



# Infection prevention and control

The flipbook guides have been designed as supplementary supports for the learning modules. The guides include key messages and insights for your continued reflection.

**Disclaimer:** The new Aged Care Act 2024 (the Act) starts on 1 November 2025. The Act replaces existing aged care legislation. The Aged Care Rules (the Rules) are expected to be finalised before the Act starts. The Rules give more information about how the new Act will work. This resource is in draft. We will update it when both the Act and the Rules come into force.

## 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, workers and visitors. These obligations are set out in the *Aged Care Act 2024*, the strengthened Aged Care Quality Standards and other key legislation.**

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

## 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 workers 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.



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

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, workers and visitors are protected.

# 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**



**Worker health and  
safety considerations**



**Enabling safe consumer  
visitation in  
residential aged care**

# Infection prevention and control systems and processes

## Risk management

Risk management is the basis for creating a safe and secure environment for consumers, workers 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:



Do we 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 workers 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)?

Have we developed and implemented 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:



Do we have a documented infection prevention and control program that is live and regularly reviewed?

Do we have the necessary policies and procedures, practices, resources, and worker education to support effective implementation of the IPC program?

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 worker 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 workers
- tailoring your response to your provider's unique context and modifying your response in evolving situations
- supporting consumers and considering the impact of actions on consumer wellbeing, dignity and choice
- consulting with consumers and their representatives, workers, visitors and external services that support your provider and government body
- regularly testing your plan with workers
- addressing lessons learned from previous outbreaks.

# Infection prevention and control systems and processes

## ASK YOURSELF THE FOLLOWING:



Are we familiar with the organisation's plan for identifying and managing an infectious outbreak? Are there systems in place for managing risks for those 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 we 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 workers, 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 and pharmacists to support our AMS strategy?

# Infection prevention and control systems and processes

## Care environment design

IPC requirements should be taken into consideration while planning and designing the care environment 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 workers 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 workers (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 worker 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 its user friendly, effective, consumer-centred and continuously improving.

View topic 4.4 in the *Australian Guidelines for the Prevention and Control of Infection in Healthcare* for more information on infection surveillance.

### ASK YOURSELF THE FOLLOWING:



How do we maintain oversight and monitor, audit and review the organisation's performance and continuous improvement measures to ensure implementation of better practice IPC and that the strengthened 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?

Do we foster a culture of transparency and open communication, where workers and consumers feel comfortable reporting any concerns or issues related to IPC?

# Infection prevention and control systems and processes

## Worker health and safety considerations

Aged care providers have a duty of care to everyone in their workforce and workers have a responsibility to protect themselves and not put others at risk. Infection protection for workers 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 workers which encourage and support them not to attend work when they may have an infectious disease.

View topic 4.2 in the *Australian Guidelines for the Prevention and Control of Infection in Healthcare* for more information on worker 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 safe and in compliance with our obligations?

Do our IPC and work health and safety programs include implementing a worker health screening policy, vaccination and 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 foster a workplace culture which encourages and supports workers 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 *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?

## 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.

*Read about the roles of key personnel on the following pages.*

**Role of the governing  
body and executives**

**Role of the  
IPC leads**

**Role of a  
committee**

# 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 workers and values the IPC programs' contribution to the safety of consumers, workers and others (e.g. encouraging workers and consumers to report examples of poor IPC practices without fear of retribution).
- Provide 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 workers (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.

# Roles and responsibilities in infection prevention and control

## Role of the IPC leads

The purpose for the introduction of the IPC lead role is to increase IPC expertise across the sector. It comes in response to independent reviews and the Royal Commission's report *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 workers, 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 and community aged care providers are not required to have a dedicated IPC lead but these organisations are encouraged to appoint one or more workers (or a team) to oversee an IPC system, review the information and complete sufficient training to understand and manage the risks in their service and support the health and well-being of workers 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.

## Additional resources

[Australian Guidelines for Prevention and Control of Infection in Healthcare](#)

[The Aged Care Infection Prevention and Control Guide](#)

[Infection prevention and control](#)

[IPC Online Tool](#)

[Strengthened Aged Care Quality Standards](#)

[Aged Care Act 2024](#)

[National Antimicrobial Resistance Strategy](#)

[Antimicrobial resistance for Aged Care](#)

[Antimicrobial resistance](#)

[Antimicrobial stewardship in aged care](#)

[Antimicrobial stewardship](#)

[AMS Book – Chapter 16 – Antimicrobial stewardship](#)

[NHMRC national guidelines](#)

[Managing infectious diseases in aged care](#)

[Nationally notifiable diseases](#)

[Are you alert and ready – Home Care Services](#)

[What we're doing about COVID-19](#)

[Managing COVID-19 in home care](#)

[Aged Care and COVID-19 - a special report](#)

[Sector Code for Visiting in Aged Care Homes](#)

[Partnerships in care](#)

[Ensuring safe visitor access to residential aged care](#)

[We saw the best in people](#)



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