



# ACIPC

Australasian College  
for Infection Prevention and Control

## Aged Care

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**IPC Community of Practice:**  
Aged Care Connexion  
Resources  
Webinars



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# Navigating the role of the IPC Lead

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ACIPC acknowledges Aboriginal and Torres Strait Island people as the traditional owners of country throughout Australia and ngā iwi Māori as the people of the land of Aotearoa and respects their continuing connection to culture, land, waterways, community, and family.

# House Keeping

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- Interactive polls and questions
- Q&A – slido/chat function
- All examples, templates and webinar recording will be placed on the ACIPC website – Aged Care



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## Where are you from

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## What is your role?

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**What are the improvements in aged care IPC approach and practices since 2019? 1-3 words.**

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# What is the Aged Care IPC Lead

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# Aged Care IPC Lead

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- Recognition by governing bodies that aged care requires IPC support
- Accreditation requirement for every RACF in Australia – My Aged Care portal reporting
- Principles of the role are provided by the DHAC
- IPC trained
- Provider led, through context and needs of the facility/organisation
  
- There is no right or wrong if the requirements of the standards are being met

## Infection Prevention and Control Leads

All residential aged care homes must have an ongoing infection prevention and control (IPC) Lead on site. An IPC Lead advises on and oversees the measures an aged care has in place to prevent and respond to infectious diseases.



# Department of Health and Aged Care



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## IPC Lead

- Observes, assesses, and reports on service IPC
- Helps develop procedures
- Provides advice within the service, and will be a key infection control contact
- Oversight, audit, and review of routine IPC process
- Ongoing assessment of staff capability and education
- Service-specific outbreak planning, preparation, and readiness
- On-site outbreak management



# Where Are We – a General Approach

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- Bringing change to IPC in aged care
- The benefits and potential of the role can be seen
- Want the role to succeed and improve IPC further
- IPC trained aged care leads
- Understand generalisation of the role principles to enable diversity amongst facilities
- There is a lot more to be done



# Where Are We – Challenges

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- Lack of dedicated hours or role budget
- Lack of buy-in
- Tick box exercise – accreditors vary in IPC knowledge
- Managing up and managing across
- Limited voice to change or sustain
- Suddenly a leader and an educator – without the know how
- Understanding of foundation IPC, but don't know everything
  
- Everyone's story is different



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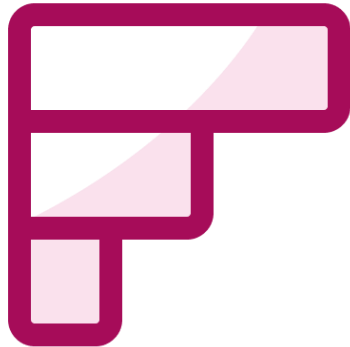


**What are your challenges with role establishment and undertaking? 1-2 words.**

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**What tasks are most frequently undertaken by the IPC lead in the facility/organisation? Rank from 1--5, where 1 is most frequent and 5 is least.**

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## Audience Q&A Session

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# Making the Role Succeed

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- Set role foundations to embed it within the facility
- Make the role facility owned – reflection of the needs
- Obtain buy-in
- Use Standards and IPC guidelines to guide the role practices
- Set scope of practice, expectations and boundaries
- Obtain the ownership and responsibility within the scope of the role
- Work collaboratively with governance/managers/staff to enable sustainable IPC practices
- Increase IPC knowledge – further training, conferences, networking





# Establishing Foundations of the IPC Lead Role

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# Know What Guides Aged Care IPC

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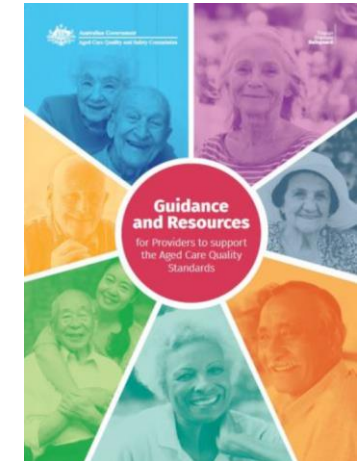
- Acts – aged care, disability
- Legislations
- Aged Care Standards – accreditation guidance
- IPC Guidelines – national, state/territory, local jurisdiction – public/private
- Clinical and Process Standards – MRO, laundry, reprocessing
- Governing body provider bulletins – COVID 19, vaccinations
- Provider user guides and governing checklist
- Tools – TDNTD, AMS tool



# Aged Care Quality and Safety Commission

Aged Care Quality Standards – IPC across all

- 1 -Consumer dignity, choice
- 2 -Assessment and planning – vaccination/antiviral, indwelling devices, outbreak management, surveillance and action plans
- 3 -Personal and clinical care – IPC practices – standard and transmission precautions, AMS, educated staff
- 5 -Service environment – catering, cleaning, reprocessing, water testing, laundry
- 6 -Feedback & complaints
- 7- Human resources – IPC OH&S practices, staffing to meet IPC needs
- 8 -Organisational governance – IPC Lead, IPC policies/procedures



# NHMRC & ACSQHC & DHAC

- Examples IPC Guidelines:
  - Australian Guidelines for the Prevention and Control of Infection in Healthcare
  - Aged Care Infection Prevention and Control Guide (coming)
  - National Guideline for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection in Residential Aged Care Homes
- There are many other Standards and Guidelines –these as example



# Aged Care Quality and Safety Commission

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## Checklists:

- Infection Prevention and Control Governance – self assessment checklist

<https://www.agedcarequality.gov.au/sites/default/files/media/ipc-governance-self-assessment-checklist.pdf>

- Infection Prevention and Control Operational readiness – self assessment checklist

<https://www.agedcarequality.gov.au/sites/default/files/media/ipc-operational-readiness-self-assessment-checklist.pdf>

- Infection control monitoring checklist

<https://www.agedcarequality.gov.au/media/88322>



## Infection prevention and control (IPC) governance self-assessment checklist

### Does your aged care service have:

- A documented IPC program with appropriate policies and procedures?
- Documented IPC risks contextualised to your service?
- A committee with oversight of IPC in your service?
- Your IPC program managed by an accountable lead within your service?
- An allocated IPC lead?
- Roles and responsibilities for IPC clearly articulated within the IPC program?
- Sufficient resources allocated to enable implementation of the IPC program?
- Contingencies for a variety of infection and transmission types detailed in your IPC program?
- A documented staff vaccination program?
- Information and planning to support and facilitate access to vaccinations for older people (including boosters)?
- Record keeping and reporting protocols (including vaccination records)?
- Measures for rapid access to and use of oral antiviral treatments?

### As part of your governance process does your aged care service:

- Review national and state guidance for relevant changes
- Review and update organisational operational policies and procedures as required
- Review and update your organisational IPC management plans as required
- Maintain version control and dated amendments on all infection prevention and control documentation required for your governance and service provision



Requirement may vary between residential, home services and flexible care.

### Does your aged care service have systems to maintain safety, quality and continuous improvement such as:

- Signal or point prevalence surveillance and auditing for infections?
- Risk mitigation and management infection prevention practices?
- Surveillance and auditing activities for antimicrobial stewardship?
- Investigation and review of infection prevention and control incidents?
- Reporting of surveillance and audit results into the IPC program, leading to continuous improvement activities?
- Review of clinical and other data to support risk assessment?
- Regular reviews of your IPC Program, outbreak plans and risk management systems for currency, compliance and effectiveness?
- Communication and training processes to keep your workforce updated of changes?
- Conducting outbreak preparedness simulations covering all aspects of outbreak management plans?

### Does your aged care service use the following sources to maintain safety, quality and continuous improvement and state guidance, standards, legislation and operating requirements?

- Aged Care Quality and Safety Commission
- Australian Commission for Quality and Safety in Health Care
- WorkSafe Australia
- Therapeutic Goods Administration
- Fair Work Australia
- Organisational residential and/or home services policy requirements
- Other

How does your aged care service communicate IPC program changes to stakeholders including workers, students, volunteers, visitors and families to maintain required compliance?



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Aged Care Quality and Safety Commission  
GPO Box 9819, in your capital city

## Infection prevention and control (IPC) operational readiness self-assessment checklist

### Does your service have the following to support your Infection Prevention and Control program:

- Plans: Management, IPC, Risk Management, Outbreak etc.
- Workplace policies, procedures and written operational documents
- Information and planning to support and facilitate access to vaccinations for older people (including boosters)
- Record keeping and reporting protocols (including vaccination records)
- Compliance and quality measures
- Plans for continuous improvement around IPC and risk management
- Staff have ready access to information on IPC that is current
- Staff, visitor and volunteer communication processes
- Qualified and trained aged care workers proficient in IPC practices (for example: do you have a system of competency assessment for key IPC procedures e.g. hand hygiene, aseptic technique, use of PPE)

- Continuing professional opportunities for trained IPC staff
- Measures for rapid access to and use of oral antiviral treatments

How does your service communicate about changes in your IPC program with your workers, students, volunteers and visitors? For example: communiques, training/learning, policies, posters, meetings.

Requirement may vary between residential, home services and flexible care.

### Does your service provide information for workers, students, volunteers and visitors considering:

- Multiple levels of user literacy, language and numeracy
- Preferences for digital and hardcopy, written and graphic alternatives
- Barriers including vision, hearing and mobility

How do you gather feedback and check if the information you provide is useful to workers, students, volunteers and visitors?

What has your organisation done to determine how you will maintain operational continuity during outbreaks? For example: practical simulated emergencies.

### Does your IPC workforce continuity plan include:

- Allocated roles and responsibilities which everyone is aware of
- Staff contingency planning for operational continuity during outbreaks
- Sufficient workers to meet minimum service provision requirements for clinical, care and support
- Contingency worker plan to maintain minimum service provision requirements for clinical, care and support
- Established contacts with external stakeholders with expertise to support outbreak management or clinical care. For example: public health unit, pathology lab, visiting GPs and allied health
- Reliable supply chains for clinical, pharmaceutical, hygiene and cleaning, catering, linen, and other resources to maintain compliant service provision

### Do you have systems to identify, monitor and manage what workers, students, volunteers and visitors need while at your service:

- Employee position and role description (Organisation, facility, team and worker)
- Induction and onboarding, IPC training
- Recruitment, retention, upskilling and succession planning
- Workplace health and safety and personal protective equipment
- Visitor management procedures and education



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## Infection control monitoring checklist

Date of assessment contact: [Date of assessment contact]

Entry time: [Entry time]

Exit time: [Exit time]

Names of regulatory officials: [Regulatory officials]

Service name: [Service name]

Commission ID (RACS): [Commission ID]

Name of person in charge of service: [Name of person in charge of service]

Number of older people currently at the service: [Number of older people currently at the service]

Service arrangements: [Room arrangement(s)]

SCREENING ON ENTRY	Yes/No
Question 2 to 2 completed based on observations when entering the service and of other exit/return points to the service	
1 The following screening procedures are in place at the service:	
Sign in register for all visitors, agency staff, transportation staff and other contacts who enter the service	Yes/No
Pre-entry screening questions/measures/expectations of visitors clear	Yes/No
Alcohol based hand sanitiser	Yes/No
Sanitiser wipes available at staff or visitor electronic sign in	Yes/No
Direction on PPE required to enter the service	Yes/No
Other, [Direction on PPE required to enter the service - Other]	Yes/No
2 Are signs located at all entrances to the service instructing visitors and staff not to enter if they have fever or symptoms of a respiratory or gastrointestinal infection?	Yes/No
If no to any of the above, provide details and areas of improvement. [Screening on entry - Provide details and areas of improvement]	
3 Action was taken during the spot check to rectify an IPC issue identified in this section.	Yes/No
If yes, note what was observed. [Screening on entry action taken comments]	

Infection Control Monitoring Checklist SENSITIVE RHM-ACC-0641 v2.2 (23.05.24)  
Service name: [Service name] RACS [Commission ID]  
Page 1 of 9

OUTBREAK MANAGEMENT PLAN	Yes/No
Question 3 to 14 completed during review of the Outbreak Management Plan	
4 Date last reviewed: [OMP date last reviewed]	
Date plan last practised: [OMP date plan last practised]	
5 Name of nominated infection prevention and control (IPC) lead: [Name of nominated infection prevention and control (IPC) lead]	
6 Does plan include a list of people with allocated roles and contact details including alternative staff contacts? Clear staffing plan for immediate support, information and guidance for on-site staff unfamiliar with environment, processes and individual older people at all times (i.e. every shift)?	Yes/No
7 Is there a current staff list with contact details, including detailed rosters and a mechanism for managing risk where staff may work across multiple aged care/disability/health care services or multiple sites?	Yes/No
8(a) Is there a list (spreadsheet) of all older people including recent photos, room numbers, vaccination status and emergency contact details?	Yes/No
(b) Is there process to identify older people when familiar staff are not present e.g. visitbands?	Yes/No
9 Are Medicare numbers for all older people able to be accessed when needed?	Yes/No
10 Does plan include other key points of contacts such as the PHU, Department of Health and Aged Care, GPs including after hours GP contacts and other visiting staff, PPE stockists, surge workforce organisations, clinical waste contractor (increase frequency of bin collection)?	Yes/No
11 Does the service have a floor plan readily available to support isolating positive older people and/or symptomatic older people if required?	Yes/No
12 Does the plan outline:	
The approach for managing all potential outbreaks including COVID-19, Acute Respiratory Illness (ARI) and gastrointestinal infections?	Yes/No
The approach for managing a COVID-19 exposure?	Yes/No
The process for managing an outbreak of COVID-19, ARI or gastroenteritis?	Yes/No
The process for identifying and defining the risk of specific exposures and the required quarantine and isolation requirements?	Yes/No

Infection Control Monitoring Checklist SENSITIVE RHM-ACC-0641 v2.2 (23.05.24)  
Service name: [Service name] RACS [Commission ID]  
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# Established Organisation IPC Documents

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- Program example:

<https://www.acipc.org.au/wp-content/uploads/2024/04/IPC-Program-Example.pdf>

- Annual Program Plan example:

<https://www.acipc.org.au/wp-content/uploads/2024/04/Infection-Prevention-and-Control-Program-Plan-Template-Example.pdf>

- Action Plan example:

<https://www.acipc.org.au/wp-content/uploads/2024/04/IPC-Quality-Improvement-Action-Plan-Template-Sample-.pdf>



# Establish Buy-in

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- Need buy-in to make change and sustain it – across the organisation
- National governing:
  - Aged Care Quality Standards – role an accreditation requirement
  - DHAC IPC lead role guidance
- Organisation governing:
  - IPC Program and IPC annual program plan
- Facility governing:
  - IPC action plan – floor level- concern, change process and resolution
  - Role task description





# Become Known/ Promotion

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- Photo 'who is who' on the facility wall
- Name badge with title
- Introduction letter to staff teams, providers to the facility residents, families/representative
- Establish lead as the speaker for IPC on the staff / resident meeting
- Establish lead as IPC speaker in MAC meetings – infections, antimicrobials, AMS
- Advertise education/training sessions with the IPC lead name on the advert
- Advertise special IPC occasions lead by the IPC lead – IPC week, AMR Awareness week, Hand Hygiene Day etc



# Develop Support Systems

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- Monthly meetings with FM – essential to enable – use the action plan
- IPC Lead organisation meetings
- CoP sessions via ACIPC, PHU, other
- ACIPC Aged Care Connexion forum
- Collaborate with other leads in other facilities/organisations
- Attend education/training – online webinars, conferences
- Collaborate with facility teams – catering, maintenance, cleaning, laundry, care
- Collaborate with organisation teams quality, education, HR
- Collaborate with external bodies pharmacists, GP, wound specialists, food auditors, pest control



# Influence

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- Role task description –others also need to know the role requirements and boundaries.
- Know what guides IPC – standards, national IPC guidelines, state/territory/jurisdiction IPC guidelines, practice standards.
- Make sure these are referenced when guiding teams. Show the document if required
- Consider the approach – the aim is to get people onside and understanding
- How can we word it to influence?
- Lead by example



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# Establishing the Tasks of the IPC Lead Role

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# Role / Task Description

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- An organisation description -with change capacity for individual facility needs and IPC lead capabilities
- Make it realistic in what can be achieved
- Consider:
  - Responsibilities and accountabilities – it's not a full-time role
  - Role boundaries – lead can't be responsible for everything
  - Establish role dedicated time
  - Establish allocated learning time – meetings, webinars, conferences, reading updates.



# Established Examples

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- Amazing organisations have been willing to share- thank you
- 3 areas:
  1. Role establishment
  2. Tasks of the IPC lead
  3. 12-month task plans for the IPC lead



# Examples of Role Establishment

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1. Establishing or setting up the role:
  - Launching the IPCL role
  - Orientation a 12-month role out – IPC Lead Road map





## Launching the Infection Prevention and Control Lead Role

### Introduction

There are 7 parts to establishing and setting up the Infection Prevention and Control Lead (IPCL) role:

1. Aged Care Quality Standard requirement
2. Choosing the right person for the role
3. Education requirements
4. Submission to aged Care Portal and consent
5. Role requirements, task list and
6. Ongoing education and support
7. Evidence of role actions

#### 1. Infection Control Leads an Aged Care Quality Standard requirement

Link: <https://www.agedcarequality.gov.au/providers/quality-standards/organisational-governance>

### Role Information

DHAC Link: [Infection-prevention-and-control-leads](#)

### ACIPC Aged Care Resources

Link: [acipc resources](#)

#### 2. Choice of the IPCL

Qualities for considerations in the IPCL role:

- Enjoys IPC
- RN/EN
- Employed at the single site (night duty does not work- less days does not provide the ongoing IPC cover)
- Able to complete a level 8 course
- Can meet the IPCL duties – not set up to fail
- Independent worker
- Able to critically evaluate processes
- Able to attend audits as delegated
- Able to assist with procedure/competency development
- Able to collaborate, lead and drive change
- Able to seek assistance when not sure of the answer
- Refers to organisation processes

#### 3. Education/Training requirements

All IPC leads must complete specialist IPC and COVID-19 infection control online training modules:

1. Specialist IPC training
2. COVID-19  
Link: [Aged Care Infection Control Online Training Modules](#).
3. A Level 8 Infection Prevention and Control Course

## Launching the Infection Prevention and Control Lead Role

Foundations of Infection Prevention and Control for Aged Care Staff at the Australasian College for Infection Prevention and Control (ACIPC) - or other as recognised.

Contact for registration: ACIPC Aged Care = [learning@acipc.org.au](mailto:learning@acipc.org.au)

The IPCL is given ..... paid study leave (off the floor) and position replaced. This is costed to education/training. The times/days for study leave arrangements are made within the facility to suit the facility and IPCL.

IPCL leads and facility should keep a copy of the completion certificates as evidence.

#### 4. Reporting – My Aged Care Portal

Facilities are to report the details of their IPCL through the My Aged Care Provider portal.

To enable this, the IPCL is required to consent by signature for personal information to be placed on the portal.

Link: [Consent Form](#)

IPCL and facilities should keep a copy of the completed consent.

Required details include:

- the name of the IPCL
- the position they hold in the facility
- their nursing registration status
- completion status of the DHAC COVID-19 and specialist IPC online training modules -
- details of the specialist IPC qualification or of the specialist IPC training course they are undertaking.

Directions to place information into portal:

Access The Aged Care Provider Portal.

Link: [Aged Care Portal User Guide](#)

Pages 11-14 of the Aged Care Provider Portal User Guide explains how to enter the IPCL information

Facilities should ensure that information reported through the My Aged Care Provider Portal is updated when changes occur and kept up to date.

#### 5. Infection Prevention and Control Lead Duties

Provide IPCL with defined IPCL duties. The aim is for strong collaboration between the Facilities Manager/Clinical Leads and IPCL, to establish change and best IPC practice required in the individual home based on observation, audit results and new practices.

Consideration to IPCL minimum dedicated time to the role..... (facility dependant)

Consideration to additional salary or provision of paid course and study leave ..... (organisation dependant)

## Launching the Infection Prevention and Control Lead Role

### 6. Ongoing education and support

IPCL must attend in addition to current IPC mandatory annual learning requirements:

- Monthly National Infection Control Education – varied topics
- Monthly IPCL workshop with the National Infection Control Consultant
- Any other recommended IPC training/education – online webinars, Community of Practices, IPC conference
- IPCL are encouraged to maintain collaborations with the National Infection Control Consultant, other IPCL, PHU for advice, guidance and support

Record of education attendance must be maintained at facility.

### 7. Evidence of facility IPCL implementation

The ACQSC will have regard to (amongst a range of forms of evidence) how a facility is implementing the IPCL requirements, including the qualifications and expertise of the IPCL, and provision and recording of ongoing training regarding infection prevention and control.

Facility IPCL are to maintain an action plan for IPC issues (evolving from the IPC Program and Annual Organisation IPC Plan) that are identified, critically evaluated and acted on in their home. Where appropriate information from this can be placed in a facility continuous improvement plan.

# Orientation a 12-month role out – IPC Lead Road map

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# Example Task/Role Description

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## 2. Descriptions:

- Duty statement IPC Lead
- Infection Prevention and Control Lead



## Infection Prevention and Control Lead (IPC Lead) Duty Statement

### The following tasks fall within this position's responsibilities:

#### Daily Practice

- Have knowledge of Aged Care Quality Standard 3 (3)(g) and 8 (3) (d) (e) and applying
- Is a dedicated IPC Lead to the facility and key infection control contact
- Act as a resource and mentor to all staff on issues related to infection prevention and control at floor level
- Visit all areas of facility to oversee that standard infection prevention and control practices are being carried out in accordance with written IPC State/Territory and Australian Guidelines.
- Initiate and maintain communication with staff and shares information, feedback, and encourage participation in infection control precautions
- Feed's infection control concerns to facility manager, IPC manager/consultant, clinical governance teams – as per communication pathway

#### Care

- Oversee infection care planning (screening, monitoring, clearance
- Provides support regarding the assessment, planning implementation, documentation, and evaluation of HAI, including multi-resistant organism, incontinence associated dermatitis and device associated infections

#### Governance

- Provides input into the development of infection prevention and control policies/procedures and implementation
- Undertakes the ASQSC Infection Control Monitoring Checklist
- Assists with the ASQSC Governance and Operational checklist in conjunction with facility manager and governance teams

#### Surveillance

- Attend/assists with infection control surveillance (i.e., national audit schedule – i.e. IPC processes, infections, AMS), ensure reporting processes
- Collaborates and rolls out action plan/change processes in accordance to audit outcomes – with facility manager.
- Review strategies post implementation for success or change

#### Antimicrobial Stewardship

- Promotes Antimicrobial Stewardship (AMS) and annual World Antimicrobial Awareness Week
- Undertakes the ACQSC AMS tool to roll out a program in the facility.
- Embed the ACQSC 'to dip or not to dip' processes within the facility
- Oversee facility participation in the annual Aged Care National Antimicrobial Prescribing survey or similar.

## Infection Prevention and Control Lead (IPC Lead) Duty Statement

- Reports and feedback to MAC meeting and governance teams. Review for continuous improvements.

#### Outbreak/Pandemic preparedness

- Assists with outbreak preparation including outbreak supplies, plan reviews, scenario trials, communication pathways
- Ensure current outbreak roles and responsibilities document is accessible and all staff are familiar with their roles
- Ensure outbreak management plans are current and easily accessible
- Is lead in the outbreak, overseeing line lists, reports, outbreak meetings attend minutes, monitor resident, staff and visitors
- Manage outbreak its and supplies – care and environmental considerations

#### Vaccination/Immunisation

- Support, plan and implement the promotion of influenza and COVID 19 vaccinations for residents, staff and visitors
- Ensure access to influenza and COVID 19 vaccinations for residents and staff– consider onsite clinics by external provider or GP, access at GP surgeries or pharmacy.
- Assist with recording and reporting of vaccination status to DHAC

#### Education

- IPC Lead completion of IPC accredited course and DHAC IPC modules
- Undertakes and makes available facility IPC education and training – in person, online and written flyers and guidance documents
- Assist and coordinate (as delegated), hand hygiene, PPE and aseptic competencies within the facility.
- Monitor mandatory training and competency attendance (aim at 100%) and education feed back
- Share information learnt from external workshops, webinars, and conferences to staff

#### Occupational Health and Safety

- Demonstrates and promotes correct use of PPE, hand hygiene (HH), IPC practices and guide staff (and others) to comply with requirements
- Ensure access to standard PPE, HH products (including moisturizer) and disinfectant wipes across all care areas of the facility
- Assist with clearance and staff returning to work time frames
- Ensure correct signage in accordance with requirements is available and locate around the facility i.e. hand hygiene, cover your cough, transmission precautions
- Oversee spill kits and sharps bin -auditing and maintenance as required
- Assist OH&S with incidents with spills, body product exposures (needle sticks, razor)

## Infection Prevention and Control Lead (IPC Lead) Duty Statement

#### Environmental services

- Awareness and promotion of standards and guidelines regarding catering, cleaning/reprocessing, laundry management and waste management
- Support and guide staff in accordance with guidance
- Undertakes regular environmental service audits for compliance review and management
- Escalate environmental concerns and audit findings
- Awareness to water testing and legionnaires risks

#### Collaborations

- Provides infection control input in relevant committees as required– organization IPC meetings, MAC meetings, facility meetings, staff meetings, daily facility meetings, residents and family meetings, outbreak meetings
- Monthly meetings with facility manager for oversight and enablement of IPC and action plan
- Attends external training and education – ACIPC Cop and conference, national IPC webinars, GAMA workshops
- Network with other IPC Leads

Version	Date	Addition/Amendments	Author	Review By
1.0	2020	New Statement	IPC Committee	Governance/ Board
2.0	2022	DOHA updates	IPC Committee	Governance/Board
3.0	2024	DOHA updates	IPC Committee	Governance/Board

# Duty Statement – IPC Lead

RESIDENTIAL AGED CARE



<b>Lead Title:</b>	Infection Prevention and Control (IPC) Lead		
<b>Site/Facility:</b>			
<b>Reports To:</b>	Facility Manager		
<b>Date of Preparation:</b>	3 March 2021	<b>Date Updated:</b>	02 April 2024
<b>Primary Purpose</b>			
<p>The IPC Lead supports the facility manager and leadership team at the facility to lead good practice in the prevention and management of infection and infectious diseases including COVID-19, influenza and others. The IPC Lead also takes the lead in ensuring good practice in antimicrobial stewardship.</p> <p>The IPC Lead's role within the service is to observe, assess and report on infection prevention and control, and to assist with developing procedures and providing best practice advice. This is to ensure that each service has up-to-date processes and procedures in place regarding infection prevention and control, and outbreak management, which are reflective of best practice.</p> <p>The IPC Leads, with support and guidance from the Calvary National IPC Advisor – Aged Care, and support from the IPC champions/s, will be held accountable for the role requirements stipulated below.</p>			
<b>Accountabilities</b>			
<b>Policy and Procedure Development</b>			
<ul style="list-style-type: none"><li>• Contribution to relevant policy and procedure development and implementation</li><li>• Point of contact for facility staff</li></ul>			
<b>Quality Improvement</b>			
<ul style="list-style-type: none"><li>• Identify and actively participate in opportunities for quality improvement</li></ul>			
<b>Education and Training</b>			
<ul style="list-style-type: none"><li>• Ensure all IPC required education is completed and required competencies are met</li><li>• Monitor IPC related mandatory training completion at the facility and ensure 100% compliance (incl. Aseptic Non-Touch Technique (ANTT) and Hand Hygiene Compliance)</li><li>• Training and mentoring of staff as required</li><li>• Preparation and distribution of relevant communications regarding IPC such as flyers, newsletter and posters</li><li>• Identify and support staff who may qualify to become a future IPC lead</li></ul>			
<b>Outbreak/pandemic Preparedness and Management</b>			
<ul style="list-style-type: none"><li>• Ensure pandemic and outbreak management plans are current, available and understood by key staff</li><li>• Assist with preparation for and communication about pandemic and outbreak management</li><li>• Attend all relevant meetings in the event of an outbreak</li><li>• Ensure required documentation such as reports, line listings and meeting minutes are maintained</li><li>• Assist logistics regarding outbreak/pandemic management such as extra cleaning, isolation processes, monitoring residents, staff and visitors</li><li>• Maintain the Outbreak kits with equipment needed to manage all types of outbreaks</li></ul>			
<b>Staff Health</b>			
<ul style="list-style-type: none"><li>• Support and plan for seasonal influenza immunisations at the service</li></ul>			

<ul style="list-style-type: none"><li>• Encourage resident and employee's to receive required vaccinations</li><li>• Provide information to residents and employees on vaccination requirements and relevant programs (annually or as required)</li></ul>	
<b>Audits and Surveillance</b>	
<ul style="list-style-type: none"><li>• Ensure routine IPC audits are conducted, reported and uploaded as prescribed by quality calendar</li><li>• Collect, report and oversee actions regarding routine infection data collection</li></ul>	
<b>Antimicrobial Stewardship (AMS)</b>	
<ul style="list-style-type: none"><li>• Review usage monthly and prepare reports for governance committees</li><li>• Support Registered Nurses and staff in appropriate processes and practices in use of antimicrobial agents</li><li>• Audit practices using AMS tool and report and oversee relevant improvement activities</li></ul>	
<b>Work Health &amp; Safety (WHS)</b>	
<ul style="list-style-type: none"><li>• Ensure outbreak management kits, spill kits, and sharps bins are maintained appropriately and audited as required</li><li>• Ensure staff have access to, and know where to access from, appropriate Personal Protective Equipment (PPE)</li><li>• Ensure staff are trained on the correct order for donning and doffing of PPE</li><li>• Assist response to WHS incidents e.g. spills and occupational exposure incidents (incl. needle stick injuries)</li></ul>	
<b>Support Services (e.g. Linen, Waste, Cleaning and Food Services)</b>	
<ul style="list-style-type: none"><li>• Provide guidance and support to the Support Services staff to ensure best practice IPC requirements are being adhered to</li><li>• Conduct regular audits of the delivery of service to monitor compliance with IPC requirements</li></ul>	
<b>Care and Practice</b>	
<ul style="list-style-type: none"><li>• Oversee care planning relevant to IPC (e.g. resident infection screening, monitoring and clearance)</li><li>• Monitor relevant alerts and communication are in place regarding any transmission-based precaution requirements</li></ul>	
<b>Key Relationships</b>	
Internal:	<ul style="list-style-type: none"><li>• Facility manager</li><li>• Clinical staff and leadership team</li><li>• Quality and education staff</li><li>• IPC Champion/s</li><li>• National Manager Infection Prevention &amp; Control</li><li>• National IPC Advisor: Aged Care</li></ul>
External:	<ul style="list-style-type: none"><li>• DOH</li><li>• PHU</li><li>• Pharmacy providers</li></ul>
<b>Selection Criteria</b>	
<ul style="list-style-type: none"><li>• Registered nurse</li><li>• Completed relevant infection prevention and control education, including those mandated by the Department of Health and Aged Care</li></ul>	
<b>Approvals</b>	
Job Holder's signature:	Date:
Manager's signature:	Date:

# IPC Lead Schedule Examples

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## 3. Schedules:

- Infection Prevention and Control Audit – Annual Calendar
- IPC Leads 12-month plan



## INFECTION PREVENTION AND CONTROL (IPC) AUDIT and IN-SERVICE SCHEDULE 2024

Facility:	Person/s Responsible	Date Developed / Reviewed:	Position	Relevant Qualification and IPC specific training
Executive/Senior Manager responsible for the IPC program				N/A
IPC Clinical Lead/IPC Champion				Minimum; ACIPC Foundations of Infection Prevention & Control certificate

### ANNUAL CALENDAR

ITEM	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
<b>Meetings</b>												
IPC Clinical Lead Working Group Meeting	X	X	X	X	X	X	X	X	X	X	X	X
<b>Reports</b>												
*NAPS report to be submitted to HM, GM, QM, Clinical Governance, IPC Advisor												
** HICMR report provided to HM, GM & IPC Advisor. GM has access to reports on Connect												
<b>Audits</b>												
AMS Audit – MeG Audit (6 monthly)						X						X
AC NAPS Audit (Annually between Jun to Aug)*						X						
Environmental Cleaning Audit – MeG Audit (4 monthly)	X				X				X			
Standard Precautions & Vaccine Management Audit – MeG Audit (4 monthly)		X				X				X		
Transmission-based Precautions & Outbreak Management Audit – MeG Audit (4 monthly)			X				X				X	
Aseptic Technique & Invasive Devices Audit – MeG Audit (6 monthly)				X						X		
Outbreak Preparedness Self-monitoring Audit (Quarterly)	X			X			X			X		
Facility Wide IPC Audit – Clinical, Environmental, Miscellaneous (External provider - every 3 years)**												

ITEM	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
<b>IPC Education &amp; Training</b>												
In-service Session – Clinical Staff	X		X		X 5 May Annual HH Day	X		X		X 3 <sup>rd</sup> week Annual IPC Week	X 3 <sup>rd</sup> week Annual AMS Week	
In-service Session – Support Services Staff (cleaning, waste, food, maintenance and linen services staff)		X		X	X 5 May Annual HH Day		X		X	X 3 <sup>rd</sup> week Annual IPC Week	X 3 <sup>rd</sup> week Annual AMS Week	X
PPE donning and doffing competency assessments (On recruitment and thereafter annually)	X	X	X	X	X	X	X	X	X	X	X	X
Hand Hygiene competency assessment (On recruitment and thereafter annually)	X	X	X	X	X	X	X	X	X	X	X	X
<b>Quality Improvement</b>												
AMS QI – To dip or not to dip	X											

## IPC Leads 12-month plan - 2024

	General	Aged Care specific
Monthly	<ul style="list-style-type: none"> <li>Call IPC and let them know you are on an IPC Lead day. Discuss/plan day.</li> <li>Check x3 occupational exposure packs in Occupational exposure folder.</li> <li>Hand Hygiene Audits- 20mins first up.</li> <li>Posters laminated &amp; hung with blue tack or adhesive squares (no sticky tape) in clinical areas</li> <li>Review &amp; comment on any procedure/work practices sent for consultation</li> <li>Audit: Infections and action</li> <li>Audit: Urinary Catheter (if there are any)</li> <li>Audit: masks &amp; bare below elbow.</li> </ul>	<ul style="list-style-type: none"> <li>New Admissions – has immunisation history been obtained?</li> <li>Are all residents up to date with vaccination &amp; entered into the vaccination section?</li> <li>Are staff up to date with vaccination &amp; recorded</li> <li>Weekly recording resident and staff COVID vaccines</li> <li>Ensure resident infections are entered &amp; review.</li> <li>Staff training/competencies</li> </ul>
January	<ul style="list-style-type: none"> <li>Audit: Sharps</li> <li>Audit: Donning &amp; Doffing Station</li> <li>IPC lead and FM meeting – action plan</li> </ul>	<ul style="list-style-type: none"> <li>Review IPC Program and annual plan</li> </ul>
February	<ul style="list-style-type: none"> <li>Audit: TBP</li> <li>IPC lead and FM meeting – action plan</li> </ul>	<ul style="list-style-type: none"> <li>Review Outbreak plans and processes</li> </ul>
March	<ul style="list-style-type: none"> <li>Audit: Linen management</li> <li>Attend IPAC Network Meeting</li> <li>Audit: IPC Checklist</li> <li>IPC lead and FM meeting – action plan</li> </ul>	
April	<ul style="list-style-type: none"> <li>Audit: Donning &amp; Doffing Station</li> <li>World Immunisation Week</li> </ul>	
May	<ul style="list-style-type: none"> <li>International Hand Hygiene Day 5<sup>th</sup> May</li> <li>Promote Flu/COVID/RSV campaign</li> <li>IPC lead and FM meeting – action plan</li> </ul>	
June	<ul style="list-style-type: none"> <li>Audit: Sharps</li> <li>Attend IPAC Network Meeting</li> <li>Promote Flu/COVID/RSV campaign</li> <li>IPC lead and FM meeting – action plan</li> </ul>	<ul style="list-style-type: none"> <li>VICNISS Resident Vaccination Audit due 31<sup>st</sup></li> </ul>
July	<ul style="list-style-type: none"> <li>Audit: Donning &amp; Doffing Station</li> <li>Promote Flu/COVID/RSV campaign</li> <li>Audit: IPC Checklist</li> <li>IPC lead and FM meeting – action plan</li> </ul>	<ul style="list-style-type: none"> <li>NAPS point prevalence + 1 month look back</li> </ul>
August	<ul style="list-style-type: none"> <li>Audit: Cleaning/disinfection and reprocessing</li> <li>IPC lead and FM meeting – action plan</li> </ul>	<ul style="list-style-type: none"> <li>NAPS point prevalence + 1 month look back</li> </ul>
September	<ul style="list-style-type: none"> <li>Attend IPAC Network Meeting</li> <li>Audit: Linen management</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

Dec 2023

## IPC Leads 12-month plan - 2024

October	<ul style="list-style-type: none"> <li>IPC lead and FM meeting – action plan</li> <li>Infection Prevention &amp; Control Week. (3<sup>rd</sup> week)</li> <li>Audit: Donning &amp; Doffing Station</li> <li>Audit: IPC Checklist</li> <li>IPC lead and FM meeting – action plan</li> </ul>	<ul style="list-style-type: none"> <li>Review Outbreak plans and processes</li> </ul>
November	<ul style="list-style-type: none"> <li>ACIPC Annual Conference.</li> <li>Annual Infection Control Compliance Audit –</li> <li>World Antibiotic Awareness Week (3<sup>rd</sup> week).</li> <li>IPC lead and FM meeting – action plan</li> </ul>	<ul style="list-style-type: none"> <li>NAPS point prevalence + 1 month look back</li> </ul>
December	<ul style="list-style-type: none"> <li>Attend IPAC Network Meeting</li> <li>IPC lead and FM meeting – action plan</li> </ul>	

Dec 2023



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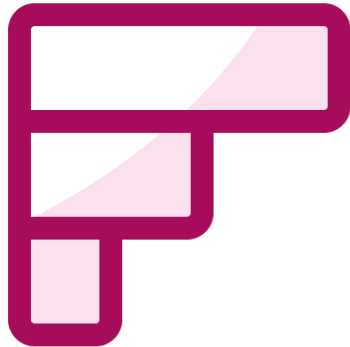


**Does your organisation have a specific task/role description for the IPC lead? (something that sets the role apart from a current role and identifies the tasks as owned by the IPC lead)**

① Start presenting to display the poll results on this slide.

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**What do you see as being the most beneficial document to enable the IPC Lead role? Rank from 1-4, where 1 is the most beneficial and 4 is the least.**

① Start presenting to display the poll results on this slide.

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## Audience Q&A Session

① Start presenting to display the audience questions on this slide.

# Aged Care Connexion



ACIPC  
Australasian College  
for Infection Prevention and Control

For further discussions or questions, please jump onto the ACIPC website Aged Care Connexion and add a post.

The forum is moderated and a safe place for aged care communications.

<https://www.acipc.org.au/members/aged-care-connexion/>

Aged Care - this is your space!



MEMBERS ONLY

## Aged Care Connexion Discussion Group

Aged Care Connexion Discussion Group is a new web-based forum allowing members working in aged care to participate in a community of practice with colleagues in aged care and in the broader IPC community.



# ACIPC Aged Care Community of Practice -Webinar Series



ACIPC  
Australasian College  
for Infection Prevention and Control

Next webinar:

Presenter: Kelly Barton – IPC Consultant Alpine Health

**Wednesday 14 August 2024**

## **Nitty gritty of aged care IPC surveillance/audit**

This session will explore the process of surveillance/audit in aged care – what auditing should be considered, what tools can be use, how results are turned into action plans, and how action plans are written. We will look at audit and action plan templates. The floor is open for comments, input and sharing ideas and concerns.



# Thank You



ACIPC  
Australasian College  
for Infection Prevention and Control

Thank you, everyone for attending today – this community is invaluable

Thank you:



Thank you, Sarah behind the scenes – what would we do without you

See you next time - in our space!



# Aged Care

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**IPC Community of Practice:**  
Aged Care Connexion  
Resources  
Webinars



# ACIPC

Australasian College  
for Infection Prevention and Control

**Carrie Spinks**  
IPC Consultant

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