



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 8

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

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Chapter 8: Infection prevention and the wellbeing of older persons

Key points

- **Infection prevention and control (IPC) involves both responding to infections when they occur and delivering comprehensive care to prevent infections.**
- **IPC must be balanced with achieving a good quality of life for all older people.**
- **Infection prevention focuses on the interventions that reduce the likelihood of an older person acquiring an infection, as well as reducing the impact that acquiring an infection will have on the older person.**
- **Preventive health strategies for older people should focus on education and promotion of several topics:**
 - **Immunisation: Older people often have a decreased immune response, which means they may not be able to fight off infections easily or develop natural immunity. Vaccination (or vaccine-induced immunity) is one of the most effective strategies to reduce the risk of infection.**
 - **Skin care: Maintaining healthy skin is essential for older people to prevent wounds such as skin tears, pressure injuries and incontinence-associated dermatitis that can lead to openings for microorganisms to enter and cause infections.**
 - **Mental health: It is important to consider both mental health and IPC requirements to ensure a balance between the safety and wellbeing of the older person. Isolation, especially for prolonged periods, is detrimental.**
 - **Diet, nutrition and hydration: Poor nutrition can lead to weight loss and lowered immunity; both are significant and often associated with a variety of health risks, including an increased incidence of infection and longer recovery times.**
 - **Oral care: Taking care of teeth, dentures and gums is essential in preventing oral infections.**
 - **Falls prevention: Falls can indirectly increase an older person's likelihood of developing an infection due to complications from the injury that occurred from the fall.**
 - **Maintaining psychosocial health and wellbeing during outbreaks: Isolation measures should only be implemented for the minimum duration that is clinically necessary, and visitor access should always be maintained.**
 - **Palliative care: Generally, visiting for older people at or approaching the end-of-life should be accommodated and should not be time limited.**
 - **Participation in advance care planning: A form of proactive, preventive care planning with the aim of meeting the older person's wishes about future treatment and their quality of life and wellbeing.**

Infection prevention

An effective IPC system should aim to keep older people and the aged care workforce safe, prevent infections and maintain the quality of life of older people.

IPC involves both responding to infections when they occur and delivering comprehensive care to prevent infections.

Older people are often highly susceptible to acquiring infections as they are likely to have multiple comorbidities, impaired immune function, age-related anatomical and functional changes and frequent hospitalisations. Infection prevention should focus on supporting older people to maintain and improve their physical and mental health, so that their immune system is better equipped to fight off infections if they occur. Preventive health strategies for older people should focus on education and promotion of:

- Immunisation
- Skin care
- Mental health
- Diet, nutrition and hydration
- Oral care
- Falls prevention
- Maintaining psychosocial health and wellbeing during outbreaks
- Palliative care
- Participation in advance care planning.

These preventive health strategies should be considered as part of routine care and education for the older person and not necessarily just as a component of an IPC system.

Immunisation

Immunity means that a person has developed **antibodies** and **enhanced white cell activities** that help to fight off a specific infection. Active immunity means that if this person encounters the same infection in the future, their immune system should recognise it and immediately produce the antibodies needed to fight it. There are two types of active immunity: natural and vaccine-induced immunity. A person may develop **natural immunity** when they have been exposed to a disease through developing an infection. **Vaccine-induced immunity** occurs through a vaccination triggering an initial immune response or by giving the immune system a memory boost after having fought off the infection previously or enhancing the effects of previous vaccination. No matter how, once someone develops active immunity, their body will better remember the microorganism causing the infection and be able to fight it off more efficiently in the future.

Older people often have a decreased immune response as they age, which means they may not be able to fight off infections as easily or develop **natural immunity**. Immunity can decrease with time so it may be for some older people that they are no longer immune to something they once had good immunity to. Vaccination (or vaccine-induced immunity) is one of the most effective strategies to reduce the risk of infection. Vaccine-preventable diseases are those diseases that can be prevented by vaccination. Adults over the age of 50 years are at increased risk of some vaccine-preventable diseases and of serious complications from these diseases, even if they are otherwise healthy.

It is important that aged care organisations encourage older people to remain up to date with recommended vaccinations, including boosters, as per the [National Immunisation Program Schedule](#) and the [Australian Immunisation Handbook](#). This includes:

- **Measles, mumps and rubella (MMR)** – for those born during or since 1966, it is especially important to provide education on MMR vaccines, if they have not already received them
- **Herpes zoster (shingles)** – the occurrence of herpes zoster increases with age, as does the incidence of serious complications
- **Influenza** – influenza-associated death rates are highest among older adults and Aboriginal and Torres Strait Islander people; thus, it is important to encourage older people to receive an influenza vaccination each year as the strain passing through the community changes each season
- **Pneumococcal disease** – pneumococcal disease is more common in older adults and is included on the National Immunisation Program Schedule for adults over 70 years of age
- **COVID-19** – check the [Australian Immunisation Handbook](#) for current guidance on COVID-19 vaccinations
- **Booster doses** – immunity to some diseases can fall over time, and the older person may need booster doses of some vaccines.

Skin care

The skin serves as one of the body's first lines of defence against infections. Age-related changes and chronic conditions place older people at an increased risk of skin breakage and developing wounds. Maintaining healthy skin is essential for older people to prevent wounds such as skin tears, pressure injuries and incontinence-associated dermatitis that can lead to infections due to a breach in the skin's barrier. Age-related changes to the skin can include reduced sweat and oil production, reduced immune system response, thinning of the skin and decreased antimicrobial protection. Developing and implementing individualised skincare plans with the older person and/or their carer can help to prevent wounds and infections. Skincare plans should focus on several factors:

- **Positioning:** Support older people who are immobile or remain in the one position for an extended length of time to change their position regularly, whether through encouragement, reminders, physical assistance or through transfer devices
- **Environment:** Make sure that the older person's environment is free from clutter and hazards that may result in a fall or skin tear. Care should always be taken around bed rails, wheelchair footplates, transfer devices and walkers
- **Protective pressure-relieving devices and clothing:** Older people should have access to equipment that can prevent damage to the skin such as a pressure-relieving mattress, support pillows and heel wedges. Certain types of clothing may also provide more protection for the skin – for example, long sleeves or pants and enclosed footwear
- **Nutrition:** The older person should be supported to maintain sound nutrition and hydration
- **Skin moisture:** Incontinence is one of the most common causes of skin breakdown. Incontinence-associated dermatitis occurs when the skin becomes damaged because of poorly managed incontinence. [Continence management plans](#) should be developed that consider appropriate pads or pull-ups, changing of pads or pull-ups after soiling with faeces or urine, the use of barrier creams and specialist referrals to reduce incontinence-related skin damage

- **Skin care:** Encourage the older person to avoid extremely hot water on the skin and topical lotions or soaps that cause the skin to dry out. Instead, encourage the use of emollient lotions to protect the skin, always drying the skin properly after showers, applying pH-neutral moisturiser at least twice daily, using protective dressings when required and maintaining fingernails and toenails
- **Medication management:** Regularly refer to a general practitioner (GP) or pharmacist to conduct medicines reviews, particularly noting medicines that may impact the skin, continence or nutrition. Suspected allergies to medicines should be investigated by an appropriately skilled clinician
- **Referrals:** Refer the older person to specialised healthcare professionals such as a physiotherapist, podiatrist, occupational therapist, dietitian, clinical immunology/allergy specialist, dermatologist or geriatrician for further consultation if required.

Mental health

It is important to consider both mental health and IPC requirements to ensure a balance between the safety and wellbeing of the older person. Older people will often experience a variety of risk factors that increase the chances of their mental health declining. These may include issues such as chronic health conditions, chronic pain, adverse effects from medicines, loss of relationships or independence, loss of work, social isolation, changes in living arrangements, admission to hospital and experiencing grief or loss.

Detailed care, risk assessment and planning must be taken when implementing any isolation precautions as part of IPC. Isolation measures should only be implemented after a comprehensive risk assessment has been conducted and has deemed that isolation is an essential intervention. Isolation should never be prolonged and should only be implemented for the minimum time that it is clinically necessary. Any isolation is likely to contribute to a deterioration in many older people's mental health and feeling of wellbeing.

Maintaining mental health is a lifelong challenge that must be prioritised by both the older person and the aged care organisation. There are many interventions that can improve mental health and wellbeing, such as staying in touch with family and friends, getting involved in the local community, participating in enjoyable activities, and keeping healthy by eating well and exercising. Spending time outside is also an undervalued, inexpensive way to improve mental health and overall wellbeing for older people. When outside, a person is less likely to acquire infections or to transmit infection to others.

It is important that aged care workers are trained to notice signs and symptoms of mental health decline so that it can be recognised early. Once identified, an appropriate assessment by a doctor or other clinician is required along with a management plan and support from family members or carers.

Diet, nutrition, and hydration

The ageing process can affect the ability of older people to maintain the most appropriate level of hydration and nutrition. The consequences of poor nutrition or hydration are significant and often associated with many health risks, including an increased incidence of infection and longer recovery times, which are already issues for many older people. Poor nutrition in older people often leads to weight loss, reduced immunity and malnutrition, which then cause older people to be even more susceptible to infections.

Many medical and socioeconomic factors can contribute to poor nutrition in older people. These include poor oral, social and mental health, cognitive impairment, high levels of dependency, polypharmacy, dysphagia, constipation and an overall reduced appetite. It is important that each issue is addressed to manage or prevent poor nutrition in older people. Aged care organisations should consider implementing several strategies to prevent and manage nutrition:

- Increase social engagement and support (through group activities, outings, centre-based day care or social support)
- Provide regular prompts through home visits or phone calls to encourage or remind of oral intake
- Bring in a dietitian or other expert to consider whether supplements are required
- Begin documentation of fluid and/or oral intake to monitor intake
- Bring in case management or care coordination (for example, arranging community meal programs and using more community services).

Oral care

Maintaining good oral health involves taking care of the older person's teeth, dentures, and gums and is essential to prevent oral infections. Poor oral health can also lead to poor systemic outcomes, such as increased risk of cardiovascular disease and pneumonia. Oral health generally declines over a person's lifetime and can lead to gum disease, tooth decay and loss. These conditions can often lead to lasting physical and psychological issues. Tooth loss can also contribute to poor nutritional intake due to difficulties chewing and swallowing. Keeping the mouth clean helps prevent orally derived localised and systemic infections. Good oral health in an older person can be maintained by:

- Cleaning and drying toothbrushes, denture brushes and denture containers after use to reduce cross-infection
- Replacing toothbrushes when bristles are frayed and after an infection, such as a cold or oral thrush
- Encouraging regular oral hygiene for natural teeth including brushing teeth, gums, and tongue with a pea-sized amount of fluoride toothpaste twice a day
- Ensuring dentures are rinsed following eating to reduce risk of retained debris. Brushing dentures twice a day, using mild liquid soap/denture cleaning solution and water, and using a soft bristled toothbrush moistened with water to clean gums, tongue and/or implant studs. Removing and soaking dentures in water or a denture soaking solution overnight
- Treating ulcers and sore spots three to four times a day with warm normal saline mouth washes and/or mouth swabs and ensuring adequate pain relief until healed. Painful and non-healing ulcers (lasting more than seven days) should be medically reviewed as soon as possible
- Maintaining oral comfort and reducing dry mouth during end-of-life care.

Aged care workers should choose appropriate PPE for oral care activities, considering the risk of being exposed to saliva and the older person's infection status.

A number of existing health conditions can also affect an older person's ability to perform oral care independently. If an older person refuses to receive support with oral care, a short-term alternative may include applying oral care products, such as wiping fluoride toothpaste or chlorhexidine with a mouth swab or gloved finger over the gums and teeth.

For information about oral health for older people see the Aged Care Quality and Safety Commission fact sheet [Supporting daily oral health care in residential aged care](#).

For information regarding IPC for dental practitioners or staff, refer to the Australian Dental Association [Guidelines for Infection Prevention and Control](#) which provide information for dental practitioners.

Falls prevention

A fall can result in serious complications for an older person including fractures, head injuries, wounds, reduced mobility, an extended length of stay in a hospital or other facilities and carer stress. Indirectly, falls can increase an older person's likelihood of developing an infection due to complications from the fall such as pneumonia when lying flat during recovery from surgery.

The key components of a successful fall prevention strategy include:

- Using falls screening assessment tools
- Assessing balance and mobility
- Encouraging participation in exercise programs or in independent exercise
- Developing preventive strategies for older people with cognitive impairment and an increased risk of falls
- Managing incontinence
- Identifying inappropriate footwear, foot pain or other foot problems
- Investigating the reason for falls so that preventive measures can be put in place
- Using allied health professionals for specific environmental or equipment needs and training
- Conducting an environmental review to identify hazards in the home or residential environment
- Encouraging regular medication reviews
- Considering other strategies including using hip protectors, supplementation, osteoporosis management, vision assessment and malnutrition screening.



Practice point

Promoting mobility and physical health

In a residential aged care home, the IPC lead should consider the risk to older people's physical health and mobility. Prevention strategies, such as planned time outdoors (either supervised or unsupervised) to engage in exercise programs or short walks, will promote physical health and help reduce the risk of falls.

Maintaining psychosocial health and wellbeing during outbreaks

An outbreak occurs when there are more cases of infection with the same organism than would normally be expected in one area or period. It may include two or more linked cases of the same illness.

Outbreak responses vary, depending on the infection. Outbreak management plans should be readily available, based on local policy and developed in consultation with the IPC lead/persons responsible for IPC, aged care workers, older people, management and other relevant parties.

Older people suspected or diagnosed with an infection may require isolation to prevent or contain outbreaks. Isolation measures should only be implemented for the minimum duration that is clinically necessary, and the older person's psychosocial health and wellbeing should be supported by maintaining visitor access for them.

For information regarding risk-based isolation, implementing risk-based isolation and complexities of risk-based isolation, see **Chapter 4**.

Essential visitors during outbreaks

During an outbreak, IPC practices must be balanced with the psychosocial needs of older people, respecting their individual rights to autonomy and the rights of others within the home where they live. IPC practices and measures do not override the ongoing need for organisations to facilitate safe visiting arrangements. Generally, all older people living in residential aged care homes, including those isolating, should have access to at least one essential visitor. Essential visitors are different from general visitors, and include the following:

- Partner in care: this refers to a person who has a close and continuing relationship with the older person and provides regular routine care and companionship
- Named visitor: if an older person does not have a partner in care, they may nominate one person to be a named visitor
- Visitors at end of life: visiting older people who are at or approaching the end of life should be accommodated for anyone and should not be time limited.

Essential visitors who visit frequently (three or more times a week) should be provided with basic IPC training, including the use of personal protective equipment, by the aged care organisation.

Shared responsibility

Visitors should always follow safety measures and contribute to IPC measures as much as possible. The responsibility for safe visiting is shared among older people, the aged care organisation, governments and visitors. Visitors are expected to participate in screening and adhere to requirements, such as not visiting when unwell or symptomatic, treating workers with respect, and following basic IPC practices such as hand hygiene. Visitors who refuse to comply with reasonable screening and IPC measures may be denied access to the home according to its policies or obligations under public health directions.

Similarly, aged care workers have the right to work in a safe environment and should be treated respectfully by visitors. Aged care providers should support workers in implementing the [Sector Code for Visiting in Aged Care Homes](#) and ensure transparent and timely communication. Workers should receive assistance in managing challenging conversations related to visiting and requirements such as vaccination, noting that vaccination should not be mandated for visitors (unless required by a public health direction). Clear guidance on accessing support and reporting any issues with the implementation of the [Sector Code for Visiting in Aged Care Homes](#) should be provided to all workers.

Palliative care

Providing palliative care aims to improve the quality of life for older people by identifying and addressing their physical, psychosocial and spiritual healthcare needs, along with managing pain and preventing suffering. In aged care settings, this care is not limited to end-of-life situations; it can be provided at any stage of a terminal illness. Older people receiving palliative care may also experience infections (such as urinary or respiratory tract infections) or require isolation during outbreaks. Organisations need to be prepared to offer appropriate clinical care and emotional and psychosocial support at all times. Generally, visiting for older people at or approaching the end of life should be accommodated and should not be time limited.

Advance care planning

Advance care planning is a form of proactive, preventive care planning and can avoid unwanted treatments (such as antibiotics), unnecessary use of resources (such as transfer to hospital) and

exposing aged care workers to infections. Creating an advance care plan (ACP) involves discussions with the older person (depending on capacity) or with the appointed guardian or family member to identify their values, beliefs, and preferences for treatment. For infections, this may include their desire for antibiotic treatment and how this treatment should be administered (for example, intravenous therapy, which may require transfer to hospital).

In residential and centre-based aged care settings, ACPs have been shown to decrease avoidable emergency presentations and hospital admissions among older people. Residential and centre-based aged care registered nurses and nurse practitioners are in key positions to engage in ACP discussions due to both the face-to-face contact they have with older people and their families and their social and clinical skills. The GP should be engaged in this process to support the nurse to provide clinical recommendations about the limitations of care, including transfers to hospital, invasive medical procedures, the use and role of antibiotics, symptom management and resuscitation orders.

Home and community aged care organisations are also well placed to support the development of an ACP as the older person receiving care is more likely to be able to engage in these discussions. Home and community aged care organisations should engage GPs and aged care workers to support older people to start thinking about an ACP. If an older person has an ACP, it is important that the aged care organisation is aware so that they can support the older person's wishes for treatment of infections, including not receiving antibiotics or being vaccinated.



Resources

Resources for immunisation

- [Immunisation for adults](#) (Department of Health and Aged Care)
- [Vaccination for healthy ageing](#) – infographic (Department of Health and Aged Care)
- The [National Immunisation Program Schedule](#) provides a series of recommended vaccinations to be given at specific times throughout a person's life (Department of Health and Aged Care)
- The [Australian Immunisation Handbook](#) provides clinical guidelines for health and aged care workers about using vaccines safely and effectively (Department of Health and Aged Care)
- The [Australian Immunisation Register](#) is a national register that records vaccines given to all people in Australia (Services Australia)

Resources for skin care

- [Incontinence-associated dermatitis and pressure injury](#) (Aged Care Quality and Safety Commission)
- [Skin and ageing](#) (Department of Health Victoria)
- [Preventing skin problems](#) (Department of Health Victoria)
- [End of Life Directions for Aged Care](#) (ELDAC)



Resources

Resources for mental health

- [Caring for someone with a mental health condition](#) (My Aged Care)
- [Gardens and outdoor spaces](#) (Department of Health Victoria)
- [Mental health of older adults](#) (World Health Organization)

Resources for diet, nutrition and hydration

- [Food, nutrition and dining: resources for workers](#) (Aged Care Quality and Safety Commission)
- [Eating well: A nutrition resource for older people and their carers](#) (NSW Health)
- [Nutrition and older adults](#) (Nutrition Australia)

Resources for oral care

- [Oral health care for adult inpatients](#) (ACSQHC)
- [Supporting daily oral health care in residential aged care](#) (ACSQHC)
- [Oral health and dental care in Australia](#) (Australian Institute of Health and Welfare)
- [Guidelines for Infection Prevention and Control](#) (Australian Dental Association)

Resources for falls prevention

- [Falls prevention](#) (ACSQHC)

Resources for maintaining psychosocial health and wellbeing during outbreaks

- [National Guidelines for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection in Residential Aged Care Homes](#) (Department of Health and Aged Care)
- [Sector Code for Visiting in Aged Care Homes](#) (COTA)
- [Wandering](#) (Dementia Australia)

Resources for palliative care

- [End of Life Directions for Aged Care](#) (ELDAC)

Resources for advanced care planning

- [Advance Care Planning Storyboard and user guide](#) (Aged Care Quality and Safety Commission)
- [Advance care planning for home and community aged care organisations](#) (Advance Care Planning Australia)
- [Advance care planning for residential and centre-based aged care organisations](#) (Advance Care Planning Australia)

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