New Aged Care Infection Prevention and Control Guide webinar

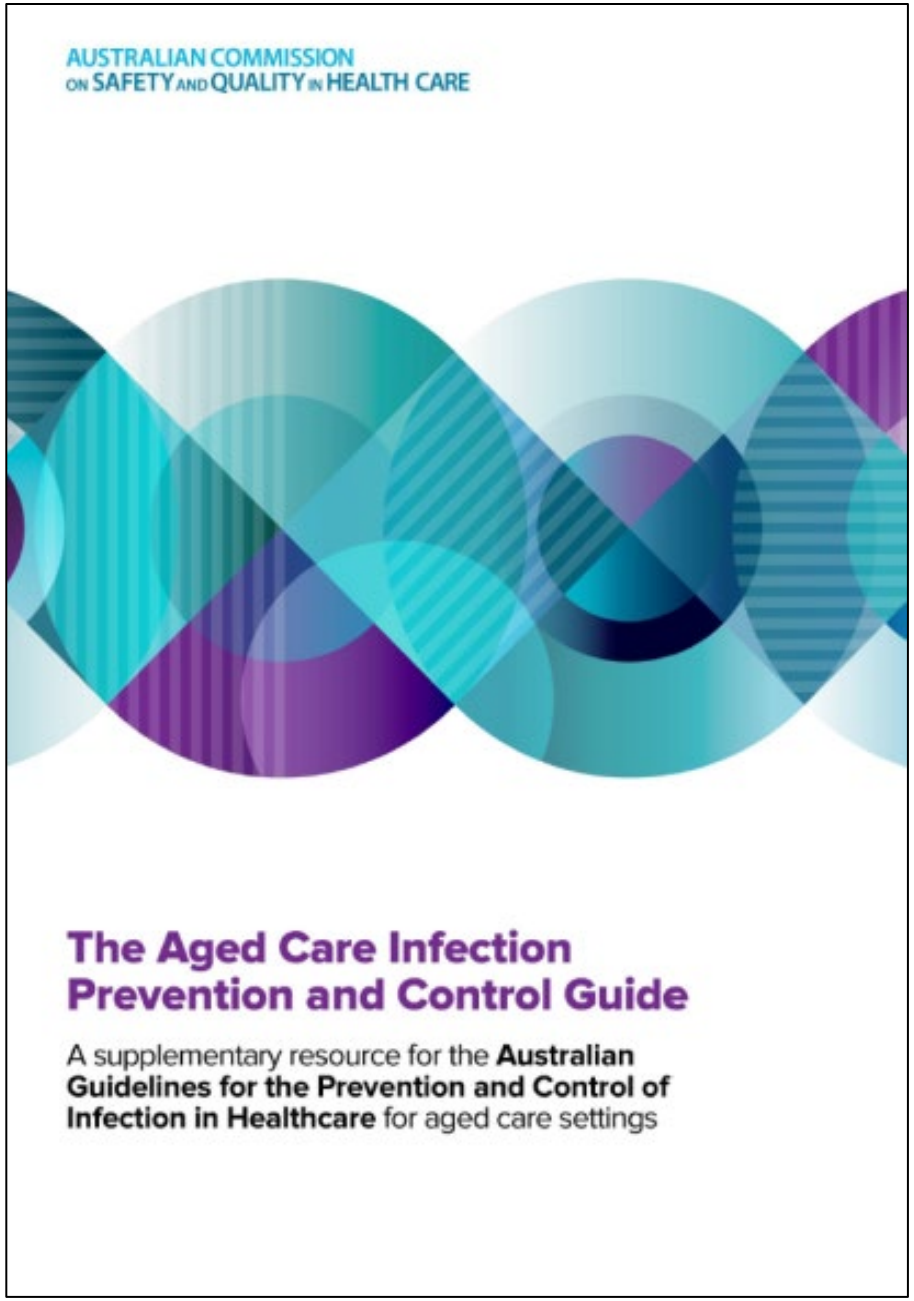
3 October 2024

Rhiannon Box

Assistant Secretary

Emergency Preparedness and Response Branch

Department of Health and Aged Care



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[The Aged Care Infection Prevention and Control Guide | Australian Commission on Safety and Quality in Health Care]

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

The Aged Care Infection Prevention and Control Guide

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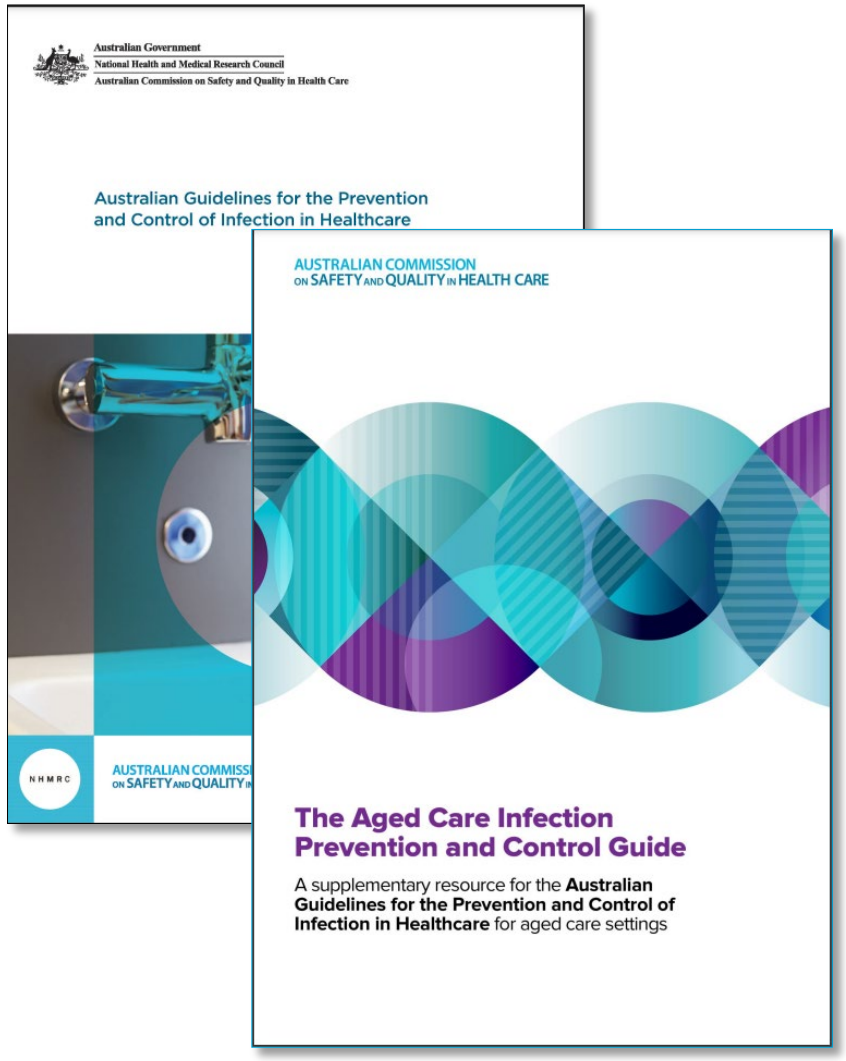
Australian Commission on Safety and Quality in Health Care

Purpose

The purpose of the Aged Care IPC Guide is to:

- support aged care organisations to meet the requirements of the strengthened Aged Care Quality Standards
- supplement the Australian Guidelines for the Prevention and Control of Infection in Healthcare (AICGs)
- support those responsible for IPC and policy development in aged care settings.

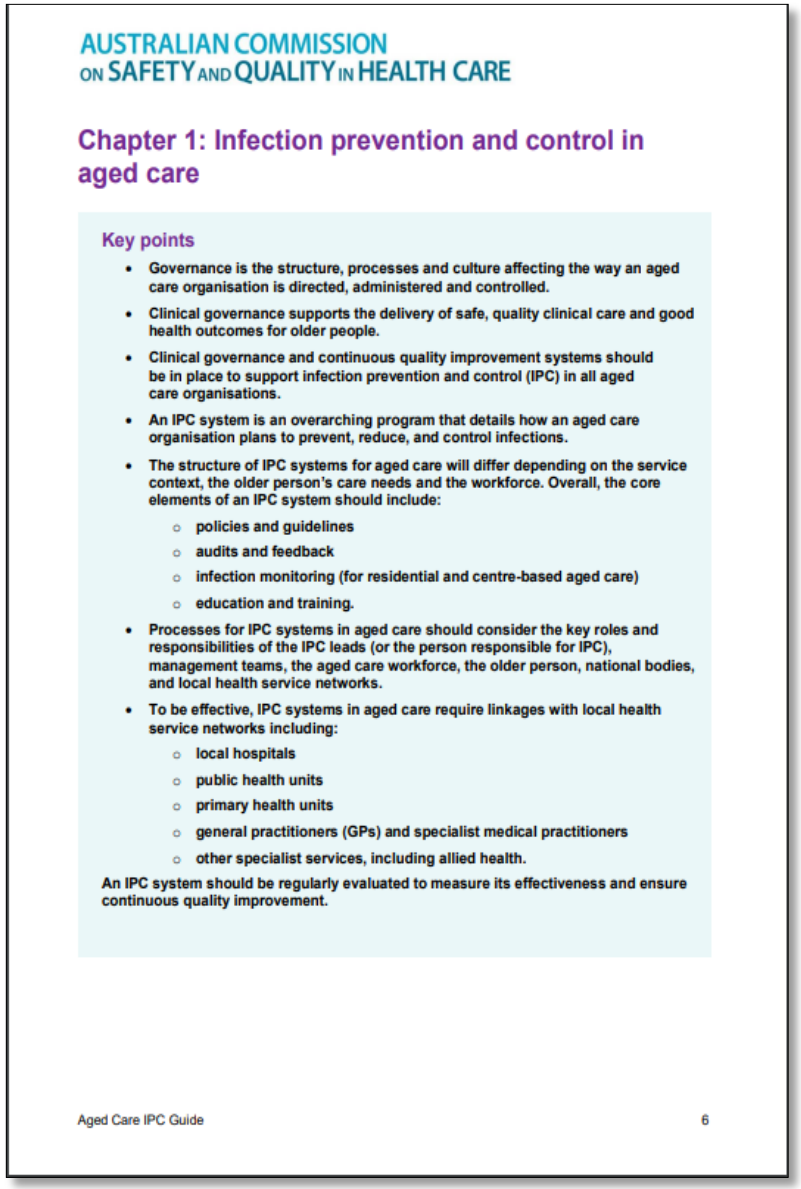


How to use the Guide?

- Inform daily practice and education
- Policy development and review
- Support understanding of IPC obligations
- In combination with other guidelines to inform risk assessment.

Simplifying key information

Coloured information boxes and chapter summaries highlight key information in the Guide



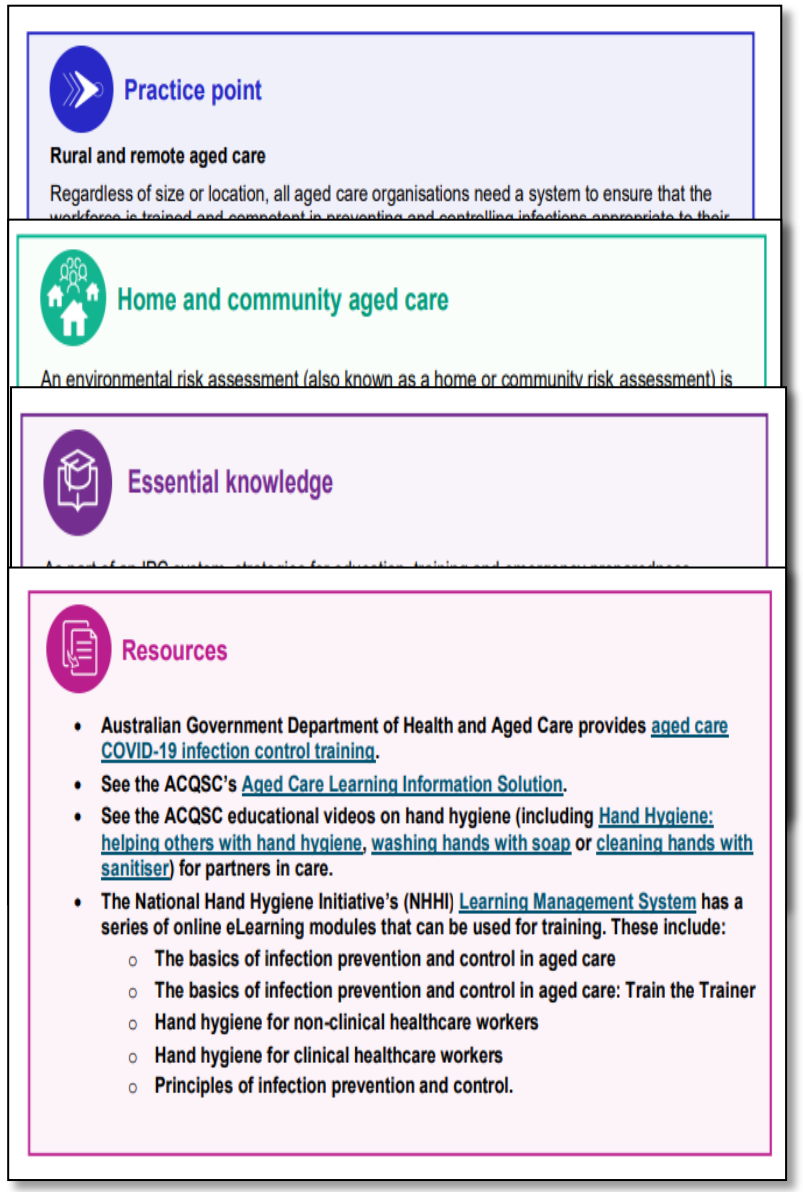
AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

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.



Practice point

Rural and remote aged care

Regardless of size or location, all aged care organisations need a system to ensure that the

Home and community aged care

An environmental risk assessment (also known as a home or community risk assessment) is

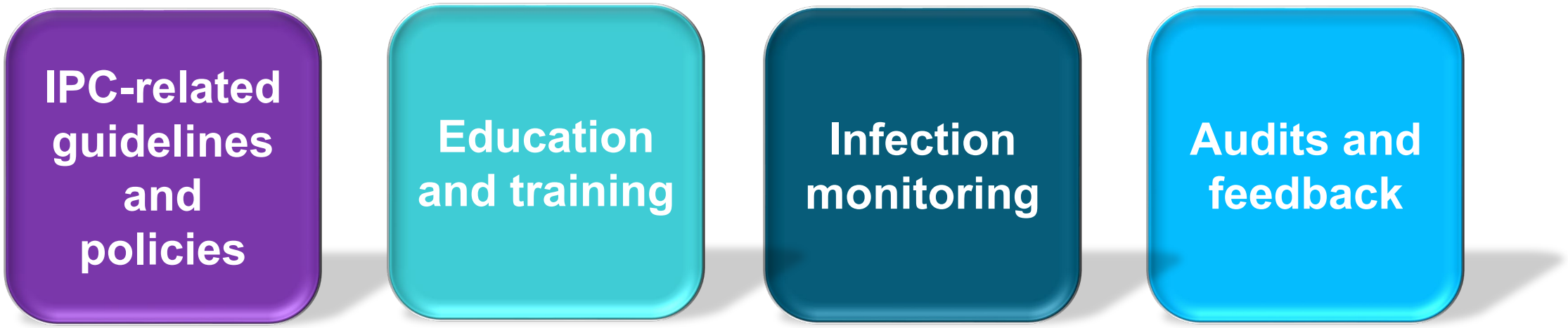
Essential knowledge

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.

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:



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 and 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

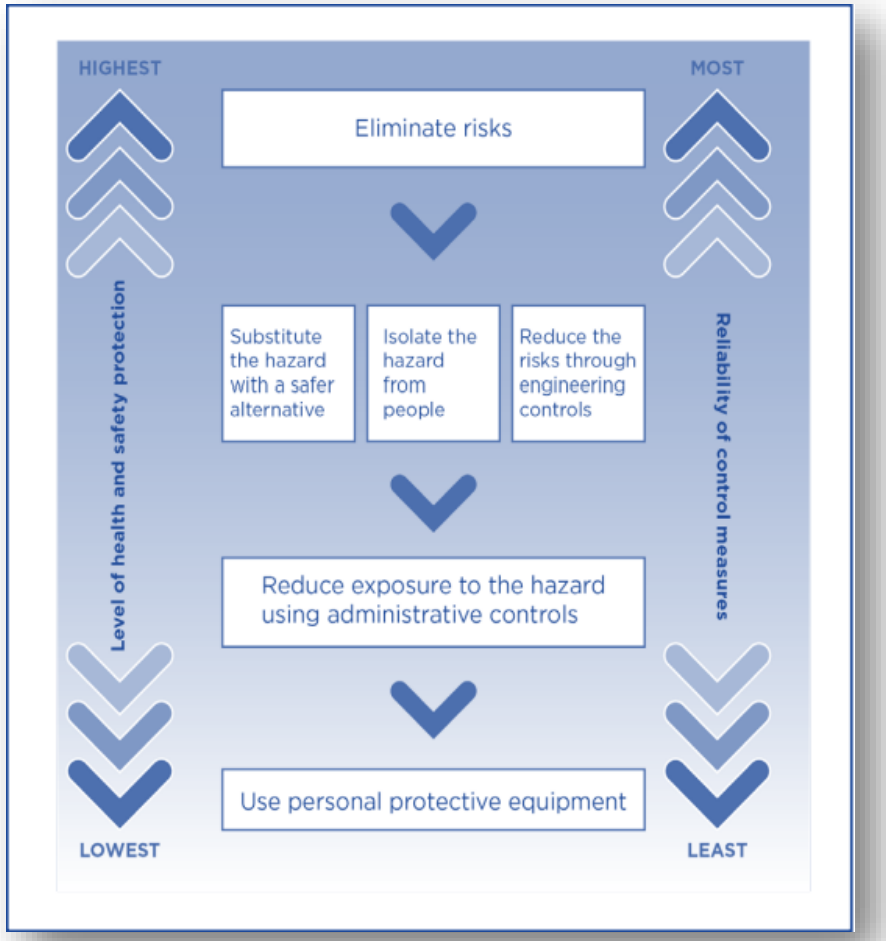
PFR risk assessment

When assessing whether in addition to eye protection, either a surgical mask or particulate filtration mask (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?

Risk assessment and management

- Aged care settings differ in complexity and in local requirements
- Elimination of infection risks is often not achievable
- **Risk acceptance** means a balance between IPC practices and a high quality of life for older persons
  - Maintaining essential visitor access is an example of accepting risk
- The hierarchy of controls model supports risk management

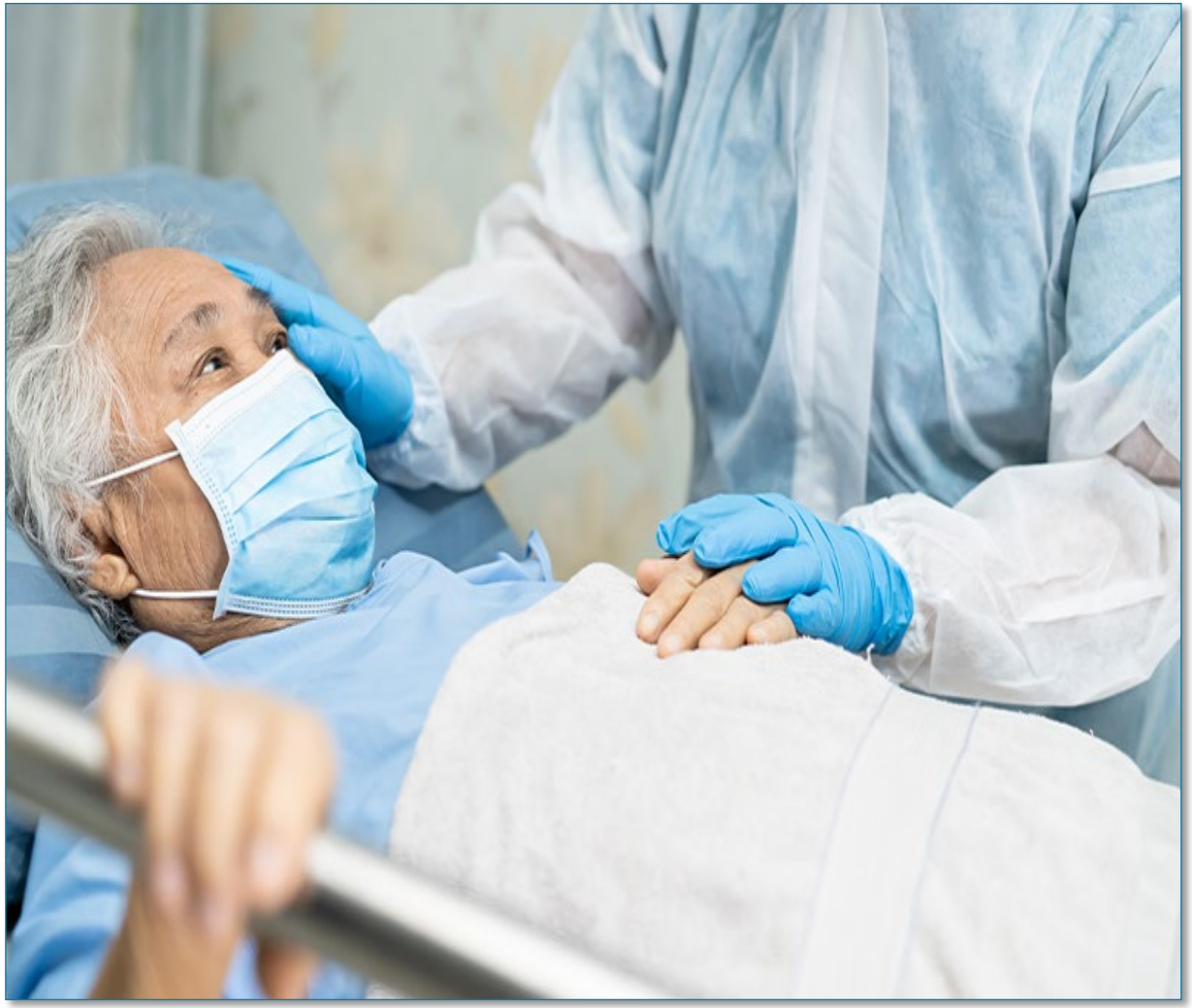


Person-centred care

- Aged care services differ from acute care services
- There needs to be a balance between:
  - 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
- Isolation should only be implemented when the benefit from the isolation is greater than the risk of psychological, emotional, and physical harm

Isolation

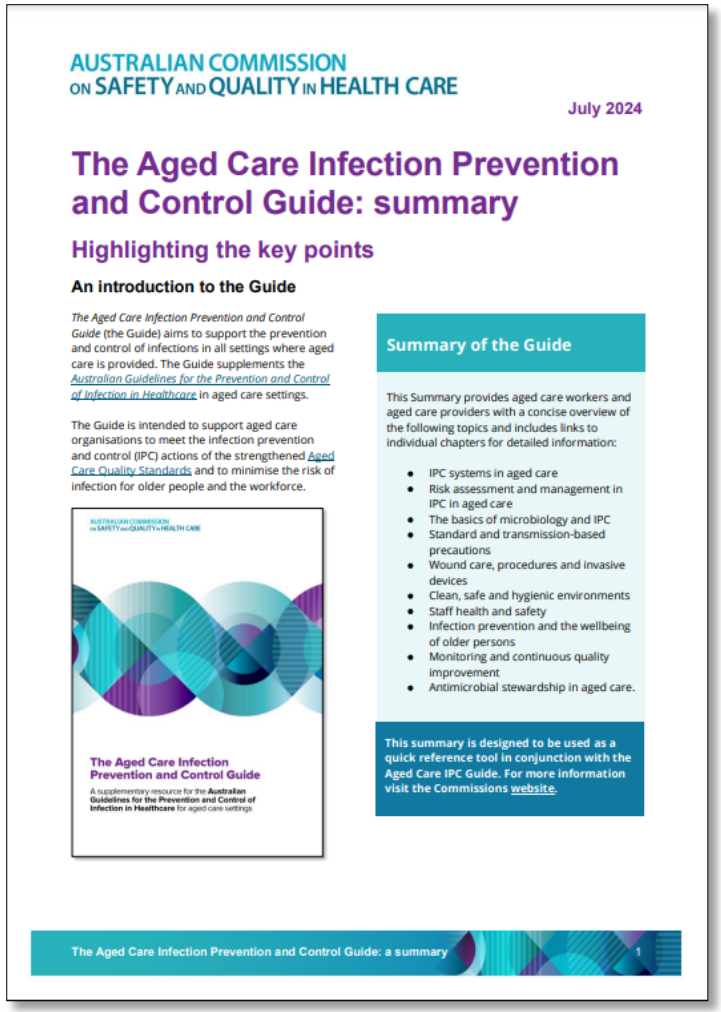
Isolation should only be implemented when the benefit from the isolation is greater than the risk of psychological, emotional, and physical harm – this will be rare.



Vaccination

- Vaccination 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.

Supporting resources



AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

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 Infection 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.

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 Commissions website.

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

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 line 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 sanitiser, 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 prickers into a puncture and leak proof container. Never overfill 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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safetyandquality.gov.au

Don't forget to check out our supporting resources for aged care!

Website and socials

Infection prevention and control in aged care

X.com/ACSQHC

Youtube.com/user/ACSQHC

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The Aged Care Infection Prevention and Control guide

Loren deVries
Senior Practitioner
Qualified Nurse Practitioner Aged Care

3 October 2024

Infection prevention and control (IPC)

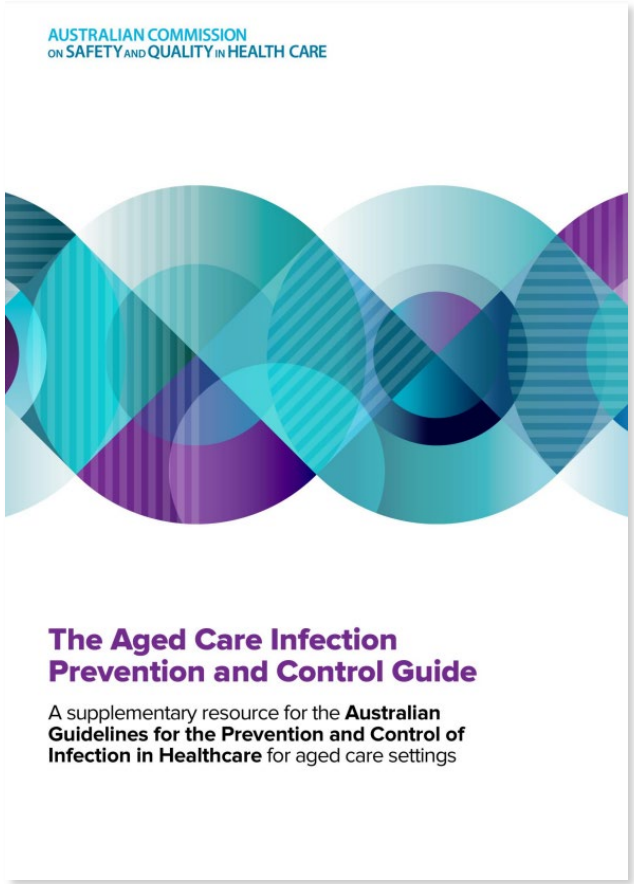
- Older people receiving aged care typically have some degree of frailty associated with chronic progressive health conditions. Their health is not robust and their natural immune defences are often weakened.
- They tend to be more vulnerable to infection – both contracting infectious diseases and being seriously affected by them.
- Infection prevention and control is a critical component of delivering safe and quality care to older people.
- Aged care providers have responsibilities to ensure that:
  - policies, practices, and processes are up to date
  - staff have the required level of training, competence and supervision to manage infection prevention and control.
- It's not just about COVID-19 – but that certainly concentrated our minds!

The Aged Care Infection Prevention and Control Guide:

- outlines the basic principles of infection prevention and control and explains how to apply these principles using a risk-based approach.

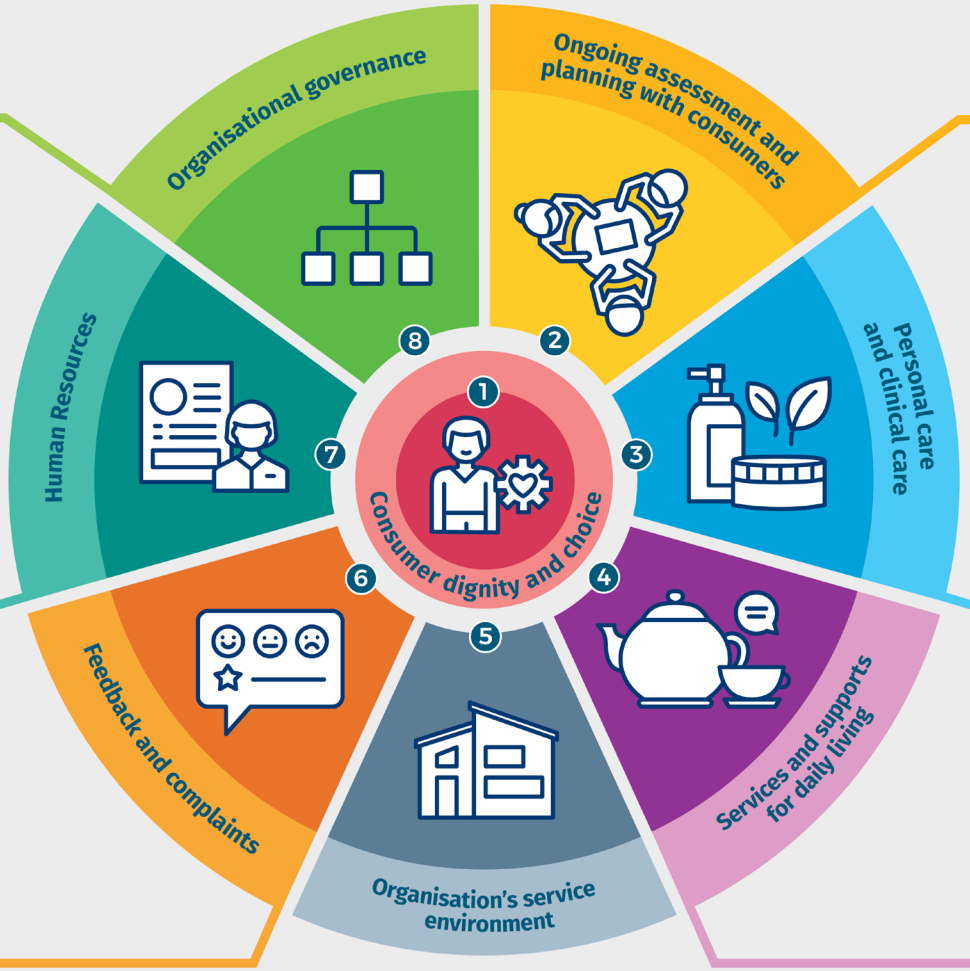
- supports implementation of the strengthened Aged Care Quality Standards.

- supplements the Australian Guidelines for the Prevention and Control of Infection in Healthcare for the aged care workforce and those providing care for older people.



Aged Care Quality Standards

agedcarequality.gov.au



Standard 1

Consumer outcome

I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

Standard 2

Consumer outcome

I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

Standard 3

Consumer outcome

I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

Standard 4

Consumer outcome

I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

Standard 5

Consumer outcome

I feel I belong and I am safe and comfortable in the organisation's service environment.

Standard 6

Consumer outcome

I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

Standard 7

Consumer outcome

I get quality care and services when I need them from people who are knowledgeable, capable and caring.

Standard 8

Consumer outcome

I am confident the organisation is well run. I can partner in improving the delivery of care and services.

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Aged Care Quality Standards

(July 2019)

- Standard 3 (3) (b) and (g)
- Standard 8 (3) (d) and (e)

Standard 3
Personal care and clinical care

Consumer outcome:

3 (1) I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

Organisation statement:

3 (2) The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer's needs, goals and preferences to optimise health and well-being.

Requirements

3 (3) The organisation demonstrates the following:

3 (3) (a) Each consumer gets **safe and effective personal care, clinical care**, or both personal care and clinical care, that:
- i) is **best practice**; and
- ii) **tailored** to their needs; and
- iii) optimises their **health and well-being**.

3 (3) (b) Effective **management of high-impact** or high-prevalence **risks** associated with the care of each consumer.

3 (3) (c) The needs, goals and **preferences** of consumers **nearing the end of life** are recognised and addressed, their comfort maximised and their dignity preserved.

3 (3) (d) Deterioration or change of a consumer's mental health, cognitive or physical function, capacity or condition is **recognised and responded to** in a timely manner.

3 (3) (e) Information about the consumer's condition, needs and preferences is **documented and communicated** within the organisation, and with others where responsibility for care is shared.

3 (3) (f) Timely and appropriate **referrals** to individuals, other organisations and providers of other care and services.

3 (3) (g) **Minimisation of infection**-related risks through implementing:
- i) standard and transmission-based precautions to prevent and **control infection**; and
- ii) practices to promote **appropriate antibiotic prescribing** and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

Standard 8
Organisational governance

Consumer outcome:

8 (1) I am confident the organisation is well run. I can partner in improving the delivery of care and services.

Organisation statement:

8 (2) The organisation's governing body is accountable for the delivery of safe and quality care and services.

Requirements

8 (3) The organisation demonstrates the following:

8 (3) (a) Consumers are **engaged** in the development, delivery and evaluation of care and services and are supported in that engagement.

8 (3) (b) The organisation's governing body promotes a **culture of safe, inclusive and quality care** and services and is accountable for their delivery.

8 (3) (c) Effective organisation wide **governance** systems relating to the following:
- i) **information** management
- ii) continuous **improvement**
- iii) **financial** governance
- iv) **workforce** governance, including the assignment of clear responsibilities and accountabilities
- v) **regulatory** compliance
- vi) **feedback** and complaints.

8 (3) (d) Effective **risk management** systems and practices, including but not limited to the following:
- i) managing **high-impact** or high-prevalence risks associated with the care of consumers
- ii) identifying and responding to **abuse and neglect** of consumers
- iii) supporting consumers to **live the best life** they can
- iv) managing and preventing incidents, including the use of an incident management system.

8 (3) (e) Where clinical care is provided — a **clinical governance framework**, including but not limited to the following:
- i) **antimicrobial** stewardship
- ii) minimising the **use of restraint**
- iii) open **disclosure**.

What we expect from providers all the time

- Genuine partnership with older people that respects and animates their rights
- Meeting obligations and reaching for high quality care
- Looking for opportunities to improve

What we expect when things go wrong

Providers understand and fix what went wrong

Remedy

Providers listen to and partner with older people to restore their trust in care

Restore

Providers take action to prevent the issue from happening again

Prevent

Getting ready for new legislative provisions

The Commission is supporting sector readiness for the new Aged Care Act, new strengthened Aged Care Quality Standards and new regulatory framework

For **older people**

to understand what to expect from their care and how the Commission can help when their aged care experience falls short

For **providers**

to understand their obligations, what we expect to see in the delivery of care, how we will assess performance and how we will regulate

For **workers**

to understand their obligations, what is important in delivering quality safe care and how the Commission can help them to raise concerns

Proposed registration categories

Provider registration category	Description	Service types	Application to registration categories			
			Provider obligations	Code of Conduct	Aged care quality standards – core 1–4	Aged care quality standards – module 5–7
Category 1	**Home and community services**	• Domestic assistance • Home maintenance and repairs • Meals • Transport	✓	✓		
Category 2	**Assistive technology and home modifications**	• Equipment and products • Home adjustments	✓	✓		
Category 3	**Advisory and support services**	• Hoarding and squalor assistance • Social support and community engagement	✓	✓		
Category 4	**Personal care and care support in the home and community (including respite)**	• Allied health and other therapy • Personal care • Nutrition • Therapeutic services for independent living • Home or community general respite • Community cottage respite • Care management • Restorative care management	✓	✓	✓ *Standard 1: The Person* *Standard 2: The Organisation* *Standard 3: The Care and Services* *Standard 4: The Environment*	
Category 5	**Nursing and transition care**	• Nursing care • Assistance with transition care	✓	✓	✓ *Standard 1: The Person* *Standard 2: The Organisation* *Standard 3: The Care and Services* *Standard 4: The Environment*	✓ *Standard 5: Clinical Care* *(Outcome 5.1 Clinical Governance (applies to the surface types of care management and restorative care management only))*
Category 6	**Residential care (including respite)**	• Residential accommodation • Residential everyday living • Residential services • Residential clinical care	✓	✓	✓ *Standard 1: The Person* *Standard 2: The Organisation* *Standard 3: The Care and Services* *Standard 4: The Environment*	✓ *Standard 5: Clinical Care* *Standard 6: Food and Nutrition* *Standard 7: The Residential Community*

Strengthened Aged Care Quality Standards

- **Simplified, comprehensive, measurable**
  - from 8 to **7 standards**
  - from 42 requirements to 33 outcomes with **146 supporting actions**
- Strengthened **focus areas**
- Each standard has:
  - **intent** and **expectation statement**
  - **outcomes** and **actions**

Standard 1

The person

1.1 Person-centred care

Safety, health, wellbeing and quality of life of older people is the primary consideration in the delivery of care and services.

1.3 Choice, independence and quality of life

Older people can exercise choice and make decisions about their care and services, with support when they want or need it.

Standard 2

The organisation

2.2 Quality and safety culture

Focuses on continuous improvement, embraces diversity and prioritises the safety, health and wellbeing of older people and the workforce.

2.4 Risk management

Risk management system applied to identify, manage and continuously review risks to older people, workers and the provider's operations.

Standard 4

The environment

4.2 Infection prevention and control

Provider has an appropriate infection prevention and control system.

Workers use hygienic practices and take appropriate infection prevention and control precautions when providing
care and services.

Standard 5

Clinical care

5.1 Clinical governance

Provider integrates clinical governance into corporate governance to actively manage and improve the safety and quality of clinical care for older people.

5.2 Preventing and controlling infections in clinical care

Implements an antimicrobial stewardship system and infection risks are minimised and, if they occur, are managed effectively.

IPC and Commission campaigns

The Commission undertakes a range of regulatory activities to monitor compliance and mitigate risk to aged care consumers.

Spot check monitoring of infection control practice is part of our usual regulatory activities.

When we conduct an infection control spot check, we will use the Infection Control Monitoring Checklist. Providers can use the checklist to test their IPC preparedness and current processes.

We also use assessment contacts to check how providers are doing in identified areas of sector risks. These are areas where many providers are potentially falling short or where they may need help with improving and understanding how they might reduce harm to older people receiving care. In residential care we are currently focusing on 4 key areas of risk including:

- infection prevention and control
- COVID-19 vaccinations.

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How the IPC Guide can support the sector to comply with the Quality Standards

- Supports providers and services to implement infection prevention, infection control and Antimicrobial Stewardship (AMS) across all aged care settings
- Providers can minimise infection risk by applying evidence-based IPC strategies and following the endorsed guidelines
- The benefit of the IPC Guide is that it has been created specifically for the aged care sector (residential, community and home-based environments) and takes into consideration **vulnerabilities to infection** and **goals of care** of older people.

Example – how providers demonstrate they are accessing and managing IPC risk

In the Strengthened Standards, Standard 5 Clinical care, Outcome 5.6 Cognitive impairment, Action 5.6.1:

The provider identifies and responds to the complex clinical care needs of people with delirium, dementia and other forms of cognitive impairment by:

- identifying and mitigating clinical risks
- delivering increased care requirements
- being alert to deterioration and underlying contributing clinical factors.

The Guide:

- supports the understanding of the basic principles of IPC and how to apply these principles using a risk-based approach to minimise infection-related risk, including where older people are living with a cognitive impairment or dementia and may be unable to adhere to IPC practices
- recognises that it may not be possible to eliminate all infection-related risks associated with providing care and that some interventions can result in prolonged restrictions
- uses the term ”risk-based isolation” to support providers and workers to understand the benefits AND risks of isolation strategies
- promotes a systematic risk assessment approach to inform appropriate management. It recognises that Interventions must be informed by consideration of risks and benefits for older persons and workers and the overall aim is to make risk as low as possible
- provides a guide on how to assess infection risk in the care environment – separates residential aged care settings with home/community-based settings to identify higher risk situations for transmission of infections
- provides suggestions on approaches to mitigate infection risks.

Example – Antimicrobial Stewardship: How the IPC Guide aligns with the strengthened Quality Standard

In Standard 5: Clinical care, Outcome 5.2:

Preventing and controlling infections in clinical care, Action 5.2.1:

The provider implements an antimicrobial stewardship system that complies with contemporary, evidence-based practice and is relevant to the service context.

The Guide:

- aligns well with the strengthened Standards as it describes the components of an AMS system and the suggested roles and responsibilities
- provides detail to support how to implement in practice and specifies elements of an AMS program in both residential and home/ community-based settings
- provides data on common infections requiring antimicrobial use in residential aged are homes to point providers to areas that they may wish to direct worker education and training
- provides suggestions on auditing and surveillance to understand common infections and what antimicrobials are being used in the setting
- provides advice on how to perform a self-assessment to understand gaps in an AMS system and how to design a plan for monitoring and continuous improvement for AMS (and IPC).

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Infection prevention and control (IPC) operational readiness
self-assessment checklist

Does your service have the following to support your Infection Prevention and Control program:

- ☐ Plans: Management, IPC, Risk Management, Outbreak etc.
- ☐ Workplace policies, procedures and written operational documents
- ☐ Information and planning to support and facilitate access to vaccinations for older people (including boosters)
- ☐ Record keeping and reporting protocols (including vaccination records)
- ☐ Compliance and quality measures
- ☐ Plans for continuous improvement around IPC and risk-management
- ☐ Staff have ready access to information on IPC that is current
- ☐ Staff, visitor and volunteer communication processes
- ☐ Qualified and trained aged care workers proficient in IPC practices (for example: do you have a system of competency assessment for key IPC procedures e.g. hand hygiene, aseptic technique, use of PPE)
- ☐ Continuing professional opportunities for trained IPC staff
- ☐ Measures for rapid access to and use of oral antiviral treatments

How does your service communicate about changes in your IPC program with your workers, students, volunteers and visitors?
For example: communiques, training/learning, policies, posters, meetings.

Requirement may vary between residential, home services and flexible care.

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Infection prevention and control (IPC) governance
self-assessment checklist

Does your aged care service have:

- ☐ A documented IPC program with appropriate policies and procedures?
- ☐ Documented IPC risks contextualised to your service?
- ☐ A committee with oversight of IPC in your service?
- ☐ Your IPC program managed by an accountable lead within your service?
- ☐ An allocated IPC lead?
- ☐ Roles and responsibilities for IPC clearly articulated within the IPC program?
- ☐ Sufficient resources allocated to enable implementation of the IPC program?
- ☐ Contingencies for a variety of infection and transmission types detailed in your IPC program?
- ☐ A documented staff vaccination program?
- ☐ Information and planning to support and facilitate access to vaccinations for older people (including boosters)
- ☐ Record keeping and reporting protocols (including vaccination records)
- ☐ Measures for rapid access to and use of oral antiviral treatments

As part of your governance process does your aged care service:

- ☐ Review national and state guidance for relevant changes
- ☐ Review and update organisational operational policies and procedures as required
- ☐ Review and update your organisational IPC management plans as required
- ☐ Maintain version control and dated amendments on all infection prevention and control documentation required for your governance and service provision

Requirement may vary between residential, home services and flexible care.

IPC online tools

IPC location-based guidance

Select the most relevant state or territory below to find links to commonwealth and state or territory aged care specific IPC guidance.

Return to IPC online tools menu

- ○ Australian Capital Territory
- ○ New South Wales
- ○ Northern Territory
- ○ South Australia
- ○ Tasmania
- ○ Queensland
- ○ Victoria
- ○ Western Australia
- ○ Commonwealth guidance

Australian Government
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Infection control monitoring checklist

Date of assessment contact: [Date of assessment contact]

Entry time: [Entry time] **Exit time:** [Exit time]

Names of regulatory officials: [Regulatory officials]

Service name: [Service name]

Commission ID (RACS): [Commission ID]

Name of person in charge of service: [Name of person in charge of service]

Number of older people currently at the service: [Number of older people currently at the service]

Service arrangements: [Room arrangements]

SCREENING ON ENTRY *Question 1 to 2 completed based on observations when entering the service and of all other admission points to the service*		Yes/No
1	The following screening procedures are in place at the service:	
	Sign in register for all visitors, agency staff, transportation staff and other contacts who enter the service	Yes/No
	Pre-entry screening questions/measures/expectations of visitors clear	Yes/No
	Alcohol-based hand sanitiser	Yes/No
	Sanitiser wipes available at staff or visitor electronic sign in	Yes/No
	Direction on PPE required to enter the service	Yes/No
	Other, [Direction on PPE required to enter the service - Other]	Yes/No
2	Are signs located at all entrances to the service instructing visitors and staff not to enter if they have fever or symptoms of a respiratory or gastrointestinal infection?	Yes/No
If no to any of the above, provide details and areas of improvement: [Screening on entry - Provide details and areas of improvement]		
3	Action was taken during the spot check to rectify an IPC issue identified in this section.	Yes/No
If yes, note what was observed: [Screening on entry action taken comments]		

Australian Government
Aged Care Quality and Safety Commission

Engage Empower Safeguard

Psychotropic self-assessment tool
Frequently asked questions

January 2022

Written by Dr Melanie Wroth, Chief Clinic
and A/Prof Juanita Breen, Consultant Ph

IPC resource collection

Welcome to the Infection and Prevention Control (IPC) resource tool. This tool can be used by both residential and home care providers to help you easily and quickly access key pieces of information and reference materials on infection prevention and control, as you need them.

You can also watch a recording of the ACCPA Winter Preparedness Presentation to get started (Youtube).

Please choose a topic and sub-topic below to view the relevant information.

Select

Professor Alison McMillan PSM

Chief Nursing and Midwifery Officer

Department of Health and Aged Care

For more information

Email the department:
agedcareipc@health.gov.au

Visit our website:

Department of Health and Aged Care Health.gov.au

Webinar survey

Thank you for attending today's webinar.

Please provide your feedback by answering 3 short questions:

For more information visit:

- The Aged Care Infection Prevention and Control Guide- summary resource
- Australian Guidelines for the Prevention and Control of Infection in Healthcare
- Infection prevention and control in aged care | Australian Commission on Safety and Quality in Health Care
- National Guideline for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection (ARI) in Residential Aged Care Homes
- Strengthened Quality Standards
- Infection Control Monitoring Checklist

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(My Aged Care's free call phone line)