support in providing access to this vaccine for your eligible residents will be greatly appreciated.



**MATTER FOR INFORMATION**

**MEETING OF THE BOARD**

|                            |  |
|----------------------------|--|
| <b>Date of Meeting:</b>    | Click or tap to enter a date.                            |
| <b>Title:</b>              | Winter Preparedness: Vaccination is the best preparation |
| <b>Sponsor/Role Title:</b> | Chief Operating Officer                                  |
| <b>Author/Role Title:</b>  | <b>Manager, Quality and Clinical Governance</b>          |

*Is item to be starred for discussion?* YES  NO

**EXECUTIVE SUMMARY:**  
This paper is provided for the Board's information and sets out the current status of { provider} winter preparedness in relation to promotion of vaccination, preparedness to manage respiratory illness for older people and workers in residential aged care, and progress of actions being taken by the Quality and Clinical Governance Unit to support the Board in fulfilling its corporate governance and compliance obligations.

**CORPORATE GOVERNANCE AND COMPLIANCE**  
Older people are a priority population under the *National Immunisation Strategy 2025–2030*. In fulfilling governance obligations under the *Aged Care Act 2024* and *Aged Care Rules 2025*, providers must be well prepared to manage respiratory illness – particularly influenza and COVID-19. High vaccination coverage of residents and staff remains the most effective measure to reduce outbreaks in facilities and the risk of serious illness, hospitalisation and death.  
Providers are required to:

- offer **free influenza and COVID-19 vaccinations** to all residents and workers
- offer **free shingles and pneumococcal vaccinations** to all National Immunisation Program (NIP) eligible residents
- actively **promote the benefits** of vaccination to stay well and healthy and be winter-ready.

**OVERVIEW**  
As we approach the 2026 winter season the Chief Medical Officer, Aged Care Quality & Safety Commissioner and Chief Nursing and Midwifery Officer have signed a joint letter asking Aged Care Boards to ensure their organisations provides timely free access to all recommended vaccinations for residents and workers and actively promotes their importance. ( Attachment 1)

The following actions have been undertaken during March - April 2026 :

- A new 'vaccination guide' for older people has been developed by the Quality & Clinical Governance Unit and Infection Prevention and Control Sub Committee ( Attachment 2) The fact sheet will be included in resident and client admission packs and be available in brochure stands and sign in desks in RAC

**Reference: Joint letter on winter preparedness in residential aged care from the Chief Medical Officer, Aged Care Quality and Safety Commissioner and Chief Nursing and Midwifery Officer**  
**Dated: 28 April 2026**

# Continuous Improvement : Example

## New CI : Aseptic Technique

5.2.2 The provider implements processes to minimise and manage infection when providing clinical care services that include, but are not limited to:

- a) performing clean procedures and aseptic techniques
- b) using, managing and reviewing invasive devices including urinary catheters
- c) minimising the transmission of infections and complications from infections.

1. Standard Aseptic Technique Procedure
2. Aseptic Technique Clinical Competency
3. Education L Aseptic Technique online learning module
4. Clinical Skills Assessment Matrix
5. Resourcing and training budget

# IPC GOVERNANCE

## ACQSC Resources

[Infection prevention and control \(IPC\) operational readiness - self-assessment checklist](#)

[Infection prevention and control \(IPC\) governance - self-assessment checklist](#)

 Australian Government  
Aged Care Quality and Safety Commission



### Infection prevention and control (IPC) governance self-assessment checklist

**Does your aged care service have:**


- A documented IPC program with appropriate policies and procedures?
- Documented IPC risks contextualised to your service?
- A committee with oversight of IPC in your service?
- Your IPC program managed by an accountable lead within your service?
- An allocated IPC lead?
- Roles and responsibilities for IPC clearly articulated within the IPC program?
- Sufficient resources allocated to enable implementation of the IPC program?
- Contingencies for a variety of infection and transmission types detailed in your IPC program?
- A documented staff vaccination program?
- Information and planning to support and facilitate access to vaccinations for older people (including boosters)
- Record keeping and reporting protocols (including vaccination records)
- Measures for rapid access to and use of oral antiviral treatments


**As part of your governance process does your aged care service:**

- Review national and state guidance for relevant changes
- Review and update organisational operational policies and procedures as required
- Review and update your organisational IPC management plans as required
- Maintain version control and dated amendments on all infection prevention and control documentation required for your governance and service provision



Requirement may vary between residential, home services and flexible care.

 Australian Government  
Aged Care Quality and Safety Commission



### Infection prevention and control (IPC) operational readiness self-assessment checklist

**Does your service have the following to support your Infection Prevention and Control program:**

- Plans: Management, IPC, Risk Management, Outbreak etc.
- Workplace policies, procedures and written operational documents
- Information and planning to support and facilitate access to vaccinations for older people (including boosters)
- Record keeping and reporting protocols (including vaccination records)
- Compliance and quality measures
- Plans for continuous improvement around IPC and risk management
- Staff have ready access to information on IPC that is current
- Staff, visitor and volunteer communication processes
- Qualified and trained aged care workers proficient in IPC practices (for example: do you have a system of competency assessment for key IPC procedures e.g. hand hygiene, aseptic technique, use of PPE)

- Continuing professional opportunities for trained IPC staff
- Measures for rapid access to and use of oral antiviral treatments

**How does your service communicate about changes in your IPC program with your workers, students, volunteers and visitors?**  
*For example: communiques, training/learning, policies, posters, meetings.*

Requirement may vary between residential, home services and flexible care.

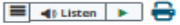
# IPC GOVERNANCE



Make a complaint

## Infection prevention & control

Infection prevention and control is crucial in delivering safe and quality care.



**IPC Self assessment checklists**

Use the checklists to test your IPC preparedness and current processes.

>

**IPC resource collection**

This resource tool allows providers to quickly access key IPC information and reference materials.

>

**IPC location-based guidance**

Search for links to Commonwealth, state and territory-specific IPC guidance.

>

**Supporting visitors and partners in care**

A collection of resources to help you support both visitors to your services and establish partnership in care programs which help people living in aged care to keep in contact with family or friends even if there's an infectious outbreak.

>

<https://www.agedcarequality.gov.au/providers/clinical-governance/infection-prevention-control>



# Risk Management and IPC



# Enterprise Risk Register — IPC Risk

| Risk Description  | Consequences  | Likelihood | Impact | Risk Rating | Controls & Actions   |
|---|---|------------|--------|-------------|--|
| Failure to establish and effectively implement an Infection Prevention and Control Program that ensures prevention, management and transmission, of an infection within RAC and Support at Home | Transmission of infectious diseases, avoidable staff and consumer illness, breaches of law and reputational damage. | Low        | Low    | <b>Low</b>  | <p><b>Governance &amp; Leadership Controls</b></p> <ul style="list-style-type: none"><li>•IPC Program formally documented, endorsed by the Board, and reviewed annually</li><li>•IPC Committee established with defined terms of reference, meeting quarterly and reporting to the Board</li><li>•Dedicated IPC Lead (Nurse) appointed with defined role, responsibilities, and authority</li><li>•IPC included as a standing agenda item on Board and Executive meeting cycles</li><li>•IPC risk maintained on the organisational risk register with regular review</li></ul> <p><b>Program Implementation Controls</b></p> <ul style="list-style-type: none"><li>•Comprehensive IPC Program developed in accordance with the IPC Guidelines, and Aged Care Quality Standards</li><li>•Written IPC policies and procedures in place, accessible to all staff, and reviewed on a scheduled cycle</li><li>•Outbreak Management Plan in place for both RAC and Support at Home settings, tested annually</li><li>•Infection surveillance system in place with defined trigger thresholds for escalation and outbreak declaration</li><li>•Standard and transmission-based precautions embedded in all clinical care procedures</li></ul> |



# Enterprise Risk Register — IPC Risk Cont.

| Risk Description  | Consequences  | Likelihood | Impact | Risk Rating | Controls & Actions  |
|---|---|------------|--------|-------------|---|
| Failure to establish and effectively implement an Infection Prevention and Control Program that ensures prevention, management and transmission, of an infection within RAC and Support at Home | Transmission of infectious diseases, avoidable staff and consumer illness, breaches of law and reputational damage. | Low        | Low    | Low         | <p><b>Workforce Controls</b></p> <ul style="list-style-type: none"><li>• Mandatory IPC induction for all new staff, agency workers, and volunteers prior to commencing care</li><li>• Annual IPC competency assessment and education program for all clinical staff</li><li>• IPC Champion network established across sites/SAH to promote and sustain IPC culture</li><li>• Influenza and COVID-19 vaccination policy in place; uptake rates monitored and reported</li><li>• Fit-testing for P2/N95 respirators completed and current for applicable staff</li></ul> <p><b>Support at Home-Specific Controls</b></p> <ul style="list-style-type: none"><li>• IPC risk assessment completed for each home environment prior to and during service delivery</li><li>• Staff equipped with appropriate PPE for community-based care; PPE usage audited</li><li>• Client and carer IPC education provided at commencement of service and reviewed regularly</li><li>• Remote IPC support and escalation pathways available to home care workers</li></ul> <p><b>Monitoring &amp; Audit Controls</b></p> <ul style="list-style-type: none"><li>• Regular IPC audits conducted across all care settings (hand hygiene, PPE, environmental cleaning, waste management)</li><li>• Audit results reported to IPC Committee with corrective action plans tracked to completion</li><li>• Infection surveillance data reviewed monthly; trends reported quarterly to Board</li><li>• Post-outbreak reviews conducted and learnings disseminated across the organisation</li><li>• Compliance with IPC standards assessed as part of internal quality reviews and accreditation preparation</li></ul> |



# Enterprise Risk Register — IPC Risk Cont.

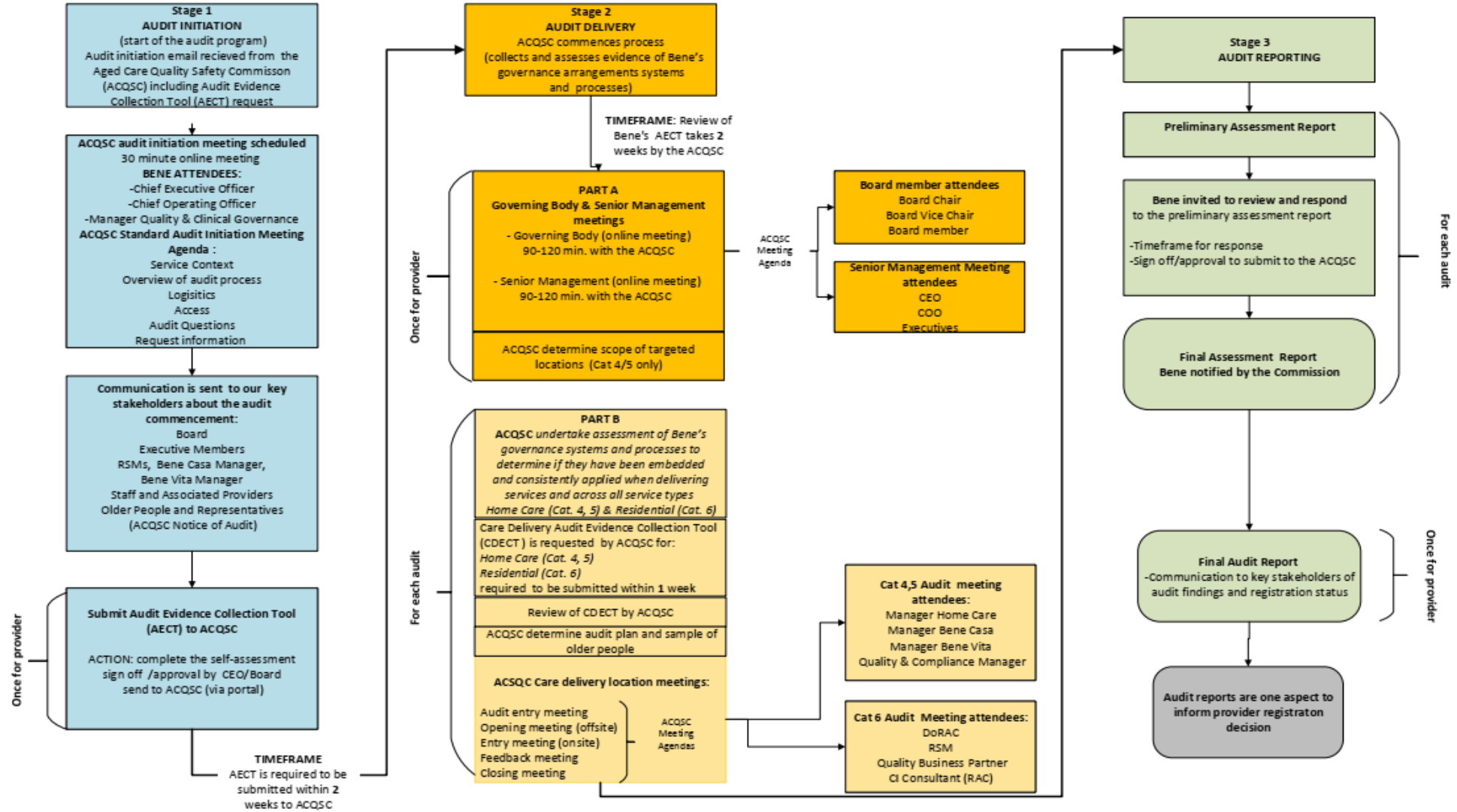
| Risk Description  | Consequences  | Likelihood | Impact | Risk Rating | Controls & Actions  |
|---|---|------------|--------|-------------|---|
| Failure to establish and effectively implement an Infection Prevention and Control Program that ensures prevention, management and transmission, of an infection within RAC and Support at Home | Transmission of infectious diseases, avoidable staff and consumer illness, breaches of law and reputational damage. | Low        | Low    | Low         | <b>Regulatory &amp; Accreditation Controls</b> <ul style="list-style-type: none"><li>• Care and service delivery is provided in accordance with Aged Care Quality Standards and relevant state health directives</li><li>• Notifiable disease and outbreak reporting obligations met in accordance with SA Health requirements</li><li>• IPC documentation audit trail maintained and available for regulatory inspection and re-registration audits by the ACQSC</li></ul> |



# Re- registration and IPC readiness

## REGISTRATION RENEWAL AUDIT : STAGES & PROCESSES

10 March 2026



# RENEWAL OF REGISTRATION AUDIT: ROAD MAP TO READINESS

## Preparation Stages for renewal of registration audit-what we need to do and what we expect

**What is renewal of registration audit?** It is the formal assessment process by the Aged Care Quality and Safety Commission (ACQSC) to determine whether an existing provider (Bene) meets the required quality, safety and regulatory standards so that our registration can be reviewed. It's part of the renewal of registration process which has replaced the previous aged care accreditation process.

### 1. We need to complete the Audit Evidence Collection Tool (AECT\*)

The AECT has been tasked to the Quality & Clinical Governance Unit to complete working closely with the Executive Managers

We are also:

- conducting a gap analysis now against the strengthened standards ( self -assessment)
- Providing regular updates to the Executive & Board on progress completion/issues and risks

Consultation and feedback is occurring to help shared awareness/understanding of the new audit requirements

### 2. We must comply with the Aged Care Act 2024

We must review Bene policies and procedures including those for the AECT to ensure they are aligned with the Aged Care Act 2024

- Audit against the required documents of the AECT
- review/update AECT policies and procedures and other associated documents

### 3. We must complete the Care Delivery Evidence Collection Tool (CDECT\*\*) for Home Care and our Residential Care Homes

Gaps analysis of requirements in the CDECT for bENE'S registration categories which are 4,5 & 6

Document evidence of systems and processes, and how Bene delivers high-quality care to older people.

Provide updates to Executive & Board on work towards completion/issues and risks

### 4. We will provide workforce support to ensure readiness for the audit

Bene will:

- Educate staff regarding the statement of rights and person centred care and to take risks (positive risk taking)
- Build staff confidence -conduct workforce training for the CDECT interviews
- Support staff to find and access our policies, guidelines, procedures and work tools

## We must comply with all our obligations and conditions under the Aged Care Act 2024

\*AECT - is a mandatory document used by the Aged Care Quality and Safety Commission to evaluate how Australian aged care providers meet quality standards. It requires providers to submit evidence regarding their systems, processes, and delivery of safe care during renewal audits.

\*\*CDECT: is a mandatory assessment document used by providers to demonstrate how they embed systems and processes for quality care. It is essential for renewal audits in registration categories 4, 5, and 6.

The roadmap visually shows the steps we need to take to help get Bene ready for our renewal of registration audit. It outlines the actions required to make sure everything is completed and in place to demonstrate we meet the Aged Care Quality Standards.

It also outlines what training you can expect to being ready for interview by an auditor from the Commission.

It's a simple map to guide and help everyone stay on track and prepared for the re-registration process.



Aged Care Quality & Safety Commission audit team - conduct onsite visit to assess if Bene can conform with the Aged Care Quality



BENE REGISTRATION CATEGORIES

Category 4:  
Personal and Care Support in Home and Community

Category 5:  
Nursing and Transitional Care

Category 6:  
Residential Care

Final Audit Report- when all of our audits for each registration category are completed.



Scan the QR Code to watch a video about re-registration





# Key Reflections and Resources

# REFLECTION

- Governance in IPC - Aged Care Act requirements – is your board/executive aware of the new requirements e.g Promote benefits of vaccinations ( specific vaccinations in the Aged Care Act/Rules)
- Person Centered and Trauma Aware and Healing Informed Care must be at the centre of IPC policies, procedure and practices – we must balance Infection Prevention Control with the Older person's Wellbeing
- Enterprise IPC Risk - risk owner assigned ,reviewed regularly and reported to Board
- IPC education and competency of staff -
- Aged Care Quality Standards - IPC gaps analysis and work plan
- Prepare for re- registration audit - NOW
  - Identify actions to take and how you will show that you comply
  - opportunities for changing or strengthening your approach to IPC to align with requirements
  - Prepare staff
  - Update and inform the older people you provide care and services to
    - Talk to the consumer advisory body/resident meetings
- Plan for Continuous Improvement

# RESOURCES

IPC Resources to support you:

[Aged Care IPC- Australasian College of Infection Prevention and Control](#)

[Aged Care Infection Prevention and Control Guide](#)

[Australian Guidelines for the Prevention and Control of Infection in Healthcare](#)

[Aged Care Quality & Safety Commission- Infection Prevention and Control](#)

[Aged Care Quality & Safety Commission - Standards Guidance](#)



Questions?