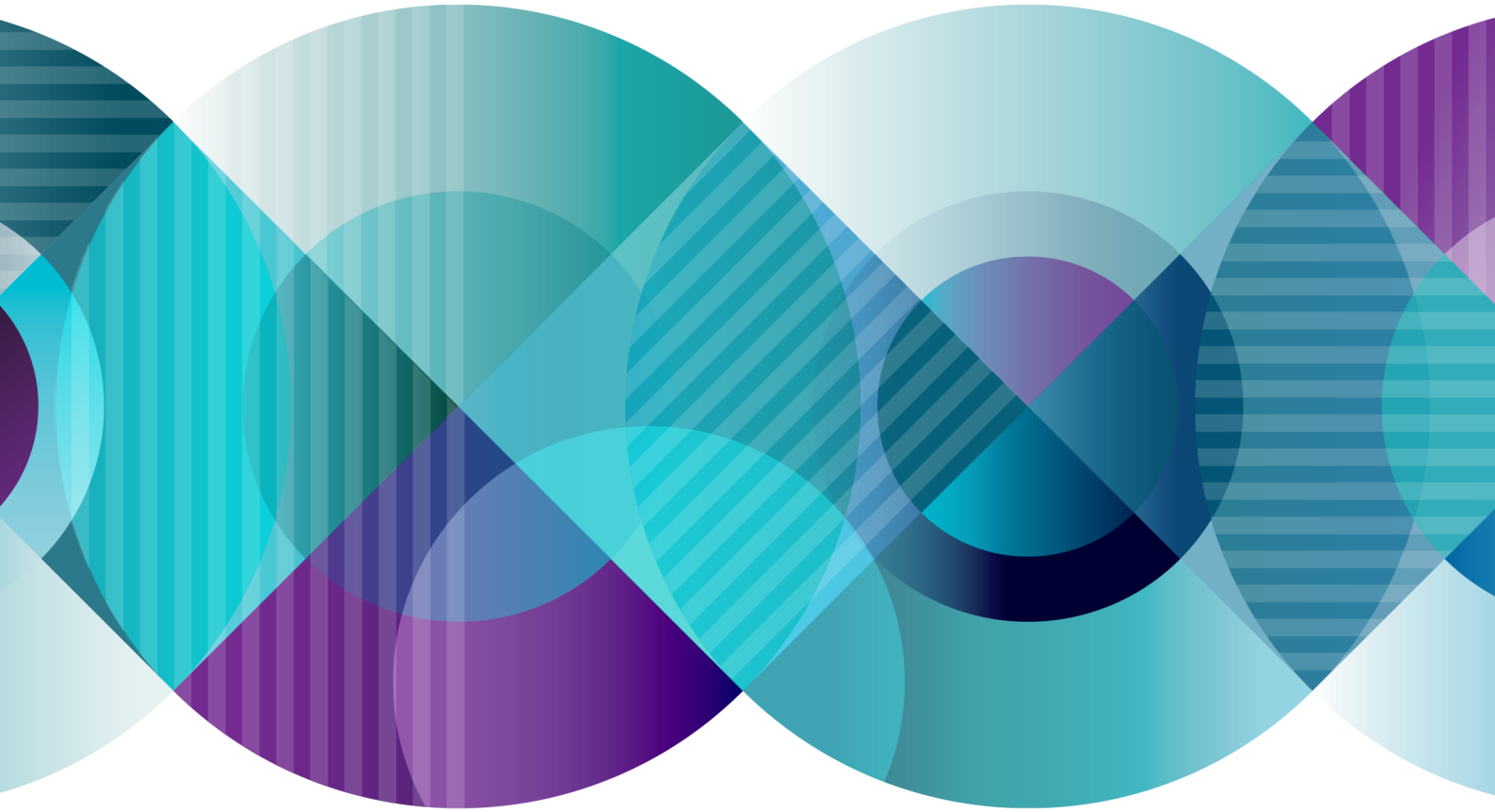
AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE



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 2

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

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Chapter 2: Risk assessment and management in infection prevention and control in aged care

Key points

- **Risk assessment and management is essential in reducing the spread of infections while also maintaining a balanced approach to IPC.**
- **While it is important to aim to reduce all infection risks, this is often not achievable without impacting on an older person's quality of life. IPC-related risk assessments must consider infection-related risks as well as the rights of the older person and the rights of the workforce.**
- **There are four primary steps involved in risk management: identifying a hazard, assessing the risk of harm, controlling the risk and reviewing the effectiveness of controls.**
- **Aged care settings differ in complexity and in local requirements, so risk management must be tailored to the local context.**
- **The hierarchy of controls is a model used in work health and safety (WHS) management that involves a step-by-step approach to controlling risk, ranking controls from most to least effective.**
- **The hierarchy of controls is a method that supports the design of infection prevention and control (IPC) systems and strategies to prevent and control the risk of spreading infections in aged care.**
- **As most infection risks cannot be completely eliminated, a level of risk will usually need to be accepted. This is known as 'risk acceptance', and is an important element of risk management in aged care that is achieved by open discussion and planning.**
- **Each IPC system should address risk management for the:**
    - **older person**
    - **care environment**
    - **aged care worker**
    - **delivery of care**
    - **equipment**
    - **visitors and carers.**

What is risk management?

Risk management is a cyclical process that involves identifying what the risk is, assessing the impact of the risk, as well as reducing, controlling and monitoring the risk. For the purposes of this Guide, risk management is an ongoing and proactive process aimed at identifying and responding to risks that impact IPC in aged care. The *Work Health and Safety Act 2011* requires aged care employers to have systems and processes in place that help to identify hazards and assess and control the risks for older people, carers, family members, visitors and members of the workforce, so far as is reasonably practicable. This means doing what is possible in each situation to maintain WHS and the continuity of service.

The diversity of aged care settings means that a tailored approach to risk assessment is required for each service and setting. It is usually easier to manage risks in residential and centre-based aged care settings, due to the level of control the organisation has over the environment, when compared to aged care organisations offering home and community-based care.

Risk acceptance is also discussed in this chapter, as it is an important concept for aged care organisations to adopt to balance IPC practices with maintaining a good quality of life for all older people. Aged care organisations will rarely be able to eliminate risk, and therefore a level of risk will need to be accepted by the organisation, the older person and their carers, as well as the workforce. For example, older people should always be able to maintain visitor access (using the essential visitor mechanism), even when isolating. This is an example of how a level of risk can be accepted in a way that maintains quality of life.

Practice point

A practical example of how risk can be minimised

Consider an activity that people do every day, such as driving a car. There are significant and known risks to driving a car, such as the potential for injury or death to the driver, passengers or pedestrians. When a person decides to drive a car, they accept these risks because interventions (for example, road rules, seat belts) are in place to reduce the risks, and because driving a car has many benefits.

Is there still a chance that you may get injured or injure someone else when driving a car?

Yes.

This shows how people often assess risk and weigh up the benefits against the risk of harm.

This same concept should be applied to IPC in aged care. The aged care workforce is constantly assessing and managing risks every day, both actively and sometimes without realising it. Risk-reducing strategies in IPC can include hand hygiene, appropriate use of personal protective equipment (PPE), aseptic technique, and cleaning or managing sharps safely – all of which reduce, but do not eliminate, the risk of spreading infections from one person to another.

Aged care services can be complex and involve numerous risks; however, the management of these risks must always be considered in the context of the care being delivered and maintaining a good quality of life for older people. There will always be an element of risk in the delivery of aged care services.

The basics of risk management

Risk management in an aged care context is the basis for preventing and reducing harm arising from an infection. Every aged care organisation must be able to measure the risks in its own context, and develop its own risk management plans and strategies. Therefore, organisations must regularly conduct infection prevention risk assessments and ensure that all aged care workers understand their responsibilities in managing these risks.

The key concepts used in risk management are described below:

- **Hazard:** A hazard is a situation or thing that has the potential to harm a person
- **Risk:** A risk is the possibility that harm (death, injury, illness) might occur when exposed to a hazard
- **Risk control**: Risk control means taking action to eliminate or control the risks, so far as is reasonably practical. Controls should be constantly reviewed and measured to evaluate their effectiveness.

Risk assessments should be undertaken to understand what could happen if someone is exposed to a hazard, and the likelihood of this occurring. A risk assessment can help determine the severity of the risk, the effectiveness of current control measures, what action is required to control the risk and how urgently action should be taken.

There are four primary steps involved in risk management. The steps involved in risk management are defined in **Table 3**.

Table 3: Four steps in risk management

Steps	Process	Example
Identify the hazard	What are the real or potential hazards that could cause harm?	Microorganisms that may colonise or infect older people, aged care workers or others.
Assess the risk	What are the risks that something happening will have a negative impact? Assessing the risk considers what harm could happen if someone or something is exposed to these hazards, and how likely it is that they will be exposed.	Infections, occupational exposures and sharps injuries.
Control the risk	What actions can be taken to control the risks?	Standard and transmission-based precautions.
Review the controls	How effective are the controls that are in place and how can they be modified as required to ensure the ongoing safety of everyone?	Regularly review the effectiveness and the ongoing need for PPE and other interventions used to reduce the spread of an infection. Audit the use of hand hygiene product or the use of PPE and provide education to aged care workers whose practice can be improved.

PPE = personal protective equipment

A successful approach to risk management occurs on many levels within an aged care organisation. **Table 4** describes the risk management approaches used for different levels.

Table 4: Risk management approaches used at specific levels within an aged care organisation

Level	Risk management approach
Organisation-wide	Providing support for effective risk management through an organisational risk management policy, educating workers, following up outcomes, monitoring and reporting.
Wing or section of an aged care home or part of a community aged care organisation	Embedding risk management into all local policies to ensure risks are considered in every setting.
Individual	Considering the risks involved in carrying out specific procedures, assessing the necessity of a procedure as part of clinical decision-making, and attending education sessions (for example, hand hygiene or putting on and removing PPE).

PPE = personal protective equipment

Managers and the workforce have different roles, responsibilities and obligations, and therefore must assess and manage risk differently. For example, managers provide support to control local risks by developing a local risk management policy, providing feedback and education, and by managing an effective incident management system such as the Serious Incident Response Scheme (SIRS). Aged care workers may be required to consider risk in clinical practice such as the necessity of each care activity or clinical procedure, and how the risk associated with performing each procedure or activity can be reduced.

Practice point

Using the hierarchy of controls to minimise the risk of norovirus

In a residential aged care home, an older person may begin to experience symptoms such as watery diarrhoea, abdominal cramps, nausea and loss of appetite. These symptoms should alert workers to consider whether an infection is present.

In this situation, aged care workers should implement the highest level of transmission-based precautions (combined respiratory and contact) until the cause of the symptoms is identified. After a clinical review and stool test, norovirus infection may be confirmed. Following this diagnosis, care workers should conduct a risk assessment and implement contact and respiratory (droplet) precautions.

The risk of norovirus spreading to other older people or workers is high if any of the following are identified:

- The infected older person is cognitively impaired and unable to adhere to basic IPC practices
- The older person shares a room or an ensuite bathroom with other older people, increasing the likelihood of transmission through shared facilities.
- As the older person is actively infectious until diarrhoea and vomiting resolves, these risks may be reduced or controlled using several strategies.

Isolation

Isolation strategies (as outlined below) must be balanced against the needs for workers to have visibility of the infectious older person, the psychosocial wellbeing of the older person and the safety of other older people and workers.

- Move them to a single room until these symptoms are no longer present
- If a single room is not an option, the IPC lead may ask those older people sharing the room to spend their day in other areas of the facility while socially distancing and wearing appropriate PPE (for example, a surgical mask), or may ask their families/carers to allow them the option of going home for the day. The risk of exposure of older persons, and others, to the infection person should be considered and reduced where possible
- Consider allocating a separate bathroom for the infectious older person to use (including a dedicated commode if needed)
- Consider physical barriers in the shared room, such as privacy curtains, to minimise close contact
- Keep the room door closed when feasible to prevent unnecessary entry

Environmental controls

- Enhance environmental cleaning protocols, especially in shared spaces, to prevent the spread of infection
- Ensure that cleaning staff are well trained and equipped to deal with the specific needs of cleaning under these circumstances

Use of work processes, guidelines or education to reduce the risk

- Ensure all care workers are up to date with IPC training; emphasise the importance of hand washing and encourage other older people to participate in hand hygiene
- Consider continence management if diarrhoea causes incontinence

Use of PPE

- Aged care workers and visitors to the infectious older person should wear appropriate PPE for contact and droplet precautions, including gloves, gowns and surgical masks as necessary, to prevent infection transmission

Reviewing the controls

- The IPC team should continuously review the effectiveness of the control measures that have been implemented and make adjustments to reduce the risk of spread of infection
- To reduce the risk of psychosocial decline for the older person with the infection, visiting by family and carers can be continued in combination with the above strategies.

The hierarchy of controls

The hierarchy of controls is a model used in WHS management that provides a step-by-step approach to managing risk by ranking controls (or strategies) that reduce risk from most to least effective. The hierarchy of controls helps aged care organisations to simplify risk management and supports an IPC system to prevent and control the risk of infection in each service context. See the hierarchy of controls below.

Most effective controls

1. Eliminating the hazard is the most effective way to control risk
2. Replace the hazard (also known as substitution)
3. Isolate the hazard (also known as isolation)
4. Environmental interventions (also known as engineering controls)
5. Use work processes, guidelines or education to reduce the risk (also known as administrative controls)

Least effective controls

6. Using PPE to reduce the risk is the least effective way to control risk

The most effective way to control risk is to **eliminate the hazard** and associated risk; however, in most situations with infections this is not possible (consider the driving practice example referred to earlier). **If it is not reasonably practicable to eliminate the hazard**, then the risk of the hazard causing harm must be reduced. This can be done using one or a combination of the controls listed.

The ways of controlling risk are ranked above from the highest to lowest levels of protection and reliability. Other than elimination (which is often not possible), the most effective ways of reducing risk are replacing the risk with a safer alternative, environmental interventions and isolating the risk so that the fewest people possible are exposed to the hazard. Implementing administrative interventions such as work processes, guidelines, education and PPE are the least effective in the hierarchy, as they rely on human behaviour and supervision to be effective and reduce risk.

This does not mean that these controls are ineffective, but that they are less effective when implemented as individual controls. For example, implementing PPE as an individual control to reduce the risk of an existing infection, will not be as effective as when PPE is implemented in combination with other controls, such as risk-based isolation, environmental interventions and local policies.

For example, IPC leads or persons responsible for IPC may consider the following questions:

- Can the hazard be eliminated? (If the answer is no, continue down the hierarchy)
- Can the hazard be replaced? (If the answer is no, continue down the hierarchy)
- Can the hazard be isolated to reduce the level of risk? (Whatever the answer, continue down the hierarchy to ensure all possible strategies are considered to achieve the lowest risk possible)
- Can environmental interventions be implemented to reduce the level of risk? (Whatever the answer, continue down the hierarchy to ensure all possible strategies are considered to achieve the lowest risk possible)
- Have work processes, guidelines or education been implemented to reduce the risk? If not, can they be implemented?
- Lastly, will PPE help to further reduce the level of risk?

Applying risk management to IPC in aged care

Reducing all risks associated with delivering an aged care service is important, but the approach must be balanced with achieving good quality of life for each older person receiving care.

Efforts should always be made to eliminate a hazard. Replacing, **isolating** and **reducing** a hazard are strategies that are critical for managing infection risks. These risks can be managed while also maintaining a person-centred approach to care. See **Table 5** for examples of IPC risk mitigation strategies relevant to each of the controls for IPC systems.

Table 5: Steps and strategies for IPC hazard and risk management

Step	Explanation	Risk-reduction examples
Eliminate the risk	Elimination removes the infection risk entirely.	• Quickly managing spills to eliminate the risk of exposure to clinical waste • Disposing of sharps correctly, immediately after use to prevent sharps injury • The use of telehealth to eliminate exposure to infections
Replacing the risk with a safer alternative	Replace the risk to minimise infection risks.	• Replacing reusable equipment that is difficult to clean with single-use equipment • Introducing safety-engineered sharps devices for injections to prevent sharps injury • Administration of aerosolised medicines via spacers instead of nebulisers, to prevent exposure to respiratory infections
Isolate the risk from people	Physically separate people from the infection risk.	• Placement strategies, such as using single rooms for older people with respiratory infections • Increasing the distance between beds or educating older people in the community about social distancing • Inserting physical barriers, such as privacy screens, for those with respiratory infections
Reduce the risks through environmental (engineering) controls	The use of a physical or mechanical process to reduce the risk.	• Using ventilation including airflow, temperature, and humidity to reduce and control the spread of respiratory infections • Redesigning work areas to limit the number of aged care workers in specific zones; limiting the number of aged care workers who attend care for certain people in the community (for example, if an older person has influenza, consider stopping non-essential services)

Step	Explanation	Risk-reduction examples
Reduce exposure to the risk using work processes, guidelines or education (administrative controls)	Develop work processes, guidelines or educational programs to reduce risk or prevent exposure to risk.	• Designation of an organisational lead or team who oversees the IPC system • Compliance with the current version of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare* • Outbreak management plans that comply with the current version of the *National Guidelines for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection in Residential Aged Care Homes* • Providing IPC training to all aged care workers • Encouraging aged care workers and older people to have recommended vaccinations as per the current edition of the *Australian Immunisation Handbook* and current jurisdictional requirements • Workforce vaccine-preventable disease screening programs • Policies and guidelines that outline local requirements for standard and transmission-based precautions
Use of PPE	PPE provides a physical barrier; however, its effectiveness depends on a variety of factors.	Organisations should provide: • Access to enough PPE relevant to the infection risks in the aged care setting • Training programs about the correct use of PPE • Fit-checking or fit-testing programs for users of particulate filter respirators Aged care workers should: • Wear appropriate PPE as per standard and transmission-based precautions • Perform hand hygiene before putting on and after removing PPE items

IPC = infection prevention and control; PPE = personal protective equipment

Risk acceptance

IPC-related risk assessments must consider the rights of the older person (see the Charter of Aged Care Rights) as well as the rights of the workforce (under the Fair Work Act). As infection risks cannot necessarily be eliminated while respecting the rights of the older person, a level of risk will need to be accepted by all parties. To achieve this acceptance, open discussion is required with the older person, their carers, and the relevant workers about the type and level of risk to them and other people, as well as the risk-reduction strategies that will be implemented to control the risk. This is known as '**risk acceptance**'. Although risk acceptance is not a risk-reduction strategy, it is an important element of risk management in the provision of care services in which risk elimination is rarely achievable.

Resources

Dignity of risk is a concept often referred to in aged care. It means that older people have the right to make decisions about their care and services, even if these decisions involve some element of risk. The ACQSC provides more information about dignity of risk; see What is dignity of risk? consumer resources and What is dignity of risk? (video).

Risk management in complex settings

Aged care organisations that deliver care services in the community encounter a variety of different people and home environments. Many older people will be living with the complexities of ageing as well as various challenges relating to their mental, cognitive, physical or social health. Care must be provided to all older people while protecting both the aged care worker and the older person.

Environmental risk assessment

An environmental risk assessment (also known as a home or community risk assessment) 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 access to the home, bathrooms and kitchens within the home, falls hazards, biological or harmful chemicals (including smoking), poor ventilation, animals, plants, mental health or cognitive health concerns, fire and electrical hazards. Identified risks should be used to inform the risk management process, including developing risk-reducing strategies. In home and community aged care services, the environmental risk assessment is ideally undertaken before the first service so that risk-reducing strategies can be considered and implemented before services commence.

Further information on environmental risks can be found in **Chapter 6.**

Home and community aged care

An aged care organisation might need to provide a service to an older person who is hoarding in their home. Hoarding can result in accessibility issues and might attract pests such as rats and insects. This is a risk because it can be dangerous for the aged care worker and the older person. Some examples of how the aged care organisation may use the hierarchy of controls to deliver the service safely are provided below:

1. **Can we eliminate the hazard?** No. The older person collects things because of a mental health condition. An organisation cannot stop the older person from doing this, but can help to manage it.
2. **Can the hazard be replaced?** The organisation could consider providing care in a safer part of the home or referring to another service to help reduce the amount of hoarded material. If it is not safe, the organisation might consider other ways to provide care or find a more specialised service.
3. **Can the aged care worker be isolated from the hazard?** Care can be provided in another location such as a shopping centre, park or the home of a family member.
4. **Can the home be made safer?** The organisation could work with the older person to make the home safer. This could include pest control, making clear paths to important areas like the kitchen and the bathroom, and opening windows for fresh air.
5. **Can the organisation change the way the aged care worker performs their job?** The organisation should make a detailed plan for how to provide care safely; this may include education for the aged care worker around hoarding behaviours or developing a detailed care plan that includes an escalation pathway if the aged care worker identifies a new risk or concern during the service.
6. **Can the care worker wear PPE?** Wearing PPE can help keep the care worker and the older person safe from infections or other hazards. Standard precautions, including the use of PPE where appropriate should be implemented for all types of care (for more information on standard precautions, refer to **Chapter 4**).

To assist in conducting an environmental risk assessment, home and community aged care organisations can review:

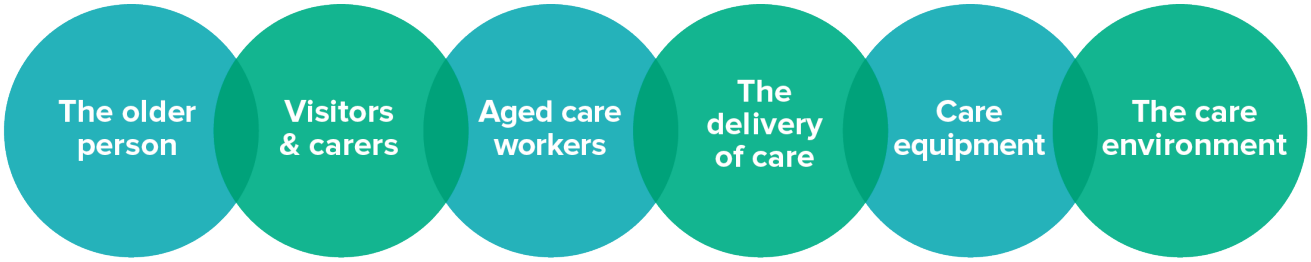
- The Aged Care Quality and Safety Commission *Quality and Safety in Home Services – 5 Key Areas of Risk* resource to identify risks associated with providing home care services
- The Queensland Government resource: *A guide to working safely in people's homes*.

Risk-reduction strategies in IPC

Essential knowledge

Risk management is the basis for IPC systems to deliver a safe environment, good health outcomes for older people and reduce the development of multidrug-resistant organisms (see **Chapter 3**).

Identifying and managing risk for an entire organisation or a large workforce can be an overwhelming task. Viewing risk in terms of groups or parts of an organisation makes risk assessment and management easier. In an aged care service, organisations need to consider managing risk in relation to the older person, their carers or families, the aged care workforce, the delivery of care, care equipment and the care environment.



The older person

Older people are at a higher risk of acquiring an infection. Increased opportunities for the spread of infections can occur when the older person:

- Has an **underlying health condition**, often with comorbidities
- Has **invasive devices** that require ongoing care and management
- Lives in a **communal** environment such as a residential aged care home.

To assess the risk of an older person acquiring an infection, consider the following questions:

- What is the older person's medical history, including underlying health conditions (for example, recent hospitalisation, medicine with immunosuppression properties, diabetes)?
- Has the older person travelled overseas or interstate recently? Consideration should also be given to those who have recently travelled on a cruise ship or have travelled interstate if there are identified community outbreaks or increased transmission
- Is the older person up to date with recommended vaccinations?
- Does the older person have **new** symptoms that suggest they may have an infection (for example, behavioural changes or fever)? Symptoms related to a chronic condition (such as an ongoing cough related to chronic obstructive pulmonary disease) should be documented so that these symptoms are not confused with an acute infection
- Does the older person have an invasive device inserted (for example, a urinary or suprapubic catheter)?

- What are the processes for communicating relevant details of an older person's infectious status during transitions of care such as new admissions, transfers to hospital or between care homes (for example, documentation or an electronic medical system that alerts the hospital team that the older person has an infection)?

Visitors and carers

IPC practices and measures do not take the place of the ongoing requirement for organisations to facilitate safe visiting arrangements. Visitors and carers should be informed about how they can help prevent the spread of infections. To support this, aged care organisations can provide educational resources for visitors and carers to help manage gaps in information. Older people living in residential aged care homes, including those isolating because they are infectious, should always have access to at least one essential visitor (see **Chapter 8**).

To assess infection risk in the care environment of residential and centre-based aged care settings, consider the following questions:

- Does every older person, including those who are isolating, have access to an essential visitor?
- Are visitors and carers who attend the home frequently provided training in basic IPC practices such as the use of PPE and hand hygiene?
- Are restrictions for visiting certain areas needed to reduce infection risks? If so, how is the older person's risk of mental, physical and cognitive deterioration from social isolation addressed?
- Is information available for visitors and carers about current infection risks, infectious diseases and vaccinations? Residential and centre-based organisations should consider the Sector Code for Visiting in Aged Care Homes
- Is information about IPC available in locally used languages, other than English?

To assess infection risk in the care environment of home and community aged care settings, consider the following questions:

- If an older person living in the community is unwell, can the organisation help to support the older person or carer to manage the infection safely at home (for example, increasing frequency of services or daily phone checks)?
- If carers or family members are involved in direct care, are they provided with information, training and support to deliver care safely?

Aged care workers

Aged care workers can be exposed to microorganisms in several ways, including through contact with an infectious older person or because of a blood or body fluid exposure. Aged care workers who are in an infectious state may also put older people at risk of infection if they work with the older person.

To assess infection risk for aged care workers, consider the following questions:

- Does the aged care organisation conduct workforce screening (for vaccine-preventable diseases) and promote the benefits of vaccination?
- Are all aged care workers assessed for their individual risk of exposure to vaccine-preventable diseases or other infections, during their work?
- Does the organisation have appropriate IPC education and training in place?

- Is a range of PPE available and easily accessible? Does the organisation provide suitable PPE for different tasks and different roles (for example, personal or clinical care, cleaning, social support)?
- Are safety-engineered sharps devices used by the organisation to reduce sharps-related injuries to workers?
- For residential and centre-based aged care organisations, does the organisation have an annual influenza program in place?

Aged care workers living with a bloodborne virus, including hepatitis B, hepatitis C and HIV, must be managed in accordance with the CDNA National Guidelines for healthcare workers on managing bloodborne viruses. Affected workers can be identified and managed through a workforce screening program (see **Chapter 7**).

The delivery of care

While delivering care, aged care workers should assess for risks and decide how activities can be performed safely. Some activities carry a higher risk of spreading infections than others. The use of standard and transmission-based precautions (see **Chapter 4**) will help to reduce most infection risks. However, other factors should also be considered when assessing infection risk in the delivery of care.

To assess infection risk in the delivery of aged care services, consider the following questions:

- What type of activity is being performed (for example, wound dressing, personal care, cleaning)?
- Where is the care being delivered (for example, in a residential and centre-based aged care home, community centre or older person's home)?
- Is the older person known to be colonised or infected with a specific microorganism?
- Are cognitive or behavioural factors present that may increase the risk of the older person spreading an infection?
- What other activities are happening in the area where the service is provided (for example, cleaning, wound care, invasive device management, cooking or food preparation)?
- What equipment or resources are available for the care activity (for example, appropriate PPE, condition and cleanliness of the equipment)?
- What actions can be taken to reduce the risk of spreading infections during the care activities (for example, hand hygiene, aseptic technique, transmission-based precautions or reprocessing reusable equipment)?

Care equipment

All new and existing equipment used for care and procedures should be regularly assessed for potential infection risks. Existing care equipment may become damaged over time or be difficult to clean. These factors can potentially increase the risk of transmission of infection and must be planned for and managed.

To assess infection risk during use of care equipment, consider the following questions:

- Does the organisation have a process for assessing new products and equipment before purchasing and ensuring they have been approved through regulatory mechanisms such as the Therapeutic Goods Administration?

- Does the organisation have an environmental cleaning program as part of the larger IPC system that focuses on cleaning, servicing, repairing and replacement of equipment?
- How is reusable equipment cleaned (such equipment includes hoists, blood pressure cuffs, thermometers and so on)? Are aged care workers trained to reprocess/clean reusable and general care equipment?
- How is equipment and stock stored?
- Is there a process in place to manage recalls or alerts for products and equipment?
- If required, do reprocessing practices comply with current Australian Standards for reprocessing?

See **Chapter 6** for more information on cleaning and disinfection of reusable equipment.

Resources

When managing common infections and diseases in aged care, the following resources can be used in combination with a local risk assessment to determine management strategies:

- The ACSQHC *Australian Guidelines for the Prevention and Control of Infection in Healthcare*
- The Australian Government Department of Health and Aged Care resource Managing infectious diseases in aged care.

In addition, Communicable Diseases Network Australia has developed the Series of National Guidelines that provide nationally consistent advice and guidance on notifiable diseases.

The care environment

A care environment is the space in which the aged care service is provided. This may be the older person's home in the community, or a centre-based or residential aged care home. The level of infection risk posed by the care environment varies according to the purpose for which it is used, and the design and structure, which influences the ease with which the space can be cleaned. Other important factors are the amount of care provided in that environment and the type of equipment used to care for the older person. Further information on environmental risk assessments can be found in **Chapter 6**.

To assess infection risk in the care environment of home and community aged care settings, consider the following questions:

- What processes are in place to guide the reprocessing of new and existing equipment, devices, and products that are used multiple times or taken to multiple homes?
- When the aged care worker is not providing care, who is responsible for cleaning the environment? How can this person (whether it be the older person, their carer, a friend or family member) be educated about the appropriate methods for cleaning to reduce the risks of infections?
- Are all aged care workers trained in environmental and reusable equipment cleaning, use of PPE, spill management, laundry management and other IPC practices?
- What cleaning products are available in the older person's home? Are the aged care workers providing care trained to use these products?

- Are there issues in the older person's home that might increase the risk of infection or harm for the aged care worker? For example, mould, poor ventilation, access issues or exposed electrical wires.

To assess infection risk in the care environment of residential and centre-based aged care settings, consider the following questions:

- What policies and guidelines are available for maintenance, repair and upgrade of building, equipment, furnishings and fittings?
- What processes are in place to evaluate and respond to infection risks for new and existing equipment, devices and products?
- Who is responsible for and trained in environmental cleaning and reprocessing of reusable equipment, use of PPE, spill management, laundry management and other IPC practices?
- Are aged care workers trained in environmental and equipment cleaning, use of PPE, and IPC?
- Are there suitable cleaning and disinfection products?
- Are there local issues that might increase the risk of infection, such as building renovation or communicable disease outbreaks?
- What are the policies for managing the water supply to reduce the risk of waterborne infections?

For more information on risk management, refer to Section 2.3 of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*.

Chapter 2 references

Aged Care Quality and Safety Commission. Effective incident management systems: best practice guidance. Parramatta: ACQSC; 2021. https://www.agedcarequality.gov.au/resource-library/effective-incident-management-systems-best-practice-guidance (accessed Apr 2024).

Aged Care Quality and Safety Commission. Quality and safety in home services – 5 key areas of risk: guidance for governing bodies of home service organisations. Parramatta: ACQSC; 2022. https://www.agedcarequality.gov.au/sites/default/files/media/quality-and-safety-in-home-services-5-key-areas_0.pdf (accessed Apr 2024).

Aged Care Quality and Safety Commission. What is dignity of risk? consumer resources. Parramatta: ACQSC; 2022. https://www.agedcarequality.gov.au/resource-library/what-dignity-risk-consumer-resources (accessed Apr 2024).

Australian Commission on Safety and Quality in Health Care. COVID-19: Infection prevention and control risk management. Sydney: ACSQHC; 2021. https://www.safetyandquality.gov.au/publications-and-resources/resource-library/covid-19-infection-prevention-and-control-risk-management-guidance (accessed Apr 2024).

Australian Commission on Safety and Quality in Health Care. Definition of significant risk for general practices. Sydney: ACSQHC; 2023. https://www.safetyandquality.gov.au/publications-and-resources/resource-library/definition-significant-risk-general-practice (accessed Apr 2024).

Australian Commission on Safety and Quality in Health Care. Infection prevention and control workbook 2023. Sydney: ACSQHC; 2023. https://www.safetyandquality.gov.au/publications-and-resources/resource-library/infection-prevention-and-control-workbook-2023 (accessed Apr 2024).

Australian Commission on Safety and Quality in Health Care. NSQHS Standards Risk management approach. Sydney: ACSQHC; 2014. https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nsqhs-standards-risk-management-approach (accessed Apr 2024).

Australian Commission on Safety and Quality in Health Care. Risk communication module. Sydney: ACSQHC. https://www.safetyandquality.gov.au/our-work/partnering-consumers/shared-decision-making/risk-communication-module (accessed Apr 2024).

Australian Commission on Safety and Quality in Health Care. Use of the hierarchy of controls in infection prevention and control – factsheet. ACSQHC; 2022. https://www.safetyandquality.gov.au/publications-and-resources/resource-library/use-hierarchy-controls-infection-prevention-and-control-factsheet (accessed Apr 2024).

Catholic Healthcare. What is hoarding disorder? Sydney: Catholic Healthcare. https://www.catholichealthcare.com.au/hoarding-squalor-support-services (accessed Apr 2024).

Centers for Disease Control and Prevention [website]. CDC; 2023. https://www.cdc.gov (accessed Apr 2024).

Council on the Ageing. Sector Code for Visiting in Aged Care Homes. COTA; 2023. https://cota.org.au/policy/aged-care-reform/agedcarevisitors/ (accessed Apr 2024).

Department of Health and Aged Care. Australian Centre for Disease Control. Canberra: Australian Government; 2024. https://www.health.gov.au/our-work/Australian-CDC (accessed Apr 2024).

Department of Health and Aged Care. CDNA national guidelines for healthcare workers on managing bloodborne viruses. Canberra: Australian Government; 2020. https://www.health.gov.au/resources/collections/cdna-national-guidelines-for-healthcare-workers-on-managing-bloodborne-viruses (accessed Apr 2024).

Department of Health and Aged Care. CDNA series of national guidelines (SoNGs). Canberra: Australian Government; 2023. https://www.health.gov.au/resources/collections/cdna-series-of-national-guidelines-songs (accessed Apr 2024).

Department of Health and Aged Care. Coronavirus (COVID-19) – CDNA national guidelines for public health units. Canberra: Australian Government; 2022. https://www.health.gov.au/resources/publications/coronavirus-covid-19-cdna-national-guidelines-for-public-health-units (accessed Apr 2024).

Department of Health and Aged Care. Gastro-Info – gastroenteritis kit for aged care. Canberra: Australian Government; 2015. https://www.health.gov.au/resources/collections/gastro-info-gastroenteritis-kit-for-aged-care (accessed Apr 2024).

Department of Health and Aged Care. Influenza infection (flu) – CDNA national guidelines for public health units. Canberra: Australian Government; 2019. https://www.health.gov.au/resources/publications/influenza-infection-flu-cdna-national-guidelines-for-public-health-units (accessed Apr 2024).

Department of Health and Aged Care. Influ-Info – influenza kits for aged care. Canberra: Australian Government; 2014. https://www.health.gov.au/resources/collections/influ-info-influenza-kits-for-aged-care (accessed Apr 2024).

Department of Health and Aged Care. Improving accommodation in residential aged care. Canberra: Australian Government; 2024. https://www.health.gov.au/our-work/improving-accommodation-in-residential-aged-care (accessed Apr 2024).

Department of Health and Aged Care. Managing infectious diseases in aged care. Canberra: Australian Government; 2023. https://www.health.gov.au/topics/aged-care/providing-aged-care-services/training-and-guidance/managing-infectious-diseases (accessed Apr 2024).

Department of Health and Aged Care. Serious Incident Response Scheme (SIRS). Canberra: Australian Government; 2023. https://www.health.gov.au/our-work/serious-incident-response-scheme-sirs (accessed Apr 2024).

Department of Health and Aged Care. The Australian Immunisation Handbook. Canberra: Australian Government; 2018. https://www.health.gov.au/resources/publications/the-australian-immunisation-handbook (accessed Apr 2024).

El Chakhtoura NG, Bonomo RA, Jump RLP. Influence of aging and environment on presentation of infection in older adults. Infectious Disease Clinics 2017 Dec; 31(4):593–608.

Marhavilas PK, Koulouriotis DW. Risk-acceptance criteria in occupational health and safety risk-assessment—the state-of-the-art through a systematic literature review. Safety 2021;7(4):77.

National Health and Medical Research Council. Australian guidelines for the prevention and control of infection in healthcare. Canberra: Australian Government; 2019. https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019 (accessed Apr 2024).

Queensland Health. A guide to working safely in people's homes. Queensland Health; 2001 [updated 2018]. https://www.worksafe.qld.gov.au/__data/assets/pdf_file/0012/22233/community-working-safely-in-peoples-homes.pdf (accessed Apr 2024).

Safe Work Australia. Managing risks. Safe Work Australia. https://www.safeworkaustralia.gov.au/safety-topic/managing-health-and-safety/identify-assess-and-control-hazards/managing-risks (accessed Apr 2024).

Standards Australia. AS 5369:2023 [Current]. Reprocessing of reusable medical devices and other devices in health and non-health related facilities. Standards Australia; 2023. https://store.standards.org.au/product/as-5369-2023 (accessed Apr 2024).

World Health Organization. Infection prevention and control in the context of COVID-19: a guideline, 21 December 2023. Geneva: WHO; 2023. https://iris.who.int/handle/10665/375200 (accessed Apr 2024).

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