

Aged Care Infection Prevention and Control

Challenges, Actions, and Priorities

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Aged Care



IPC Challenges, Actions, and Priorities

01 Understanding the Aged Care Landscape

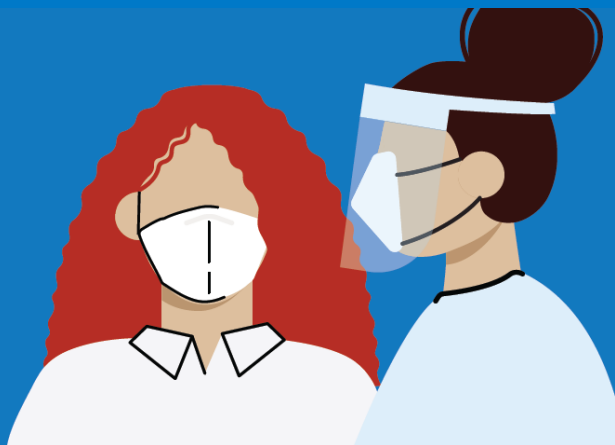
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Aged Care

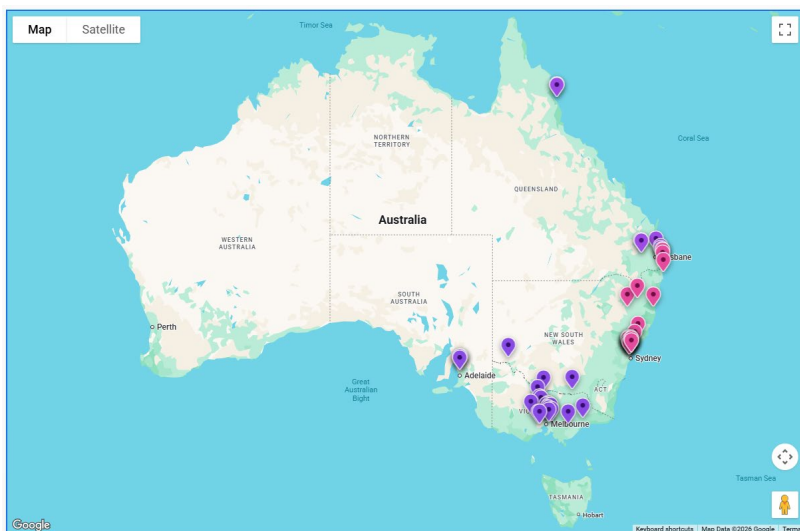




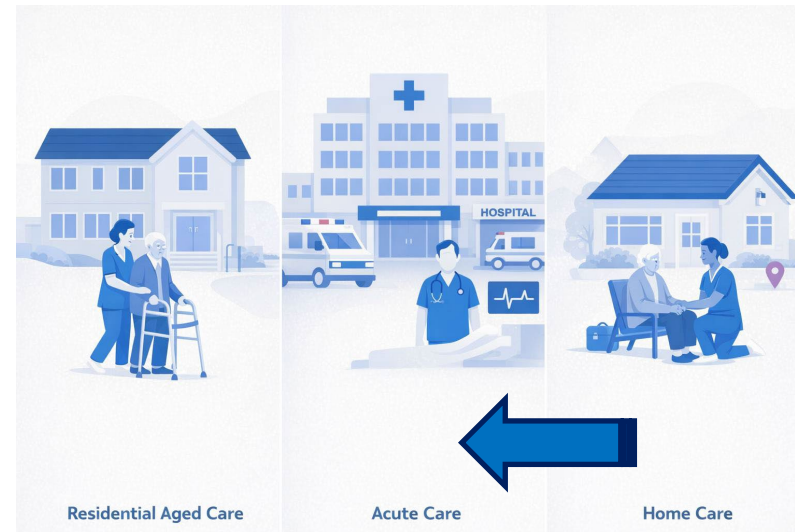
Understanding the Aged Care Landscape

Bupa Aged Care and Villages – committed to helping our residents live longer, healthier, happier lives

Residential aged care is a unique setting differs from acute care because it is delivered in the resident's home environment. Yet, unlike home care, it must adhere to health care setting policies.



➤ 57 care homes across 4 states



Key Aspects of Residential Aged Care

1. Facilities serve as homes for individuals with unique needs
2. Residents may live with chronic conditions, frailty or cognitive impairments
3. Higher overall rates of antibiotic use compared to the general population
4. Increased infection susceptibility complicates IPC protocols
5. Risk Acceptance - Balance IPC practices with quality of life



Understanding the Aged Care Landscape

The "Generalist Specialist" Requirement

Aged care clinicians must manage a wide variety of comorbidities simultaneously (such as dementia, chronic disease, mobility issues, palliative care, and wound care) rather than focusing on a single diagnosis, requiring broad knowledge, high emotional intelligence, and significant autonomy.

This approach focuses on long-term, holistic care, which includes physical, emotional, and social well-being over a long period.

Infection prevention and control is a critical component of this holistic care, as clinicians must proactively identify risks and implement strategies to protect vulnerable residents from infectious diseases.





Key Challenges in Infection Prevention and Control

The older person in residential aged care at a higher risk of acquiring an infection.

- Often live with comorbidities
- May have invasive devices that require ongoing care and management
- Lives in a communal environment

A risk-based strategy is necessary to consider both the likelihood of infection transmission and the potential mental, physical, and emotional deterioration of the older individuals involved.

It is important to establish an environment that enforces robust infection prevention and control measures while still ensuring a positive quality of life experience.



**Person-Centred Care: “Your care, your way”
Safeguarding the vulnerable**



Key Challenges in Infection Prevention and Control

Cognitive Impairment

In aged care, many residents experience cognitive impairment (e.g. dementia) which can hinder their ability to participate in personal hygiene or infection control routines.

For example, during an ARI outbreak in a memory support unit, residents may not follow isolation protocols due to limited understanding. They might become agitated, neglect hand hygiene, or remove items from PPE stations.



It is essential to implement person-centred care by utilising familiar cues and staff, engaging family members to reinforce routines, and modifying the environment to facilitate appropriate hygiene practices.

Recommended actions for effective management include:

- ✓ Providing visual prompts
- ✓ Integrating hygiene practices into daily routines
- ✓ Implementing a partners in care program
- ✓ Conducting one-to-one activities
- ✓ Offering one-to-one care (“special”)
- ✓ Facilitating safe outdoor time for residents
- ✓ Using PPE stations equipped with covers
- ✓ Multivalent RAT Pen useful with uncooperative or distressed residents





Key Challenges in Infection Prevention and Control

Vaccine hesitancy

Resident hesitancy has grown, influenced by several factors:

- Complacency and vaccine fatigue, reduced perception of personal risk and disease severity.
- Misinformation and disinformation: an 'infodemic' mixing limited facts with speculation, rumours, and knowledge gaps
- Low confidence in vaccine safety, effectiveness, and importance

Recommended actions to overcome hesitancy include:

- Include vaccination education as a regular topic in resident and relative meetings
- Provide fact sheets to residents and families, especially in accessible and multilingual formats
- During outbreaks, share data demonstrating how vaccination coverage correlates with fewer hospitalizations and deaths
- Conduct one-on-one conversations that not only ask about vaccination interest but also explain its benefits
- Engage GP with residents who decline vaccination



IPC leads can help overcome hesitance by offering focused education and assistance, as well as running the immunisation programs themselves, which in turn enhances vaccination rates and safeguards vulnerable residents.



Key Challenges in Infection Prevention and Control

Surveillance and Documentation

Effective and prompt surveillance is central to IPC. However, in aged care settings, inconsistent or incomplete documentation often limits our ability to track infection patterns and delays timely interventions.

The use of surveillance technologies enhances capabilities, streamlines documentation for proactive infection rate monitoring, and supports comprehensive reporting. Furthermore, they enable benchmarking and the identification of anomalies, which facilitate targeted interventions.



Recommended actions to enhance surveillance and IPC monitoring include:

- Implementing Electronic Care and Medication Management Systems to facilitate systematic monitoring with standardized data collection.
- Implement symptoms screening process for residents and visitors
- Monitoring antimicrobial usage by tracking antibiotic prescribing practices, enabling the detection of trends and reduction of inappropriate use.
- Maintaining real-time vaccination records for COVID-19 and influenza to ensure compliance among both staff and residents.



Key Challenges in Infection Prevention and Control

Antimicrobial Stewardship (AMS)

Elderly individuals receiving aged care services tend to have increased infection rates and use antimicrobials more frequently than the general population.

Some identified barriers to effective AMS include variable knowledge of therapeutic guidelines among GPs, Misinterpretation of Test Results, Perceived Pressure from Residents or RNs



“It’s not about using less antibiotics. It’s about using the right antibiotic for the right diagnosis and for the right duration of time” -Susan Bleasdale

Recommended actions for effective AMS include:

- Participation in the National Antimicrobial Prescription Survey
- Review AC NAPS results and antimicrobial usage within the Medical Advisory Committee to have a base to encourage prescribers to reconsider prescriptions and guidelines and best practice.
- Identify potential issue of overprescribing, with the goal of preventing antimicrobial resistance.
- Develop strategies, including education, for preventing and controlling common infections among residents, including skin and urinary tract infections.

AGED CARE
NAPS National Antimicrobial
Prescribing Survey

Number of included facilities:
Number of included surveys:

Dashboard Report

57
57



Key Challenges in Infection Prevention and Control

IPC lead Turnover



The strengthened Aged Care Quality Standards Outcome 4.2 mandate that providers have a dedicated IPC lead who has completed specialist training.



IPC leads play a critical role in developing, disseminating, and sustaining infection control initiatives. When turnover is high, valuable expertise and continuity can be lost, resulting in disrupted programs and increased risk of outbreaks.

Recommended actions to support IPC leads:

- ✓ **Centralised IPC lead and National Consultant:** This model supports consistency and ensures expert advice is always available. It enables mentorship, rapid dissemination of best practices and guidance across all facilities.
- ✓ **Communities of Practice:** monthly and quarterly forums, these sessions provide a platform for learning, discussing challenging cases, and sharing success stories.
- ✓ **Upskill:** RN/ENs with focus portfolios with the opportunity to go through specialised trainings, such as Nurse Immuniser course. Professional development options funded by the organisation that support personal growth and enhance motivation.



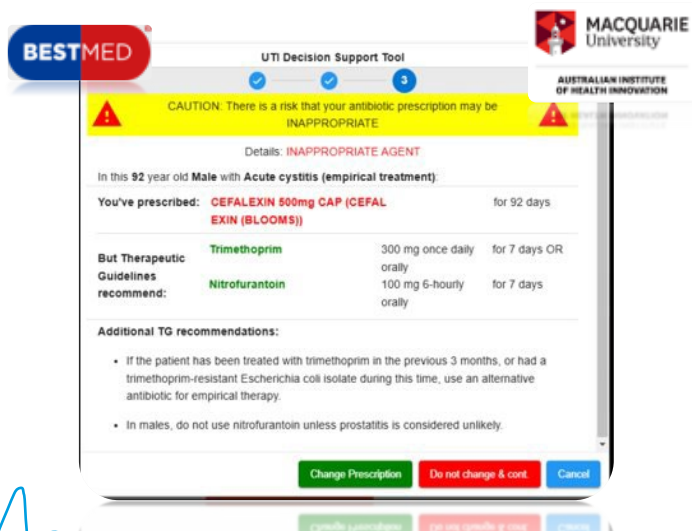
IPC must be a priority at all levels of the aged care service

Example – Priority areas of focus

Monitoring Urinary Tract Infections (UTI)

Residents in residential aged care are recognized to have high incidences of UTIs.

Data analysis frequently uncovers deficiencies in accurate diagnosis and record-keeping, along with the excessive use of antibiotics.



Clinical Decision Support Tool for UTI Prescribing Since September 1, 2025, Macquarie University has been running a trial with BVAC-BESTmed, showing promising preliminary outcomes where prescribers opted to modify antibiotic duration in 40% of prescriptions.

It is important to initiate several improvement strategies:

- Continue Education - Evidence-based and best practice information, practical approaches - distinctions between suspected and confirmed UTIs
- Establish the “Clinical pathway for older people in aged care homes: Suspected Urinary Tract Infections (UTI)”
- Conditional reporting in line with infection criteria.
- Appropriate managing urinary conditions that are not infections not requiring antimicrobial treatment.



IPC must be a priority at all levels of the aged care service

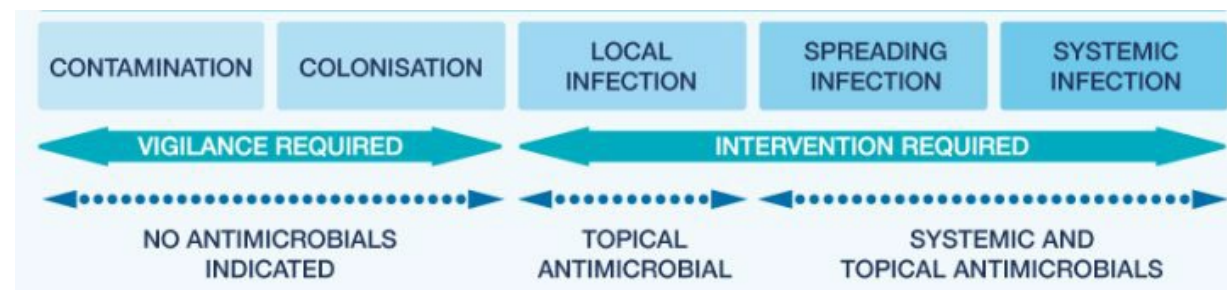
Example – Priority areas of focus

Monitoring Skin infections

- Wound and fungal infection are usually the most frequently reported infections.
- The attitude towards infection of the wounds should demonstrate a justified approach, based on the resident health status and on the amount and virulence of the microorganisms.
- It is important to think carefully about the likely significance of the results of cultures from wound swabs to avoid over-treating residents with antibiotics; there is not need to treat everything that is cultured.
- Excoriations generally do not require antifungal creams and applying them as PRN is considered ineffective and not best practice

It is important to initiate several improvement strategies:

- Enhanced training - Aseptic technique
- Support the protocol of wound infection be diagnosed on clinical grounds - do not use swabs to diagnose infection.
- Seek guidance from wound consultants for expert advice.
- Question prescribers about treating low to moderate bacterial growth, as this approach is generally not regarded as best practice.





Looking Ahead: Opportunities



Collaboration:
Collaboration with external organisations and research universities helps aged care providers and IPC leads drive innovation, enhance care quality, and ensure guidelines are evidence-based and tailored to aged care needs.

Innovative Models:
ACOP: aged care on-site pharmacists to assist with AMS
Wellness Hubs: NP, Wound consultants, Dietitians, Physiotherapist

RESULTS OF THE CLINIC DAY FOR 2026

0% → 87.5%
VACCINATED NOW VACCINATED

✗ 4 REFUSALS

2 UNWELL AND WILL BE VACCINATED TOGETHER AT A LATER DATE

INFLUENZA VACCINE FOR 2026 INJECTION ONLY

Thank you to everyone who took part in helping protect our community.

Information Coming Soon

Aged care Authorised Nurse Immuniser (ANI) BVAC Innovation model/process

IPC Authorised Nurse Immuniser-led vaccine clinics:
Strongly promotes and increase uptake of vaccination for both Residents and staff

ACIPC 2026 International Conference

8 - 11 November 2026

From Knowledge to Action
DELIVERING IMPACT IN INFECTION PREVENTION & CONTROL

Gold Coast, Queensland & Online

Call for abstracts open



Lessons learned

Based on our experiences, I would like to offer some recommendations to fellow IPC professionals and leaders in aged care:

1. Invest in ongoing education and mentorship
2. Adopt electronic surveillance and conduct audits
3. Build partnerships with research and professional bodies
4. Embrace innovative models



In summary, infection prevention and control in aged care is complex, ever-evolving, and vitally important.

Questions



Thanks !



Primary References

- [The Aged Care Infection Prevention and Control Guide](#)
- [Infection prevention and control in aged care - Cognitive decline and dementia | Aged Care Quality and Safety Commission](#)
- [AURA REPORT - Sixth Australian report on antimicrobial use and resistance in human health](#)
- Bupa internal process – Work instruction documents