



# Infection Prevention and Control



**Australian Government**

Aged Care Quality and  
Safety Commission



Flip Guides have been designed as supplementary supports for the learning modules. The Guides include key messages, insights and prompts for continued reflection.

# Need to Know: Infection Prevention & Control Obligations & Accountabilities

Aged care providers have a legal responsibility to provide a safe work environment, safe systems of work and a safe environment for consumers, staff and visitors. These obligations are set out in the **Aged Care Act 1997**, the **Aged Care Quality Standards** and other key legislation.

It is essential that all governing bodies, executives and staff are aware of, practice in line with and effectively report on their obligations in relation to infection prevention and control.

*View the following pages to learn more about:*

 [Aged Care Act 1997](#)

 [Aged Care Quality Standards](#)

 [Quality of Care Principles 2014](#)

 [Records Principles 2014](#)

 [Charter of Aged Care Rights](#)

 [Other legislation](#)

CONTINUED ON NEXT PAGE

# Need to Know: Infection Prevention & Control Obligations & Accountabilities

Under section 2.1 of the **Aged Care Act 1997**, providers have an obligation to protect the health and well-being of consumers, and provide safe and high quality care.



- **Standard 3, Requirement (3)(g)** Minimisation of infection-related risks  
Aged care providers are required to minimise infection-related risks by implementing:
  - Infection control – Assess the risk of, and take steps to prevent, detect and control the spread and severity of infections (including requirements around vaccinations).
  - Antibiotic resistance – Help to minimise the development and spread of antimicrobial resistance in line with the [national guidelines](#).
- **Standard 8.** Organisational governance  
The intention of this Standard is to hold the governing body responsible for the organisation and the delivery of safe and quality care and services that meet the Standards. This Standard requires that effective organisational and clinical governance systems are in place (including particular requirements around antimicrobial stewardship), as well as effective risk management systems and practices.

In addition to Standard 3 and 8, it is important to note that the other Standards also ensure effective IPC via requirements to ensure a safe and clean environment, adequate resourcing and regular workforce

# Need to Know: Infection Prevention & Control Obligations & Accountabilities

## Quality of Care Principles 2014

The Quality of Care Principles 2014 require minimisation of infection-related risks through the implementation of:

- standard and transmission-based precautions to prevent and control infection
- practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

They also require aged care providers in a residential aged care setting to provide staff with access to annual influenza vaccinations for free, and promote the benefits, for staff and consumers, of staff receiving annual influenza vaccinations.

## Records Principles 2014

Under the **Records Principles 2014**, providers of residential aged care services, certain flexible care services, and home care services also have obligations around recording and maintaining vaccination records for influenza and COVID-19 for staff and consumers.



CONTINUED ON NEXT PAGE

# Need to Know: Infection Prevention & Control Obligations & Accountabilities

## Charter of Aged Care Rights

Providers are legally required to help consumers understand their rights under the **Charter of Aged Care Rights**. Many of these rights relate to IPC and outbreak management, such as ensuring that consumers have the right to:

- safe and high quality care
- be treated with dignity and respect
- be informed about their care and services in a way they understand
- have control over and make choices about their care, and personal and social life, including where the choices involve personal risk
- their independence.

## Other legislation

There are also other state and territory legislation (including public health legislation), work health and safety legislation and compulsory reporting requirements that governing bodies and executives need to be aware of and ensure compliance with.



# Need to Know: Better Practice Infection Prevention and Control

Infection prevention and control is a health and safety issue, which means that **everyone** working in an aged care setting is responsible for providing a safe environment for consumers, other staff and visitors.

However for infection prevention and control to be effective, aged care providers need to offer a high level of organisational leadership and support, and a commitment to infection prevention and control at all levels of the service. Governing body members and executives need to embed a culture within their organisation that promotes the importance of IPC, including maintaining better practice and minimising IPC risks.

Some things aged care providers can do to promote better practice infection prevention and control include:

- Embed infection prevention and control into governance and management structures
- Implement systems to establish and maintain infection prevention and control
- Establish and maintain quality assurance and continuous improvement processes, and report regularly to senior management
- Implement the required health and safety systems to ensure consumers, staff and visitors are protected.



On the following page are some important systems and principles to establish and maintain IPC.

# Infection Prevention and Control Systems and Processes

→ On the following pages  
you can view information  
on each topic and reflect  
on some questions.



Risk management



IPC program



Outbreak management  
planning



Antimicrobial  
stewardship



Care environment  
design



Education and  
training



Quality assurance and  
continuous improvement  
processes



Staff health and  
safety considerations



Enabling safe consumer  
visitation in residential  
aged care






CONTINUED ON NEXT PAGE

# Infection Prevention and Control Systems and Processes

## Risk management

Risk management is the basis for creating a safe and secure environment for consumers, staff and visitors while providing high quality care services. This underpins the approach to IPC and involves identifying potential hazards or risks, evaluating the likelihood and potential impact of these risks, and implementing strategies to minimise or eliminate risks. Attention to detail is important to allow germs minimal opportunity to enter the environment or the people who live and work there.

### ASK YOURSELF THE FOLLOWING:

-  Does our provider have policy documents that detail infection prevention and control procedures that include risk assessment and risk management strategies, and instructions for the workforce?
-  How do we train our staff in risk management so they can better identify and respond to IPC issues (including supporting the role of the IPC lead(s) in identification and management of risks)?
-  Does our organisation develop and implement risk treatment schedules and integrated action plans for improvement based on the risk assessment of the organisation's infection prevention and control systems?



# Infection Prevention and Control Systems and Processes

## IPC program

An effective infection prevention and control program provides the mechanism for IPC practices to be implemented in all aged care settings. These programs will vary in scope and complexity depending on the nature of the care and services provided by the organisation. The National Health and Medical Research Council (NHMRC) national guidelines are excellent resources to ensure your IPC program is aligned with better practice guidelines, including the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019).

### ASK YOURSELF THE FOLLOWING:

- 1. Does our provider have a documented infection prevention and control program that is live and regularly reviewed?
- 2. Does our provider have the necessary policies and procedures, practices, resources, and staff education to support effective implementation of the IPC program?
- 3. Does the organisation's IPC program have a consumer-centred approach that allows for regular communication and education sessions with consumers, their representatives and visitors to educate them on best practice IPC, and provide assurance that their needs are being met and that their concerns will be listened to and responded to appropriately?

# Infection Prevention and Control Systems and Processes

## Outbreak management planning

Providers are required to have outbreak management plans in place, such as for COVID-19, gastroenteritis or influenza, that explains how the organisation will prepare for, identify and manage any outbreaks. These must be fit for purpose and up to date.

Providers should maintain strong organisational governance to effectively lead, manage, document and monitor the response to an outbreak, including ensuring appropriate resources (e.g appointing an outbreak management team), regular and practical staff training, and ensuring that the plan is regularly reviewed as part of continuous improvement.

Some important principles to consider in outbreak management planning include:

- Adopting a rapid risk-based approach which references the importance of a 'command and control' approach
- The coordination/allocation of resources, including PPE and workforce, and dissemination of specific information to consumers, families, and staff
- Tailoring your response to your provider's unique context and modifying your response in response to evolving situations
- Supporting consumers and considering the impact of actions on consumer wellbeing, dignity and choice
- Consulting with consumers and their representatives, staff, visitors and external services that support your provider and government body
- Regularly testing your plan with staff
- Addressing lessons learned from previous outbreaks.

# Infection Prevention and Control Systems and Processes

## Outbreak management planning continued

### ASK YOURSELF THE FOLLOWING:



What is the organisation's plan for identifying and managing an infectious outbreak? Are there systems in place for managing consumers with known infections?



Do we keep a current list of infectious diseases that the organisation needs to tell government authorities about? Are contacts at relevant state or territory government departments that can help prepare for, identify and manage any outbreaks documented and readily available to relevant members of the workforce?



Are there agreed processes for access to other providers, organisations or individuals, such as general practitioners, nurse practitioners, public health units, outreach services and community pharmacies for timely prescriptions in the event of an outbreak?







How do we ensure that our policies and procedures are contemporary and refer to best practice guidance, including those specific for outbreak prevention and management?

# Infection Prevention and Control Systems and Processes

## Antimicrobial stewardship

Antimicrobial stewardship (AMS) is the careful and responsible management of medications used to treat or prevent infections. It is an important component of an aged care provider's IPC program and involves activities that promote and support best practice antimicrobial prescribing and use. Providers need to ensure that they have AMS policies and processes to support appropriate administration of antibiotics.

### ASK YOURSELF THE FOLLOWING:

-  Do the governing body and executives understand their role in, and the importance of, ensuring effective AMS within the service (e.g. encouraging the development of relationships with external healthcare providers, promoting a culture of responsible antimicrobial use among staff, external healthcare providers, consumers and their representatives)?
-  Do we have AMS strategies, policies and processes to support appropriate administration of antibiotics according to best practice guidelines? Are they implemented effectively and regularly reviewed? How do we audit and monitor this?
-  What is the role of the medication advisory committee (MAC) in antimicrobial stewardship in our organisation?
-  How do we utilise the relationships we have with other health professionals that support our provider such as GPs, pharmacists to support our AMS strategy?


CONTINUED ON NEXT PAGE

# Infection Prevention and Control Systems and Processes

## Care environment design

IPC requirements should be taken into consideration while planning and designing the care environment in order to minimise the spread of infections. There are considerations for both residential aged care and home care.

### ASK YOURSELF THE FOLLOWING:



-  As a residential aged care provider, are we satisfied that any new residential aged care facilities or changes to facility design take into consideration the need for effective IPC?
-  As a home care provider, are we satisfied that the required standards of IPC are maintained across all areas, including offices, transport vehicles, communal facilities where care is delivered, equipment and consumers' homes?
-  As a home care provider, are we satisfied that care environments are considered on a case-by-case basis as part of individual care planning?

## Education and training

Ongoing education and training of staff is essential to better practice IPC in aged care and is a requirement which needs to underpin all efforts to integrate IPC practices into action across all levels of the service. IPC lead(s) also have specific training requirements.

Engaging consumers, their representatives, regular visitors and volunteers to the service in their own healthcare is integral to IPC, and providers should foster a culture where everyone plays a role.

### ASK YOURSELF THE FOLLOWING:

-  What systems do we have in place to ensure that staff (including the IPC lead) have regular and practical education and training regarding IPC practices, and are confident, supported and empowered in their roles and responsibilities (including during an outbreak)?
-  How do we identify potential gaps/risks in staff education and training?




# Infection Prevention and Control Systems and Processes

## Quality assurance and continuous improvement processes

Quality assurance and continuous improvement processes can help aged care providers ensure that their IPC practices are effective, evidence-based, and continuously improving as needed. To be successful, this needs to be based on comprehensive data collection processes, such as audit, surveillance and feedback, and critical analysis. These can be used to monitor the continual effectiveness of IPC practices, ensuring it's user friendly, effective, consumer-centred and continuously improving.

→ View topic [4.4 Healthcare associated infection surveillance](#) (page 190) for more information on infection surveillance.

### ASK YOURSELF THE FOLLOWING:

-  How do the governing body and executives maintain oversight and monitor, audit and review the organisation's performance and continuous improvement measures to ensure implementation of better practice IPC and that Quality Standards relating to IPC are met?
-  Do we have robust processes and systems in place for collecting and critically analysing the data needed to monitor the effectiveness of, and continuously improve, the service's risk management plan, IPC program (including AMS) and outbreak management plan? Does the governing body utilise the clinical governing body member to assist in contextualising and problem solving?
-  As governing bodies and executives, are we fostering a culture of transparency and open communication, where staff and consumers feel comfortable reporting any concerns or issues related to IPC?

CONTINUED ON NEXT PAGE

# Infection Prevention and Control Systems and Processes

## Staff health and safety considerations

Aged care providers have a duty of care to everyone in their workforce and staff have a responsibility to protect themselves and not put others at risk. Infection protection for staff should be an integral part of the IPC and work health and safety programs for every provider. This includes having robust exclusion period policies for staff which encourage and support them not to attend work when they may have an infectious disease.

→ View topic [4.2 Staff health and safety](#) (page 171) for more information on staff health and safety.

### ASK YOURSELF THE FOLLOWING:

- ❓ How do we respond to IPC risks as part of our work health and safety programs to ensure we keep our workforce staff safe and in compliance with our obligations?
- ❓ Do our IPC and work health and safety programs include implementing a staff health screening policy, immunisation program, management of vulnerable members of the workforce in specific circumstances (e.g. pregnant healthcare workers) and having processes for minimising and managing risk exposure?
- ❓ Do we have robust exclusion period policies, and do we support a culture for staff which encourage and support them not to attend work when they may have an infectious disease?

# Infection Prevention and Control Systems and Processes

## Enabling safe consumer visitation in residential aged care

As a result of COVID-19, many lessons have been learned about the negative impact of visitor restrictions on consumers, resulting in malnutrition and weight loss, physical deconditioning including reduced mobility, increased falls and pressure injuries and psychosocial impacts including loneliness, anxiety, boredom, fear and depression. Providers must consider all of the risks to consumer wellbeing of any action taken or not taken.

The [Industry Code for Visiting in Aged Care Homes](#) emphasises the importance of **balancing** IPC measures with the need to respect the rights of consumers to maintain social connections with loved ones and activity.

Partnerships in care is a consumer-centred approach where a consumer

identifies someone who regularly visits and provides care and companionship to them. They join the Partnerships in care (PiC) program meaning they can continue to provide care and companionship, even during periods of outbreak. The provider must provide training to regular (people who visit more than 3 times per week) PiC visitors.

- View the [Supporting safe, quality care for aged care consumers during visitor restrictions](#) page for more information on outbreak management planning in aged care and examples of innovation in this space.
- View the [Partnerships in care](#) resource for more information on the Partnerships in care program.

### ASK YOURSELF THE FOLLOWING:



Are we comfortable that the necessary measures have been implemented to enable safe and meaningful visitation for consumers and their loved ones?



Are processes to enable safe and meaningful visitation regularly monitored and evaluated to ensure they meet consumers' needs and wishes, including during outbreaks?

CONTINUED ON NEXT PAGE



# Roles and responsibilities in infection prevention and control

It's important that all parts of the organisation understand their role in supporting the delivery of safe, high quality consumer-centred care in relation to IPC.

→ *Find out more information about each role on the following pages.*

Role of the  
governing body  
and executives

Role of the  
IPC leads

Role of a  
committee

CONTINUED ON NEXT PAGE

# Roles and responsibilities in infection prevention and control

## Role of the governing body and executives

The governing body is accountable for overall quality and safety and must take an active role in governance arrangements within an organisation to ensure that decisions are made to support IPC (including AMS). This includes the following responsibilities:

- Set a clear vision, strategic direction and strong organisational culture that drives consistently safe, high quality consumer-centred care with IPC in mind.
- Lead an organisational culture that promotes individual responsibility for IPC among staff and values the IPC programs' contribution to the safety of consumers, staff and others (e.g. encouraging staff and consumers to report examples of poor IPC practices without fear of retribution).
- Provider leadership and support for the development, implementation and evaluation of IPC policies, and related systems and processes.
- Ensure that appropriate time and resources are allocated for staff (including the IPC lead) to effectively implement and monitor IPC policies, systems and processes.
- Ensure that the service is compliant with relevant legislative requirements and best practice guidelines, and have processes in place to monitor updates to these.
- Review, audit and monitor the effectiveness of IPC policies, systems and processes, and make any necessary improvements.
- Identify emerging IPC practices (e.g. new public health settings/requirements, new vaccination recommendations) and have processes in place to incorporate these.

CONTINUED ON NEXT PAGE

# Roles and responsibilities in infection prevention and control

## Role of the IPC leads

The purpose of the introduction of the role of the IPC lead is to increase IPC expertise across the sector. It comes in response to independent reviews and the Royal Commission's report titled [Aged Care and COVID-19: a special report](#), which highlighted the need for stronger leadership in infection control in aged care. In residential aged care, the IPC lead nurse's role is to observe, assess and report on IPC, assist with developing procedures, and provide best practice advice. This includes the following responsibilities:

- Support the development, implementation, and evaluation of the IPC program.
- Ensure that the program is based on current evidence and best practice guidelines.
- Provide education and training to staff, consumers, and visitors on IPC measures.
- Participate in outbreak management planning, and coordinate response efforts during outbreaks.
- Collaborate with external healthcare providers and external agencies to ensure the best possible care and outcomes for consumers.
- Conduct regular audits and surveillance to identify any potential risks of infection transmission and developing strategies to address risks.

View the [Infection prevention and control leads](#) page for more information.

### NOTE:

Home care providers aren't required to appoint an IPC lead, but are encouraged to review the information and complete sufficient training to understand and manage the risks in their particular service, and support the health and well-being of staff and aged care consumers under their care.

# Roles and responsibilities in infection prevention and control

## Role of a committee

The governing body and IPC lead(s) can utilise their care governance committee or a specific IPC committee to ensure the IPC program (including AMS) is effective. An IPC committee's role in this context is to help guide and review a provider's IPC program, strategies and plans. This includes the following responsibilities:

- Support the development, implementation, and evaluation of the IPC program.
- Ensure IPC practices are based on current evidence and best practice guidelines.
- Review and provide feedback on IPC policies and procedures.
- Review incidents or issues raised that relate to clinical care related to infection and/or outbreak management.
- Ensure that IPC measures are effectively implemented and monitored.
- Review consumers' experiences and feedback and modify the IPC program to provide better consumer outcomes.



**Australian Government**  
Aged Care Quality and  
Safety Commission



# Additional Resources

