

Aged Care Infection Prevention and Control (IPC) Guide for Home Care Providers

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Acknowledgement of Country

I acknowledge the traditional owners of the land on which we do our work today

We pay our respects to their elders, past, present and emerging.

We also acknowledge the Traditional Custodians of the various lands on which you all work today and the Aboriginal and Torres Strait Islander people here today



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Session outline

- Update on Government changes in Home Care (Aged Care)
- The practical application of the *Aged Care Infection Prevention and Control (IPC) Guide for Aged Care -Home Care Providers*
- What a ‘risk proportionate approach’ translate to in the home care setting
- The monitoring of infections in a mainly ‘social model’ of care- what is changing in home care?



Context

- Clinicians and Non-Clinicians have been providing care in the home for centuries
- Hospital in the Home, Palliative Care, Dialysis, Midwifery, Oncology, complex wound care, Transitional Care, Community Nursing, DVA, Hoarding and Squalor services, CHSP, Home Care Packages are just some examples
- Infections have been managed and will continue to be managed effectively in the home
- COVID and other outbreaks has resulted in a more targeted approach to IPC in the home care setting

Aged Care Reforms and Quality Focus

- Aged Care in Australia is undergoing major reforms – the biggest since 1997. The **new strengthened Aged Care Quality Standards, Aged Care Act 2024** took effect on **1 November 2025**.
- The strengthened Standards are **more robust, detailed, and person-centred**, with clearer language and less duplication. They align with the new *Aged Care Act* and new **Statement of Rights** for older people.
- **Older people are at the centre** of these changes. The reforms aim to improve safety, wellbeing and dignity for care recipients, with stronger requirements in areas like clinical care, food and nutrition.

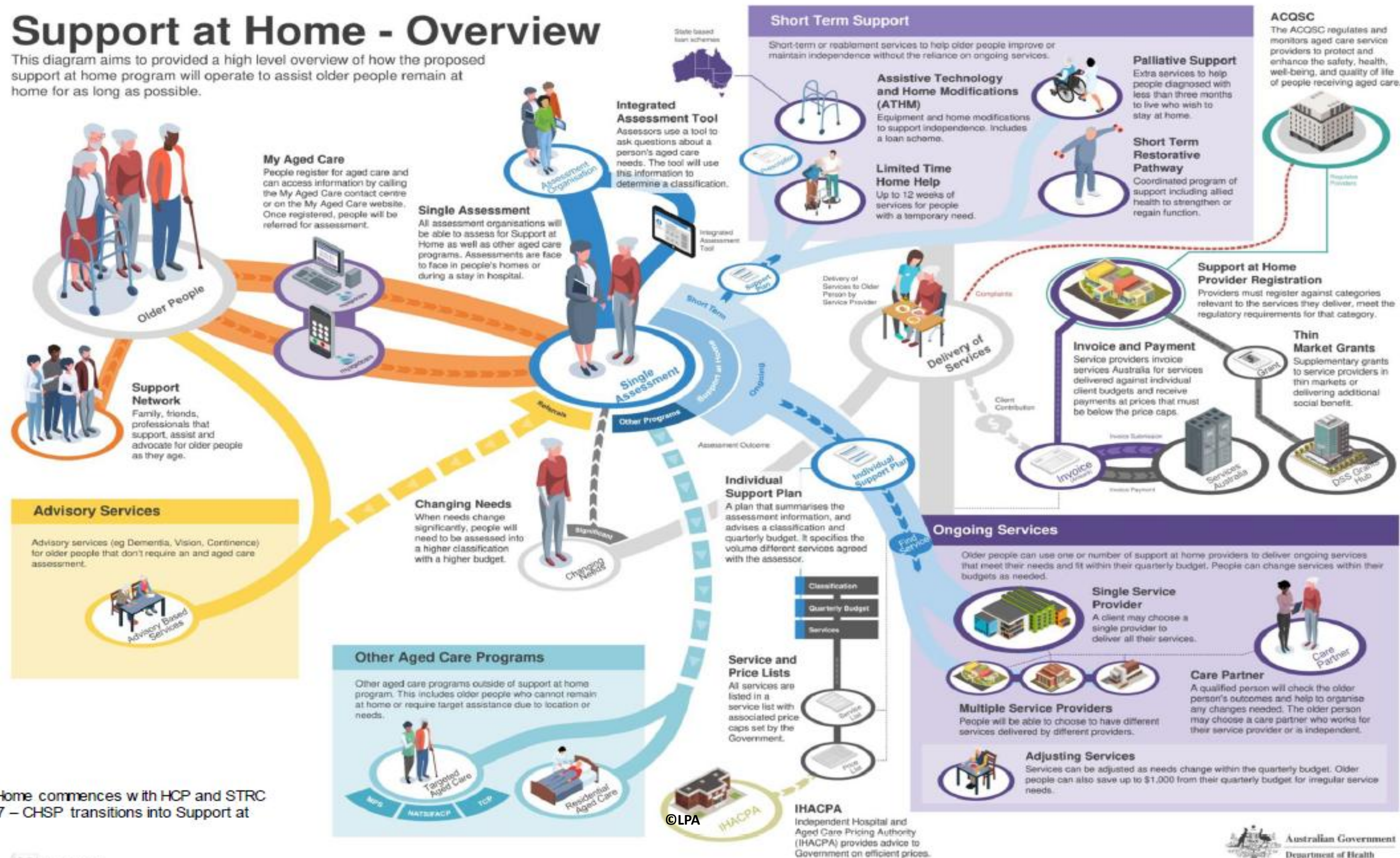
Aged Care Reforms in Home Care





Support at Home - Overview

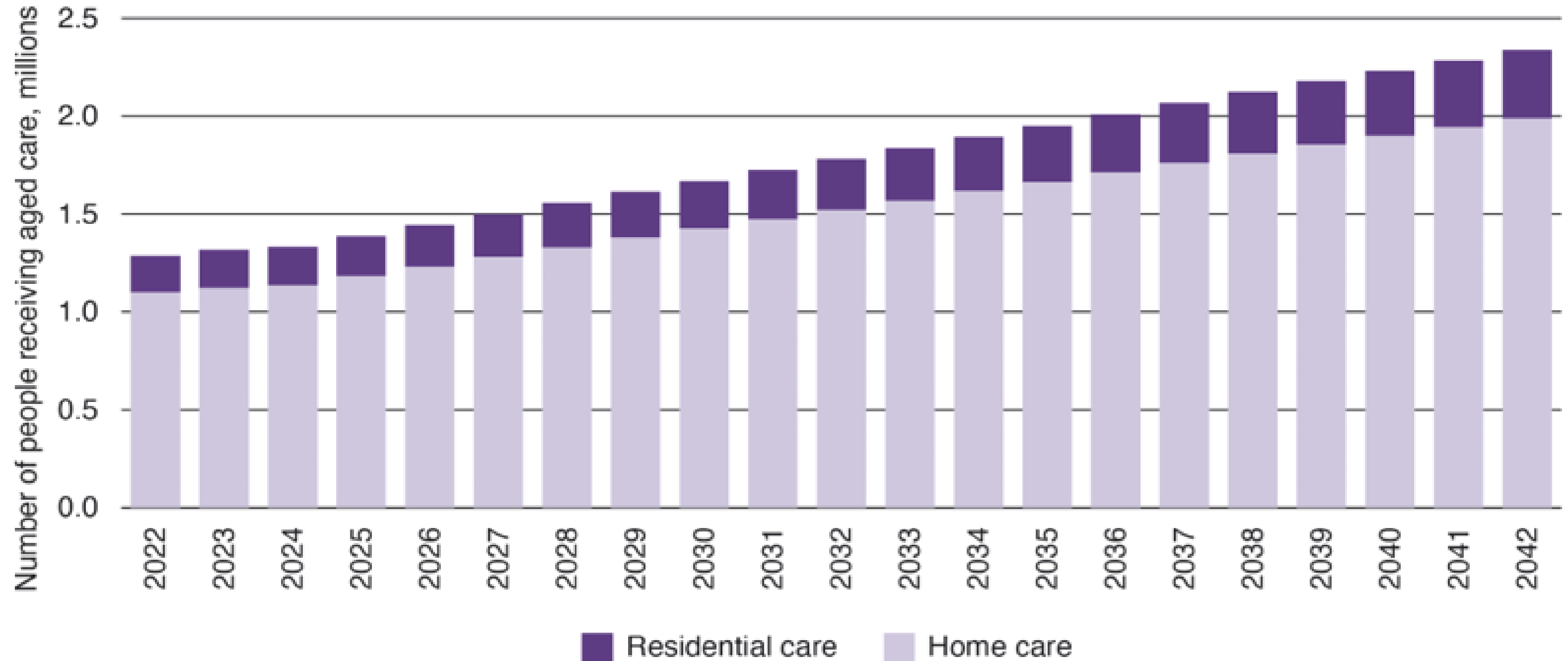
This diagram aims to provide a high level overview of how the proposed support at home program will operate to assist older people remain at home for as long as possible.



2025 – Support at Home commences with HCP and STRC
No earlier than 2027 – CHSP transitions into Support at Home

The Future Demand of Aged Care Services

Chart 3: Projected use of aged care by care type, 2022 to 2042³⁰



Source- Aged Care Taskforce report 2024

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Support at Home – commenced 1st November 2025

- **Part of wider reforms:** linked to the *Aged Care Act 2024* and Aged Care Quality Strengthened Standards.
- **CHSP:** remains the entry-level program for basic supports.
- **S@H-** 8 funding classifications – care partner mandatory for monitoring.
- **Residential care:** Continues for those with high-level needs.
- **Transition Care Program (TCP) and MPS:** remain important pathways.
- **Its new purpose :** provides continuity between community support and higher-level care



Care & Services in the Support at Home Program (S@H)



Support at Home Service Types	
Clinical Services	Allied Health and other Therapeutic Services
	Nursing Care
	Nutrition
	Care Management
	Restorative Care Management
Independence Services	Personal Care
	Social Support and Community Engagement
	Therapeutic Services for Independent Living
	Respite
	Transport
	Assistive technology and home modifications
Everyday Living Services	Meals
	Domestic Assistance
	Home Maintenance and Repairs

Source: DOHAC
-Support at Home program.

Financial contributions for care and services

	Clinical supports	Independence	Everyday living
Full pensioner	0%	5%	17.5%
Part pensioner	0%	<p>Part pensioners and CSHC holders will pay between 5%-50% based on an assessment of their income and assets. For part pensioners this will be based on their Age Pension means assessment. CSHC holders will undergo a separate assessment for Support at Home.</p>	<p>Part pensioners and CSHC holders will pay between 17.5%-80% based on an assessment of their income and assets. For part pensioners this will be based on their Age Pension means assessment. CSHC holders will undergo a separate assessment for Support at Home.</p>
Self-funded retiree (holding or eligible for a Commonwealth Seniors Health Card - CSHC)	0%		
Self-funded retiree (not eligible for a Commonwealth Seniors Health Card)	0%	50%	80%

What does this mean for Home Care providers ?

- Higher proportion of older Australians who want to remain 'at home' until end of life if possible
- Supply and demand problem in aged care for residential beds
- All new participants into home care will be expected to contribute financially EXCEPT for clinical services (this is also happening in residential aged care)
- 'Use or lose it' funding model- activity based funding with a quarterly budget.
- Stronger assessment model to qualify for funding – Integrated Assessment Tool – evidence based, validated tools- greater focus on NEEDs around health and co-morbidities
- Clinical Care attracts NO contribution in new model
- Shift from a mainly psycho-social model of care to a more health focused model
- Requirement to demonstrate sound clinical governance and practice
- Systems in place to monitor deteriorating conditions and infections
- Stronger linkages required with broader health sector
- Strengthened Aged Care Quality Standards include detailed requirements for clinical care and infection control
- Lessons learnt from COVID have informed the home care context and associated risks for IPC

How are Home Care providers managing the reforms?



- 'I can't do this anymore'
- 'I don't want to do this'
- 'When will it all end?'

IPC guidance

- The Aged Care Infection Prevention and Control guide has given scope for home care services to build on the relationships they have developed with older Australians living in their own home.
- Home care providers have responsibilities in line with their duty of care while supporting clients to have a dignity of risk.
- [The Aged Care Infection Prevention and Control Guide](#)
- [The Aged Care Infection Prevention and Control Guide: summary resource | Australian Commission on Safety and Quality in Health Care](#)



The practical application of the Aged Care Infection Prevention and Control (IPC) Guide for Aged Care Providers

Requirements for all providers:

- having an effective IPC program in place
- providing IPC training and education to all workers.
- Risk assessment and management
- **IPC Leads- mandatory for RACF**
- Home care providers should look for ways to appoint a worker or team to oversee their IPC program.
- Minimum training for IPC Interim Leads
- hand hygiene
- principles of infection prevention and control
- risk management for infectious agents and diseases
- the Basics of Infection Prevention and Control for Aged Care: Train the Trainer.

The practical application of the Aged Care Infection Prevention and Control (IPC) Guide for Aged Care Providers

Requirements for all providers:

- IPC Lead should regularly assess IPC practices.

Use continuous improvement processes, such as:

- regular audits
- monitor and review data.
- **Antimicrobial resistance and stewardship – within context of service types**

This guide now forms the basis of the requirements under the strengthened ACQSC Standards and sets the scene for all aged care providers.

Unique challenges in Home Care

There are several unique challenges posed by home care environments:

- Having to apply infection control protocols used in acute care and structured facilities to a home environment
- The client potentially not having certain hygiene resources in their home, even those that are considered basic (e.g. soap)
- Unpredictability (e.g. the client's friend visiting unexpectedly)
- Having to guide and educate clients (and all those who care for them regularly) about infection control
- Breaches in infection control protocol by the client or their family
- Clients potentially bringing infections home with them after discharge from acute care, which can then be transmitted to staff and passed to other clients.
- (Ventyv 2019; Moore 2019)

Home care challenges

- The workforce are in people homes, it is a ‘non-clinical’ environment
- inconsistent access to PPE
- Recruitment challenges varied qualification expectations from domestic support to specialised nursing support.
- Average time a provider is in an individual’s home is 4 hours a week therefore reliant on the client and carers for IPC.
- Workers travel from one house to the next – entering and leaving 4 to 6 properties a day.
- Difficult to isolate other unwell household members
- Many have multiple chronic conditions leaving them more exposed to infections
- Difficult to monitor and document compliance

Aged Care Quality Standards Infection Control expectations

Outcome 4.2: Infection prevention and control

- The provider must have an appropriate infection prevention and control system. The provider must ensure that aged care workers use hygienic practices and take appropriate infection prevention and control precautions when delivering funded aged care services.

10 Actions

Outcome 5.2: Preventing and controlling infections in delivering clinical care services

- The provider must ensure that individuals, aged care workers, registered health practitioners and others are encouraged and supported to use antimicrobials appropriately to reduce risks of increasing resistance. The provider must ensure that infection risks are minimised and, if they occur, are controlled effectively.

4 Actions

What does a risk proportionate approach mean?

- A risk-proportionate approach means that the level of scrutiny, resources, or intervention is directly based on the level of risk identified.
- Instead of a "one-size-fits-all" strategy, this method focuses limited resources on areas with the highest risk of harm, while applying less intervention in lower-risk situations to improve efficiency and compliance.
- This is a core principle in risk management and regulation across many fields, including clinical trials, finance, and education

Applying a risk proportionate approach to Home Care

- Home Care in Australia provides predominately low risk services e.g. domestic assistance, transport, personal care, social support- responsibility for detection and treatment is much lower than in other healthcare settings.
- There is an increasing demand for, and a focus on, clinical care in the home e.g. nursing, allied health, restorative care and end of life pathways requiring much greater oversight by providers of the possible spread of infections.
- Stakeholders learnt during COVID that infection control is the responsibility of everyone.
- In a home care setting the infection risks are quite different to a hospital setting however can often be a critical factor in the spread of infections to those most vulnerable.

How does the ACQSC apply a risk-based approach?

- Regulating aged care requires clarity about the risks being addressed.
- The Commission applies a risk-based proportionate approach to regulation.
- This means the focus of our activities is on the **areas of greatest risk to the safety, health and well-being of aged care consumers**, and on those providers providing care and services that fall short of legislated standards.

Aged Care Quality and Safety Regulatory Strategy 2020

In practice this means that home care providers who are providing high level clinical services to those with **complex care needs** will now require more detailed IC guidelines and procedures.

For providers of low-risk services, it will be basic requirements of IC with strong referral processes for when infections are suspected or detected and during outbreaks.

Home Care suggestions for assessing IC risks

To assess infection risk in the care environment of home and community aged care settings, consider the following questions:

- What processes are in place to guide the reprocessing of new and existing equipment, devices, and products that are used multiple times or taken to multiple homes?
- When the aged care worker is not providing care, who is responsible for cleaning the environment? How can this person (whether it be the older person, their carer, a friend or family member) be educated about the appropriate methods for cleaning to reduce the risks of infections?
- Are all aged care workers trained in environmental and reusable equipment cleaning, use of PPE, spill management, laundry management and other IPC practices?
- What cleaning products are available in the older person's home? Are the aged care workers providing care trained to use these products?
 - Are there issues in the older person's home that might increase the risk of infection or harm for the aged care worker? For example, mould, poor ventilation, access issues or exposed electrical wires.

Summary

- Aged Care providers now have the same requirements for IPC as other healthcare settings
- In Home Care the setting is individualised and providers must adapt to each setting and manage accordingly
- Infection Prevention and Control is now the responsibility of governing bodies, management, workforce members and the person receiving care and services.

THANK YOU

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