

# The Aged Care Infection Prevention and Control Guide

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# Purpose

- Supplements the **Australian Guidelines for the Prevention and Control of Infection in Healthcare (AICGs)** for aged care settings
- Provides setting specific advice that considers the differences in local requirements and risks
- Supports aged care organisations to meet requirements of the [strengthened Aged Care Quality Standards](#)



# IPC and the older person

- Aged care services differ from acute care services
- Putting older people at the centre of IPC
- Key differences in risk assessment and management
  - maintaining an environment that minimises the spread of infection
  - the impact on those receiving and providing care
- IPC-related risk assessments must ensure the Charter of Aged Care Rights and worker rights are prioritised.



# Development

**Establish  
Expert  
Reference  
Group**

**Priority areas  
and scoping  
resources**

**Revisions and  
feedback**

**Four-week  
public  
consultation**

**Publish**

## Establish Expert Reference Group

- **Co-chairs:** Professor Peter Collignon AM and Belinda Henderson
- Other members included:
  - ✓ consumer advocate
  - ✓ experienced nurses from residential and community aged care
  - ✓ experienced nurse from rural and remote health
  - ✓ Representatives from ACIPC, the Aged Care Quality and Safety Commission and the Department of Health and Aged Care.



## Priority areas and scoping resources

- Actions within the strengthened Aged Care Quality Standards
- Content informed from the AICGs and existing resources.

### Out of scope

- Outbreak investigation is not extensively covered

## Revisions and feedback



## Four-week public consultation

- Strong engagement during public consultation
- Responses were received from people of various roles:
  - ✓ 35% were IPC specialist/leads in aged care
  - ✓ 10% were aged care workers
  - ✓ 11% were consumers/volunteers
  - ✓ 12% were healthcare workers
  - ✓ 32% identified as other roles.



## Publish

- Published in August 2024
- The Guide will be updated alongside the AICGs
- It should be used in conjunction with
  - ✓ relevant Guidelines and Standards
  - ✓ a local risk assessment considering local legislative requirements
  - ✓ clinical judgement
  - ✓ discussions with people involved in care



# Using the Guide

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# Target audience

IPC leads



Inform daily practice, risk assessment and education in combination with other guidelines

Management/  
compliance  
officers



Policy development and review

Aged care  
workforce



Support understanding of IPC and applying to practice

# Chapter summaries

A summary of each chapter provided for quick reference.

## AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

### Chapter 1: Infection prevention and control in aged care

#### Key points

- Governance is the structure, processes and culture affecting the way an aged care organisation is directed, administered and controlled.
- Clinical governance supports the delivery of safe, quality clinical care and good health outcomes for older people.
- Clinical governance and continuous quality improvement systems should be in place to support infection prevention and control (IPC) in all aged care organisations.
- An IPC system is an overarching program that details how an aged care organisation plans to prevent, reduce, and control infections.
- The structure of IPC systems for aged care will differ depending on the service context, the older person's care needs and the workforce. Overall, the core elements of an IPC system should include:
  - policies and guidelines
  - audits and feedback
  - infection monitoring (for residential and centre-based aged care)
  - education and training.
- Processes for IPC systems in aged care should consider the key roles and responsibilities of the IPC leads (or the person responsible for IPC), management teams, the aged care workforce, the older person, national bodies, and local health service networks.
- To be effective, IPC systems in aged care require linkages with local health service networks including:
  - local hospitals
  - public health units
  - primary health units
  - general practitioners (GPs) and specialist medical practitioners
  - other specialist services, including allied health.

An IPC system should be regularly evaluated to measure its effectiveness and ensure continuous quality improvement.

## AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

### Chapter 2: Risk assessment and management in infection prevention and control in aged care

#### Key points

- Risk assessment and management is essential in reducing the spread of infections while also maintaining a balanced approach to IPC.
- While it is important to aim to reduce all infection risks, this is often not achievable without impacting on an older person's quality of life. IPC-related risk assessments must consider infection-related risks as well as the rights of the older person and the rights of the workforce.
- There are four primary steps involved in risk management: identifying a hazard, assessing the risk of harm, controlling the risk and reviewing the effectiveness of controls.
- Aged care settings differ in complexity and in local requirements, so risk management must be tailored to the local context.
- The hierarchy of controls is a model used in work health and safety (WHS) management that involves a step-by-step approach to controlling risk, ranking controls from most to least effective.
- The hierarchy of controls is a method that supports the design of infection prevention and control (IPC) systems and strategies to prevent and control the risk of spreading infections in aged care.
- As most infection risks cannot be completely eliminated, a level of risk will usually need to be accepted. This is known as 'risk acceptance', and is an important element of risk management in aged care that is achieved by open discussion and planning.
- Each IPC system should address risk management for the:
  - older person
  - care environment
  - aged care worker
  - delivery of care
  - equipment
  - visitors and carers.

## AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

### Chapter 4: Standard and transmission-based precautions

#### Key points

- There are two types of precautions that should be used to prevent and control infections in aged care: standard precautions and transmission-based precautions.
- Standard precautions are practices that must be used at all times and include:
    - hand hygiene
    - the use of appropriate personal protective equipment (PPE)
    - aseptic technique
    - waste management
    - respiratory hygiene and cough etiquette
    - environmental cleaning
    - the safe use and disposal of sharps
    - appropriate handling of linen management
    - reprocessing of reusable equipment.
  - Transmission-based precautions are used in addition to standard precautions to reduce further transmission opportunities that may arise due to the specific route of transmission of a particular microorganism.
  - The Guide focuses on two broad types of transmission-based precautions:
    - contact precautions
    - respiratory precautions.
  - Transmission-based precautions should only be used for limited periods of time until signs and symptoms of the infection have resolved, or according to recommendations of persons responsible for infection prevention and control (IPC).
  - Prolonged periods of isolation (as an IPC intervention) can cause harm to the physical and psychological health of older people. The intervention should only be implemented, if necessary, for short periods of time, and after a comprehensive risk assessment.

# Signposting

## Coloured information boxes in the Guide highlight:

- Essential knowledge
- Practice points
- Relevant resources
- Home and community aged care examples



### Essential knowledge

As part of an IPC system, strategies for education, training and emergency preparedness are required to prevent and control infections. Strategies should also be developed and maintained to promote appropriate use of antimicrobials to limit the risk of antimicrobial resistance.

More information on standard and transmission-based precautions can be found in **Chapter 4**.  
More information on developing an antimicrobial stewardship system can be found in **Chapter 10**.



### Practice point

#### Rural and remote aged care

Regardless of size or location, all aged care organisations need a system to ensure that the workforce is trained and competent in preventing and controlling infections appropriate to their roles. Aged care organisations in rural and remote settings often face unique challenges in delivering clinical care including IPC. These challenges include isolated working environments and extreme weather. In some situations, services may be delivered outdoors and access to infrastructure such as running water may be limited.

The principles of IPC (including standard and transmission-based precautions) are transferable and must be adapted to suit a range of different environments. Understanding the location and attending the service prepared is essential, especially in unusual, isolated settings. For example, if an aged care worker is providing a wound care service in a home without access to running water, they should consider whether they have an adequate amount of alcohol-based hand rub (ABHR) and wound-cleansing products to ensure an uninterrupted service. An appropriate and clear plan for escalation of care (such as a telehealth service) can also facilitate appropriate support if an infection is suspected or confirmed.

Overall, aged care organisations in rural and remote settings should ensure that workers are appropriately prepared with resources (see the IPC kit for home and community aged care organisations in **Chapter 4**) and adequate, tailored training that highlights the importance of risk assessment and management (see **Chapter 2**).

A list of key clinical guidelines and manual commonly referred to in remote practice can be found on the [National Aboriginal Community Controlled Health Organisation webpage](#).



### Home and community aged care

An environmental risk assessment (also known as a home or community risk assessment) is ideally undertaken before the first home visit and aims to identify and assess all the relevant risks that are in the environment where care is to be provided. Environmental risk assessments should consider:

- **Physical risk:** includes heat, cold, noise, electrical and fire; access to the home and the home environment; slips, trips and falls hazards; and the presence of pets
- **Chemical risk:** includes potential chemical exposures, such as to cleaning products, cigarette smoke and odours
- **Biological risk:** includes infections and exposure to blood and body fluids
- **Psychosocial risk:** includes mental health, behavioural or cognitive health concerns of the older person and persons present during the provision of care.

The aim of conducting a risk assessment may **not** be to eliminate every risk identified, but to reduce the risk to both the older person and the aged care worker. Further information on risk assessment and management can be found in **Chapter 2**.



### Resources

- Australian Government Department of Health and Aged Care provides [aged care COVID-19 infection control training](#).
- See the ACQSC's [Aged Care Learning Information Solution](#).
- See the ACQSC educational videos on hand hygiene (including [Hand Hygiene: helping others with hand hygiene, washing hands with soap or cleaning hands with sanitiser](#)) for partners in care.
- The National Hand Hygiene Initiative's (NHHI) [Learning Management System](#) has a series of online eLearning modules that can be used for training. These include:
  - The basics of infection prevention and control in aged care
  - The basics of infection prevention and control in aged care: Train the Trainer
  - Hand hygiene for non-clinical healthcare workers
  - Hand hygiene for clinical healthcare workers
  - Principles of infection prevention and control.

# Key components

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# IPC systems in aged care

- There is no 'one size fits all' for IPC systems in aged care
- The service context, availability of resources, the older person's care needs and the workforce have to be considered
- An IPC system should include the core components:

**IPC-related  
guidelines  
and  
policies**

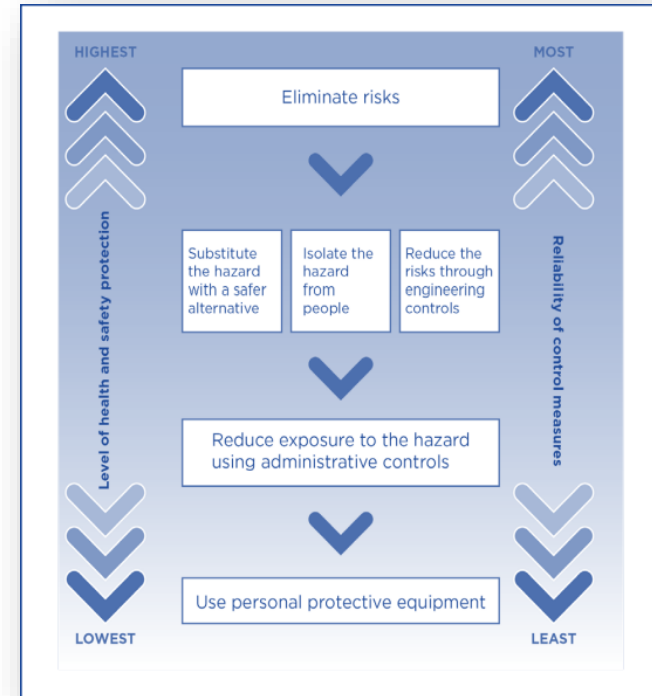
**Education  
and  
training**

**Infection  
monitoring**

**Audits and  
feedback**

# Risk assessment and management

- Aged care settings differ in complexity and in local requirements
- All aged care workers are constantly assessing and managing risks every day, both actively and sometimes without realising it
- The hierarchy of controls model supports risk management
- Elimination of infection risks is often not achievable
- **Risk acceptance** means a balance between IPC practices and quality of life for older persons.



# Standard and transmission-based precautions

- **Standard precautions** are practices that must be used at all times
- **Transmission-based precautions** are extra precautions used when there is a suspected or known infection.
- Two broad types:
  - **contact precautions**
  - **respiratory precautions.**



# Respiratory precautions



- The AICGs do not currently use the term respiratory precautions
- Respiratory precautions includes the precautions recommended for both airborne and droplet transmissible organisms.
- The personal protective equipment (PPE) recommended for respiratory precautions includes:
  - a surgical mask, facial/eye protection and standard precautions
  - In some unusual and higher risk situations a particulate filtration respirator (PFR) is recommended instead of a surgical mask.

# Risk assessing the need for a PFR

When assessing whether a PFR mask is required, the **risk assessment** should consider:

- Does the older person have measles, chickenpox or *M. tuberculosis*?
- Does the older person have a suspected or confirmed respiratory infection and need assistance with an aerosol-generating or other high-risk procedure?
- Is the room well ventilated?
- Is the older person cognitively impaired or unable to follow basic IPC precautions such as covering their mouth when coughing or sneezing?



# Isolation

- Isolation should only be implemented when the benefit from the isolation is greater than the risk of psychological, emotional, and physical harm.
- Risk-based isolation is the implementation of isolation only after a comprehensive risk assessment has been conducted.



# Workforce vaccination

- Vaccination in line with the Australian Immunisation Handbook should be encouraged
- Unless required under state or territory public health regulation, vaccination should not be mandated
- Workforce screening and vaccination programs can significantly reduce the transmission of vaccine-preventable diseases.

# Infection monitoring

A person wearing a blue short-sleeved shirt is seated at a light-colored wooden desk. They are looking at a tablet computer held in their hands. On the desk, there is a silver laptop, a clipboard with a white sheet of paper, and another clipboard with a black cover. The background is slightly blurred, showing a green chair and a window with light coming through.

- **Monitoring infections and IPC-related activities helps to identify:**
  - infection problems
  - factors that contribute to the problems.
- **Infection monitoring should:**
  - be targeted to the needs and context of the service
  - be linked to a **continuous quality improvement** activity to drive change.

# Antimicrobial stewardship (AMS)

- Reducing the risk of antimicrobial resistance and improving the use of antimicrobial medicines for older people
- AMS programs should be tailored to the residential or community setting where care is provided.
- The components of an AMS program should include:
  - Program governance
  - The AMS team
  - Policies and prescribing guidelines
  - Monitoring
  - Audit and feedback
  - Education and training
  - Preventing and managing infections



# Supporting resources

- **A summary resource** outlines the key points in the Guide
- **A consumer fact sheet** supports older people to understand the basics of IPC.
- These resources as well as the Aged Care IPC Guide will be updated regularly in line with the AICGs.

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July 2024

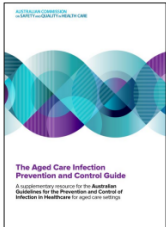
## The Aged Care Infection Prevention and Control Guide: summary

### Highlighting the key points

#### An introduction to the Guide

The Aged Care Infection Prevention and Control Guide (the Guide) aims to support the prevention and control of infections in all settings where aged care is provided. The Guide supplements the [Australian Guidelines for the Prevention and Control of Infections in Healthcare](#) in aged care settings.

The Guide is intended to support aged care organisations to meet the infection prevention and control (IPC) actions of the strengthened [Aged Care Quality Standards](#) and to minimise the risk of infection for older people and the workforce.



The Aged Care Infection Prevention and Control Guide  
A supplement to the Australian Guidelines for the Prevention and Control of Infections in Healthcare

#### Summary of the Guide

This Summary provides aged care workers and aged care providers with a concise overview of the following topics and includes links to individual chapters for detailed information:

- IPC systems in aged care
- Risk assessment and management in IPC in aged care
- The basics of microbiology and IPC
- Standard and transmission-based precautions
- Wound care, procedures and invasive devices
- Clean, safe and hygienic environments
- Staff health and safety
- Infection prevention and the wellbeing of older persons
- Monitoring and continuous quality improvement
- Antimicrobial stewardship in aged care.

This summary is designed to be used as a quick reference tool in conjunction with the Aged Care IPC Guide. For more information visit the Commission's website.

The Aged Care Infection Prevention and Control Guide: a summary

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## Stay safe and prevent infections

### Tips to keep older people safe and healthy

As we aged our immune systems weaken, making us more susceptible to infections. Whether you live in the community or a residential aged care home these simple tips can help you to stay safe and reduce your risk of becoming sick.

-  **Clean your hands**  
Regularly wash your hands with soap and water or rub them with hand sanitizer, particularly before handling food or drinks, when hands are dirty, after the bathroom, or handling waste.
-  **Cover coughs and sneezes**  
Always cover coughs and sneezes with a tissue or cough or sneeze into your inner elbow.
-  **Keep up to date with vaccinations**  
Speak to your health professional on how to keep up to date with recommended vaccinations such as COVID-19, the flu or pneumococcal.
-  **Know about antibiotics**  
Speak to a health professional if you are unwell. If prescribed antibiotics, always ask why you are taking them and how to take them correctly.
-  **Maintain good hygiene**  
Keep nails short, regularly clean and moisturise your body, wash clothes and linens frequently and brush teeth twice daily.
-  **Clean your home**  
Regularly clean surfaces with a simple all-purpose cleaner. Use a disinfectant after cleaning surfaces if someone in the home is unwell.
-  **Dispose of needles safely**  
Dispose needles, syringes, or finger pickers into a puncture and leak proof container. Never overflow and take to a collection site for disposal.
-  **Look after your mental health and wellbeing**  
Stay connected, spend time outside, eat well and exercise regularly. Consider making an advanced care plan to ensure your wishes are known.

For more information, please visit [Infection Prevention and Control in aged care](#)

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Information for older people – Stay safe and prevent infections

**Questions?**

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[Infection prevention and control  
in aged care](#)



[X.com/ACSQHC](https://x.com/ACSQHC)



[Youtube.com/user/ACSQHC](https://youtube.com/user/ACSQHC)

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