



# Infection Prevention and Control Leads

An update for providers

6 October 2022



**All aged care providers should continuously monitor, and actively manage, the risk of COVID-19, influenza and other infectious diseases.**

Residential aged care providers are required to have at least one nursing staff member on-site as infection prevention and control (IPC) lead to ensure every site is prepared to prevent and respond to infectious diseases, including COVID-19 and influenza.

## What are the requirements of the IPC lead?

An IPC lead:

- must be a member of the nursing staff who has completed an identified IPC course
- must be employed by and report to the provider
- observes, assesses and reports on IPC of the service
- helps develop procedures
- provides advice within the service and will be a key infection control contact
- must work on site and be dedicated to a facility
- may also have a broader role in the facility.

The IPC lead is expected to provide on-the-ground clinical leadership and guidance. More information, including [COVID-19 infection control training](#) requirements, is available on the [Department of Health and Aged Care's website](#).

## Which approved providers need to appoint an IPC lead?

All Australian Government funded residential aged care facilities must have an IPC lead, including providers of:

- the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program
- the Multi-Purpose Services (MPS) Program.

Home care service providers are not required to appoint an IPC lead, but are encouraged to review the IPC information and complete the IPC training requirements to manage infection risks in their service and support the health and well-being of staff and aged care consumers under their care.

The Commission expects that each residential aged care provider will develop and implement an effective infection prevention and control program that is in line with the National

Health and Medical Research Council (NHMRC) [national guidelines](#). The Infection Control Expert Group (ICEG) has developed specific [national guidelines](#) for COVID-19 prevention and control in residential care facilities.

## Outbreak management planning and response

The Communicable Diseases Network Australia (CDNA) has developed a national guideline for the [prevention, control and public health management of outbreaks of acute respiratory infection \(including COVID-19 and influenza\) in residential care facilities](#) in Australia.

It provides practical guidance to support residential aged care providers to minimise the risk of a COVID-19 outbreak and respond quickly and decisively if an outbreak occurs at their service.

The guidance should be used as part of your infection planning and control systems. While the guidance is aimed at residential care facilities, other providers are encouraged to review the document to support planning and preparedness for COVID-19 outbreaks.

Up to date vaccination provides the best protection against serious illness, hospitalisation or death from COVID-19 or influenza.

Should an outbreak occur antiviral medications, including oral medications, significantly reduce the risk of becoming seriously unwell and requiring hospitalisation in older people. The treatments are most effective when they are taken within 5 days of the onset of symptoms.

Treatment should be offered to every person 70 years of age or older who tests positive for COVID-19, with or without symptoms, where clinically appropriate, within 24 hours of a positive result. The [How to access treatments for COVID-19 and flu](#) factsheet explains how providers can help residents access these medications.

## How the Commission considers the IPC lead requirements as part of regulatory activities?

Residential aged care providers are required to demonstrate how they are meeting their responsibilities regarding infection prevention and control, and in managing associated risks.

The Commission will consider how a provider is implementing the IPC lead requirements, including the qualifications and expertise of the IPC lead. This may include considering how the IPC lead is supported and enabled to perform their role meaningfully in relation to:

- routine IPC process oversight audit and review
- ongoing staff capability assessment and education
- service-specific outbreak planning, preparation and readiness
- on-site outbreak management.

The Commission expects to be able to engage with IPC leads on matters related to infection prevention and control within the service, including reference to escalation tiers and provider actions by escalation tier.

## Useful resources

- [Winter Plan – A guide for residential aged care providers](#)
- [Infection and Prevention Control Leads](#)
- [COVID-19 in Aged Care: Infection Prevention Control \(IPC\) factsheet](#)

- [Oral antiviral treatments for COVID-19](#)
- [Updated eligibility for oral COVID-19 treatments](#)
- AHPCC statement on [COVID-19 winter update and ongoing health protection measures to support our community](#)
- The Infection Control Expert Group (ICEG) national guidelines for [infection prevention and control in residential care facilities](#)
- [Infection Control Monitoring Checklist](#)
- National guidelines for RACFs prepared by the Communicable Disease Network of Australia (CDNA) provide practical information about [IPC in residential aged care facilities](#)
- [Aged Care COVID-19: Lowering the transmission risk in residential aged care factsheet](#)

Guidance is updated as conditions change so it is important that you regularly review IPC information and advice from state health departments and the Australian Government's [Department of Health and Aged Care](#).

## Where can I find out more?

Any questions regarding the IPC lead requirements, including those regarding training and reporting, should be directed to the Department of Health and Aged Care at [agedcareIPC@health.gov.au](mailto:agedcareIPC@health.gov.au).

*The Aged Care Quality and Safety Commission acknowledges the Traditional Owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to Elders both past and present.*



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