



Introduction

Thank you for taking the opportunity to read and consider the draft guidance material that has been developed to support providers of aged care services to meet the new aged care quality standards. We welcome your feedback.

Once completed please save and send this completed form by email to qualityagencypolicy@aacqa.gov.au

Should you require additional support to complete this form, please contact the Australian Aged Care Quality Agency via email qualityagencypolicy@aacqa.gov.au or via phone on 1800 288 025.

1. What is your email address? *(This information will not be published)*

Email:

2. Are you answering on behalf of an organisation? If so, please provide your organisation's name

Yes, on behalf of an organisation

No, not on behalf of an organisation

Organisation name:

3. Do you give consent for your submission to be published in whole or part?

Yes, I give consent

No, I don't give consent

4. Where do you live, or, where does your organisation operate?

Please select all that apply

NSW

VIC

QLD

WA

SA

TAS

ACT

NT



5. Do you have any specific suggestions in relation to the draft guidance for Standard 1: Consumer dignity and choice? If so, what are they?

6. Do you have any specific suggestions in relation to draft guidance for Standard 2: Ongoing assessment and planning with consumers? If so, what are they?



7. Do you have any specific suggestions in relation to draft guidance for Standard 3: Personal care and clinical care? If so, what are they?

8. Do you have any specific suggestions in relation to draft guidance for Standard 4: Services and supports for daily living? If so, what are they?



9. Do you have any specific suggestions in relation to draft guidance for Standard 5: Organisation's service environment? If so, what are they?

10. Do you have any specific suggestions in relation to draft guidance for Standard 6: Feedback and complaints? If so, what are they?



11. Do you have any specific suggestions in relation to draft guidance for Standard 7: Human resources? If so, what are they?

12. Do you have any specific suggestions in relation to draft guidance for Standard 8: Organisational governance? If so, what are they?



13. On a scale of 1 to 10 (1 being not clear at all and 10 being very clear) how clear is the guidance material overall?

1

2

3

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What would make it clearer?

14. Are there any gaps in the guidance material? If yes, what else should be included in the guidance material, to help aged care service providers to meet the draft new Aged Care Quality Standards?



15. Do you have any other feedback on the guidance material?

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If you wish to contribute more information than the feedback boxes will allow, please attach a Word document or write to us in the body of your email.

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Thank you for participating in the survey.

Aged Care Standards – Guidance

Draft Guidance Standard 3 (page 44)

Key resources and relevant legislation

Seem to be missing quite a few key documents and legislation relating to infection control in this section. For example:

- NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare
- CDNA - Guidelines for the Prevention, Control and Public Health Management of Influenza outbreaks in Residential Care Facilities in Australia.
- CDNA - Series of National Guidelines (SoNGs)
- Australian Standards – for laundry practice, sharps, waste, etc

Requirement 3.8

3.8 Minimisation of infection-related risks to consumers, the workforce and the broader community through implementing:

a. standard and transmission-based precautions to prevent and control infection

b. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics

Note that ‘Standard 3 will not apply to providers only delivering services such as meals or other food services, transport, home maintenance or domestic assistance’. Suggest that minimizing infection related risks are applicable to these services thus they should be included even if the only part that is applicable to, for example meal delivery, is hand hygiene. If the decision is made not to include these services in Standard 3, then there should be a link to standards/guidelines/legislation that do.

Intent of this requirement

This section is very broad and does not give key infection control intentions.

Infection control

Suggest revising the content of this section. Language used is not contemporary with current infection control guidelines. For example, reference to isolating an infectious agent and hand washing.

Suggest the focus is on using standard precautions to reduce the risk of transmission of infection rather than hand washing and influenza vaccinations.

Suggest using language from the NHMRC Infection Control Guidelines as per the following dot points.

- Suggest mentioning governance including an infection prevention and control plan, policy and procedure documents, monitoring and education programs – Part C page 193 - 196
- Part B page 31 – first 3 dot point in the summary – Standard and Transmission-based precautions
- Suggest listing what Standard Precautions include – page 33
- Suggest outlining when Transmission-based precautions are applied – page 93

Antibiotic resistance

The first sentence is not accurate – “The inappropriate use of antimicrobials, including antibiotics leads to the emergence of antimicrobial resistant organism rather than infections.

Suggest this section outlines the key points (intentions of the requirement) relating to an antimicrobial stewardship program in aged care.

Suggest that the supporting strategies section include specific examples relating to infection control.

“Manage risk associated with HAI and antimicrobial stewardship” what does this mean?

Supporting strategies

Suggest that these are more descriptive regarding - specific policies/procedures that need to be included; outline of standard precautions; outline of specific care and support strategies for antimicrobial stewardship

Additional examples would be;

- Specific strategies relating to important components of standard precautions, specifically HH and environmental hygiene
- Influenza vaccination of staff and patients
- Specific strategies in relation to devices e.g. indwelling urinary catheters
- Specific strategies in relation to wound care
- Specific strategies relating to AMS including engagement with prescriber and pharmacist providing service to aged care facility with specifications in relation to what that service may look like, ensuring appropriate documentation of prescriptions, participation in acNAPs with feedback provided to prescribers

Good that you have included having an outbreak management plan and State Government contacts. Also the need for communicating infectious status whenever responsibility of care is transferred between clinicians or organisations.

Examples of evidence

Again, suggest using descriptive examples for this section.

- Consumer experience – e.g. communication with residents and their family during outbreaks. Communication when resident requires transmission-based precautions. Infection control signage evident in the facility, alerting to outbreaks, hand hygiene etc. Access to hand hygiene products
- Workforce and others experience - should give examples of infection control practices not just AMS practices (which may not be relevant to many of the workforce). E.g. all staff demonstrates appropriate hand hygiene in accordance with the Hand Hygiene Australia 5 moments. All staff uses personal protective equipment in accordance with standard and transmission-based precautions. Standard precautions used for the care of all residents.
- Education – hand hygiene education upon commencement and annually for all staff (e.g. via Hand Hygiene Australia Online Learning Management System).
- Monitoring, reporting and performance improvement - facility meeting minutes (e.g. safety and quality committee, infection control committee or infection control as standing agenda item). Outbreak debrief/ evaluation reports.

Requirement 5.2

Cleaning is a component of Standard Precautions and could be specifically mentioned in 3.8

In reviewing intent of this requirement the importance of cleaning the environment and equipment is not conveyed. The reference to personal protective equipment for consumers and workforce to prevent infection is part of standard and transmission based precautions and could be highlighted in 3.8. Also no mention of waste management, linen management or sharps management.

Workforce and others experience – access to waste disposal facilities and sharps containers, personal protective equipment readily available for use.

Training – evidence of workplace orientation for cleaning staff.

Policies and practices – cleaning schedules, waste and sharps management protocols. Material Safety Data Sheets (MSDS) available for all products used within the facility. Spill kits readily available. Cleaning schedules/ maintenance for leisure activities/ services such as in-house pool, podiatry service.