

Implementing & sustaining a Residential Aged Care IPC Program: the wins and losses.

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Declarations:

I work for Alpine Health which has 3 aged care facilities.





Our Setting

- Alpine Health is a Multipurpose Service



	Bright	Mt Beauty	Myrtleford	Indigo@Home	Alpine@Home
Acute	9 beds + day surg DNS	9 beds + day surg DNS	14 beds 4 dialysis chairs DNS	nil	nil
Aged Care	30 beds	20 beds	28 beds	327 clients	281 clients 121 care package clients

Australian experts consider IPC activities in RACF diverse, multifaceted & akin to hospital-based IPC.



Shaban, R. Z., Sotomayor-Castillo, C., Macbeth, D., Russo, P. L., & Mitchell, B. G. (2020). Scope of practice and educational needs of infection prevention and control professionals in Australian residential aged care facilities. *Infection, Disease & Health*, 25(4), 286-293.

Developing a IPC Lead program



- A bumpy start
- Developed a Role Description
- Given protected time .1 FTE
- Made the role attractive – pay = YS9 Clinical Specialist.
 - What IPC currently does
 - What could be delegated.

Developing a IPC Lead program



- 2021 – Let the leads do their course a per the 24 week time frame
- 2021 was busy – COVID-19 busy
 - Novice IPC.
 - Tasks to engage
 - Education
 - What IPC currently does
 - What could be delegated.

- Collected suite of audit tools & tweaked – no need to reinvent the wheel
- Developed at a 12 month planner.
- Developed a Report Template
- Early 2023
 - Infection Prevention & Control Committee Initiated

IPC Leads 12 month plan - 2022

	General	Acute specific	Aged Care specific
<i>Monthly</i>	<ul style="list-style-type: none"> Call IPC and let them know you are on an IPC Lead day. Discuss/plan day. Check x3 occupational exposure packs in Occupational exposure folder. Identify IC issues & liaise with IPCO Hand Hygiene Audits- 20mins first up. Posters laminated & hung with blue tack (no sticky tape) in clinical areas Spot audit: masks & bare below elbow. Opportunistic ANTT & HH technique practical assessments Check CPE Transmission Risk Areas are up to date & available on the ward. Spot Audit: Urinary Catheter (if there are any) Attend/Watch any IPC webinars put on by VICNISS/other agencies Spot Audit: PIVC Review & comment on any procedure/work practices sent for consultation 	<ul style="list-style-type: none"> Spot audit current files. – is Admission Screen filled out MR/035? Check Acute Patients have AMS care plan in them if on AB's 	<ul style="list-style-type: none"> New Admissions – has immunisation history been obtained? Are all residents up to date with vaccination Encourage staff to complete COVID on line learning
<i>January</i>	<ul style="list-style-type: none"> Audit: Sharps 		<ul style="list-style-type: none"> AMS Single point prevalence audit + one month look back
<i>February</i>	<ul style="list-style-type: none"> Audit: TBP 		
<i>March</i>	<ul style="list-style-type: none"> Audit: Linen store 	<ul style="list-style-type: none"> Hand Hygiene due 31st 	<ul style="list-style-type: none"> AMS Single point prevalence audit + one month look back
<i>April</i>	<ul style="list-style-type: none"> Promote Flu campaign 		
<i>May</i>	<ul style="list-style-type: none"> International Hand Hygiene Day 5th May 		<ul style="list-style-type: none"> AMS Single point prevalence audit + one month look back
<i>June</i>	<ul style="list-style-type: none"> Audit: Sharps 	<ul style="list-style-type: none"> Hand Hygiene due 31st 	<ul style="list-style-type: none"> VICNISS Resident Vaccination Audit due 31st
<i>July</i>	<ul style="list-style-type: none"> Audit: TBP Audit Audit: Donning & Doffing Station 		<ul style="list-style-type: none"> Aged Care IPC audit. AMS Single point prevalence audit + one month look back
<i>August</i>	<ul style="list-style-type: none"> Audit: Sterile Store 		
<i>September</i>	<ul style="list-style-type: none"> Audit: Linen store Audit: Donning & Doffing Station 		<ul style="list-style-type: none"> Linen store spot audit AMS Single point prevalence audit + one month look back
<i>October</i>	<ul style="list-style-type: none"> Infection Prevention & Control Week. (3rd week) 	<ul style="list-style-type: none"> Hand Hygiene due 31st 	<ul style="list-style-type: none"> Review Outbreak plans
<i>November</i>	<ul style="list-style-type: none"> Annual Infection Control Compliance Audit – World Antibiotic Awareness Week (3rd week). ACIPC Conference (4th week) 		AMS Single point prevalence audit + one month look back
<i>December</i>	<ul style="list-style-type: none"> Audit: Donning & Doffing Station 		

IPC Lead Report

Name:	Site: Choose an item.	Month: Choose an item.
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Monthly Activity

- Call IPC and let them know you are on an IPC Lead day. Discuss/plan day. ☐
- Check x3 occupational exposure packs in Occupational exposure folder. ☐
- Hand Hygiene Audits- 20mins first up. ☐
- Posters laminated & hung with blue tack (no sticky tape) in clinical areas ☐
- Check CPE Transmission Risk Areas are up to date & available on the ward. ☐
- Spot Audit: Urinary Catheter (if there are any) ☐
- Spot Audit: PIVC ☐
- Review & comment on any procedure/work practices sent for consultation ☐
- Spot audit current Acute files. ☐
- Check Acute Patients have AMS care plan in them if on AB's ☐
- Aged Care New Admissions – has imm hx been obtained & immunisation entered into Manad? ☐
- Spot audit: masks & bare below elbow. ☐
- Opportunistic ANTT & HH technique practical assessments ☐
- acNAPS 2nd monthly ☐

Month Specific Activity:	
AMS activity:	
IPC issues Identified - observations on audit results:	
Feedback/ideas:	
Education conducted or attended:	
Shout outs:	



What now



- Moving to electronic audits
 - iPads & Survey Monkey
 - Using Microsoft planner
- 2024
 - Short education sessions
 - Finding new IPC leads



THANK YOU