

# Challenges, changes, and opportunities for infection prevention and control professionals in pandemic times

Suyin Hor<sup>1</sup>, Jennifer Plumb<sup>1</sup>, Chris Degeling<sup>2</sup>, Claire Hooker<sup>3</sup>, Lyn Gilbert<sup>3</sup>

<sup>1</sup>University of Technology Sydney

<sup>2</sup>University of Wollongong

<sup>3</sup>The University of Sydney

ACIPC Conference 2023, Nov 14, Adelaide



# Acknowledging country

Kaurna people of the Adelaide Plains

Gadigal people of the Eora Nation



Artwork by Lucy Simpson, Gaawaa Miyay Designs, [gaawaamiyay.co](https://gaawaamiyay.co).



# Our Study

**Our research question:** the pandemic experiences of health and aged care staff *who were responsible for IPC during the COVID-19 pandemic.*

**Semi-structured interviews** with 37 IPC professionals in health and aged care

- worked in NSW (54%), Victoria (32%) or both (14%)
- Metropolitan (54%), regional (11%), rural (35%)
- Experience as HCW: >20yrs (24%), 10-20yrs (19%), 5-10yrs (16%), <5yrs (35%)

→ Some unexpected findings from the question: “How has your role changed?”



# IPC as a profession/specialty

- **Similar (but different) to: public health, safety and quality, infectious diseases)**
- **A huge portfolio (e.g. all of Standard 3)**
- **Both staff health and patient safety**
- **‘Many hats’, ‘fingers in every pie’**
- Part of every aspect of care
- Risk-based, context dependent
- Need thick skin, can be isolated

*“IPC has its fingers in every single pie. There is nothing that I'm not involved with. [...] I'm constantly talking to cleaning staff and maintenance and engineering and food staff. That's what I like about it. It's so diverse. I never know what I'm gonna be doing when I get to work.” (HCW20)*



# IPC as a profession/specialty

- Similar (but different) to: public health, safety and quality, infectious diseases)
- A huge portfolio (e.g. all of Standard 3)
- Both staff health and patient safety
- ‘Many hats’, ‘fingers in every pie’
- **Part of every aspect of care**
- **Risk-based, context dependent**
- Need thick skin, can be isolated

*“There is nowhere that I have ever worked in infection control in any health service that infection control isn't part of what they should be doing every day. **They just don't think that's what they do.**” (HCW2)*



# IPC as a profession/specialty

- Similar (but different) to: public health, safety and quality, infectious diseases)
- A huge portfolio (e.g. all of Standard 3)
- Both staff health and patient safety
- ‘Many hats’, ‘fingers in every pie’
- Part of every aspect of care
- Risk-based, context dependent
- **Need thick skin, can be isolated**

*“I know people who've tried infection control left because they didn't feel well supported enough and they didn't like upsetting people [e.g.] reminding them to clean their hands ... I remember one particular nurse left because she said **I can't do this because I like people to like me.**”  
(HCW2)*



# Challenges during the pandemic

- Long hours, unpaid
- Managing anxiety and uncertainty, bearing the brunt
- HCWs were not prepared
- Variation in advice
- Frequent changing advice
- Poor information sharing / feeling isolated

*"[During] the peaks of COVID, that phone would be ringing from 6:30 in the morning till 10:00 o'clock at night and phone calls would just keep coming. You'd be on the phone and there'd be another one waiting to come through. It was almost like the nursing population and healthcare workers just forgot what basic nursing care was and the basic principles of IPC, and **just went straight into a panicked phone-a-friend sort of mode.**" (HCW33)*

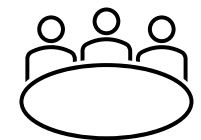




# Challenges during the pandemic

- **ICPs not always 'at the table'**
- Lack of understanding of ICP expertise
- ICPs not taken seriously
- Managing risks and determining effective strategies
- Delivering difficult decisions

*I think in a lot of aspects because ICPs were very busy ... **[they] either lost their place at the table, [or] didn't have a place at the table to begin with.**"*  
(HCW8)





# Challenges during the pandemic

- ICPs not always ‘at the table’
- Lack of understanding of ICP expertise
- ICPs not taken seriously
- Managing risks and determining effective strategies
- Delivering difficult decisions

*“A lot of decisions were being made by the executive staff ... and we never had any updates in the IPC team, of probably half a dozen nurses. **So we really didn't know what was going on [...]** And everyone was asking us. Everyone assumed infection prevention would know what was happening, so we'd get lots of calls and just not be able to help.” (HCW32)*

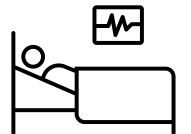




# Challenges during the pandemic

- ICPs not always 'at the table'
- Lack of understanding of ICP expertise
- ICPs not taken seriously
- **Managing risks and determining effective strategies**
- Enforcing difficult decisions

*"We made calls that I knew would affect people ... That I knew would affect people's birth experience, and birth can be extremely traumatic for some people. So that sat heavy on my shoulders at times ... because I knew the probable risk was really low." (HCW42)*





# Challenges during the pandemic

- ICPs not always 'at the table'
- Lack of understanding of ICP expertise
- ICPs not taken seriously
- Managing risks and determining effective strategies
- **Enforcing difficult decisions**

*"That was really hard, having to [tell a person] you were only allowed to see [their dying father] for an hour and it might be the last time you ever see them ... and standing outside the room and making sure that they didn't touch Dad's hand [...] To **imagine that forever, that man got to see his dad for an hour and he wasn't allowed to touch him.**"*  
(HCW33)

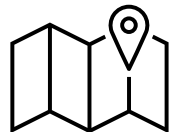




# Changes during the pandemic

- **More visibility and recognition (not always more authority)**
- **More access to decision-makers**
- Increased responsibility
- More outreach
- More IPC staff
- IPC community more tight-knit
- Non-COVID work set aside

*"I mean, the pandemic certainly put us on the map. But the executive, you know, they haven't got a clue. [...] [After working with them] they actually said to me in the end, **we had no idea what your role was.**" (HCW37)*





# Changes during the pandemic

- More visibility and recognition (not always more authority)
- More access to decision-makers
- **Increased responsibility**
- More outreach
- More IPC staff
- IPC community more tight-knit
- Non-COVID work set aside

*“So I suddenly went from the person that nobody wants to talk to... to suddenly the decision maker. It was like people lost confidence to be able to make decisions and they would defer it. Everybody was trying to get everybody else to make the call, because I did have people say to me, ‘we just don't want to make the wrong decision.’” (HCW2)*

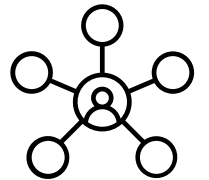




# Changes during the pandemic

- More visibility and recognition (not always more authority)
- More access to decision-makers
- Increased responsibility
- **More outreach**
- **More IPC staff**
- **IPC community more tight-knit**
- **Non-COVID work set aside**

*“We had many people call us and contact us, We did education outside of where we would normally do as well. So you know not only in disabilities but we also went out to GP's and did fit testing. So we we tried to keep our community safe as best as we could.” (HCW9)*

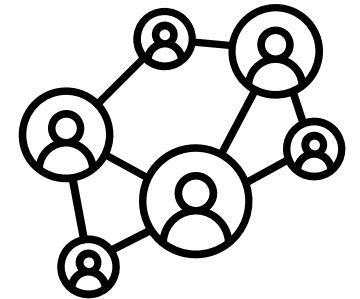




# Opportunities for ICPs (moving forward)



- New IPC portfolios created, presence at higher levels of seniority
- Upskilling ICPs in leadership – negotiation, influence
- Structural work (e.g. governance, pathways, succession planning)
- Communities for ICPs to connect (formal and informal)
- Building relationships (within IPC, with other professions, and externally)
- Better integration of IPC; maintaining awareness
- Recognition of residential aged care IPC as its own specialty



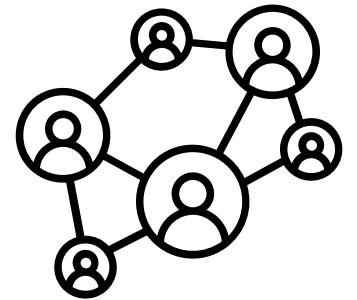


# In summary

"Never enough of us. And there never will be. Who wants to be an infection control person? I think they don't know what a great job it is." (HCW2)

IPC is an unusual specialty, but so integral to all of health, aged, social care.

To support and grow the profession, need to build: formal systems and structures; in/formal spaces to talk within the profession; skills to talk to others and build relationships.





# Thank you

An enormous thank you to everyone who spoke to us for this study, and helped share it with colleagues. We know how busy you are and deeply appreciate your generosity in time and sharing your insights.

