

WHITE PAPER



Infection Prevention and Control in Aged Care

November 2023

Executive summary

The critical nature of Infection Prevention and Control in Residential Aged Care was highlighted during the COVID-19 pandemic. However, as we move away from an outbreak setting, it is critical we hold onto the practices adopted and avoid historic gaps in Infection Prevention policy and practice from re-emerging.

185,000 Australians are in Residential Aged Care and this number is expected to double by 2050. Recognising the importance of improving Infection Prevention and Control practices and procedures in Residential Aged Care, GAMA Healthcare Australia convened a roundtable of leading Aged Care Infection Prevention and Control experts to discuss how to further improve the sector's Infection Prevention policies and practices. The Roundtable identified four areas for improvement.

Aged Care quality standards guidance

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The development of the National Aged Care Quality Standards was a positive step towards improving Residential Aged Care; however, they do not provide adequate guidance to Residential Aged Care providers on how to achieve the standards. Infection Prevention and Control practices for Residential Aged Care settings should be outlined in order for providers to effectively meet the quality standards. Appropriate training and resources are also critical parts of implementing standards and need to be effectively funded.

Standard and transmission-based precautions

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Infection Prevention and Control is vital for Aged Care residents to have a safe, comfortable, and dignified living situation. However, the current standards were adopted from clinical settings rather than from the perspective of aged and home care settings. This must change in order for Aged Care workers to offer the standard of service expected by residents. It is critical that practices and policies acknowledge that these care environments are also peoples' homes and not hospital environments. Collection and reporting of Infection Prevention and Control metrics are also vital in identifying and overcoming challenges and delivering improvements in this practice area.

Ventilation standards

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Air ventilation is a key part of Infection Prevention. Currently, guidelines for expected ventilation practices in Aged Care are lacking and differ in services and outcomes across the sector. Furthermore, effective air ventilation units are expensive, and so in order for Aged Care providers to conduct proper air ventilation practices, increased funding or alternative options must be provided.

Aged Care quality indicators

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The Aged Care Quality Indicators provide a clear benchmark for providers to achieve in offering a quality service. However, Infection Prevention and Control is not included in the indicators. Infection Prevention and Control is a vital part of the service provided by Residential Aged Care facilities and therefore should be included in the quality indicators. Training and support also needs to be provided for Residential Aged Care providers that are not meeting the requirements of the quality indicators.

Infection Prevention and Control in Residential Aged Care roundtable

The Infection Prevention and Control in Residential Aged Care Roundtable was convened by GAMA Healthcare Australia to bring together experts from within the Residential Aged Care sector to discuss avenues for policy and procedure improvements.

The Roundtable was well attended and represented over 33,000 Residential Aged Care Operational Places across every Australian State and Territory.

Roundtable attendees:

- **Carrie Spinks** – National Infection Control Specialist, Arcare
- **Charlize Schoeman** – Clinical Nurse Specialist, Illawarra Retirement Trust
- **Christine Morrison** – Aged Care Infection Prevention & Control Advisor, Calvary Care
- **Edward Strong** – Senior Consultant, Nexus Public Affairs
- **Hayley Ryan** – Wound Clinical Nurse Consultant and Clinical Lead, Seniors Services, Uniting
- **Helen Finlay** – National Manager Infection Control, Regis
- **Karen Kelly** – Estia Health
- **Kim Ryall-Manley** – Audit and Compliance Lead, Care & Governance Team, Blue Care
- **Loida Castro Torrealba** – Clinical Care Consultant, BUPA Care
- **Sarah Gaines-Hill** – Infection Control Nurse Coordinator, BlueCross
- **Saviour Buhagiar** – Director Senior Services, Uniting
- **Stephane Bouchoucha** – Australasian College of Infection Prevention
- **Susan Oliver** – Manager Infection Prevention and Control, Catholic Healthcare
- **Suzie Hammouche** – Chief Executive Officer, GAMA Healthcare Australia
- **Timna Kerr** – Director Community Healthcare & Clinical Solutions, GAMA Healthcare Australia

The core outcome of the Roundtable was the development of 8 recommendations. These recommendations seek to improve Australia's Residential Aged Care offering by improving Infection Prevention and Control practices and policies.

Summary of recommendations

1. Provide specific guidance on IPC practices for Residential and home care and how they relate to the Aged Care Quality Standards.
2. Increase funding to support Aged Care providers to implement robust IPC measures inclusive of training and resources.
3. Establish guidelines for Infection Prevention that are specific to Residential and home-based care.
4. Create and support streamlined national surveillance and reporting.
5. Provide guidelines to providers on the level of ventilation required in Residential Aged Care.
6. The allocation of funding to assist providers in retrofitting heating, ventilation, and air conditioning (HVAC) systems or procuring augmented ventilation systems to meet Residential care ventilation guidelines.
7. Include Infection Prevention as a Quality Indicator.
8. Include Infection Prevention within the Quality Indicators through the monitoring of key current infections of concern and training to assist providers who are not achieving the standard set out by the Quality Indicators to improve practices.

Aged Care quality standards

Current standards

The *Aged Care Quality and Safety Commission (ACQSC)* deemed that organisations providing Commonwealth-subsidised Aged Care services are required to comply with the Aged Care Quality Standards. The Quality Standards, in effect since 1 July 2019, aim to ensure safe, effective, and high-quality outcomes for consumers and reflect the level of care that recipients of Aged Care services can expect.

Issues with the current standards

Residential Aged Care providers in Australia are embracing the implementation of the Quality Standards whilst continuing to operate above the business-as-usual tempo. Roundtable attendees noted that providers have had to adapt to ensure compliance and that additional support, guidance, and clarity are crucial.

Guidance on how Infection Prevention should be conducted in Residential Aged Care settings exists. However, it is across multiple documents and has been adapted from guidance developed for acute clinical settings. The existing guidance is unclear, not easily accessible, and places a significant burden on Infection Prevention and Control leads to find the correct information.

Roundtable attendees noted that many Infection Prevention and Control leads do not have enough time to find the information they need, or they find incorrect information, which leads to them conducting Infection Prevention and Control activities that are not best practice. This in turn, leads to poorer outcomes for Aged Care residents. It was noted that a key cause of this, is the 'second hat' nature of the Infection Prevention and Control Lead role, with many Leads also serving as the facility's Registered Nurse and being responsible for ensuring daily care hours are met.

Workforce shortages are also a significant contributing factor that inhibits providers from being able to provide residents with the ideal level of care. Providers are responsible for ensuring Infection Prevention and Control Leads are appropriately qualified; however constant competition for skilled staff within the care economy results in higher staff turnover and retention challenges.

“The length of time and the training that’s put in to upskilling the IPC leads and then we have that turnover.

But we have to meet our legislative requirements to always have one on board.”

- IPC in Aged Care roundtable





How the standards can be improved

The National Aged Care Quality Standards need clarification and further guidance for Infection Prevention and Control Leads. It is critical the Standards reflect the realities of Residential Aged Care, that these are homes and not acute clinical environments. However, they are environments where infectious diseases and pathogens can spread quickly to communities with increased risk profiles. It is critical the standards focus on Infection Prevention and Control policies and practices that are developed specifically for Residential Aged Care and implemented by Infection Prevention and Control Leads.

The Roundtable noted that with extensive and competing priorities for the staff in the IPC Lead role, they needed more direction in their standards, and that a broad-brush approach would not work in this setting. Guidance for providers on how to support their IPC Leads to implement the standards would also be useful, including ensuring they have the time available to complete the IPC requirements to meet the standards. One measure to improve the National Aged Care Quality Standards could be to record the number of people infected from poor Infection Prevention and Control practices as a ratio of all infections.

“I’m talking about people’s homes and not a hospital setting. We’re talking where people are living, so we need to get that balance right.”

- IPC in Aged Care roundtable

Recommendations:

- Provide specific guidance on Infection Prevention and Control practices for Residential and home care and how they relate to the Aged Care Quality Standards.
- Increase funding to support Aged Care providers to implement robust Infection Prevention and Control measures inclusive of training and resources.

Standard and transmission-based precautions

The current landscape

Australia's Infection Prevention and Control landscape is dominated by acute clinical setting policy, procedures, and research. Aged Care providers must be commended for working with policies and procedures that are not dedicated to, or have not considered, the needs of the Residential Aged Care sector.

Residential Aged Care settings present an entirely separate Infection Prevention and Control scenario from that of acute clinical settings. Firstly, these facilities are homes, and despite their role as homes to some of the most at-risk individuals, they must remain as 'homely' accommodation. Moreover, the nature of these facilities dictates that a larger number of at-risk people are frequently congregating, sharing far more amenities and encountering other residents more often than patients in an acute clinical setting ever would.

The Roundtable noted that Infection Prevention and Control challenges were often compounded by high staff turnover, restrictive funding, and inertial factors such as residents' personal perceptions.

How infection prevention guidelines can be changed

Establishing specific guidelines for Infection Prevention in Residential Aged Care is vital to ensure that Aged Care workers are conducting best practices regarding Infection Prevention and Control. Clinical guidelines and practical education are critical to improving infection rates in Residential Aged Care. It is also crucial these new guidelines to consider the demographics of people in Aged Care facilities; additionally new guidelines must consider circumstances such as residents facing mobility issues or residents suffering from dementia.

In addition, introducing a national approach to the reporting and surveillance of infections would allow for a more holistic, transparent, and standardised approach across the Aged Care sector. Collecting data would enable issues and shortfalls to be identified and rectified faster and more efficiently.

Recommendations:

- Establish guidelines for Infection Prevention that are specific to Residential and home-based care.
- Create and support streamlined national surveillance and reporting.



Ventilation transition support

Ventilation in Aged Care

According to the ACSQH's Guidance, "Good indoor air quality and effective ventilation help to reduce circulating infectious particles in the air. In turn, this minimises the risk of potential exposure to respiratory particles containing infectious agents", such as COVID-19, Influenza, RSV, or other transmissible respiratory pathogens.

Ventilation can be achieved:

Naturally – through opening windows and the use of vents, or

Mechanically – using a heating, ventilation, and air conditioning (HVAC) system or an augmented ventilation unit.

It is important to understand how a ventilation system works and whether it can achieve a minimum of 6 air changes per hour and 12 air changes during aerosol-generating procedures. Split-system air conditioners, for example, are heat exchange systems only and do not provide mechanical ventilation. In this case, augmented ventilation may be necessary. Augmented ventilation will include strategies such as adding HEPA air filtration units to achieve the minimum air exchanges necessary to minimise the spread of infection.

The Roundtable spoke of frustrations at recent calls for the implementation of HVAC in Residential Aged Care. Attendees noted that the immense cost of retrofitting existing facilities with HVAC systems would be prohibitive, and augmented ventilation or natural ventilation could be just as effective at a fraction of the cost. Attendees also noted the need for portable HEPA air purification units to be appropriate for Residential Aged Care. Units cannot be too large or loud as to negatively impact the 'home' aspects of Residential Aged Care.

Challenges with transitioning to proper ventilation practices

HEPA 13+ filters in HVAC systems are considered the gold standard in ventilation for clinical settings. However, the units are expensive, and Aged Care facilities cannot effectively fund them. Furthermore, HVAC systems create loud and constant noise. This noise is frustrating for residents, who can complain and even unplug the units, rendering the units useless in providing ventilation while failing to provide a comfortable and dignified place for residents to live. Augmented ventilation or natural ventilation can be just as effective, and newer portable medical grade HEPA air purification units include advanced HEPA 13 filters, as the minimum standard, and can operate close to silently.



How ventilation transition can be achieved

Refurbishing facilities and HVAC system installations are costly and require planning for the works and the significant upheaval caused to the resident's home. Simple measures, such as the introduction of augmented ventilation such as HEPA-enabled portable air purification devices, can be utilised to meet the 6 or 12 air changes per hour requirement.

The placement of air filters is also a crucial consideration when drafting guidance for Residential Aged Care. Air filters are useful when placed in residents' rooms however, they need to be in appropriate locations. Furthermore, placing units in common areas and staff areas can help to reduce resident and staff infection.

Recommendations:

- Provide guidelines to providers on the level of ventilation required in Residential Aged Care.
- The allocation of funding to assist providers in retrofitting HVAC systems or procuring augmented ventilation systems to meet Residential care ventilation guidelines if retrofitting HVAC systems is not possible..



Aged Care quality indicators

The current quality indicators

The *National Aged Care Mandatory Quality Indicator Program* (QI Program) started on 1 July 2019. It requires Commonwealth-subsidised Residential Aged Care services to collect data and report on a set of quality indicators every 3 months. The data is collected quarterly by the *Aged Care Quality and Safety Commission* (ACQSC) and published on the *GEN Aged Care Data* website.

The Quality Measures Rating uses information derived from the Quality Indicator Program. It is one of 4 ratings that determine the providers' overall star rating between 1 and 5 stars. The others are the Staffing Minutes rating, Compliance rating and Residents' Experience rating.

One matter raised at the Roundtable was the collection of data. Many attendees noted they already collect, and measure data associated with Infection Prevention, and some are already required to report it. The attendees noted that there would be some metrics for Infection Prevention that could be reported in a Quality Indicator fashion that would require limited gathering of additional data.

Issues with the current indicators

The Quality Indicator Program is beneficial in many ways. It provides nationally comparable quality indicator data across Residential care services in Australia and creates an evidence base to simplify quality improvement initiatives. Over time, it will enhance how people understand the quality of Residential care services because they can access better information.

The Roundtable noted that the indicators do not measure Infection Prevention and Control. Infection Prevention and Control and Infection Rates in Residential Aged Care are critical measures of the safety of a facility. The Roundtable attendees noted, simply put, if a facility has high rates of infection, it is less safe for its residents.

How the indicators can be more effective

Including Infection Prevention and Control or a measure of its effectiveness within the Aged Care Quality Indicators would have a profound impact on resident safety and quality of care. Furthermore, a QI would allow for the collection and collation of data that often already exists or is otherwise easily gathered, allowing for further analysis of infection rates in Residential Aged Care.

The Roundtable made note of the adage, 'What can be measured can be improved', and called for greater measuring and reporting of infection rates or an easily trackable and correlating metric.

This change will also ensure that all Residential Aged Care providers are measured equally on their infection rate record and are incentivised to maintain a high standard of Infection Prevention and Control.

One possible Quality Indicator to measure Infection Prevention practices could be the number of people contracting transmissible infections or being admitted to acute care as the result of an infection. This information is already reported but needs to be linked to the Quality Indicators.

Recommendations:

- Include Infection Prevention as a Quality Indicator.
- Include Infection Prevention within the Quality Indicators through the monitoring of key current infections of concern and training to assist providers who are not achieving the standard set out by the Quality Indicators to improve practices.

About GAMA Healthcare

GAMA Healthcare specialises in the research, development, manufacturing, and distribution of products used in the prevention, containment and eradication of infectious diseases, particularly capital equipment, and disinfectant wipes. GAMA's green packet Clinell Universal Wipes have become synonymous with Aged Care facilities and hospitals nationally.

GAMA Healthcare works closely with Infection Prevention Leads to ensure they have the equipment, resources, and training needed to do their job. To that end, since 2020, GAMA Healthcare has provided complimentary tailored training to over 40,000 care workers, including acute healthcare and aged care personnel, to better prevent infections.

Recognising the need for improvements to Infection Prevention and Control policy and procedures in Residential Aged Care, GAMA Healthcare Australia commissioned Nexus Public Affairs to assist them in organising a Roundtable. The Roundtable's goal was to bring together Australia's leading Infection Prevention and Control experts from within Residential Aged Care to discuss their real-world experience and pathways for improvement.