



GUIDE FOR JURISDICTIONS: DEPLOYMENT OF TARGETED INFECTION PREVENTION AND CONTROL TRAINING FOR STAFF WORKING IN COMMONWEALTH FUNDED RESIDENTIAL AGED CARE FACILITIES

PURPOSE

To guide jurisdictions' deployment of targeted infection prevention and control (IPC) training for staff working at Commonwealth funded residential aged care facilities (RACF) funded through Schedule D of the National Partnership on COVID-19 Response (Schedule D).

An ongoing focus on IPC capability in the aged care sector is crucial to strengthen quality of care and protect the health and lives of older Australians. Targeted IPC training funded through Schedule D and in line with this Guide will:

1. assist each RACF to have a workforce that is trained, competent and confident in applying standard and transmission-based IPC precautions and is prepared to manage an outbreak of COVID-19; and
2. Strengthen relationships between RACFs and State health departments regarding prevention, surveillance and management of a COVID-19 outbreak.

This Guide provides information for jurisdictions on how targeted IPC training should be delivered.

Provision of training in line with this Guide does not replace the need for RACF providers to develop IPC operational guidelines for each RACF. Consistent with requirements in the Aged Care Quality Standards (Quality Standards) in the *Aged Care Act 1997*, aged care providers are expected to assess the risk of, and take steps to, prevent, detect and control the spread of infections. It is expected that each aged care provider develop an effective IPC program in line with [national IPC guidelines](#).

RACF providers are responsible for ensuring all staff have the necessary training in IPC practices. They are also responsible for ongoing oversight and monitoring to ensure that these practices are correct and sustained. Further information is available in the '[COVID-19 National Health Plan – Aged Care Preparedness](#)'.

ROLE OF TARGETED IPC TRAINING IN RACFs

To increase IPC capacity and skill of the RACF workforce, Jurisdictions will deploy targeted IPC training to staff (including ongoing and contract staff) in RACFs within the state or territory. This training should be targeted to respond to the IPC capability needs of each RACF and include delivery in a face-to-face format. Assessment of the IPC capability of staff at each RACF should be informed by advice from its IPC Lead as well as reports from the Aged Care Quality and Safety Commission (ACQSC).

INTERACTIONS WITH RACF IPC LEADS

Each RACF¹ must have a designated member of the nursing staff, who has completed specialist IPC training, appointed as the lead person for infection prevention and control (known as an IPC Lead²). The IPC Lead should be the point of contact in each RACF for the jurisdiction, with regard to delivery of the targeted IPC training. RACFs will provide contact details to jurisdictions upon request.

¹Advice provided to all RACFs in a letter from Minister Colbeck in October 2020.

²[Description of IPC Leads](#)

TARGETED IPC TRAINING DELIVERY

IPC CORE COMPETENCIES

A list of IPC core competencies, based on advice from the World Health Organisation (WHO) is provided at [Attachment A](#) to inform the scope of targeted IPC training. These IPC core competencies could be used as a tool to guide to target IPC training accordingly.

IPC training should be tailored to align with staff roles in a RACF, noting that not all core competencies are applicable for all staff. For example, training for administrative staff members may be limited to: *Introduction to IPC; Education; and, Quality, patient safety and occupational health.*

Jurisdictions should work in partnership with RACFs, including through IPC Leads to identify the current level of IPC knowledge and skills of their staff. This will inform the focus of targeted IPC training and enable tailoring to the RACF's current level of IPC competency.

DELIVERY MODALITIES

The delivery of targeted IPC training to RACFs should be undertaken by appropriately skilled and experienced health professionals who have at least minimum educational qualifications in one or more of the following fields: nursing; clinical laboratory science; medical laboratory technology; microbiology; medicine; epidemiology; public health; or a related field.

Training delivery must be sensitive to the aged care setting, the workforce composition, language proficiency, background education, demographics, and flexible to be replicated in rural and regional locations. The targeted IPC training must also include delivery in a face-to-face format for staff.

Delivery must take account of the latest state/territory directives, Commonwealth advice and link to the Aged Care Quality Standards as a frame of reference.

Jurisdictions must consider how to best tailor IPC training to the unique characteristics of the aged care staff, such as:

- maintenance of skills and promoting further development through online refresher components, and communities of practice; and
- delivery of training using flexible and innovative models to engage workers: who are Indigenous; from culturally and linguistically diverse backgrounds who may have English as a second language; and/or not engage well with an online component (e.g. delivery of the online training in a group environment).

PRIORITISATION OF TARGETED IPC TRAINING TO RACFs

The Commonwealth recognises that staff working in RACFs have varied levels of IPC skills. The resources below could be used by jurisdictions to target the prioritisation of IPC training:

- the Residential Service Risk Rating Report provided to jurisdictions from the ACQSC.
- advice from RACF IPC Leads on the IPC capability level of their service and identify any specific training needs.
- utilise its own public health intelligence sources, to inform prioritisation of RACFs for targeted IPC training and establish timeframes.

The ACQSC continues to undertake its broader regulatory responsibilities in monitoring quality of consumer care and aged care service provider compliance with the Aged Care Quality Standards. Guidance materials for approved providers including a COVID-19 fact sheet for IPC leads and related resources are published on the [ACQSC website](#).

AREAS AND DOMAINS OF IPC CORE COMPETENCIES – AGED CARE FOCUS³

AREAS	DOMAINS
Introduction to infection prevention and control	<ul style="list-style-type: none"> • Purpose of Infection prevention and control (IPC) and training • Referrals to supplementary resources and training • Identification of organisations and bodies relevant to the local jurisdiction, with IPC expertise
Leadership and infection prevention and control programme management	<ul style="list-style-type: none"> • IPC programme management and leadership • Embedding an IPC culture in RACFs • Built environment in RACFs • Frequency of training for all staff • Management of training levels for different cohorts of staff, induction training of new staff including agency, volunteers and visitors who are partners in care • Management of personnel and objects where systems are centralised e.g. kitchen, laundry, waste disposal, maintenance
Microbiology and surveillance	<ul style="list-style-type: none"> • Basic microbiology • Health care-associated infection surveillance
Infection prevention and control	<ul style="list-style-type: none"> • Standard precautions • Transmission-based precautions • Prevention of pneumonia • RACF-associated outbreak prevention and management • Precautions in RACFs (e.g. soft furnishings, providing care in close proximity and with shared facilities) • Early detection of infection in individuals, including the atypical presentation in the elderly • Assisting others with hygiene and IPC when they cannot do independently e.g. hand hygiene in residents
Education	<ul style="list-style-type: none"> • Targeted learning approach with practical components focused on Infection prevention and control
Quality, patient safety and occupational health	<ul style="list-style-type: none"> • Quality and patient safety when undertaking IPC activities • Occupational health when undertaking IPC activities

³ This list of core competencies is based on the [Core competencies for infection prevention and control professionals](#). Geneva: World Health Organization; 2020, and adapted to consider issues unique to RACFs.