



# ACIPC

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## Aged Care

### IPC Community of Practice:

Aged Care Connexion

Resources

Webinars



# How to establish and provide education and promotional material for Aged Care IPC 'on the fly'

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# Declaration of Interests and/or Conflicts



The author declares that she has no relevant or material financial interests that relate to this presentation.



# Acknowledgement of Country



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ACIPC acknowledges Aboriginal and Torres Strait Island people as the traditional owners of country throughout Australia and ngā iwi Māori as the people of the land of Aotearoa and respects their continuing connection to culture, land, waterways, community, and family.



# Objectives



- Identify opportunities and options to educate and promote IPC to suit your own team's needs
- Gain understanding of developing and delivering an education session or promotional material
- Increase confidence in capability to transfer IPC knowledge to others



# Refresher- the Aged Care IPC Governance



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- Aged care is governed by the Aged Care Quality Standards- not the NSQHS Standards
  - IPC is addressed across all 8 Aged Care Quality Standards
- Aged care now has its own IPC Guidelines



# Refresher- the Aged Care IPC Lead role



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- Oversight, audit, and review of routine IPC process
- **Ongoing assessment of staff capability and education**
- Service-specific outbreak planning, preparation, and readiness
- On-site outbreak management



# The Challenges of Aged Care Facilities (RACFs)



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## Unique RACF challenges

- Vulnerable populations, communal living spaces
- Common infection risks (ARIs, norovirus)
- Environmental design (home like)

## Unique workforce challenges

- Diverse language and literacy skills
- Transient workforce- high agency use, casualised staff
- Inconsistent dedicated IPC lead hours
- Existing RN/IPC Lead workload burden



(Tropea et al., 2023)

Image: <https://www.freepik.com/author/asier-relampagoestudio>

# Educating and promoting IPC- on the fly!

## *Where to start?*



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### **Identify Critical Areas:**

Identify immediate IPC education needs (e.g., recent outbreaks, surveillance data, new staff).

### **Training Needs Analysis:**

Current Knowledge

Specific Needs –what type of learner?

Role-Specific Needs




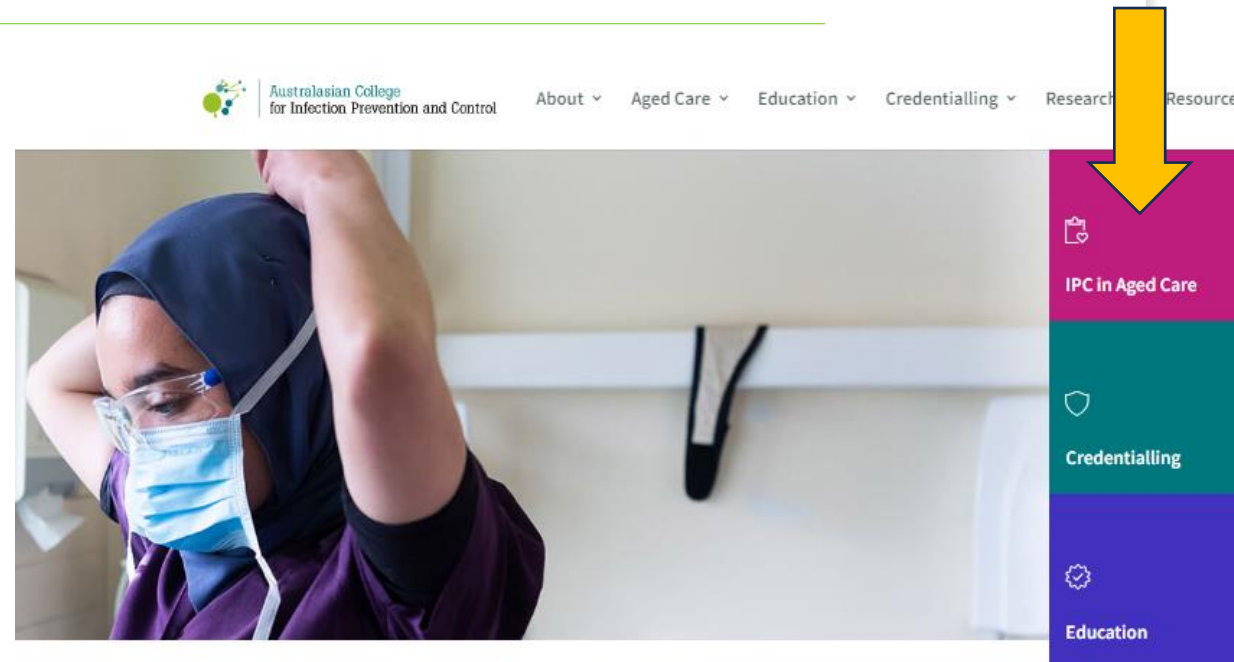
# Educating and promoting IPC- on the fly!

## *Gathering your resources*



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- Locate organisational IPC guidelines
- **Access ACIPC Aged Care Forum!** 
- Only use evidence-based guidelines- see **The Aged Care Infection Prevention and Control Guide (2024)**



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## *Don't reinvent the wheel*



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- ACIPC- Aged Care CoP, Lunch and Learns, recorded webinars
- Department of Health and Aged Care provides aged care COVID-19 training.
- ACQSC Aged Care Learning Information Solution (ALIS).
- ACQSC educational videos on hand hygiene.
- The National Hand Hygiene Initiative's (NHHI) Learning Management System -
  - o The basics of infection prevention and control in aged care
  - o **The basics of infection prevention and control in aged care: Train the Trainer**
  - o Hand hygiene for non-clinical healthcare workers
  - o Hand hygiene for clinical healthcare workers
  - o Principles of infection prevention and control.



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## *Staying on track*



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- Session planner or lesson plan
- Practice, Practice and Practice again
- Book your space and set up before the session
- Check technology works!
- Plan time for ice breaker and questions
- Read the room and be prepared to change the pitch
- Repeat key points often
- Redirect attendees back to the agenda



# Educating and promoting IPC- on the fly!

## *Education tools*



### Hand Hygiene

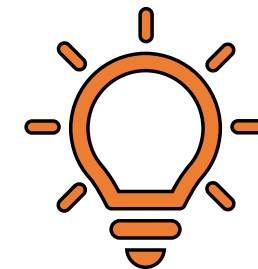
- **Infographic or Practical scenario:** Handwashing vs. hand sanitizing.
- **Poster:** Visual guide for techniques

### PPE Usage

- **Practical scenario:** Simulated donning/doffing PPE demo
- **Quick Reference Card:** Checklist for PPE sequence.

### Cleaning and Disinfection

- **Guide:** Step-by-step guide for different areas.
- **Checklist:** Daily and weekly cleaning tasks.



**Refer to the ACIPC IPC in Aged Care resource page for links**

# Educating and promoting IPC- on the fly!

## Education tools cont...

### Infection Criteria

- Flowchart
- FAQ Sheet
- Vaccination
- Flyer
- Infographic
- AMS
- Poster
- FAQ Sheet

### To Dip or Not to Dip?

**'To Dip or Not to Dip' is an evidence-based pathway which aims to improve the diagnosis and management of Urinary Tract Infections (UTI) in older people living in care homes. This pathway has been shown to reduce antibiotic use and hospital admissions for UTI. This leaflet explains more about UTIs and the 'To Dip or Not to Dip' care pathway.**

**The presence of bacteria in the urine**

The presence of bacteria in the urine in older people does not necessarily mean there is an infection that requires antibiotics. Bacteria can live harmlessly in the urine of older people. In fact, around 50% of older people have bacteria in the urine without causing any symptoms. In those with a long-term urinary catheter, this rises to 100%.

**What's the problem with urine dipsticks?**

Urine dipsticks are often used in the diagnosis of UTI in older people living in care homes. A positive result for 'nitrite' (bacterial marker) or 'leucocyte' (white blood cell marker) may be a normal finding because of the high proportion of older people that have bacteria in the urine. Often, if a resident has a positive dipstick result and has non-specific symptoms, such as had a fall or is drowsy, they are inappropriately diagnosed with a UTI. The real diagnosis may be missed and the resident may receive antibiotics unnecessarily.

**Antibiotics: More harm than good?**

Antibiotics are powerful and precious drugs. Bacteria can develop antibiotic resistance. This means that when a person really does need them and these resistant bacteria can spread very easily in an aged care home setting. Side effects such as nausea, stomach upset and skin rashes are common in older people receiving antibiotics. A life-threatening infection called C.difficile diarrhoea (or 'C. diff') can be caused by antibiotics. Everyone has a responsibility to protect antibiotics and they should only be used when there is strong evidence of a bacterial infection.

### To Dip or Not to Dip Clinical Pathway

Aged care home staff use a Clinical Pathway which is based on best practice guidelines. Urine dipsticks are not used first up. Instead staff use the Clinical and what actions to take. If UTI is suspected, collecting urine cultures is very important to allow treatment with the best and safest antibiotic.





**Questions?** Contact your manager or IPC Lead.  
**Want to know more?** Go to [agedcarequality.gov.au/antimicrobial-stewardship](http://agedcarequality.gov.au/antimicrobial-stewardship)

### Incontinence Associated Dermatitis with Suspected Infection

**Incorporating the Global IAD Categorisation Tool (GLORIAD) and Antimicrobial Stewardship Recommendations**

**DEFINITION:** Incontinence Associated Dermatitis (IAD) is the skin damage associated with exposure to urine or faeces.

**RISK FACTORS INCLUDE:** incontinence, use of occlusive incontinence products, compromised mobility, damaged skin integrity, diminished cognitive awareness, inability to perform personal hygiene, pain, raised body temperature, poor nutrition, medications (e.g. tricyclic antidepressants), critical illness, poor hygiene, inappropriate application of barrier cream, comorbidities (e.g. diabetes).

CATEGORY	ASSESSMENT		MANAGEMENT
	CRITICAL CRITERIA	ADDITIONAL CRITERIA	
<b>Severe IAD</b> 	<ul style="list-style-type: none"> <li>Perforated redness</li> <li>A variety of tones of redness over large areas, or areas with darker skin tones, the site may be tender or painful, skin may be raw or fissured at the edges, or purpura or eczema.</li> </ul>	<ul style="list-style-type: none"> <li>Marked redness or desquamation (peeling) around the site of the skin</li> <li>Blistering, oozing, crusting or pain</li> <li>Itching, burning, stinging or pain</li> </ul>	<p><b>MONITOR, CLEANSE, PROTECT, RESTORE and MONITOR</b> again.</p> <p><b>Assessment with an expert requires a skin management regime</b></p> <ul style="list-style-type: none"> <li>Use soap-free pH balanced cleanser, "soak" urine or "soak" stool after each episode of incontinence.</li> <li>Avoid rubbing - pat dry.</li> <li>Apply a skin barrier product according to the manufacturer's instructions.</li> <li>Use barrier products that are waterproof and easily removed to allow for care.</li> <li>Avoid using powders.</li> <li>Use products that do not interfere with absorption or function of incontinence aids (e.g. absorbent pads).</li> <li>Use products that do not irritate the skin (e.g. avoid fragrances, perfumes, essential oils, alcohol).</li> <li>Use continence aids that are well fitted, absorbent and have a superior wicking ability.</li> <li>Use medication therapy (page 2): Do not use strong topical steroids to reduce inflammation.</li> <li>Consider referral to an employed Continence Advisor.</li> </ul> <p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>Use medication therapy (page 2): Do not use strong topical steroids to reduce inflammation.</li> <li>Apply barrier products: See page 2 for compatibility.</li> <li>Check the continence aid: Ensure there is no leakage, correct size of continence aid.</li> <li>Check the continence aid: Ensure there is no leakage, correct size of continence aid.</li> <li>Check the continence aid: Ensure there is no leakage, correct size of continence aid.</li> </ul>
<b>Severe IAD</b> 	<ul style="list-style-type: none"> <li>Perforated redness or erosion</li> <li>Large areas of redness, such as large patches or plaques (suggesting a bacterial infection)</li> <li>Visible purpura (bruising)</li> <li>Visible eczema (itching and redness)</li> </ul>	<ul style="list-style-type: none"> <li>Marked redness or desquamation (peeling) around the site of the skin</li> <li>Blistering, oozing, crusting or pain</li> <li>Itching, burning, stinging or pain</li> </ul>	
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**RECOMMENDATIONS:** It is important to exclude pressure injuries, dermatological conditions (e.g. psoriasis), other bacterial and viral (e.g. herpes zoster) infections.

**Logos:** VICNISS, CHAMPION REGION, Queensland Health, QUT, NCA.



Refer to the ACIPC IPC in Aged Care resource page for links

# Educating and promoting IPC- on the fly!

## *Make it fun!*



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- Use an interesting or funny personal IPC experience
- Encourage participants to introduce themselves and share what they hope to learn or an interesting fact about themselves
- Create a safe and comfortable space for the training
- Make promotional material bright and interactive
- Check in with participants understanding regularly



(NHHI- Train the trainer)

Image: <https://www.freepik.com/author/8photo>

# Educating and promoting IPC- on the fly!

## *Providing feedback*



- Consider confidentiality, privacy and sensitivity in providing feedback
- Feedback can be:
  - ✓ Brief
  - ✓ Formal
  - ✓ Major
  - ✓ Can literally be 'on the fly'
- Be objective and constructive and always state “...*as per the guidelines/standards/organisational policy...*”



# Educating and promoting IPC- on the fly!

## *The compliance stuff*



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- Attendance record of any training
- Training records
- Evaluation records
- Record and analyse the evaluation forms
- Continuous improvement plans
- ✓ Include promotional material in the CI plan



# Educating and promoting IPC- on the fly!

## *Promotional tools*

### Posters and Flyers

- Design
- Placement

### Digital Content

- Email Blasts
- Social Media Posts

### Meetings and Workshops

- Interactive Sessions



# Educating and promoting IPC- on the fly!

## *Helpful resources*



- ACIPC Community of Practice (CoP) <https://www.acipc.org.au/aged-care/>
- ACQSC IPC Resource Collection: <https://www.agedcarequality.gov.au/providers/clinical-governance/infection-prevention-control/ipc-resource-collection?tid=8559>
- ACSQHC Infection Prevention and Control Handbook (2023): [https://www.safetyandquality.gov.au/sites/default/files/2023-05/infection\\_prevention\\_and\\_control\\_workbook\\_-\\_may\\_23.pdf](https://www.safetyandquality.gov.au/sites/default/files/2023-05/infection_prevention_and_control_workbook_-_may_23.pdf)
- ACSQHC\_ NHHI\_ LMS IPC modules- <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative/national-hand-hygiene-initiative-nhhi-learning-management-system-lms>
- Infographics and other free PPT templates- <https://slidemodel.com/free-powerpoint-templates/>

# References

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# Questions



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