



# Aged care infection prevention and control webinar – 3 October 2024

## Responses to frequently asked questions

Responses provided are on behalf of the Department of Health and Aged Care (the department) and are correct at the time of publishing. We encourage all aged care providers and workers to refer to their local [state and territory government health department](#) directions for the latest local advice.

## **Due to the nature of the clients who receive home care, what are the expectations for antimicrobial stewardship (AMS) implementation in home care settings?**

Antimicrobial stewardship (AMS) programs in aged care, including home care, need to be tailored to the specific context of the service and the people receiving care.

Infection prevention and control (IPC) practices are a key part of an effective response to AMS. Preventing infection reduces the need for antimicrobials and therefore the opportunity for microorganisms to develop resistance. Vaccination also contributes to reducing the risk of AMR because it can prevent infectious diseases and reduce the prevalence of primary viral infections, which are often inappropriately treated with antimicrobials.

[Chapter 10: Antimicrobial stewardship in aged care](#) of the Aged Care Infection Prevention and Control Guide (Aged Care IPC Guide) offers guidance on AMS in aged care (including home care), outlining practices to promote responsible antimicrobial use and reduce resistance, tailored specifically to the needs of these environments.

In addition, [Chapter 16: Antimicrobial stewardship in community and residential aged care](#) of the Antimicrobial Stewardship in Australian Health Care provides further detail on antimicrobial use and appropriateness of use in the community and in residential aged care. The chapter discusses infections experienced by older people, strategies to improve antimicrobial use, and considers the barriers to the implementation of these strategies.

## **What IPC evidence do you look for if risk assessing or considering person centred care?**

Person-centred care is an approach that ensures the safety, health, wellbeing, and quality of life of older people are the primary considerations in care and service delivery. This approach places the values, preferences, and needs of each individual at the centre of all care decisions, respecting their right to make choices and maintain their independence.

In terms of IPC, aged care providers need to find a balance between maintaining an environment that minimises the spread of infection and reducing 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. Further guidance on person-centred IPC strategies and risk assessment can be found in the [Aged Care Infection Prevention and Control Guide](#).

The following resources may assist with enhancing your IPC operational readiness:

- [IPC operational readiness self-assessment checklist](#)
- [IPC governance self-assessment checklist](#)
- [Infection Control Monitoring Checklist](#).

When planning for and managing outbreaks, providers must engage residents and their representatives in key decisions prior to an outbreak. This should include resident choices regarding isolation, and if temporary relocation during an outbreak is appropriate and consented to. Isolation should only be implemented when the benefit from the isolation is greater than the risk of psychological, emotional, and physical harm.

Further guidance on outbreak management can be found in the [National Outbreak Management Guideline for Acute Respiratory Infection \(including COVID-19, influenza and RSV\) in Residential Aged Care Homes](#).

The Australian Commission on Safety and Quality in Health Care also provides detailed guidance on [person-centred care](#).

## **How should aged care workers use respiratory precautions to manage COVID-19 positive older people?**

A risk assessment should be used to inform what precautions are required if caring for an older person with COVID-19. The risk assessment needs to consider the likelihood of transmission to others, as well as protecting the individual care worker and ensuring quality care for the older

person. The risk assessment will inform the minimum level of precautions required. However additional precautions may be preferred on occasion by organisations and individual aged care workers.

When caring for an older person with COVID-19, there is a low risk of secondary transmission when a surgical mask with eye/facial protection is used in conjunction with other IPC strategies.

Increased protection, for example, using a particulate filter respirator (PFR) instead of a surgical mask, is recommended if additional risk factors are present, such as:

- when an older person has a suspected or confirmed respiratory infection and needs assistance with an aerosol-generating or other high-risk procedure
- the older persons room is not well ventilated
- when the older person is cognitively impaired and unable to follow basic IPC precautions, such as covering their mouth when coughing or sneezing.

See Chapter 4 of the [Aged Care IPC Guide](#) for further information.

## **Why has the Aged Care IPC Guide focused on respiratory precautions rather than the current droplet and airborne precautions?**

The [Aged Care IPC Guide](#) focuses on two broad types of transmission-based precautions - contact precautions and respiratory precautions.

The Aged Care IPC Guide explains that respiratory transmission can occur when an infected person coughs, sneezes, talks or sings, or during aerosol-generating procedures. Respiratory transmission may involve either droplets or airborne particles. The term 'respiratory precautions' is used to cover transmission of infections by both droplets and airborne particles.

The personal protective equipment (PPE) recommended for respiratory precautions will generally include a surgical mask and facial/eye protection. Particulate filter respirators (PFRs), including N95 and P2 respirators, are only recommended in aged care settings during high-risk situations such as during an aerosol-generating procedure or other similar procedures for an older person with a suspected or confirmed respiratory infection.

For most situations when an aged care worker is caring for a person with a respiratory infection that is spread via the droplet or airborne route, a surgical mask with eye protection offers a high level of protection and is recommended. In some unusual and higher risk situations, a PFR might be used instead of a surgical mask. The IPC lead(s) or the person(s) responsible for IPC should (if possible) be consulted about assessment of the risk of respiratory transmission before a PFR is used.

For more information, IPC leads or those responsible for IPC can refer to the 'IPC lead/person responsible for IPC risk assessment' in Chapter 4 of the [Aged Care IPC Guide](#).

## **How do vaccinations reduce an outbreak?**

Infectious diseases are often spread from person to person. Outbreaks of common infectious diseases like the flu and COVID-19 occur frequently in the general community.

In places where lots of people live close together, like aged care homes, outbreaks can be hard to control.

Vaccination is a safe and effective way to protect individuals from harmful infections and prevent the spread of disease in the community. Vaccines work by stimulating the immune system to recognise and respond to specific pathogens, allowing the body to 'remember' and fight off these infections if encountered later. This immune response can prevent illness or lessen its severity.

When a lot of people in a community are vaccinated the pathogen has a hard time circulating because most of the people it encounters are immune. Vaccinating not only protects residents and staff, but also protects those in the community who are unable to be vaccinated.

For further information about vaccination and Immunisation can be found on the [Department of Health and Aged Care website](#).

## **Many next of kins are not responding to vaccination consents for residents. What is considered an acceptable percentage for resident vaccination?**

The Department of Health and Aged Care has not determined an 'acceptable percentage for resident vaccination'. However, we acknowledge that some residents and their guardians refuse vaccinations due to a lack of understanding vaccination benefits.

Each resident has the choice to have vaccinations or not, the Australian Government strongly encourages residents to keep up to date with vaccinations as getting vaccinated protects individuals and their fellow residents. The aged care provider must help residents to access vaccinations.

As with all vaccines, informed consent is required for each COVID-19 vaccination. Residential aged care providers, GPs, pharmacists and vaccine providers are responsible for discussing, organising and recording consent residents before vaccination. Residential aged care providers are responsible for keeping consent records for all residents.

Some jurisdictions have specific requirements relevant to guardians (or substitute decision-makers) consenting on behalf of another person. Refer to relevant state and territory laws for more information.

Under Aged Care Quality Standard 3: Personal care and clinical care requirement, aged care providers are expected to minimise infection-related risks through implementing standard and transmission-based precautions to prevent and control infection.



The Aged Care Quality and Safety Commission may take regulatory action if a provider is found to be exposing residents to heightened risk of harm because they haven't put in place the necessary preventative measures, such as:

- IPC process oversight, audit and monitoring, which should include record keeping
- disease outbreak prevention, detection and management
- access to vaccines, antiviral therapy and timely medical services
- monitoring and facilitating IPC education and competency training for staff.

Aged care homes must be aware of the risk factors and the importance of having clinical leadership and training, robust infection prevention and control measures, up-to date vaccinations and testing programs.

## **What does this look like in home care - particularly in regard to competency assessment?**

Providing aged care services within a home or community environment will pose unique challenges when identifying and managing risks in the environment where care is provided.

To address these challenges and risks, home and community aged care providers should establish a comprehensive IPC system that includes core components:

- IPC-related guidelines and policies
- clearly defined key roles and responsibilities.
- audits and feedback
- infection monitoring
- education and training.

All IPC systems should be structured on the basic principles of risk management and the hierarchy of controls.

All aged care workers should have suitable qualifications, experience or training to perform IPC practices relevant to their role. Maintaining an adequate and sustainable workforce is essential to preventing and controlling infections. Providers should offer training programs to support workers and health professionals to fulfil their IPC responsibilities including education for care workers to reduce the risk of contracting or spreading infection.

Competency assessments should be an integral part of the training system and conducted on a regular basis, enabling providers to evaluate and enhance their team's IPC capability.

The [Aged Care IPC Guide](#) provides detailed guidance on the establishment of IPC systems, the core components of IPC, risk assessment and management, and the hierarchy of controls for home and community and residential aged care.

## **Are there guidelines for the removal of waste and how can these be applied to aged care settings?**

Providing aged care services either within a residential aged care home or a home or community setting will pose unique challenges when identifying and managing risks in the environment where care is provided.

Aged care workers may be exposed to infectious diseases when providing care services through activities like:

- providing personal care; contact with blood and body fluids
- handling contaminated equipment, linen, waste and household cleaning products
- unsafe food handling and storage practices
- contact with mould, animals and animal excretions.

Waste should be disposed of at the point of generation, if practicable, into an appropriate container to prevent contamination of the environment. Waste bins should be leakproof with lids that close to prevent spillage and, if required, be lockable.

All waste must be stored and transported safely. Waste storage areas should have lockable doors, and be located away from public spaces, the care environment and food preparation areas.

Organisations should also have processes in place for the regular removal of all types of waste, including by engagement of licensed waste services. Waste should be disposed of according to local waste management plans and jurisdictional requirements.

While it is sometimes difficult to control the immediate care environment, it is always best practice to do a first (and then regular) environmental risk assessment to identify any immediate hazards that may impede the provision of care and services. This is in addition to managing any potential work health and safety risks (such as pets or access issues) to the workforce providing care.

You can read more about waste management in the [Aged Care IPC Guide](#) or refer to your state or territory government website.