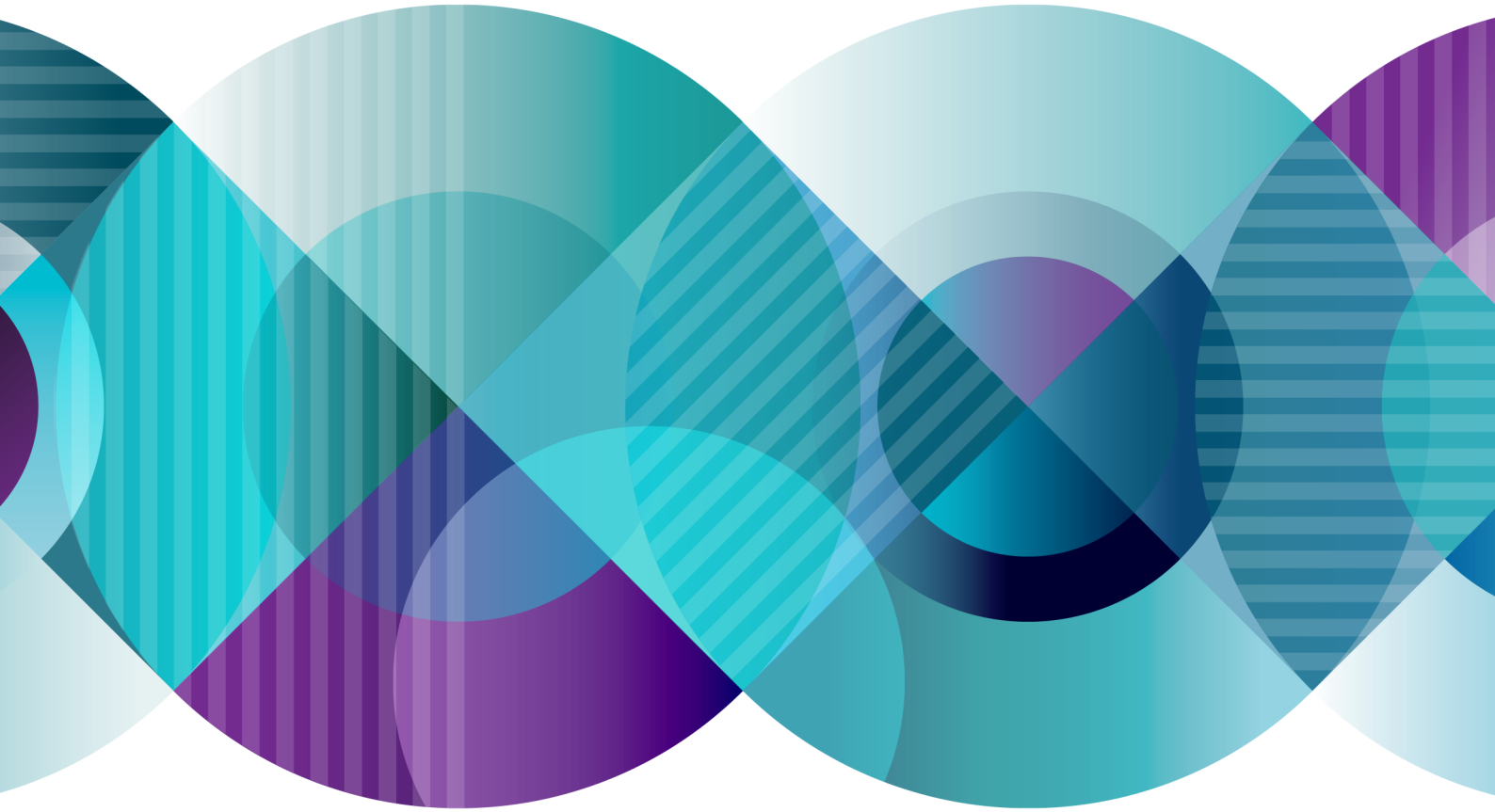
AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE



The Aged Care Infection Prevention and Control Guide

A supplementary resource for the **Australian Guidelines for the Prevention and Control of Infection in Healthcare** for aged care settings

Chapter 1

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

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Chapter 1: Infection prevention and control in aged care

Key points

- **Governance is the structure, processes and culture affecting the way an aged care organisation is directed, administered and controlled.**
- **Clinical governance supports the delivery of safe, quality clinical care and good health outcomes for older people.**
- **Clinical governance and continuous quality improvement systems should be in place to support infection prevention and control (IPC) in all aged care organisations.**
- **An IPC system is an overarching program that details how an aged care organisation plans to prevent, reduce, and control infections.**
- **The structure of IPC systems for aged care will differ depending on the service context, the older person's care needs and the workforce. Overall, the core elements of an IPC system should include:**
    - **policies and guidelines**
    - **audits and feedback**
    - **infection monitoring (for residential and centre-based aged care)**
    - **education and training.**
- **Processes for IPC systems in aged care should consider the key roles and responsibilities of the IPC leads (or the person responsible for IPC), management teams, the aged care workforce, the older person, national bodies, and local health service networks.**
- **To be effective, IPC systems in aged care require linkages with local health service networks including:**
    - **local hospitals**
    - **public health units**
    - **primary health units**
    - **general practitioners (GPs) and specialist medical practitioners**
    - **other specialist services, including allied health.**

An IPC system should be regularly evaluated to measure its effectiveness and ensure continuous quality improvement.

Introduction

Infection prevention and control (IPC) is an important part of providing safe aged care. Everyone providing care to older people in any aged care context, and everyone entering a residential aged care home, has a role and responsibility in preventing and controlling infection. This includes aged care workers, health professionals, families, visitors, contractors and carers. This chapter provides an overview of the elements of an effective IPC program in aged care settings.

Governance and IPC

Governance is the **structure, processes** and **culture** within an aged care organisation that supports the service to achieve good health outcomes for both older people and safe workplaces. A governance model should consider existing roles and responsibilities within the organisation as well as their connections to national and jurisdictional bodies.

There are two primary types of governance that aged care organisations implement:

- **Corporate governance** relates to the systems by which an organisation is controlled and operates, and the systems by which it and its people are held to account
- **Clinical governance** is implemented to support safe, quality clinical care and good health outcomes for older people. Clinical governance should oversee the provision of clinical care and include IPC. For further information on clinical governance, refer to the Aged Care Quality and Safety Commission (ACQSC) resources on **Clinical Governance** (for example, the Clinical Governance Standard).

IPC system in aged care

An IPC system is an overarching program that details how an aged care organisation plans to prevent, reduce and control infections. All aged care organisations should set up an IPC system to prevent infections and manage infections effectively when they occur. Every IPC system will differ depending on the size of the organisation, its context, the people it is delivering services to and the complexity of services delivered. Regardless of setting, each aged care organisation should implement an IPC system as part of its clinical governance model to reduce risks associated with infections.

All IPC systems should be structured on the basic principles of **risk management** and the **hierarchy of controls**, which are further explained in **Chapter 2**.

The **core components** and considerations that make up the structure of an IPC system should include:

- IPC-related policies and guidelines
- Education and training
- Audits and feedback
- Monitoring of infections.*

* Monitoring of infection is **not** a core component of an IPC system in home and community aged care organisations.

Considerations

These components should be *considered* when developing an IPC system. The ability of an aged care organisation to implement these components effectively will depend on the setting and workforce availability, which is why careful consideration must be given to:

- Staffing and service capacity (in context of the older person's needs)
- Care environment
- Equipment.

Essential knowledge

As part of an IPC system, strategies for education, training and emergency preparedness are required to prevent and control infections. Strategies should also be developed and maintained to promote appropriate use of antimicrobials to limit the risk of antimicrobial resistance.

More information on standard and transmission-based precautions can be found in **Chapter 4**.

More information on developing an antimicrobial stewardship system can be found in **Chapter 10**.

The core components of an IPC system

Guidelines and policies

If relevant to the services provided, at a minimum aged care organisations should have policies and guidelines in place for:

- Standard and transmission-based precautions, including the correct use of personal protective equipment (PPE)
- Hand hygiene
- Equipment reprocessing
- Environmental cleaning
- Waste management
- Linen management
- Sharps managements
- Workforce health and safety
- Aseptic technique
- Management of infectious people (including outbreak management for residential and centre-based aged care settings)
- Workforce education and training
- Continuous quality improvement.

These processes should be accessible to the workforce, reviewed regularly and be monitored for compliance with established national and state and territory policies. **Guidelines and policies should always be relevant to the services provided by the organisation.**

Education and training

The workforce

Aged care organisations have a responsibility to provide access to ongoing education and training for their workforce. IPC education and training should be provided by the aged care organisation, for all workers, as part of orientation, and continuous education as required to ensure workers have the necessary skills, qualifications and competencies to perform their roles. Each aged care organisation should maintain education and training policies that:

- Define mandatory education and training requirements in relevant aspects of IPC, safety and quality, leadership and risk management for all members of the workforce
- Support the provision of IPC-related education and training based on the requirements of the workforce
- Evaluate the outcomes of education and training
- Ensure that appropriate records are maintained of IPC-related education and training attended by each member of the workforce
- Provide each member of the workforce with the opportunity (through performance review and development programs) to define their education and training goals and agree on opportunities to achieve these goals
- Outline the expectations for those members of the workforce who are employed indirectly (for example, using contract arrangements) to ensure they have the required qualifications, training and skills to effectively perform their roles.

IPC-related training pathways should exist for all aged care workers, regardless of level or position, and be relevant and appropriate for the role of the worker. Training should be provided in a variety of formats, including:

- Face-to-face training sessions
- Mentoring and reflective discussions
- Online learning modules
- Audio and video content
- Competency-based assessments.

Training and education programs should be regularly evaluated, and worker knowledge assessed to ensure that the program is effective.

For more information on IPC education, refer to **Chapter 4.**

Practice point

Rural and remote aged care

Regardless of size or location, all aged care organisations need a system to ensure that the workforce is trained and competent in preventing and controlling infections appropriate to their roles. Aged care organisations in rural and remote settings often face unique challenges in delivering clinical care including IPC. These challenges include isolated working environments and extreme weather. In some situations, services may be delivered outdoors and access to infrastructure such as running water may be limited.

The principles of IPC (including standard and transmission-based precautions) are transferable and must be adapted to suit a range of different environments. Understanding the location and attending the service prepared is essential, especially in unusual, isolated settings. For example, if an aged care worker is providing a wound care service in a home without access to running water, they should consider whether they have an adequate amount of alcohol-based hand rub (ABHR) and wound-cleansing products to ensure an uninterrupted service. An appropriate and clear plan for escalation of care (such as a telehealth service) can also facilitate appropriate support if an infection is suspected or confirmed.

Overall, aged care organisations in rural and remote settings should ensure that workers are appropriately prepared with resources (see the IPC kit for home and community aged care organisations in **Chapter 4**) and adequate, tailored training that highlights the importance of risk assessment and management (see **Chapter 2**).

A list of key clinical guidelines and manual commonly referred to in remote practice can be found on the National Aboriginal Community Controlled Health Organisation webpage.

Resources

- **Australian Government Department of Health and Aged Care provides aged care COVID-19 infection control training.**
- **See the ACQSC's Aged Care Learning Information Solution.**
- **See the ACQSC educational videos on hand hygiene (including Hand Hygiene: helping others with hand hygiene, washing hands with soap or cleaning hands with sanitiser) for partners in care.**
- **The National Hand Hygiene Initiative's (NHHI) Learning Management System has a series of online eLearning modules that can be used for training. These include:**
  - **The basics of infection prevention and control in aged care**
  - **The basics of infection prevention and control in aged care: Train the Trainer**
  - **Hand hygiene for non-clinical healthcare workers**
  - **Hand hygiene for clinical healthcare workers**
  - **Principles of infection prevention and control.**

The older person

The provision of education to older people and their family, carers and visitors is an effective way to reduce the spread of infection in aged care services and to increase knowledge of IPC in the general public. Providing basic and relevant training to older people, carers and family members empowers them to feel comfortable to ask questions about care and take part in IPC activities.

It can also promote sustainability of care in the community by teaching older people to manage their own care safely. Aged care workers should continually provide education to older people and carers on general IPC topics, such as hand hygiene, respiratory hygiene and cough etiquette.

Practice point

Education for older people and carers

Older people living in the community may be responsible for their own care or have other people – such as family members, carers, friends or neighbours – providing their care. Aged care organisations should be proactive in providing IPC-related education to primary carers to empower them to provide safe and quality care. The type of education provided will differ depending on the care needs and the environment. For example, an older person who requires care for a chronic wound or suprapubic catheter may benefit from education on aseptic technique and hand hygiene in addition to other basic elements of IPC, especially if they are managing these care needs themselves.

Further information on education for the older person can be viewed in **Chapter 8** and on the ACQSC Infection prevention and control webpage.

Audits and feedback

The purpose of implementing regular audits and feedback is to improve IPC practices and to identify what practices need to be improved. To be effective, auditing must be accompanied by feedback to ensure best practice is understood and followed. Auditing can be implemented on many IPC practices including environmental cleaning, aseptic technique, hand hygiene and PPE. Audit results should be shared with the aged care worker being audited and others to encourage learning.

In addition to auditing individual practices, aged care organisations should ensure that the overall IPC system is regularly evaluated to assess whether objectives are being met and identify aspects that may need improvement. They should include measures to improve the culture of IPC and ensure services strive for best practice.

Resources

Auditing tools:

- The Australian Commission on Safety and Quality in Health Care (ACSQHC) NHHI Hand hygiene and product availability audit tools.

Continuous quality improvement tools:

- Clinical Excellence Commission quality improvement tools
- Safer Care Victoria: Learn about quality improvement
- BMJ: How to get started in quality improvement.

Monitoring infections

Monitoring of infections is not a core component of an IPC system in home and community aged care organisations; however, it should be considered for implementation, when possible.

This IPC component involves keeping close watch over different types of infections that are spread through the delivery of care services. This involves interventions that aim to reduce the spread of infections and collecting local data on common infections.

Aged care organisations can use this component to identify patterns of transmission so that strategies and practices can be implemented to reduce the rate and spread of infections. Monitoring infections will help aged care organisations identify whether there is an infection problem, the size of the problem and the factors contributing to the problem. This can also be done by collecting and monitoring data on vaccination rates, device-associated infections, and infections caused by multidrug-resistant organisms.

Overall, the process of monitoring infections will not change the rate or spread of infections unless it is linked to a prevention strategy (such as effective continence management to prevent urinary tract infections) or continuous quality improvement activity.

Practice point

Monitoring urinary tract infections

A residential aged care organisation may choose to monitor older people diagnosed with a urinary tract infection (UTI) that is not associated with an indwelling catheter. The Aged Care Quality and Safety Commission (ACQSC) has produced a resource that may assist with monitoring UTIs. The ACQSC To Dip or Not to Dip standardised audit tool provides a clinical definition for UTI diagnosis. In addition, facilities that participate in the Aged Care National Antimicrobial Prescribing Survey can use the audit tool provided for this purpose.

Case study

After a period of monitoring UTIs (by collecting and analysing data), the IPC team notices a high rate of UTIs within the service. The IPC team begins a process of auditing various IPC and clinical practices to find out what factors may be contributing to the high rate of UTIs. This process reveals critical gaps in how some workers manage continence and hygiene for older people, especially those in the dementia wing. This process also reveals that dipstick tests are being performed unnecessarily, such as during a routine admission. The IPC team has now successfully identified multiple issues that may be contributing to the high rate of UTIs. The IPC team initiates several improvement strategies (including retraining the workforce on continence and hygiene support, and on the appropriate use of dipstick tests) to reduce the rate of UTIs. Implementing these strategies means that the data collected will have been meaningful and used to improve practice. If the IPC team did not undertake any further investigations after collecting the data on UTIs or did not implement improvement strategies, then monitoring the infection rate would have served no purpose.

More information on monitoring infections and continuous quality improvement can be found in Chapter 9.

Other considerations

The care environment

Aged care services are delivered in many different environments including homes, residential care homes, in the community and in centre-based facilities. More information on the types of aged care services can be found on the Department of Health and Aged Care website. In this Guide:

- **Residential and centre-based aged care** refers to any aged care service provided in a dedicated service environment such as a centre-based facility or residential aged care home
- **Community and home aged care** refers to aged care services offered in an older person's home, in the community or through a flexible care program.

Residential and centre-based aged care organisations

All aged care organisations should consider the minimum requirements of the care environment to prevent and control infections. This includes components for which minimum standards are set by legislation, for example, lighting, ventilation, access, heating and cooling. Residential aged care homes must be certified to determine if the building meets certain minimum building standards.

Aged care organisations must also be proactive in identifying hazards related to the built environment, including environmental contaminants and potential service disruptions relating to water supply, power supply, fires, or delays in resource supply. These hazards must be integrated

into existing risk registers and management systems, where appropriate. **Further information regarding risk management can be found in Chapter 2**. Important considerations for the built environment, including design strategies that support good infection prevention and control, can be found at the Department of Health and Aged Care Improving accommodation in residential aged care webpage.

Community and home aged care organisations

Providing aged care services within a home or community environment will pose unique challenges when identifying and managing risks in the environment where care is provided. Aged care workers may be exposed to infectious diseases when providing care services in a community or home setting through activities such as personal care; contact with blood and body fluids; handling contaminated equipment, linen, waste and household cleaning products; unsafe food handling and storage practices; and contact with mould, animals and animal excretions.

While it is difficult to control the immediate care environment during the provision of home and community aged care services, it is always best practice to do a first (and then regular) environmental risk assessment of the older person's home to identify any immediate hazards (such as poor ventilation) that may impede the provision of care and services. This is in addition to managing any potential work health and safety risks (such as pets or access issues) to the workforce providing care.

Home and community aged care

An environmental risk assessment (also known as a home or community risk assessment) is ideally undertaken before the first home visit and aims to identify and assess all the relevant risks that are in the environment where care is to be provided. Environmental risk assessments should consider:

- **Physical risk:** includes heat, cold, noise, electrical and fire; access to the home and the home environment; slips, trips and falls hazards; and the presence of pets
- **Chemical risk:** includes potential chemical exposures, such as to cleaning products, cigarette smoke and odours
- **Biological risk:** includes infections and exposure to blood and body fluids
- **Psychosocial risk:** includes mental health, behavioural or cognitive health concerns of the older person and persons present during the provision of care.

The aim of conducting a risk assessment may **not** be to eliminate every risk identified, but to reduce the risk to both the older person and the aged care worker. Further information on risk assessment and management can be found in **Chapter 2**.

To reduce or mitigate the level of risk, risk modification strategies should be considered such as:

- Maintaining processes for the appropriate management of both clean and soiled linen when access to a washing machine or dryer is not available; for example, taking laundry to a local laundromat
- Identifying methods to improve natural ventilation when an older person's home does not provide enough ventilation or emits strong odours
- Identifying hand washing facilities within the home or community for workers

- Providing aged care workers with ABHR, especially where hand washing facilities are not readily available or appropriate in a person's home
- Ensuring aggressive pets are secured before the worker arrives
- Suggesting the service occur in a different location if the home environment poses environmental or safety risks (such as hoarding or squalor); possible locations may include the local shopping centre, park or a family member's home.

Equipment

Aged care organisations should ensure that their workforce has access to the equipment needed to perform each IPC practice safely. At a minimum, for both residential and home, and community aged care organisations this should include:

- Hand washing facilities with water, soap and clean paper towels at the point of care
- ABHRs at the point of care
- Enough appropriate PPE as per Work Health and Safety requirements
- Puncture-resistant sharps containers
- Containers and bags for segregating waste
- Supplies necessary for cleaning and disinfection to maintain a hygienic care environment
- Equipment to perform aseptic procedures.

Home and community aged care

Further information on an **IPC kit** for community care organisations can be found in **Chapter 4**. The IPC kit provides recommendations about the IPC-related equipment aged care workers should be provided with during visits.

Workload, staffing and service capacity

All aged care workers should have suitable qualifications, experience or training to perform IPC practices relevant to their role. Maintaining an adequate and sustainable workforce is essential to preventing and controlling infections; therefore, contingency planning is an essential component of workforce management plans. It is recommended (if possible) that there is at least one or two other aged care workers that have an in-depth understanding of IPC besides the IPC lead. These other aged care workers need to be willing to step into the IPC lead position, if required.

The aged care workforce is an important part of an IPC system. Aged care workers play a vital role in general clinical and care activities and therefore should be well supported to have a solid understanding of IPC principles and a basic knowledge of the IPC lead role. At the least, the person responsible for IPC should have this knowledge. If the aged care workforce understands IPC and risk management, the IPC lead or the person responsible for IPC will be better supported to drive good practice.

Every aged care organisation will have different management structures and workforces, in addition to offering different services in different settings. This means every aged care organisation must develop an IPC system informed by a local risk assessment, and incorporating the core components based on the residual risks and needs of the service.

Home and community aged care

Home and community aged care organisations may not employ a registered nurse, as the care services offered do not require that level of clinical knowledge (for example, personal care, social support or home maintenance). Despite this, there is still a risk of spreading infections when providing these care activities, and an IPC system should be established that considers the core components. These may include:

- **Policies and guidelines:** At a minimum, each organisation should have IPC-related guidelines and/or policies on the use of PPE, hand hygiene, waste management, workforce health and safety, equipment reprocessing and standard and transmission-based precautions
- **Education and training:** All aged care workers should receive basic IPC training that is relevant to their role; this may include hand hygiene, PPE, environmental cleaning and linen management
- **Audits and feedback:** The aged care worker(s) responsible for IPC should consider how IPC practices such as hand hygiene, using PPE and cleaning can be effectively monitored and audited to ensure adherence to policies and guidelines. This may include competency assessments, occasional joint visits, and surveys of both older people and the workforce. Analysis should consider how the results of monitoring and audits can be used to continually improve practice
- **Surveillance:** The organisation should review their client list and the type of care provided to see whether monitoring infections or IPC-related activities (such as hand hygiene) can be implemented effectively. The provider should also consider monitoring workforce vaccination status

Other considerations: It is important to conduct environmental risk assessments during the first home visit to ensure all infection risks and hazards are identified (risks include pets, poor ventilation and unhygienic care spaces) and that mitigation strategies can be developed so that care can be provided in a way that is safe for both the older person and the aged care worker.

Roles and responsibilities

An IPC system must be led by an IPC lead or an IPC team; however, responsibility for the program must not rest solely with these workers. Rather, IPC must be a priority at all levels of the service and included in education and training processes. Making it a priority at all levels sets up a culture in which IPC is everyone's business. Managers and those responsible for IPC in aged care services must effectively collaborate and involve older people, their family or carers, the workforce, local partners, and jurisdictional and national governing bodies as partners to effect change and achieve the best possible outcomes. All the roles below are important for an IPC system to work effectively and drive a positive IPC culture:

- Management
- IPC lead(s) or the person(s) responsible for IPC
- The aged care workforce
- The older person and their carers.

The management team

The management team should incorporate the IPC system into the annual business plan to ensure appropriate resources (both financial and human) can be allocated. Part of this will include ensuring appropriate IPC-related training for everyone in the workplace and ensuring that a contingency plan is in place for the IPC lead(s) or the person(s) responsible for IPC. This planning will ensure the program is effective and sustainable for the service. The management team should also support the IPC lead(s) or the person(s) responsible for IPC with regular discussions and feedback. The IPC system must be person-centred and uphold the rights of older people, articulated in the Charter of Aged Care Rights, especially when complex situations must be managed – for example, an infectious outbreak in a dementia wing. The management team must regularly review monitoring and auditing data to ensure trends are identified and managed effectively.

IPC lead(s) or the person(s) responsible for IPC

IPC leads are aged care workers who provide on-the-ground leadership and guidance around IPC. Depending on the size and type of aged care service, this may include:

- IPC-related training and education for the workforce and older people
- Identifying gaps in IPC-related practice or training and identifying opportunities for continuous quality improvement and learning
- Overseeing antimicrobial stewardship (AMS) and IPC practices
- Conducting IPC-related monitoring and audits
- Providing updates to the workforce and older people on IPC issues and initiatives, as well as on relevant new local and national guidance.

Residential and centre-based aged care

Residential aged care organisations are required to have an on-site IPC lead. Further information on the requirements of an IPC lead in residential and centre-based aged care can be viewed at the Department of Health and Aged Care.

Home and community aged care

Currently, home and community aged care organisations are **not** required to have a dedicated IPC lead; however, these organisations are encouraged to appoint one or more workers (or a team) to oversee an IPC system.

The aged care workforce

There are many different workforce roles in aged care, with varying responsibilities and levels of engagement in residential, centre-based, home and community care. Some provide direct care to older people. These include clinical coordinators, nurses, pharmacists, support staff, personal care workers, allied health practitioners and assistants, nurse practitioners, general practitioners, geriatricians and other medical specialists. Other workers have non-clinical roles, such as cleaners, transport drivers, gardeners, chefs and volunteers. A multidisciplinary approach to IPC in aged care is important to provide comprehensive care for older people and ensure that everyone is trained appropriately in relevant IPC practices. Two-way discussions are required for clinical communication about IPC issues within the aged care workforce and with other service providers, such as non-emergency patient transport, ambulances, hospitals and community health services, and the older person's carers. These discussions should address the older person's infection status and necessary precautions, and any change in their immune status. This practice ensures continuity of care and promotes the safety of the older person, their careers, and healthcare workers across various settings. It should also include the older person's wishes for care.

IPC practices are incorporated into the daily practices of both clinical and non-clinical aged care workers. The type of IPC that must be implemented by each worker will differ depending on the requirements of the role, the client population they work with, training provided and contractual obligations (for example, agency staff). Aged care workers should escalate any breaches of IPC they witness; escalation should be carried out by other workers according to local policy. They should actively take part in monitoring, auditing or continuous quality improvement programs, as required.

The older person and their carers

Older people and carers should be encouraged to be involved in IPC practices. Partnerships with older people and carers, also known as 'partners in care', should be comprised of many different practices – from communication and reflective listening, through to shared decision making, self-management support and care planning. Strategies to encourage older people and their families and carers to become partners in their own care, especially regarding IPC, can include:

- Providing education on standard precautions (such as hand hygiene)
- Obtaining and documenting individual needs, preferences and goals
- Encouraging and prompting older people to ask questions during care activities
- Providing education on IPC-related topics to support self-management such as appropriate cleaning methods or the management of an invasive device.

Resources

ACQSC developed the Partnerships in care program to support older people and their family, friends or carers to build their knowledge and skills in IPC. Further resources to assist in providing IPC-related education to older people can be found in:

- The ACSQHC IPC resources for consumers
- The Australasian College for IPC consumer resources.

Governing bodies

All approved aged care organisations must work within national, state and territory legislation requirements for the aged care system. The primary governing bodies in the aged care sector that provide IPC-related guidance and support are outlined in **Table 1**.

Table 1: Governing bodies that provide IPC-related guidance and support

Governing body	Role in health and aged care
The Department of Health and Aged Care	The Department of Health and Aged Care (the Department) is responsible for developing aged care legislation and policy, as well as the development of aged care–related programs that support older people to navigate and use services (such as My Aged Care). While the Department maintains the Aged Care Quality Standards, registered aged care organisations are regulated by the ACQSC.

Governing body	Role in health and aged care
The Aged Care Quality and Safety Commission	The ACQSC is the national regulator of aged care services. This role includes approving organisations for the delivery of residential, home and flexible aged care services, registration of quality assessors, accreditation, quality audits, monitoring the quality of care and services, complaints resolution, education, monitoring compliance and imposing sanctions when needed.
The Australian Commission on Safety and Quality in Health Care	The ACSQHC supports health service organisations (such as hospitals and multi-purpose services) to provide safe, high-quality and sustainable health care by maintaining the National Safety and Quality Health Service Standards. While the ACSQHC maintains the healthcare standards, health service organisations are regulated by the state and territory health departments.
State and territory health departments	State and territory health departments are responsible for regulating and managing public hospitals, regulating and licensing private hospitals, providing oversight of local health networks, delivering public community-based and primary health services and delivering preventive services such as immunisation programs. State and territory health departments usually work with the Department to ensure older people can get appropriate care. This care is often provided by government-funded services such as Aged Care Assessment teams, Regional Assessment Services and Transitional Aged Care Programs. Some states and territories also deliver residential aged care services.

ACQSC = Aged Care Quality and Safety Commission; ACSQHC = Australian Commission on Safety and Quality in Health Care

Resources

Various legal requirements affect the provision of IPC and clinical care in health and aged care services. An aged care IPC system should be informed by these legislative requirements. The *Aged Care Act 1997* is the principal legislation for government-funded aged care.

Organisations can also view their most relevant state or territory specific IPC guidance using the ACQSC IPC location-based guidance tool.

Local networks and support

Building partnerships and collaborative relationships in an aged care IPC system is essential to building a sustainable service that drives a strong culture of safe care supported by a multidisciplinary team with complementary expertise, knowledge and skills. The roles of various local networks and supports are outlined in **Table 2**.

Table 2: Local networks and supports in health and aged care

Local networks and support	Role in health and aged care
Public Health Unit (PHU)	The role of a PHU is to identify and prevent public health risks to the community through three main teams: communicable diseases, immunisation and environmental health. PHUs work closely with general practitioners, community services and hospitals, pathology laboratories, schools and childcare centres, local councils and aged care homes, and with other government agencies to protect public health. Aged care organisations should link with their local PHU to support preventive health interventions, such as delivering seasonal vaccination and dealing with outbreaks of infectious diseases. **Services provided by PHUs may differ between jurisdictions and local networks.**
Local hospitals	Hospitals deliver various acute care services to the community through inpatient and outpatient services. Some hospitals provide outreach services to residential and centre-based aged care services that aim to reduce hospitalisation and increase quality of care.
Primary Health Network (PHN)	PHNs are coordinating bodies that work directly with GPs and others to increase the efficiency and effectiveness of health services and improve the coordination of care between services or organisations. Aged care organisations should link in with their local PHN to support standardisation of care for infectious diseases.
General practitioner (GP) and other specialists	GPs are the primary medical care professionals for older people living in both residential and centre-based aged care homes and those receiving care in the community. GPs are one component within a multidisciplinary care team that provides care to older people. This team may include a variety of health professionals including nurse practitioners, allied health, geriatricians, pharmacists, podiatrists and more. All these health professionals are important in maintaining quality clinical care to ensure infections are not just controlled but also prevented when possible, and should work together collaboratively to achieve common goals for the older person.
Other services	The aged care sector is supported by a variety of other services including community-based health services, private pathology companies and pharmacies to assist in specimen collection, testing, medication management and quality use of medicines. These services are important to maintaining an AMS program and detecting infections quickly, both of which are essential to an IPC system.

AMS = antimicrobial stewardship; GP = general practitioner; IPC = infection prevention and control; PHN = Primary Health Network; PHU = Public Health Unit

Continuous quality improvement

Continuous quality improvement (also known as continuous improvement or quality improvement) is the ongoing effort to improve an IPC system. When improving an IPC system, those responsible for IPC should use varied methods and strategies to ensure comprehensive and sustainable improvements are made.

The use of **multimodal strategies** can support organisations to ensure IPC systems are comprehensively reviewed and improved. A multimodal strategy uses multiple methods to implement and improve a practice change.

Using a multimodal strategy will include implementing changes to various areas in an organisation to improve practice effectively and sustainably. This may include system or administrative changes; implementing training and education for workers or older people; monitoring change and providing feedback; communicating the change; and implementing the change into practice.

Using a multimodal approach to improve an IPC system should generally consist of at least three of the five elements listed below, implemented together to guide improvement. The five elements for IPC multimodal strategies include:

1. **System changes** required to the built environment, equipment and other resources
2. **Training and education** required to improve workforce knowledge
3. **Monitoring and feedback** to assess the problem and communicate the outcomes
4. **Reminders and communications** to promote the improvements
5. **A culture of safety** to encourage a workforce that values the intervention, with a focus on involvement of management, IPC lead(s) or the person(s) responsible for IPC.

Practice point

A multimodal approach to hand hygiene

If an aged care organisation is trying to improve hand hygiene practices using multimodal strategies, they may consider using three or more of the following:

- System changes, such as ensuring access to hand hygiene products and hand washing facilities
- Training and education, such as regular online or face-to-face hand hygiene training
- Monitoring and feedback, such as doing hand hygiene competency assessments and providing feedback to the aged care worker on the result
- Reminders and communications, such as sending online reminders on the importance of hand hygiene and utilising posters or fact sheets
- A culture of safety and leadership, such as management regularly reviewing IPC data, and IPC lead(s) or the person(s) responsible for IPC leading by example and creating a culture that values improvements to hand hygiene practices.

Resources

- The ACQSC's IPC governance self-assessment checklist can assist in evaluating IPC systems.
- The ACQSC provides further information on the requirements of continuous improvement.
- See the WHO multimodal improvement strategy.

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