



COMPARISON OF IPC AGED CARE GUIDELINES

Earlier this year, the Australian Commission on Safety and Quality in Health Care (ACSQHC) released its Aged Care Infection Prevention and Control (IPC) Guide.

The Commission developed the Guide to support implementation of the strengthened Aged Care Quality Standards and to supplement the Australian Guidelines for the Prevention and Control of Infection in Healthcare for those providing care for older people.

ACIPC has received feedback from the industry raising concerns about the differences between the Aged Care IPC Guide, the Communicable Diseases Network Australia (CDNA) Guidelines and the Australian IPC Guidelines. In response we have compiled a comparison resource to help in understanding the main differences.

Aged Care Infection Prevention & Control Guide (Australian Commission on Safety and Quality in Health Care, 2024)	Australasian Guidelines for Infection Prevention & Control in Healthcare (NHMRC, 2019)
<p>4 transmission-based precautions terms:</p> <ul style="list-style-type: none"> • Contact precautions • Respiratory precautions • Combined contact & respiratory precautions • Combined contact & respiratory (PFR) precautions 	<p>5 transmission-based precautions terms:</p> <ul style="list-style-type: none"> • Contact precautions • Droplet precautions • Contact and Droplet Precautions • Airborne precautions • Contact and Airborne Precautions
<p>PPE:</p> <p>Contact precautions:</p> <ul style="list-style-type: none"> • Gown & gloves <p>Respiratory precautions:</p> <ul style="list-style-type: none"> • Respiratory - surgical mask, eye protection <p>Combined contact & respiratory precautions:</p> <ul style="list-style-type: none"> • Contact and respiratory: surgical mask, eye protection, gloves & gown • Contact and respiratory with PFR: PFR, eye protection, gloves & gown <p>PFR risk assessed.</p>	<p>PPE:</p> <p>Contact precautions:</p> <ul style="list-style-type: none"> • Gown & gloves <p>Droplet precautions</p> <ul style="list-style-type: none"> • Surgical mask, eye protection <p>Airborne precautions</p> <ul style="list-style-type: none"> • N95/P2 mask, eye protection <p>Combined contact & droplet precautions</p> <ul style="list-style-type: none"> • Surgical mask, eye protection, gloves & gown <p>Combined contact & airborne precautions</p> <ul style="list-style-type: none"> • N95/P2 mask, eye protection, gloves & gown
<p>PPE signage:</p> <p>Contact precautions:</p> <ul style="list-style-type: none"> • Contact precaution poster <p>Respiratory precautions:</p> <ul style="list-style-type: none"> • Droplet precautions poster <p>Combined contact & respiratory precautions:</p> <ul style="list-style-type: none"> • Contact and droplet precautions poster <p>Combined contact & respiratory (PFR) precautions:</p> <ul style="list-style-type: none"> • Contact and airborne precautions poster 	<p>PPE Signage:</p> <p>Contact precautions:</p> <ul style="list-style-type: none"> • Contact precaution poster <p>Droplet precaution:</p> <ul style="list-style-type: none"> • Droplet precautions poster <p>Contact and droplet precautions:</p> <ul style="list-style-type: none"> • Contact and droplet precautions poster <p>Airborne precautions:</p> <ul style="list-style-type: none"> • Airborne precautions poster <p>Contact and airborne precautions:</p> <ul style="list-style-type: none"> • Contact and airborne precautions poster



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<p>PFR use:</p> <ul style="list-style-type: none"> N95/P2 required for airborne transmission organisms. In unusual and higher risk situations a PFR might be required IF advised by the IPC Lead following completion of a risk assessment. 	<p>PFR use:</p> <ul style="list-style-type: none"> N95/P2 required for airborne transmission organisms. In unusual and higher risk situations a PFR might be required IF advised by the IPC Lead following completion of a risk assessment.
<p>PFR fit testing:</p> <ul style="list-style-type: none"> Fit testing and checking are recommended to support the use of PFRs. Refer to national guidelines 	<p>P2 Respirator fit testing</p> <ul style="list-style-type: none"> State/territory jurisdictional requirements and risk assessment.
<p>Mask terms:</p> <ul style="list-style-type: none"> Surgical mask Particulate filter respirator = PFR (P2 / N95 addressed in relation to PFR) 	<p>Mask terms:</p> <ul style="list-style-type: none"> Surgical mask P2 / N95 respirators P2 respirators

Precautions and exclusion/isolation periods by organism comparison:

Organism – precautions and isolation periods	Aged Care Infection Prevention & Control Guide (Australian Commission on Safety and Quality in Health Care, 2024)	Australasian Guidelines for Infection Prevention & Control in Healthcare (NHMRC, 2019)	National Guideline for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection in Residential Aged Care Homes (CDNA, 2024)
<i>RSV</i>	<p>Precautions: R</p> <p>Exclusion: Duration of illness</p>	<p>Precautions: S+C+D</p> <p>Exclusion: Duration of illness</p>	<p>Precautions: Align with the Australian Guidelines for the Prevention and Control of Infection in Healthcare and supplementary resource the Aged Care Infection Prevention and Control Guide</p> <p>Exclusion: Once acute symptoms resolved.</p>
<i>Rhinovirus</i>	<p>Precautions: R</p> <p>Exclusion: Duration of illness</p>	<p>Precautions: S+C+D</p> <p>Exclusion: Duration of illness</p>	
<i>Parainfluenza</i>	<p>Precautions: R</p> <p>Exclusion: Duration of illness</p>	<p>Precautions: S+D</p> <p>Exclusion: Duration of illness</p>	
<i>Influenza</i>	<p>Precautions: C+R</p> <p>Exclusion: Until after 72 hours of the older person receiving anti-influenza medication;</p>	<p>Precautions: S+C+D</p> <p>Exclusion: Until after 72 hours of the patient receiving anti-influenza</p>	<p>Precautions: Align with the Australian Guidelines for the Prevention and Control of Infection in Healthcare and supplementary resource the Aged Care Infection Prevention and Control Guide</p> <p>Exclusion: After 5 days from symptom onset, or until acute symptoms resolved, whichever is longer OR 72 hours after antivirals commenced regardless of symptoms. No testing required.</p>



Precautions and exclusion/isolation periods by organism comparison cont...

Organism – precautions and isolation periods	Aged Care Infection Prevention & Control Guide (Australian Commission on Safety and Quality in Health Care, 2024)	Australasian Guidelines for Infection Prevention & Control in Healthcare (NHMRC, 2019)	National Guideline for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection in Residential Aged Care Homes (CDNA, 2024)
COVID 19	<p>Precautions: C+R or C+R (PFR)</p> <p><i>In unusual and higher risk situations a PFR might be required IF advised by the IPC Lead following completion of a risk assessment.</i></p> <p>Exclusion: Duration of illness, and at least 24 hours after resolution of symptoms.</p>	<p>Precautions: S+D+A*</p> <p><i>PPE recommended for respiratory viruses generally includes a surgical mask, protective eyewear and face shields.</i></p> <p><i>*In some unusual and higher risk situations, a PFR should be used instead of a surgical mask; however, this should be decided by the IPC lead or the person(s) responsible for IPC.</i></p> <p>Exclusion: Duration of illness + 10 days after resolution of fever, provided respiratory symptoms are absent or improving.</p>	<p>Precautions: Align with the Australian Guidelines for the Prevention and Control of Infection in Healthcare and supplementary resource the Aged Care Infection Prevention and Control Guide</p> <p>Exclusion: After 5 days since symptom onset (or positive test if asymptomatic) provided that acute symptoms have resolved and COVID19 RAT is negative OR After day 7 if acute symptoms resolved and no fever for 24 hours. No testing required.</p>
TB	<p>Precautions: C+R (PFR)</p> <p>Exclusion: Until GP or specialist deems the person if no longer infectious.</p>	<p>Precautions: S+A</p> <p>Exclusion: ID assessed</p>	
Pertussis	<p>Precautions: R</p> <p>Exclusion: Duration of illness</p>	<p>Precautions: S+D</p> <p>Exclusion: Until at least 5 days after commencement of appropriate antibiotic therapy, or; for 21 days after the onset of symptoms if not receiving antibiotic treatment, or; for 14 days after the onset of paroxysmal cough (if the onset is known).</p>	
Pneumococcal pneumonia Streptococcus pneumoniae (Pneumococcal pneumonia)		<p>Precautions: S (+ D if evidence of transmission within a facility).</p> <p>Exclusion: Duration of illness</p>	
Pneumonia Adenovirus		<p>Precautions: C+R</p> <p>Exclusion: Duration of illness</p>	<p>Precautions: S+C+D</p> <p>Exclusion: Duration of illness</p>
CDI	<p>Precautions: C</p> <p>Exclusion: Until 48 hours after symptoms resolve</p>	<p>Precautions: S+C</p> <p>Exclusion: Duration of illness</p>	
Rotavirus	<p>Precautions: R</p> <p>Exclusion: Until 48hrs after symptoms</p>	<p>Precautions: S+C</p> <p>Exclusion: Duration of illness</p>	



Precautions and exclusion/isolation periods by organism comparison cont...

Organism - precautions and isolation periods	Aged Care Infection Prevention & Control Guide (Australian Commission on Safety and Quality in Health Care, 2024)	Australasian Guidelines for Infection Prevention & Control in Healthcare (NHMRC, 2019)	National Guideline for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection in Residential Aged Care Homes (CDNA, 2024)
<i>Norovirus</i>	Precautions: C+R (respiratory precautions may be required after a risk assessment) Exclusion: For a minimum of 48 hours after the resolution of symptoms or to control institutional outbreaks.	Precautions: S+C (+D if determined to be necessary by risk assessment) Exclusion: For a minimum of 48 hours after the resolution of symptoms or to control institutional outbreaks.	Norovirus and suspected viral gastroenteritis – CDNA National Guidelines for Public Health Units 2010 Precautions: S+C+D Exclusion: The recommended time for isolation of residents and restriction of usual functions of the facility is for 72 hours after symptoms have settled in the last case.
Wound infections (bacterial)	Precautions: C Exclusion: Duration of illness.	Precautions: S+C Exclusion: Duration of illness.	
Staphylococcus aureus infections due to Methicillin resistant Staphylococcus aureus (MRSA)		Precautions: S + C (+ D as per additional comments). Exclusion: Duration of illness. Note: Isolation of patients with MRSA may not be feasible. In each case, the implementation of contact precautions and isolation should be based on an appropriate risk assessment. Use Droplet precautions for patients known to have respiratory infection or colonisation with MRSA.	
Chickenpox	Precautions: C+R (PFR) Exclusion: Until lesions dry and crusted over.	Precautions: S+C+A Exclusion: Until lesions dry and crusted over.	
Herpes zoster Shingles localised	Precautions: C Exclusion: Until lesions dry/healed Risk assessed precaution	Precautions: S+C Exclusion: Until lesions dry/healed Risk assessed precautions	
Measles	Precautions: C+R (PFR) Exclusion: Until 4 days after rash appears: duration of illness in immune compromised patients	Precautions: S+C+A Exclusion: Until 4 days after rash appears: duration of illness in immune compromised patients	
Scabies		Precautions: S+C Exclusion: Until 24 hours after treatment commenced	
Hep B		Precautions: S Exclusion: Nil	
Hep C		Precautions: S Exclusion: Nil	



The requirements of the IPC lead in RACF are very broad, enabling the role to be customised to the needs of the facility. The Aged Care Quality and Safety Commission provide information on the role via the Infection Prevention and Control IPC Lead web page and the Aged Care Infection Prevention and Control (IPC) Guide. Below is a comparison table between the two resources.

Aged Care IPC Leads role requirement comparisons:

	Infection Prevention and Control Leads. (Aged Care Quality and Safety Commission, 2022) Web resource: https://www.health.gov.au/our-work/infection-prevention-and-control-leads	Aged Care Infection Prevention & Control Guide (Australian Commission on Safety and Quality in Health Care, 2024)
RACF/provider requirements of an IPC lead:	<ul style="list-style-type: none"> • Member of the nursing staff, completed an identified IPC course • Employed by and report to the provider • Must work on site and be dedicated to a facility • Is the key infection control contact • May have a broader role in the facility • IPC leads for each RACF to be reported in the My Aged Care Service and Support Portal. 	<ul style="list-style-type: none"> • IPC system must be led by an IPC lead or an IPC team • Have an on-site IPC lead
	<ul style="list-style-type: none"> • Ongoing staff capability assessment and education • Observes, assesses and reports on IPC of the service • Routine IPC process oversight audit and review • Provides IPC advice within the service • Helps develop procedures • Service-specific outbreak planning, preparation and readiness and on-site outbreak management. • Prevent and respond to infectious diseases, including COVID-19 and influenza. 	<ul style="list-style-type: none"> • IPC-related training and education for the workforce and older people • Identifying gaps in IPC-related practice or training and identifying opportunities for continuous quality improvement and learning • Conducting IPC-related monitoring and audits • Providing updates to the workforce and older people on IPC issues and initiatives, as well as on relevant new local and national guidance. • Overseeing antimicrobial stewardship (AMS) and IPC practices
Additional expectations RACF:		<ul style="list-style-type: none"> • Hazard risk assessment • Consult on irritant contact dermatitis assoc. with HH • Consult on staff failed fit testing • Determine appropriate PPE for aerosol-generating procedure • Risk assesses for PFR requirement • Determine risk-based isolation • Develop a facility outbreak management plan in conjunction with others
Home/Community Care:		<ul style="list-style-type: none"> • Residential and centre-based aged care home and community aged care organisations are not required to have a dedicated IPC lead