



Consumer health & safety

THE ASK:

Providers should strive to optimise the health, well-being and safety of consumers receiving services, either in residential facilities or in their homes. This includes an appreciation of the specific importance that effective infection prevention and control plays within this sector. Governing bodies, as stewards of the provider, play a vital role in the implementation and oversight of effective health and safety processes and frameworks.

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.

Covered in this topic guide

- Obligations of providers to optimise consumer health and manage risks, including those relating to infection prevention and control.
- The role of the governing body in relation to consumer health, safety and well-being.
- How to effectively govern infection prevention and control, including:
 - understanding the impact that poor practices can have on consumers
 - the role of the governing body in establishing and ensuring the effective operation of preventative and detective measures
 - characteristics and key components of effective outbreak management and continuous learning.

Where are we now

With the benefit of the knowledge we have now, we are completely revising our outbreak management plan and introducing a raft of new systems to put us in better stead should anything like this ever happen again.

GOVERNING BODY MEMBER

Key concepts

The following high-level definitions are provided to assist in interpreting some of the key concepts discussed in this topic guide.

- **Consumer health and well-being** relates to both physical and mental health and well-being. It includes the prevention and/or appropriate management of diseases and chronic health conditions, the promotion of wellness, including fitness and functional independence, nutrition, social well-being and mental health support. Optimisation of quality of life should be tailored and respond to the changing needs and wishes of the consumer.
- **Consumer safety** refers to the prevention of harm to consumers and includes physical safety, as well as safety from abuse or neglect. It also includes minimising the risk of exposure to infections.
- **Infection prevention & control (IPC)** refers to programs and practices that aim to minimise the risk of infection transmission and the development of antimicrobial resistance.
- **Antimicrobial stewardship (AMS)** is the careful and responsible management of medications used to treat or prevent infection.

- **Healthcare-associated infection (HAIs)** are those infections that are acquired as a direct or indirect result of healthcare. A HAI can occur in any healthcare setting, which includes aged care settings.
- An **outbreak** can be defined as the occurrence of more cases of infection than what would be expected in each area among a specific group of people over a particular period, or two or more linked cases of the same infection.

What is consumer health and safety?

Consumer health, safety and well-being in aged care refers to the principles and practices that optimise the health, well-being and safety of consumers receiving services either in residential facilities or in their homes. Providers have a duty of care to their consumers, meaning they need to take steps to minimise risks to their health and safety, and provide safe and high-quality care.

There are also health and safety risks that can impact other consumers and staff (e.g. the transmission of infection), and therefore, governing bodies need to ensure risk is being managed in a way that balances consumer rights and quality of life preferences with their safety and the safety of others.

Story from the sector



Consumer engagement is crucial to consumer health, safety and well-being, including for IPC

KEY TAKEAWAYS

- Governing bodies should think about the impact IPC practices may have on consumers and their families and engage with those stakeholders accordingly.
- When an event occurs, such as an outbreak, it is important to consider continuous improvement (e.g. completing a 'lessons learned' exercise).

In December 2022, Acme Community Services suffered a severe outbreak of gastroenteritis that lasted several weeks, affecting both its residential and home care consumers. By January 2023, once the outbreak was under control, the Chair of the governing body commissioned a 'lessons learned' exercise to be led by the CEO and the Care Manager.

The results were tabled at the next governing body meeting and noted that, amongst other things, some of the consumers had become very alarmed when they noticed warning signs around the facility relating to Norovirus. This panic spread to families who

bombarded staff with queries about the situation and made complaints to management about the distress caused to their loved ones.

While the results were being presented, one governing body member asked the Chair and CEO whether there was anything that the governing body themselves could (and should) do to prevent a situation like this from occurring again in future. After discussion, they agreed to:

- expand the membership of the IPC Committee to include a consumer and family member to hear the consumer voice and address fears and concerns
- strengthen communication with timely, clear and open information to consumers and their families about what staff practices will be during an outbreak through written material and through hosting a 'town hall' event
- review their outbreak management plan to ensure that it includes processes for reassuring consumers and keeping them engaged early (including providing education regarding appropriate hygiene practices) and that the plan is regularly tested
- engage with senior management to promote the 'Partnerships in Care' program to consumers and their representatives and ensure that consumers' preferences are reviewed and up to date.

Legislative and regulatory obligations

Providers have federal and state legislative and regulatory obligations to ensure that care and support are provided to help consumers maintain and minimise risks to their health, safety and well-being. For example, the [Statement of Rights](#) provides for 'safe and high-quality care and services'. In addition to this, the [strengthened Aged Care Quality Standards](#) (strengthened Quality Standards) play a role in promoting and protecting consumer health, safety and well-being.

What is infection prevention and control?

An important component of consumer health, safety and well-being is infection prevention and control (IPC). IPC aims to minimise the risk of infection transmission and the development of antimicrobial resistance.

An effective risk management system for infection prevention and control includes identifying hazards, and assessing and controlling risks for consumers, visitors, and staff, so far as is reasonably practicable.

Keeping consumer outcomes front of mind

Consumer-centred care is essential for consumer health, safety and well-being, including for effective IPC during outbreaks. Principles and practices need to ensure that the rights, preferences and needs of the consumer are respected. In exercising their right of

self-determination and being involved in decisions that impact the quality of their lives, consumers may want to take risks to live their best life. If risks are identified, providers need to ensure that there are processes and systems in place so that consumers are provided with appropriate information and supported in decisions about their care, including seeking advocacy services where needed, to ensure a balance of care, safety and quality of life.

Why infection prevention and control is so important

Outbreaks of infection can have adverse consequences in all aged care settings and can result in increased illness and disease, hospitalisation and/or death for consumers, their representatives, and staff. Poor IPC practices and ineffective outbreak management can also result in non-compliance with regulatory requirements, reputational damage, and loss of trust with consumers, families and the broader community.

There are several factors that make consumers in aged care settings more prone to developing an infection and/or more likely to develop a severe infection. These include both environmental factors (e.g. high levels of close personal contact, shared facilities, cognitive and/or physical impairments that impact hygiene practices) and human factors (e.g. age, underlying illness, weakened immunity, more frequent hospitalisation, having wounds or invasive devices present).

The benefits of effective IPC programs

Maintaining good IPC is not only important to prevent outbreaks but is essential to providing safe and high-quality care to consumers. Effective IPC maintains consumers' health by:

- identifying and reducing the risk of infections developing and spreading
- implementing systems and process to prevent infections acquired from clinical care procedures and invasive devices and reduce exposure to and spread of transmissible infections.
- controlling the spread of antimicrobial resistant organisms, therefore reducing the risk of antimicrobial resistance
- reducing the need for antimicrobials and ensuring their use is only when required and according to guidelines (i.e. effective antimicrobial stewardship), therefore reducing risk of side effects and rate of antimicrobial resistance.

Reflecting on your practice



Think

Below are the top things you need to be **thinking** about:

- As the governing body, are we comfortable that the organisation adopts consumer-centred rights and care principles when developing, implementing, reviewing and continuously improving health, safety and well-being practices?
- As the governing body, how can we assure ourselves that we have the right mix of skills and adequate communication, education and training to meet the health, safety and well-being needs of consumers?
- How can we be satisfied that the practices and processes in place are implemented and functioning as planned, including measures for IPC?



Ask and say...

Below are the top questions you need to be **asking**:

- Does our organisation have a safety culture that enables continuous improvement for consumer health, safety and well-being?
- Are we confident that we have contemporary evidence-based practices, policies and procedures in place that comprehensively address common health, safety and well-being risks (including for IPC) to our consumers and that adopt a risk-management framework? Do they set clear expectations about the roles and responsibilities of the workforce?
- What data and assurance are the governing body receiving about clinical and quality indicators, including for the IPC program and outbreak management, and how is this being used to drive continuous improvement? Do we have robust data and monitoring processes in place?
- Has our outbreak management plan been tested? How do we ensure it is in line with best practice, is fit-for-purpose, reviewed and updated based on previous experience, and are staff comfortable in implementing it?



Do...

These are the top **actions and behaviours** of leaders:

- Ensure an adequate care environment, resourcing, support and training so that the workforce has the time and tools to implement expected care practices and continually meet the needs of consumers regarding consumer health, safety and well-being, including for IPC.
- Ensure adequate oversight to drive improvement efforts that are coordinated and set up for success.
- Ensure adequate oversight of third parties that are involved in the care of consumers.
- Ensure that the provider has systems in place to undergo comprehensive and regular assessments of consumers' needs, goals and preferences, including upholding their rights, and balancing this with maintaining their safety and the safety of others.

The role of the governing body

Optimising consumer health and well-being, and minimising health and safety risks, should be a top priority for governing bodies and should be meaningfully embedded in the strategic direction and vision of the organisation. In addition to this, the role of the governing body in relation to consumer health, safety and well-being includes, but is not limited to, ensuring that:

- the voice of the consumers is clearly understood and responded to
- there are clear organisational and clinical governance structures in place
- policies and procedures are user-friendly and fit-for-purpose
- there is appropriate resourcing and training for staff to fulfil their roles and responsibilities
- collaboration and communication with external providers are fostered
- a safe environment is provided and maintained for consumers (and workers)
- there is a robust process of monitoring, evaluation and continuous improvement.

The role of committees

The governing body and [IPC lead\(s\)](#) can utilise their care governance systems, quality care advisory body or a specific IPC/care governance 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. Other committees may

also have a role in supporting aspects of IPC, such as a medication advisory committee supporting monitoring and evaluation of antimicrobial use as part of AMS.

A consumer advisory body can also assist in providing valuable feedback regarding the impacts of the IPC program and outbreak management on consumers.

Tips for consumer health and safety

Older Australians at the centre

- Ensure that consumer health, well-being and safety practices consider the rights and preferences of consumers, including for IPC and during outbreaks.
- Understand and capture expectations consumers and their representatives have, including their role in identifying risks and raising concerns.
- Ensure there are processes for the timely identification and escalation of changes to consumers' health and well-being.

Obligations and accountabilities

- Ensure that the provider has systems in place that comply with consumer and workplace health and safety measures (inclusive of IPC) that are required under federal and state legislative obligations.

Knowledge, skills and experience

- Ensure that the governing body understands health, safety and well-being practices and common risks to enable more meaningful oversight.
- Ensure employees are appropriately qualified and skilled for their roles and understand their responsibilities.

Leadership and culture

- Collaborate with external and internal stakeholders to identify and respond to emerging best practice consumer health, safety and well-being practices, including for IPC.
- Foster a safety culture that enables continuous improvement for consumer health, safety and well-being, including for IPC.

Key health and safety considerations

Consumer health and safety should underpin all aspects of personal and clinical care. Managing consumer health and safety risks, including IPC, requires both preventative and detective strategies, and are relevant to both home and residential aged care settings. It involves clinical care practices, ensuring physical safety, ensuring mental and social health, emergency response measures and quality improvement.

Risk management-based approach

Effective risk management underpins the approach to improving the quality and safety of care and services (including IPC) for consumers by identifying the circumstances and situations that put consumers at risk of harm and then acting to prevent or control those risks. The strengthened Quality Standards, in particular Standard 2: The Organisation, outline expectations for risk management in aged care.

Home care providers should design an IPC system and processes using a risk-based approach to ensure that contextual factors (such as environment of care delivery, types of services offered, scope of practice of workers and health professionals delivering these services)

Engaging consumers and their representatives

Engaging consumers, their representatives, regular visitors and volunteers in their own healthcare is integral to consumer health and safety, and providers should foster a culture that everyone has a role. This includes providing education on common health and safety risks (e.g. IPC practices such as proper hand hygiene, respiratory etiquette and visitor exclusion periods when infection is present). This can be achieved through the provision of educational materials, posters, and training sessions.

Staff health and safety

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

IPC programs

An effective IPC program provides the mechanism for IPC practices to be implemented. IPC programs will vary in scope and complexity depending on the nature of the care and services the organisation provides. It is expected that providers develop an effective IPC program that is in line with current national guidelines, recommendations, or advice. Some key aspects of an IPC program include:

- having a dedicated trained team to run the IPC program

- implementing policies and procedures (with regular monitoring and review)
- education and training, and evaluation of staff knowledge
- infection surveillance, including having mechanisms for timely feedback and reporting
- strategies to prevent HAIs and antimicrobial resistance (e.g. AMS)
- adequate staffing
- having infrastructure and care environments that are suitably designed, clean and hygienic, including having appropriate equipment readily available.

The [National Health and Medical Research Council \(NHMRC\) national guidelines](#) are excellent resources to ensure your IPC program is aligned with better practice guidelines.

Antimicrobial stewardship

Antimicrobial stewardship (AMS) is the careful and responsible management of medications used to treat or prevent infections and is a **core component of a provider's IPC program**. As a part of its overall clinical governance framework, providers are required to have practices in place to reduce the risk of increasing resistance to antibiotics. Some actions may include:

- Accountability for antimicrobial use should sit at the most senior level of management, and they should take responsibility for ensuring that the AMS program is developed, implemented and outcomes are properly evaluated (including supporting policies, procedures). This may include ensuring:
 - clinicians have access to evidence-based guidelines and support tools
 - appropriate documentation in medication charts, and use of charts that are consistent with the [National residential medication chart](#)
 - facilitation of timely access to microbiological cultures and sensitivities
 - careful documentation of allergies to antimicrobial preparations.
- A multi-disciplinary team approach where members understand their roles and contribute within their scope of practice (including processes to ensure that external services are utilised and that there is effective communication between AMS team members).
- Facility-wide tracking, reporting and reviewing of antimicrobial use and prescribing, and monitoring for resistant organisms and antimicrobial sensitivities within a service.
- Providing information and education to both staff and consumers relating to the appropriate use of medication to manage infections.

Key IPC practices

Standard and transmission-based precautions

Standard precautions

Standard precautions refer to the basic and fundamental level of IPC that must be practised by all staff providing care to consumers, regardless of if they have an infection or not, given that everyone can carry germs.

This includes hand hygiene, appropriate use of personal protective equipment, cleaning and safe handling and disposal of sharps. Standard precautions reduce the chance of germs being passed from person to person, even when the risk is high, and aim to keep objects and areas as germ-free as possible.

Please review the [Australian Guidelines for the Prevention and Control of Infection in Healthcare 2019](#) for further information on standard and transmission-based precautions.

Transmission-based precautions

Where standard precautions may not be enough to stop infections from spreading, extra measures, called **transmission-based precautions**, are used. These are also used when an outbreak occurs to help contain it and stop more people from getting infected.

Transmission-based precautions should be tailored to match the specific germ involved and how it spreads. This might mean using a mix of different strategies.

Staff and consumer vaccination

Vaccination for staff and consumers is a key component of preventing infections and severe illness in aged care settings, and providers have specific obligations in relation to influenza and COVID-19 vaccinations. Organisations providing residential aged care must:

- provide service staff with access to annual influenza vaccinations for free
- COVID-19 vaccination is voluntary but strongly encouraged for older people but particularly consumers in aged care homes. It remains the most effective protection against severe illness, hospitalisation and death from COVID-19.
- promote the benefits, for service staff and care recipients, of service staff receiving annual influenza vaccinations.

Governing bodies should also ensure that their vaccination program is in line with state and territory requirements for staff.

Timely recognition and management of infections

Governing bodies must be comfortable with processes that are in place to ensure that individuals who show signs of infection (or are at risk of infection) are promptly identified, managed and that appropriate IPC measures are enacted. This is in the best

interests of the consumer themselves and the provider (to reduce the risk of transmission).

Providers should collaborate with general practitioners, other relevant medical providers and hospital services to ensure consumers receive safe, prompt, and thorough medical care. Residential care providers should have policies and guidelines that support the collection of clinical and diagnostic evidence to confirm the presence, source, and type of infection.

Enabling safe visitation



As a result of COVID-19, many lessons have been learned about 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.**

The [Sector 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. It provides guidance on various aspects of enabling safe visitation (as opposed to restricting visitation), such as visitor screening, protective measures (e.g. PPE, physical distancing), visitation schedules, and processes for volunteers.

The [Partnerships in Care](#) (PiC) program is a formal partnership arrangement so that a person nominated by a consumer, who regularly visits and provides companionship, can continue to do so, even during periods of outbreak. Partners in care require basic training in IPC and they need to understand what is required to enter an aged care home during an outbreak.

Other practices

Some other practices that support IPC by reducing the risk of infection and/or severity of illness from infection include:

- promoting good nutritional status and optimising fluid intake which reduces consumers being vulnerable to infection and the negative outcomes for consumers after illness
- being judicious with the use of invasive devices (e.g. urinary catheters) and removing them when no longer needed to limit the chance of developing an infection
- ensuring appropriate wound, stoma and catheter care
- preventing pressure injuries
- helping residents with personal hygiene activities where needed e.g. hand hygiene.

Response planning and outbreak management

Response planning is an important component of incident and crisis management and refers to the preparation and procedures established to effectively respond to incidents and crises, including those that involve consumer health and safety (e.g. medical emergencies, natural disasters, infectious disease outbreaks).

The response should be tailored to the provider's unique context and be reviewed and adapted in response to the evolving situation. Governing bodies should ensure there are clear procedures and practices to guide staff in responding to different types of health and safety incidents and adopt a risk-based approach.

For organisations providing residential care, governing bodies should ensure they have an **Outbreak Management Plan**, which is regularly tested and updated and considers:

- best practice IPC guidance
- lessons learnt from previous outbreaks
- systems to obtain external support
- state and territory requirements (including notification and reporting requirements)
- visitor and staff screening
- consumer, representative and visitor impact and engagement
- timely information sharing
- facilitating consumer access to medical care and treatments (e.g. antivirals) and vaccinations
- continuity of care plans
- workforce contingencies
- surge in PPE and other equipment requirements
- staff health, safety and well-being

Governing bodies should also ensure there is post crisis / incident / outbreak debriefing involving staff, consumers and regular visitors to identify areas for improvement and to reassure and acknowledge the work of staff to minimise the incident and impact on consumers.

Lessons from COVID-19

There have been many lessons learned about the impacts of, and responding to, COVID-19 outbreaks in residential aged care facilities especially as we continue to live with COVID-19 risks in our community. The Commission has noted 4 key themes related to preparedness, communication, governance, and engagement and innovation. Many of the principles and practical points noted below, also apply to other outbreak management planning including for influenza and gastroenteritis.

Preparedness

Where a provider demonstrates an effective response to outbreak management, the Commission has observed their rapid implementation of a pre-prepared and well-rehearsed outbreak management plan. These providers have easy-to-read documents that outline what needs to happen and how quickly, and the roles and responsibilities of all staff at the service. The best responses have also been found where services have run

simulation exercises to practice what they would do in the event of an outbreak. These exercises include testing the outbreak management plan with key local health authorities and ensuring that there is a common understanding of the key roles of the local public health unit and health service network in implementing an emergency response.

Communication

Communication is critical from the start of an outbreak and plays a crucial role in ensuring the success of a provider's outbreak response. The most effective responses have been by providers who understand that early and clear communication is essential for consumers and their representatives, as well as for staff and other workers. This is particularly the case for staff who are furloughed as close contacts and unable to continue working onsite for a period.

Engagement and innovation

Reassuring consumers and keeping them engaged is another characteristic of well managed outbreaks. Actions taken by services in this regard have included, for example:

- using messenger services on TV sets for consumers who are isolating in their rooms
- providing daily well-being packs, with individual notes personalised to each consumer
- devising novel and appetising ways to keep up nutrition requirements, such as providing milkshakes, ice blocks and pizza days
- enabling COVID-safe visits from "partners in care" (also known as essential carers)
- bringing in a physiotherapist to provide fun exercises for consumers.

Governance and support

Services that manage an outbreak effectively are those where the governing body and executives provide extensive support from the very beginning. Below are some key observations that were noted in relation to effective governance and support.



There is visible and tangible leadership – Support from the governing body and executives is tangible and visible, including attendance by a governing body member or the CEO alongside the facility manager at outbreak management team meetings, to hear feedback from health authorities and ensure rapid action taken by the service.



Service and consumers are well-understood – Provider's representatives have an excellent understanding of their service (e.g. physical layout, current occupancy level and location of residents, staffing profile, standard staff rosters) and consumer characteristics, including current vaccination status, most recent COVID test results, and any special needs. Ready access to these details is also a feature, with the provider's representatives being able to produce up-to-date information on such matters without delay during outbreak management meetings.



Roles and responsibilities of staff are supported and reinforced – Successful outbreak responses are characterised by strong governance arrangements which both support and reinforce the specific role and responsibilities of each staff member during the outbreak. Proactive planning for potential risks and mitigation strategies is also present in effective responses, such as identifying in advance a back-up replacement for the on-site IPC lead in case that individual is furloughed as a close contact.



Continuity and quality of care is maintained – These services prioritise allied health and GP support to ensure that the overall health and well-being of consumers is not affected during the outbreak. A key governance and support challenge is the need to ensure staff sufficiency throughout an outbreak, including when a small or larger proportion of staff is furloughed as close contacts. Staffing levels and care provided by consumers in dementia support units are often increased during outbreaks to assist with behaviour management strategies and minimise potential transmission.



There is robust education and training and staff contingency planning – Services that invested time and effort before an outbreak in training and supporting all staff in COVID-safe work practices have been more successful in reducing staff anxiety about continuing to work during an outbreak. Rapid implementation of contingency plans for some staff to continue performing support roles offsite has also assisted with the management of outbreaks by ensuring ongoing access by onsite staff to vital information, guidance and suggestions from those who know the consumer best.

Additional considerations for home care

Home care providers are responsible for delivering quality and safe care to older Australians, even during outbreaks of COVID-19. They must have a **COVIDSafe Plan**, which outlines what control measures a provider will implement to eliminate or minimise the spread of COVID-19 and ensure the health and safety of their staff, consumers, and others in their workplace (which includes the consumer's home). This should be reviewed and updated regularly, particularly when restrictions or public health advice changes.

Workforce planning is a key component of COVIDSafe planning. Home care providers should develop and document plans to address impacts on staffing levels, which may involve finding alternative workers to support consumers.

More generally, home care providers should have an **emergency care plan** in place for each consumer, which can be developed as part of their usual home care plan. The plan should include advice about different types of emergencies such as COVID-19 outbreaks, flood, or bushfire. Providers may activate a consumer's emergency care plan in situations where:

- it is not safe to deliver some services to the consumer, or
- if they cannot deliver services to the consumer in line with state or territory public health orders or emergency directions such as road closures.

Resourcing and workforce considerations

IPC leads

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



The provider must ensure that the IPC lead has the right skills, qualifications and knowledge to be competent at their job, and that they receive ongoing support and training to deliver better practice IPC practices for the provider.

IPC leads should also have the authority and sufficient time to empower them to be effective in their role. It is important for governing bodies and executives to understand that the time required, is **in addition** to the time required for their regular duties and tasks.

The strengthened Quality Standard 2: The Organisation, outcomes 2.8 Workforce planning and 2.9 Human resource management, require that providers have and use a skilled and qualified workforce sufficient to deliver and manage safe, respectful, and high-quality care and services. The organisation must have enough staff with the right mix of skills to meet the health and safety needs of consumers. The requirement covers an organisation's processes to ensure that the workforce has the time and tools to

implement expected care practices – and that the roles, capability, responsibilities, and accountabilities of their workforce are regularly reviewed.

Staff education and training

It is expected that members of the workforce receive the time, ongoing support, training, professional development, supervision and feedback they need to carry out their roles and responsibilities. Organisations need to review the training, learning and development needs of the workforce regularly to ensure staff remain up to date with best practice. Some areas of education and training for consumer health and safety include:

- clinical and other care practices and processes (including IPC practices)
- risk management principles and systems
- putting consumer rights into practice
- response planning and incident management (including outbreak management)
- workplace health and safety requirements
- evaluation and quality improvement processes (e.g. data collection and management, practice auditing and reporting).

Fostering a safe care environment

It is crucial to consider the need for preventing and controlling infections when planning, designing, building and renovating any aged care facilities and that there is involvement of staff with IPC expertise as part of a multidisciplinary team.

Some examples of key design features include having surface finishes that are easy to clean and maintain, meeting the required standards for ventilation, air conditioning, and cooling towers and water systems, having the ability to appropriately isolate consumers with infections as needed, having appropriate workplace design (e.g. ready to access hand hygiene facilities, adequate waste management procedures and linen handling), and minimising use of shared facilities and density of accommodation and common areas.

By taking these factors into account, an aged care provider can create an environment that not only ensures the physical safety of consumers but also promotes their overall health and well-being. It is also important to engage consumers and their families in the design process, to ensure that the environment meets their needs and preferences.

Other health and safety considerations

Some other health and safety factors to optimise the care environment include:

- accessibility (ensuring the facility is designed to accommodate individuals with varying levels of mobility and disability)

- safety features (non-slip flooring, rails, adequate lighting, first aid equipment, fire safety systems and emergency exits clearly marked and communicated)
- comfort and lifestyle, including promotion of the service as a person's home, with attention to social and emotional well-being and quality of life
- adaptability with consideration of changing needs of consumers.

Additional considerations for the provision of home care

While many of the above considerations apply to home care providers, there are unique considerations in relation to optimising the care environment to ensure consumer health, safety and well-being. Providers should ensure the required standards of IPC are maintained across all areas, including:

- offices
- communal facilities where care is delivered
- transport vehicles
- equipment
- consumers' homes (e.g. safe disposal of PPE, accessible hand sanitiser).

Additionally, as part of conducting assessments of consumer care needs, goals and preferences for individual care planning, providers need to identify risks associated with a consumer's environment, taking into account that it is their home (e.g. accessibility issues, hygiene and food safety concerns, safety hazards and falls risks, pets) and respond appropriately (e.g. suggesting putting in place mobility aids/safety equipment). Providers should also empower consumers and their families to actively participate in maintaining a safe and hygienic environment.

Established protocols for the ongoing delivery of care and services for consumers living at home should ensure consumers receive their services as assessed unless it is unsafe to do so. Providers must also have emergency plans in place for emergencies including infection outbreaks.

Monitoring, reporting and improvement

As outlined in strengthened Quality Standard 2, it is expected that providers have systems in place to assess, monitor and drive improvement in the quality and safety of the care and services they provide. Regular reporting and monitoring of key measures related to consumer health and safety assists the governing body and executives to identify how well systems are working and to understand the quality of care and services being delivered.

Surveillance

Surveillance refers to the ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding an event that is health related. For effective monitoring,

reporting and continuous improvement of the IPC program and outbreak management, comprehensive information needs to be collected through surveillance. Using information from a range of data points including surveillance, auditing, and evaluation of IPC training programs can be effective in identify risks/gaps in services, resources, care delivery, workforce knowledge and skills, and implement actions to reduce the risk of infectious disease transmission

It is important that there is:



Organisations must collect and analyse data to monitor the effectiveness of the IPC program. In addition to infection and resolution rates, types of data important for this include, but are not limited to:

- auditing of IPC practices, noted above e.g. hand hygiene
- immunisation rates for consumers and staff (particularly influenza and COVID-19)
- IPC breaches
- outbreaks of infectious disease
- antibiotic prescribing
- antibiotic resistance.

Monitoring for infections provides baseline information on the frequency and type of infection, assists in the identification of breakdowns in IPC, and allows for timely investigation and appropriate IPC measures to be put in place.

Reporting requirements

Providers of residential, flexible and home care must keep records of influenza and COVID-19 vaccinations for staff, and for consumers in residential aged care settings. This information should inform IPC planning.

In addition to this, governing bodies should ensure that there are policies in place and that staff understand reporting requirements in the event of an outbreak, including for COVID-19. This includes notification requirements to public health units in line with state and territory legislation and federal reporting requirements for COVID-19.

Continuous improvement

Continuous improvement is vital to ensure that providers continue to provide safe care and optimise the health and well-being of consumers. In adopting a continuous improvement approach, providers can continuously enhance their consumer health and safety practices and minimise risks, including in response to changing environment, changing staff and changing needs of consumers. To be effective, a continuous improvement approach must be central to a provider's focus, understood at all levels, and accepted and put into practice by all management and staff.

Useful references and IPC resources

[Aged Care Act 2024 | Australian Government Federal Register of Legislation](#)

[Strengthened Aged Care Quality Standards | Aged Care Quality and Safety Commission](#)

[Statement of Rights | Aged Care Quality and Safety Commission](#)

[Australian Guidelines for the Prevention and Control of Infection in Healthcare | Australian Commission on Safety and Quality in Health Care](#)

[Information and resources for the safe management of visitor access | Aged Care Quality and Safety Commission](#)

[Quality and safety in home services – 5 key areas of risk | Aged Care Quality and Safety Commission](#)

[Antimicrobial Stewardship in Australian Health Care | Australian Commission on Safety and Quality in Health Care](#)

[Responding to the threat of antimicrobial resistance: Australia's First National Antimicrobial Resistance Strategy 2015–2019 | Australian Government Antimicrobial Resistance](#)

[Infection and antimicrobial prescribing in Australian residential aged care facilities – Results of the 2022 Aged Care National Antimicrobial Prescribing Survey | Australian Government Antimicrobial Resistance](#)

[National Guidelines for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection \(including COVID-19 and Influenza\) in Residential Care Facilities | Department of Health, Disability and Ageing](#)

[Managing infectious diseases in Aged Care | Department of Health, Disability and Ageing](#)

[“We saw the best in people” Lessons learned by aged care providers experiencing outbreaks of COVID-19 in Victoria, Australia | Aged Care Quality and Safety Commission](#)

[IPC online tools | Aged Care Quality and Safety Commission](#)