



# ACIPC

Australasian College  
for Infection Prevention and Control

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# Safeguarding the Vulnerable

## Aged Care

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### IPC Community of Practice:

Aged Care Connexion  
Resources  
Webinars



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Infection Prevention Challenges  
and Priorities in Aged Care



# Acknowledgement

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





# Setting the Scene

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## **Aged care spans:**

- Residential care
- Home care
- Group homes

## **Not just healthcare:**

- A home
- A workplace
- A clinical environment
- Regulated environment

Not a hospital. Not just a home. Something uniquely in between





# IPC Rules Change Here

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- **Acute care:**
  - Tightly controlled environments, departments, standardised systems.
  - People adapt to the system
- **Aged care:**
  - IPC works with minimal controls, while still meeting regulations
  - The system must adapt to the person
- **Implication:**
  - IPC professionals must be system designers, not just checklist auditors
- IPC in aged care is not just about stopping infection
- It's about protecting people without taking away what makes life worth living





# Why IPC Matters

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- Older adults are at higher risk:
  - Frailty, weakened immune systems
  - Comorbidities, cognitive decline
  - Greater use invasive devices and antimicrobials
  - Communal living
- High impact of infections:
  - Morbidity and mortality
  - Functional and mental decline
  - Outbreak potential
  - Financial implications





# Regulatory Framework

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- Aged Care Act (2024)
- Strengthened Aged Care Quality Standards
- Clinical and Environmental Standards
- Multipurpose services:
  - NSQHS Standards
  - The Integrated Health and Aged Care Services Module
- Australian Guidelines for the Prevention and Control of Infection in Healthcare
- Aged Care IPC Guide
- CDNA and ACSQHC and ACQSC Guidelines





# Rights and Person-Centred Care

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- Aged Care Act enforces:
  - Right to autonomy
  - Right to risk
  - Right to social connection
  - Right to a home environment
- If someone doesn't understand isolation... is it appropriate to enforce it?
- We adapt IPC to the person—not expect the person to adapt to IPC.



# Aged Care Quality Standards

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- IPC covered across all standards
- Key IPC standards:
  - Standard 1: The Person → dignity, choice
  - Standard 2: The Organisation → governance and leadership
  - Standard 4: The Environment → IPC and environment
  - Standard 5: Clinical Care → safe clinical care





# Challenge 1 – Home vs Healthcare

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- Older persons' home environment
  - Ownership of room/bed space
  - Clinical and well being risks present
  - Resistance to “hospital-like” practices
  - Limits enforceability of IPC measures
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- We say: “Make it feel like home.”
  - But also: “Make it infection-proof.”





# Challenge 2 – Centralised IPC

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- Unlike acute settings, aged care usually has no separate departments for:
  - Cleaning
  - Catering
  - Water & waste
  - Laundry
  - Clinical care
  - Antimicrobial stewardship
  
- Implication: Managers and IPC leads coordinate and integrate safety across the entire service





# Challenge 3 – Facility Design Limitations

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- Older infrastructure not built for IPC
- Shared rooms/bathrooms
- Communal living
- Locations of sluice rooms, kitchens, laundries, waste storage
- Limited isolation capacity
- Poor ventilation
- Dated air conditioning systems, ventilation systems without Hepa filters, no negative pressure rooms





# Challenge 4 – Workforce Capability

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- Variable IPC knowledge
- Mix of qualifications – inconsistent training
- Wonderfully multicultural
- Limited onsite clinical support
- High turnover
- Time pressures and competing priorities
- Terminology differences – i.e. respiratory precautions
- Differing legislative requirements across states/territories, public and private – i.e. vaccinations





# Challenge 5 – IPC Lead

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- Required IPC Lead role for RCH
- 6-month foundation IPC training
- Limited authority and input
- Not always embedded in leadership/governance
- No/minimal dedicated role time
- No/limited ongoing education/networking
- Lacking support – need for greater Exec/Board, senior management IPC knowledge





# Challenge 6 – Cognitive Impairment and Dementia

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- Traditional IPC approaches often fail in dementia care:
  - Reduced compliance with IPC
  - Wandering and tactile behaviours
  - Distress with PPE, isolation, change
  - Resistance to care
  - Requires routine, consistency





# Challenge 7 – Historical Practices

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- Embedded outdated practices:
  - Routine urine dipsticks
  - Overdiagnosis and treatment of bacteraemia and UTIs
  - Over/under testing
  - Lock down - blanket restrictions and practices
  - Disposable plates/cutlery
  - ‘Full’ PPE for every infection
- “The way its always been done”





# Challenge 8 – Infection Recognition

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- Atypical presentation:
  - No fever
  - Delirium
  - Falls
  - Functional decline
- Lack of use to McGeers/Stone Infection Criteria
- Delay in reporting/escalating
- Delays in IPC practice – resulting spread



# Challenge 9 – Outbreak, PPE and Vaccination Fatigue

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- **Outbreak:**

- Repeated outbreaks
- Staff burnout
- Reduced vigilance over time

- **PPE:**

- Reduced compliance over time
- Discomfort, pressure areas
- Perception of reduced risk

- **Vaccine:**

- Residents and families declining boosters
- Staff disengagement



# Challenge 10 – Outbreak Management

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- Outbreak preparation and planning
- Rapid spread in communal settings
- Older person's choice/rights to accept/decline IPC
- Staffing shortages during outbreaks – return when unwell
- Cleaners first to be cut/ not replaced/not increased
- Communication challenges
- IPC compliance
- Balancing mental well being





# Challenge 11 – Antimicrobial Use

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- Overuse and misuse – AB and Antifungals
- Diagnostic uncertainty
- Access to rapid testing
- Lack support onsite
- Prescribing patterns and follow up gaps
- MAC meetings 1/4ly – lengthy periods between potential change





# Priority 1 – Risk-Based IPC

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- Individualised risk assessed care
- Risk based on older persons choice
- Facility/home use of Hierarchy of Controls
- Proportionate response
- Avoid blanket restrictions and practices
- Dementia specific risk assessments
- Enhance teams IPC risk assessment capabilities - training





# Priority 2 – Workforce & Leadership Capability

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- Onboarding and ongoing IPC training
- Practical education
- Leader/senior management IPC knowledge
- Culture of learning and enhancing
- Embed IPC into daily practice
- Train the trainer



# Priority 3 – Strengthening IPC Leadership

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- **IPC Leads:**
  - Embed role in governance
  - Leadership integration
  - Authority and accountability
  - Ongoing professional development
  - Dedicated time
- **Leaders:**
  - IPC development for leaders and Boards
  - Knowledge is money



# Priority 4 – Challenging Historical Practice



- Risk assess IPC
- Reduce unnecessary testing – develop testing procedures
- Improve diagnostic stewardship
- Align with evidence-based care- Policies and Procedures - TDNTD
- Collaboration with GPs, NPs, Pharmacists, Pathologists
- One size does not fit all



# Priority 5 – Early Detection & Response

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- Education/training - Staff awareness
- Procedures and practice flow paths
- Escalation pathways
- Surveillance and practice review
- Provision of IPC clinical indicators





# Priority 6 – Sustainable IPC Practices

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- Address and acknowledge fatigue:
  - IPC practices
  - Outbreak
  - PPE
  - Vaccination
- Reinforce purpose and value
- Embed in daily practice and culture



# Priority 7 – Person-Centred IPC

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- Team awareness to Aged Care Act 2024
- Adapt for cognitive impairment and dementia needs
- Maintain persons dignity and rights
- Preserve social connection
- Visitors are welcome – ensure their safety
- Engage with COTA, OPAN, Dementia Australia



# Priority 8 – Governance and Leadership

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- Strong organisational IPC commitment and governance
- Leader IPC knowledge
- Culture of safety and support
- Accountability
- Monitoring and auditing
- Continuous improvement focus





# Bringing It Together

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- **IPC challenges:**

- Systemic
- Structural/environmental
- Human
- Cultural
- Clinical

- **Solutions:**

- System-wide
- Risk based
- Person-centred
- Leadership-driven



# Key Takeaways

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- Aged care IPC is uniquely complex
- Requires balance between:
  - Safety
  - Rights
  - Quality of life
  - Leadership is critical



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# Thank you

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