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# Aged Care Risk Assessment and Management

**Aged Care**

**IPC Community of Practice:**
Aged Care Connexion
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**Acknowledgement:**

Presentation adapted from the: ACSQHC - Risk assessment and management for infection prevention and control (IPC)

Link: https://www.safetyandquality.gov.au/resources/risk-assessment-and-management-infection-prevention-and-control-ipc

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# Acknowledgement to Country

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.

# Q&A

Questions and comments are welcomed

Please place all questions/comments in the Q&A function

Any unanswered questions from the webinar will be posted in the ‘aged care connexion’ forum.

Webinar recording and PowerPoint will be uploaded post the session onto the ACIPC Aged Care IPC Webinar Series webpage: https://www.acipc.org.au/acipc-aged-ipc-webinar-series/

# ACIPC Aged Care IPC Resources

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One stop shop aged care IPC resources – anything you need in aged care IPC is located on this page

https://www.acipc.org.au/aged-care/resources-australasian-aged-care/

Webinar resources, templates, guides, webinars, aged care forum are all also located her

You do not need to be a member to access

**Aged Care - this is your space!**

# Join at slido.com
# #7259376

# Where are you based?

# What is your role?

# Do you feel confident in risk assessing IPC practices?

# Introduction

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Each year, many infections occur during the delivery of aged care, affecting a significant number of residents/clients and, in some cases, aged care workers (ACW). These infections can:

- Cause significant harm, leading to increased illness, complications and, in some cases, death.
- Impact older persons life and mental well being
- Increase the need for additional healthcare services, including hospital transfers, treatment and diagnostic investigations.
- Place additional demands on the aged care workforce and available resources.
- Risk assessment and risk management are fundamental to preventing and reducing healthcare-associated infections.
- Risk assessment and management occur at all levels of an aged care service and should be tailored to the specific care environment and the needs of residents/clients.

# Risk assessment and management: key concepts

**Hazard**

- A situation or thing that has the potential to harm a person.
    - Infectious agent (Influenza, Norovirus, shingles)

**Risk**

- The possibility that harm (death, injury, illness) might occur when exposed to a hazard.
    - Infection/colonisation of resident/client or healthcare worker resulting from activities associated with healthcare delivery (Sharps exposure, infectious agent exposure)

**Risk Control**

- Taking action to eliminate or control the risks, so far as is reasonably practical.
    - IPC practices preventing/reducing infection spread (Standard and Transmission Precautions)

**Review of controls**

- Effectiveness of controls and means to modify to ensure safety
    - Audits/surveillance

# Proactive and reactive risk assessment and management for IPC

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Risk assessment and management for IPC uses proactive and reactive methods to identify and respond to infection risks.

**Proactive approach (preventing infection before it occurs):**

- Assessing residents/clients for infection risks
- Ensuring residents/clients and HCW are up to date with recommended vaccinations.
- Implementing standard precautions, based on risk assessment.
- Isolating (as possible) resident/client with new-onset symptoms while awaiting diagnosis.

**Reactive approach (responding to an identified infection risk):**

- Isolate/cohorting infectious residents/clients and introduce transmission-based precautions.
- Implementing outbreak management when outbreak is identified.
- Increasing environmental cleaning/disinfection and surveillance during an outbreak.
- Reviewing the incident to identify lessons learned and improve future IPC practices.

# Approaches to risk assessment and management

Effective IPC risk management requires a coordinated approach across all levels of an aged care organisation, supported by:

**Organisation**

- Organisation IPC governance framework and risk register
- Embedding IPC risk management into all policies and procedures
- Incident reporting and surveillance systems
- Workforce IPC education and competency

**Service/Facility**

- Embedding IPC policies and procedures
- Environmental monitoring (cleaning, water, ventilation)
- Admission history and screening
- Report IPC risks and incidents
- IPC audits and surveillance

**Individual**

- Resident/client IPC risk assessment
- Apply appropriate IPC precautions
- Considering and mitigating specific risks associated with specific activities
- Attend ongoing education and competency (e.g. hand hygiene and PPE use).
- Report IPC risks and incidents

# Managing the infection risk

Risk assessment and management helps to prevent and minimise harm from infection risks.

A successful risk assessment and management program:

- has Board/Executive and ACW support
- reflects the specific infection risks in the context of the aged care/home environment
- Acknowledges ‘risk acceptance’, and works with alternate measures to minimise risk
- selects the most appropriate course of action
- uses multiple infection control strategies
- includes the elements of standard and transmission-based precautions

# Risk assessment and management for infection prevention and control

**Identify**

- Identify the hazard
- Assess the level of risk

**Protect**

- Older persons rights - Risk acceptance – Dignity of risk
- Introduce interventions to protect vulnerable residents/clients and ACWs from the risk

**Control**

- Controlling the risk
- Review controls

# Factors to identifying the infection hazard

Consider factors such as:

- People (residents/clients, ACW, visitors)
- Practices (hand hygiene, PPE, cleaning)
- Equipment (shared or contaminated equipment)
- Environment (surfaces, ventilation, water)
- Processes (waste, linen, food, invasive device care)

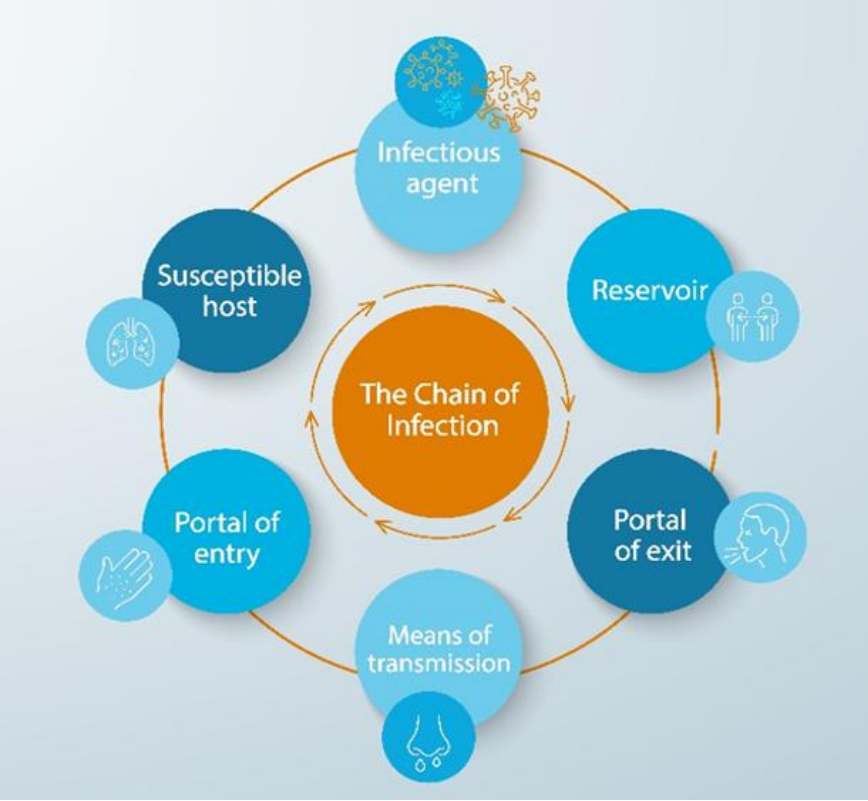
# Identify the infection hazard: early detection

Consider factors such as:

- Known or suspected infectious agents
- Resident/client new symptoms (fever, cough, rash, vomiting)
- Resident/client, ACW contact with someone with a confirmed or suspected infection
- Resident/client cognitive status to IPC compliance
- Medical history (immune suppression, comorbidities, indwelling devices, immunisation status)
- Potential or real exposure to blood or other body fluids
- Complexity of procedures/types of devices in use
- Environmental risks – home and facility (ventilation, communal living, building layout), laundry and waste processes

# Chain of Infection

Where can the chain of infection be broken to minimise risk of transmission



# Identifying the infection hazard: Assessing the level of risk

Consider what could happen if someone is exposed to an infection hazard, and the likelihood of this outcome occurring.

Using a risk assessment process can help determine:

- The severity of the risk
- The effectiveness of current control measures
- What action is required to control the risk
- How urgently action should be taken.

# Identifying the infection hazard: Assessing the level of risk

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A risk matrix is a tool that used to determined the severity of risk associated with a specific hazard.

Once the risk level is determined, implementation of timely and appropriate interventions specific to the hazard can occur.

| | | Consequence | | | | |
|---|---|---|---|---|---|---|
| | People | Near miss event. No first aid or medical treatment required. | First aid. Local practices inconsistent with safety procedures. Contained hazardous substance release. | Medical treatment. Reversable temporary impairment. Poor safety culture. Hazardous substance exposure - moderate health effects. | Serious injury/illness requiring hospitalisation. Permanent impairment - moderate functional restriction. Tolerating unsafe behaviour. Hazardous substance exposure - serious health effects. | Permanent impairment. Fatality / fatalities. |
| | | ○ Insignificant | ○ Minor | ○ Moderate | ○ Major | ○ Critical |
| Likelihood | Almost certain; extremely likely; >90% probability. | ○ Very High | Medium | Medium | High | Extreme | Extreme |
| | Very likely; will probably occur; 60%-90% | ○ High | Low | Medium | High | High | Extreme |
| | Likely to happen; 40%-59% probability. | ○ Medium | Low | Low | Medium | High | Extreme |
| | Possible but unlikely. 10%-39% probability. | ○ Low | Low | Low | Medium | Medium | High |
| | Conceivable, but extremely unlikely. <10% probability. | ○ Very Low | Low | Low | Low | Medium | High |

# Person- Centered Approach

**Protecting residents/clients**

- Protecting residents/clients includes protecting those who are at risk of infection as well as protecting those who may transmit infection to others.
- There are two types of precautions used for controlling infection risks:
    - Standard precautions
    - Transmission-based precautions (contact, respiratory, respiratory (PFR) or a combination of precautions)

**A resident/client centred approach to IPC:**

- Risk is higher for older persons – comorbidities, invasive devices, communal living, high antimicrobial use, new symptoms
- Encourage residents/clients to participate in IPC
- Support residents/clients to participate in IPC
- Consider the residents/clients perspective when developing policies or procedures
- Discuss infection risks with residents/clients, families and carers
- Encourage residents/clients to disclose health or risk status
- Provide education about IPC, infectious conditions, care of invasive devices.
- Work with resident/client and service 'Risk Acceptance'

# Visitors and Carers

Service providers must provide safe visiting arrangements:

Service providers should:

- Enable all residents/clients access to at least one essential visitor
- Frequent visitors receive training in IPC practices and care delivery
- If restrictions are in place for visiting – mental health considerations must be in place for the resident/client
- Visitors understanding not to attend when unwell

# Protecting members of the workforce

Healthcare workers are also at risk of exposure to infection.

Service providers should have:

- Policies and procedures to minimise the risk of infection to the workforce
- Workforce screening and access to immunisation programs for recommended vaccine-preventable diseases
- Support exclusion periods when ACW are unwell
- Access to services to support ACW when exposed to infection risks
- Provide safe equipment such as appropriate PPE, safety engineered devices (retractable sharps), access to hand hygiene facilities.
- Provision of IPC training and education

# The delivery of care

Infection risks present during delivery of care, considerations for risk assessment include:

- Type of activity (wound dressing, personal care, cleaning)
- Where care is delivered (in a residential and centre-based aged care home, community centre or older person's home)
- Infectious status of resident/client – specific microorganism
- Cognitive status of the resident/client
- Other activities in the area (cleaning, wound care, invasive device management, cooking or food preparation)
- Pets
- Equipment and resources available and to be used (appropriate PPE, condition and cleanliness of the equipment)
- Actions to reduce transmission risks (hand hygiene, aseptic technique, transmission-based precautions or reprocessing reusable equipment)

# The care environment

This may be the older person's home in the community, or a centre-based or residential aged care home, considerations for risk assessment include:

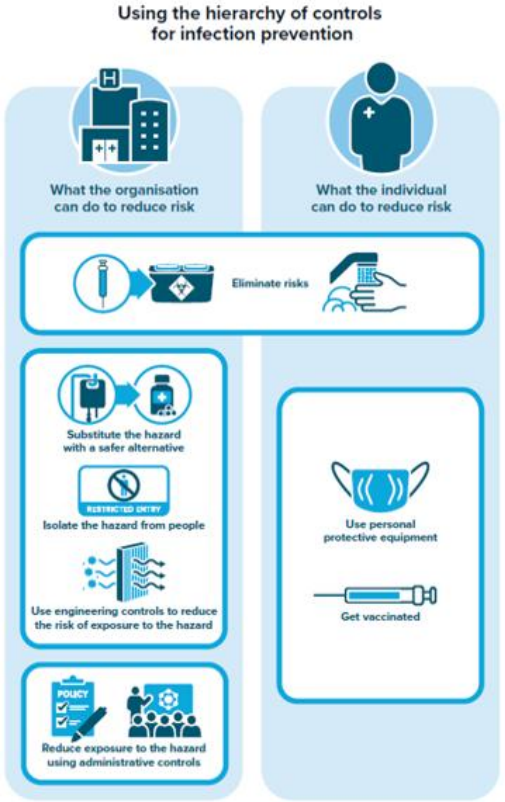
- Processes are in place to guide the reprocessing of new and existing equipment
- Clean environment
- Building layout
- Training and education provided on reprocessing, cleaning, spill management, PPE use
- Cleaning product and equipment availability
- Management of water, mould, ventilation
- Ease of access to IPC precautions products (HH supplies, PPE)
- Cleaning/disinfection, waste management and linen management processes

# Controlling the infection risk: The Hierarchy of Controls

The hierarchy of controls is a model used in work health and safety to reduce the risk of exposure to a specific hazard.

The model ranks the different types of interventions from the highest to the lowest level of protection.

System level controls work in a complementary way with individual level controls to provide protection.

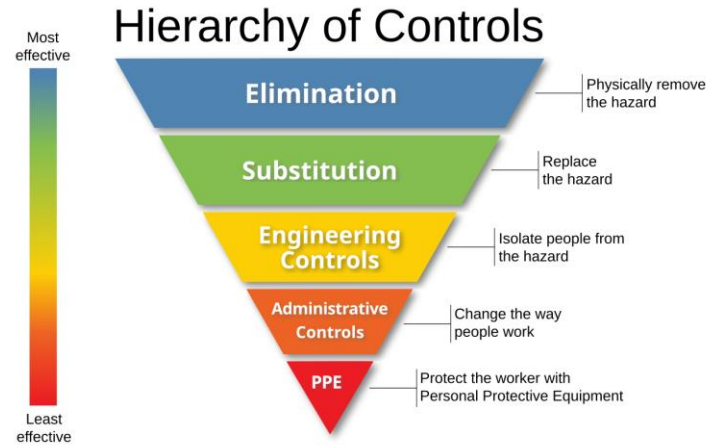



If it is not reasonably practical to eliminate risks, then risks must be minimised, as far as is reasonably practicable, by using one or a combination of:

- Substitute
- Isolation
- Engineering controls
- Administrative controls
- Personal protective equipment (PPE).

# Applying the Hierarchy of Controls

| | | |
|---|---|---|
| **Eliminate Risk:**<br>• Hand hygiene<br>• Spill and waste management<br>• Safe management and disposal of sharps<br>• Restrictions of symptomatic ACW and visitors<br>• Telehealth | **Substitution:**<br>• Safe engineering devices (retractable injectables, spacers instead nebulisers)<br>• Single use equipment<br>• Single person use equipment<br>• Spacers | **Isolation:**<br>• Separation/distancing of suspected confirmed infectious residents/clients as possible<br>• Cohorting |
| **Engineering controls:**<br>• Optimise ventilation<br>• Single room and building design<br>• Reprocessing of reusable medical equipment and items<br>• Workflow | **Administrative controls:**<br>• IPC lead<br>• IPC Policies/procedures (clinical and environmental)<br>• Workforce IPC training/education<br>• Vaccination program | **PPE:**<br>• Sufficient supply<br>• Training and competency<br>• Fit checking processes for PFR |



# Example Scenario: Gastroenteritis

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## Setting:

- Mr B is an 84-year-old resident living in a residential aged care home. He is generally independent with eating but requires assistance with mobility and personal care.
- One morning, Mr B reports feeling suddenly unwell and nauseated during breakfast.

## Presentation:

- Within a short period, Mr B develops sudden vomiting and watery diarrhoea. Care staff assist him back to his room, where he continues to vomit several times over the next few hours. He also complains of stomach cramps, nausea, and feeling generally weak.
- The RN recognises that the rapid onset of symptoms may indicate Norovirus – also meeting McGeers/Stone criteria
- GP is contacted for review, and a stool sample is taken and sent for confirmation

# Breaking Down the Chain

Diarrhea
Three or more liquid or watery stools above what is normal for the resident within a 24 hour period
Vomiting
Two or more episodes of in a 24 hour period

**Norovirus**
Must have both criteria
1. Diarrhea +/or vomiting
2. Stool specimen for which norovirus is detected.

**Chain of infection:**

- Infectious agent
- Reservoir
- Portal of exit
- Mode of transmission
- Portal entry
- Susceptible host

# Risk Assessment

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## Risk:

- Who is at risk?
- What microorganisms are involved?
- How is the microorganism  transmitted?
- Why can it happen?
- How likely is it?
- What are the consequences?
- What can be done?
- How is it applied to the situation?

# Norovirus Management

- Standard precautions (Hand wash not rub)
- Transmission precautions - Contact precaution PPE – risk assess need for respiratory Precautions
- Case isolation – For a minimum of 48hours (older population 72hrs) after the resolution
- Treatment – hydration, rest
- Surface and equipment cleaning/disinfection
- Single use items, dedicated equipment
- Laundry – infectious management
- Waste – clinical management
- High alert for further cases
- Infection report, ongoing review

# Controlling the infection risk: Evaluating interventions

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### Routine and Continuous

Interventions should be routinely monitored and reviewed to determine if they are effective in reducing infection risks.

Evaluating IPC risk assessment and management programs should be a continuous process.

### Two audit types

**Process audits:** measure how well an intervention or activity is done.

For example:

- Hand hygiene compliance
- Competency assessments

**Outcome audits**: measure the result of an intervention of activity.

For example:

- Environmental cleaning audits
- HAI and antimicrobial surveillance

### Provision of information

IPC data provides information on:

- whether there is an infection problem
- the magnitude of the problem
- the factors that contribute to the onset of infection
- the impact of existing IPC strategies
- where to target interventions to improve and minimise the risk of infection.

# Controlling the infection risk: Reporting and feedback

Providing timely and relevant feedback has a positive effect on reducing risks and improving infection rates.

Feedback increases:

- Awareness of IPC strategies
- Recognition of risk factors for infection
- Understanding of policy and organisational expectations to improve resident/client safety outcomes.
- Feedback and reporting should facilitate opportunities to discuss the effectiveness of existing practices and quality improvement initiatives.

# Key IPC resources

- Charter of Aged Care Rights, Aged Care Act
- Australian Guidelines for the Prevention and Control of Infection in Healthcare
- The Aged Care IPC Guide
- The Strengthened Aged Care Quality Standards
- National Safety and Quality Health Service NSQHS Standards
- National Safety and Quality Primary and Community Healthcare Standards
- Antimicrobial stewardship clinical care standard
- The Aged Care Guide to the Antimicrobial stewardship clinical care standard
- National Hand Hygiene Initiative (NHHI)
- Hierarchy of Controls
- Sector Code for Visiting in Aged Care Homes
- The Aged Care Quality and Safety Commission resources

# ACIPC Webinar - August

## Vaccination Program in Aged Care

### Wednesday 19 August 2026, 2.00PM AEST

**Speaker:** Geraldine Freriks

### Vaccination Program in aged care

This presentation explores the development and implementation of a comprehensive immunisation program within residential aged care, encompassing both residents and staff. The program is structured around two interconnected branches: resident immunisation and workforce immunisation, recognising that effective protection requires a whole-of-facility approach.

To register for this webinar, please click the link below:

https://us02web.zoom.us/webinar/register/WN_bswGkakbQ0C2-TZa5rWF9w

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## Thank you


Carrie spinks
ACIPC IPC Consultant

- **Australasian College for Infection Prevention and Control**
- Level 6
- 152 Macquarie Steet
- Hobart TAS 7000

- 03 6281 9239
- office@acipc.org.au
- www.acipc.org.au