



# ACIPC

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## Aged Care

### IPC Community of Practice:

Aged Care Connexion

Resources

Webinars



# How to establish and provide education and promotional material for Aged Care IPC 'on the fly'

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# Declaration of Interests and/or Conflicts



The author declares that she has no relevant or material financial interests that relate to this presentation.

The author is an ACIPC FIPC Course Facilitator



# Acknowledgement of Country



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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.



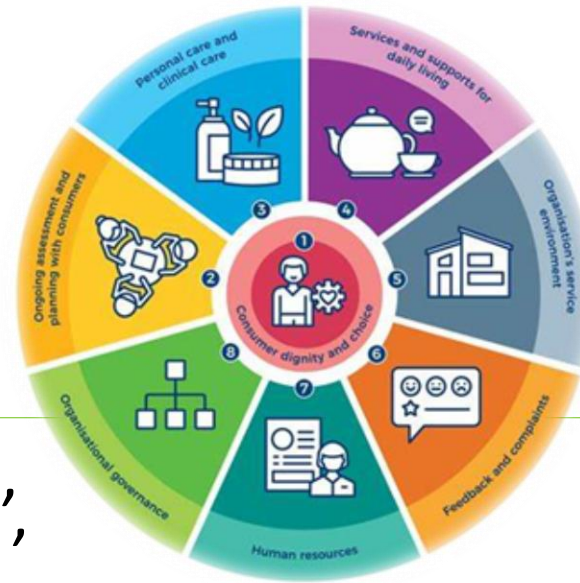
# Objectives




- Identify opportunities to educate and promote IPC tailored to your team's needs.
- Understand how to develop and deliver effective education sessions or promotional materials.
- Learn how to create impactful PowerPoint presentations.
- Increase confidence in transferring IPC knowledge to others.



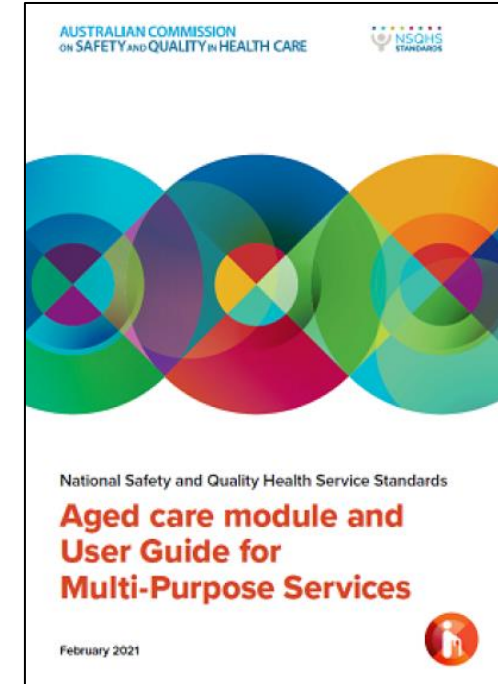
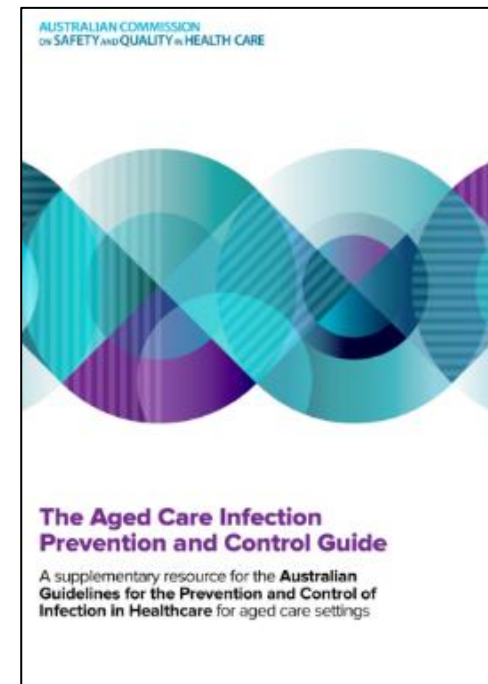
# Refresher- the Aged Care IPC Governance



- Governed by 'Aged Care Quality Standards', not NSQHS Standards.
- MPS Exception:
- IPC applies across all eight Aged Care Quality Standards.
- Reinforced in the 1st July Strengthened Quality Standards.
-  Dedicated Aged Care IPC Guidelines now available

Aged Care Quality and Safety Commission [ACQSC] (2023)

Australian Commission on Safety and Quality in Health Care [ACSQHC]. (2024)



# 1<sup>st</sup> July 2025- IPC in the Strengthened Quality Standards



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- Standard 1: The person
- **Standard 2: The organisation**
- Standard 3: Care and services
- **Standard 4: The environment**
- **Standard 5: Clinical care**
- Standard 6: Food and nutrition
- Standard 7: The residential community

## Strengthened Quality Standards

Provider Guidance

20 December 2024



# Refresher- the Aged Care IPC Lead role

## *Responsibilities include:*



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- Oversight, auditing, and reviewing routine IPC processes.
- Ongoing staff capability assessments and education.
- Service-specific outbreak preparation and management.
- Policy and procedure development and review.



# The New Requirements for the IPC Lead Role



- The provider needs to “*Make sure your IPC system includes processes to appoint an IPC Lead*” The role will:
- Acts as the main point of contact for all infection issues.
- Oversees the IPC system and processes to prepare for outbreaks.
- Must be a nurse who has completed, or is in the process of completing, the required specialist IPC





# The Challenges of Aged Care Facilities (RACFs)



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## Unique RACF challenges

- Vulnerable populations in communal living spaces.
- Common infection risks (e.g., ARIs, norovirus).
- Home-like environmental design.

## Unique workforce challenges

- Diverse language and literacy skills.
- Transient workforce and high agency staff reliance.
- Limited dedicated IPC lead hours and existing workload burdens.



(Tropea et al., 2023)

Image: <https://www.freepik.com/author/asier-relampagoestudio>

# Educating and promoting IPC- on the fly!

## *Where to start?*



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### **Identify Critical Areas:**

Identify immediate IPC education needs (e.g., recent outbreaks, surveillance data, new staff).

### **Training Needs Analysis:**

Assess current knowledge.

Tailor to learner and role-specific needs.




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## *Gathering your resources*



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- Locate organisational IPC guidelines.
- Access the ACIPC Aged Care Forum. 
- Use only evidence-based guidelines e.g. The Aged Care Infection Prevention and Control Guide (2024)



# Educating and promoting IPC- on the fly!

## *Don't reinvent the wheel*



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- ACIPC:
  - ✓ Lunch and Learns,
  - ✓ Webinars,
  - ✓ Aged Care CoP.
- Department of Health: Aged Care COVID-19 training.
- ALIS- The basics of infection prevention and control in aged care- training support
- National Hand Hygiene Initiative (NHHI): Modules for clinical and non-clinical staff.



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## *Inventing the wheel*



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### Tips for Presentation Design

1. Use templates (e.g., Microsoft®, SlideModel®).
2. Follow the 5-5-5 rule: No walls of text.
3. Choose accessible colours and fonts.
4. Use animations sparingly.
5. Engage your audience.



# What Went Well Slide Template

## What didn't go well

Insert your desired text here.



## What went well

Insert your desired text here.

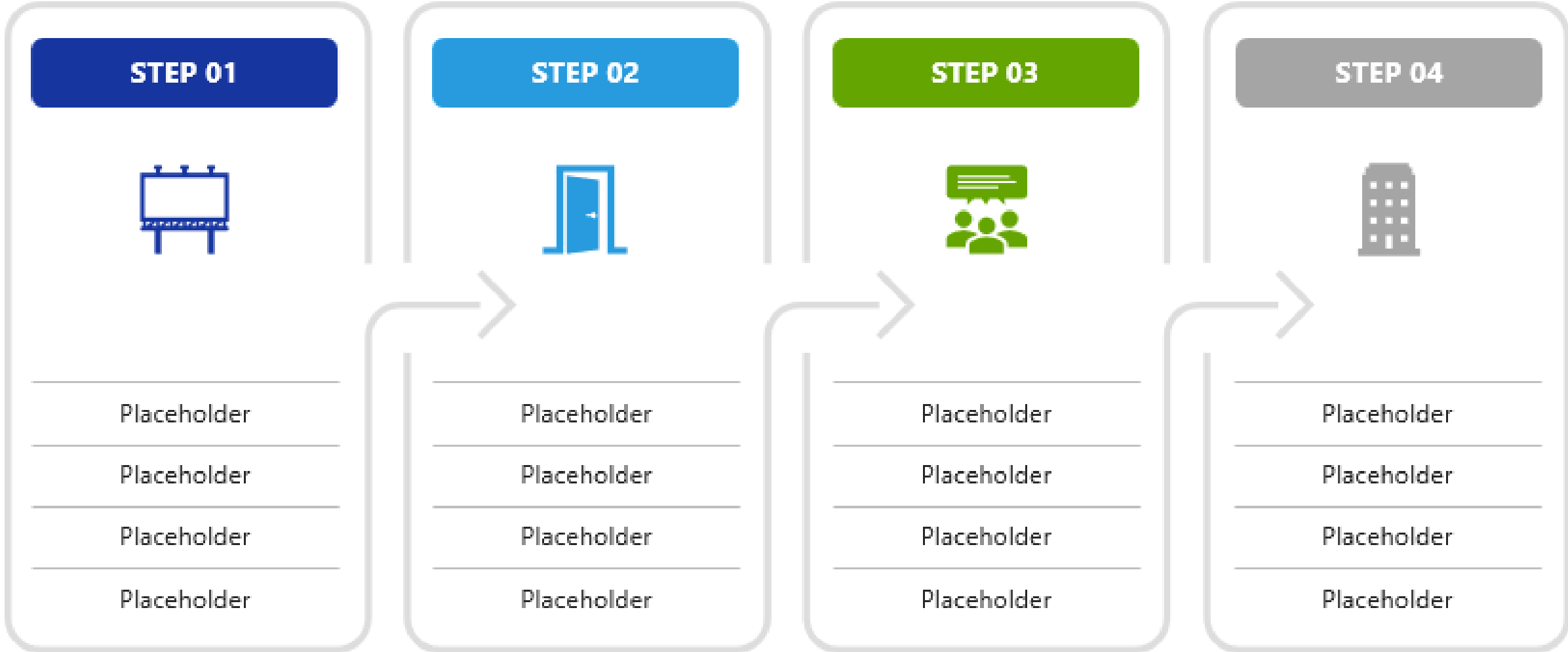


## What can be Improved?

Insert your desired text here.



# Simple Horizontal Process Flow Diagram



# 6-Item Infographic Boxes PowerPoint Template



## Placeholder

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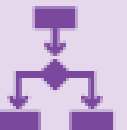
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## 6-ITEM Infographic Boxes



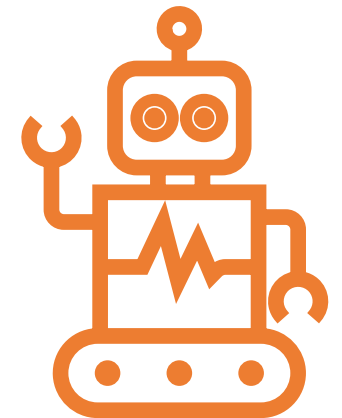
# Educating and promoting IPC- on the fly!

## *What about AI?*



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- You can use AI tools to assist with material design
- ONLY use evidence-based material
- Do not trust AI content
- Best practice: Validate with credible sources
- Suggest only use AI to design



# Educating and promoting IPC- on the fly!

## *Staying on track*



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- Use a session planner for structure.
- Practice, Practice and Practice again
- Test technology and set up before the session.
- Engage participants with icebreakers and frequent check-ins.



# Educating and promoting IPC- on the fly!

## *Staying on track*



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- A session planner is your road map
- Use your organisational branded template

**OR**

- Google free session plan templates



**Lesson Plan Template**

**Name:**

**Topic:**

**Date:**

**Student Objectives/Student Outcomes:**

**Content Standards:**

**Materials/Resources/Technology:**

**Trainer's Goals:**

Time	Content
	Start of Session:
	Introduction of Lesson:
	Lesson Instruction:
	Assessments/Checks for Understanding:
	Closure/Wrap-Up/Review:
	Self-Assessment:

# Educating and promoting IPC- on the fly!

## *Education tools*



### Hand Hygiene

- **Infographic or Practical scenario:** Handwashing vs. hand sanitizing.
- **Poster:** Visual guide for techniques

### PPE Usage

- **Practical scenario:** Simulated donning/doffing PPE demo
- **Quick Reference Card:** Checklist for PPE sequence.

### Cleaning and Disinfection

- **Guide:** Step-by-step guide for different areas.
- **Checklist:** Daily and weekly cleaning tasks.



**Refer to the ACIPC IPC in Aged Care resource page for links**

# Educating and promoting IPC- on the fly!

## Education tools cont...

### Infection Criteria

- Flowchart
  - FAQ Sheet
- ### Vaccination
- Flyer
  - Infographic
- ### AMS
- Poster
  - FAQ Sheet

### To Dip or Not to Dip?

**'To Dip or Not to Dip' is an evidence-based pathway which aims to improve the diagnosis and management of Urinary Tract Infections (UTI) in older people living in care homes. This pathway has been shown to reduce antibiotic use and hospital admissions for UTI. This leaflet explains more about UTIs and the 'To Dip or Not to Dip' care pathway.**

**The presence of bacteria in the urine in older people**

The presence of bacteria in the urine in older people does not necessarily mean there is an infection that requires antibiotics. Bacteria can live harmlessly in the urine of older people. In fact, around 50% of older people have bacteria in the urine without causing any symptoms. In those with a long-term urinary catheter, this rises to 100%.

**What's the problem with urine dipsticks?**

Urine dipsticks are often used in the diagnosis of UTI in older people living in care homes. A positive result for 'nitrite' (bacterial marker) or 'leucocyte' (white blood cell marker) may be a normal finding because of the high proportion of older people that have bacteria in the urine. Often, if a resident has a positive dipstick result and has non-specific symptoms, such as had a fall or is drowsy, they are inappropriately diagnosed with a UTI. The real diagnosis may be missed and the resident may receive antibiotics unnecessarily.

**Antibiotics: More harm than good?**

Antibiotics are powerful and precious drugs. Bacteria can develop antibiotic resistance. This means that when a person really does need them and these resistant bacteria can spread very easily in an aged care home setting. Side effects such as nausea, stomach upset and skin rashes are common in older people receiving antibiotics. A life-threatening infection called C.difficile diarrhoea (or 'C. diff') can be caused by antibiotics. Everyone has a responsibility to protect antibiotics and they should only be used when there is strong evidence of a bacterial infection.

### To Dip or Not to Dip Clinical Pathway

Aged care home staff use a Clinical Pathway which is based on best practice guidelines. Urine dipsticks are not used first up. Instead staff use the Clinical and what actions to take. If UTI is suspected, collecting urine cultures is very important to allow treatment with the best and safest antibiotic.

**Questions?** Contact your manager or IPC Lead.  
**Want to know more?** Go to [agedcarequality.gov.au/antimicrobial-stewardship](http://agedcarequality.gov.au/antimicrobial-stewardship)

### Incontinence Associated Dermatitis with Suspected Infection

**Incorporating the Ghent Global IAD Categorisation Tool (GLORIAD) and Antimicrobial Stewardship Recommendations**

**DEFINITION:** Incontinence Associated Dermatitis (IAD) is the skin damage associated with exposure to urine or faeces.

**RISK FACTORS INCLUDE:** incontinence, use of occlusive incontinence products, compromised mobility, damaged skin integrity, diminished cognitive awareness, inability to perform personal hygiene, pain, raised body temperature, poor nutrition, medications (e.g. tricyclic antidepressants), critical illness, poor hygiene, inappropriate application of barrier cream, comorbidities (e.g. diabetes\*)

CATEGORY	ASSESSMENT	ADDITIONAL CRITERIA	MANAGEMENT	
			CODE MEASURES Use for all IAD categories	TARGETED MEASURES Use in addition to code measures
<b>Category 1:</b> Perianal redness, minimal clinical signs	<ul style="list-style-type: none"> <li>Perianal redness</li> <li>A variety of tones of redness (may be worse in areas with greater skin folds) or areas with greater skin creases, the skin may be tender or itchy, skin may be sore or cracked.</li> </ul>	<ul style="list-style-type: none"> <li>Marked redness or discomfort (burning, stinging, itching or pain)</li> <li>Discomfort (burning, stinging, itching or pain)</li> <li>Blistering, oozing or weeping</li> </ul>	<ul style="list-style-type: none"> <li>Use soap-free pH-balanced cleanser, "soak" urine or "soak" stool after each episode of incontinence.</li> <li>Avoid rubbing - pat dry.</li> <li>Apply a skin barrier product according to the manufacturer's instructions.</li> <li>Use barrier products that are waterproof and easily removed to allow for skin inspection.</li> <li>Avoid using powders.</li> <li>Use products that do not interfere with absorption or function of incontinence aids (e.g. absorbent pads).</li> <li>Use products that are soft, non-irritating and have a superior wicking ability.</li> <li>Use incontinence aids that are well-fitted, absorbent and have a superior wicking ability.</li> <li>Use medication therapy (page 2): Consider using topical steroids to reduce inflammation.</li> <li>Consider referral to an employed Continence Advisor.</li> </ul>	<ul style="list-style-type: none"> <li>Perianal redness: <b>See</b> Clinical signs of infection</li> <li>Use medication therapy (page 2): Consider topical steroids, apply antipruritic cream, or emollient barrier ointment, lubricate urethra.</li> <li>Apply barrier product: <b>See</b> page 2 for compatibility</li> <li>Adjustment the incontinence, urine, stool, or faeces (e.g. absorbent pads, continence aids, or incontinence aids).</li> <li>Refer to a Continence Advisor or Wound Specialist/Continence Nurse (with debridement) for the initial assessment.</li> <li>Use incontinence aids that are well-fitted, absorbent and have a superior wicking ability.</li> <li>Use medication therapy (page 2): Consider using topical steroids to reduce inflammation.</li> <li>Consider referral to an employed Continence Advisor.</li> </ul>
<b>Category 2:</b> Perianal redness, some clinical signs of infection	<ul style="list-style-type: none"> <li>Perianal redness (not severe)</li> <li>Signs of infection (such as yellow crusting of the skin (suggesting a bacterial infection), a white/yellow crust (suggesting a fungal infection), or a white/yellow crust (suggesting a bacterial infection))</li> </ul>	<ul style="list-style-type: none"> <li>Marked redness or discomfort (burning, stinging, itching or pain)</li> <li>Discomfort (burning, stinging, itching or pain)</li> <li>Blistering, oozing or weeping</li> </ul>	<ul style="list-style-type: none"> <li>Use soap-free pH-balanced cleanser, "soak" urine or "soak" stool after each episode of incontinence.</li> <li>Avoid rubbing - pat dry.</li> <li>Apply a skin barrier product according to the manufacturer's instructions.</li> <li>Use barrier products that are waterproof and easily removed to allow for skin inspection.</li> <li>Avoid using powders.</li> <li>Use products that do not interfere with absorption or function of incontinence aids (e.g. absorbent pads).</li> <li>Use products that are soft, non-irritating and have a superior wicking ability.</li> <li>Use incontinence aids that are well-fitted, absorbent and have a superior wicking ability.</li> <li>Use medication therapy (page 2): Consider using topical steroids to reduce inflammation.</li> <li>Consider referral to an employed Continence Advisor.</li> </ul>	<ul style="list-style-type: none"> <li>Perianal redness: <b>See</b> Clinical signs of infection</li> <li>Use medication therapy (page 2): Consider topical steroids, apply antipruritic cream, or emollient barrier ointment, lubricate urethra.</li> <li>Apply barrier product: <b>See</b> page 2 for compatibility</li> <li>Adjustment the incontinence, urine, stool, or faeces (e.g. absorbent pads, continence aids, or incontinence aids).</li> <li>Refer to a Continence Advisor or Wound Specialist/Continence Nurse (with debridement) for the initial assessment.</li> <li>Use incontinence aids that are well-fitted, absorbent and have a superior wicking ability.</li> <li>Use medication therapy (page 2): Consider using topical steroids to reduce inflammation.</li> <li>Consider referral to an employed Continence Advisor.</li> </ul>
<b>Category 3:</b> Perianal redness, clinical signs of infection	<ul style="list-style-type: none"> <li>Perianal redness (severe)</li> <li>Signs of infection (such as yellow crusting of the skin (suggesting a bacterial infection), a white/yellow crust (suggesting a fungal infection), or a white/yellow crust (suggesting a bacterial infection))</li> </ul>	<ul style="list-style-type: none"> <li>Marked redness or discomfort (burning, stinging, itching or pain)</li> <li>Discomfort (burning, stinging, itching or pain)</li> <li>Blistering, oozing or weeping</li> </ul>	<ul style="list-style-type: none"> <li>Use soap-free pH-balanced cleanser, "soak" urine or "soak" stool after each episode of incontinence.</li> <li>Avoid rubbing - pat dry.</li> <li>Apply a skin barrier product according to the manufacturer's instructions.</li> <li>Use barrier products that are waterproof and easily removed to allow for skin inspection.</li> <li>Avoid using powders.</li> <li>Use products that do not interfere with absorption or function of incontinence aids (e.g. absorbent pads).</li> <li>Use products that are soft, non-irritating and have a superior wicking ability.</li> <li>Use incontinence aids that are well-fitted, absorbent and have a superior wicking ability.</li> <li>Use medication therapy (page 2): Consider using topical steroids to reduce inflammation.</li> <li>Consider referral to an employed Continence Advisor.</li> </ul>	<ul style="list-style-type: none"> <li>Perianal redness: <b>See</b> Clinical signs of infection</li> <li>Use medication therapy (page 2): Consider topical steroids, apply antipruritic cream, or emollient barrier ointment, lubricate urethra.</li> <li>Apply barrier product: <b>See</b> page 2 for compatibility</li> <li>Adjustment the incontinence, urine, stool, or faeces (e.g. absorbent pads, continence aids, or incontinence aids).</li> <li>Refer to a Continence Advisor or Wound Specialist/Continence Nurse (with debridement) for the initial assessment.</li> <li>Use incontinence aids that are well-fitted, absorbent and have a superior wicking ability.</li> <li>Use medication therapy (page 2): Consider using topical steroids to reduce inflammation.</li> <li>Consider referral to an employed Continence Advisor.</li> </ul>

**References:** It is important to exclude pressure injuries, dermatological conditions (e.g. psoriasis), other bacterial and viral (e.g. herpes zoster) infections.

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Refer to the ACIPC IPC in Aged Care resource page for links

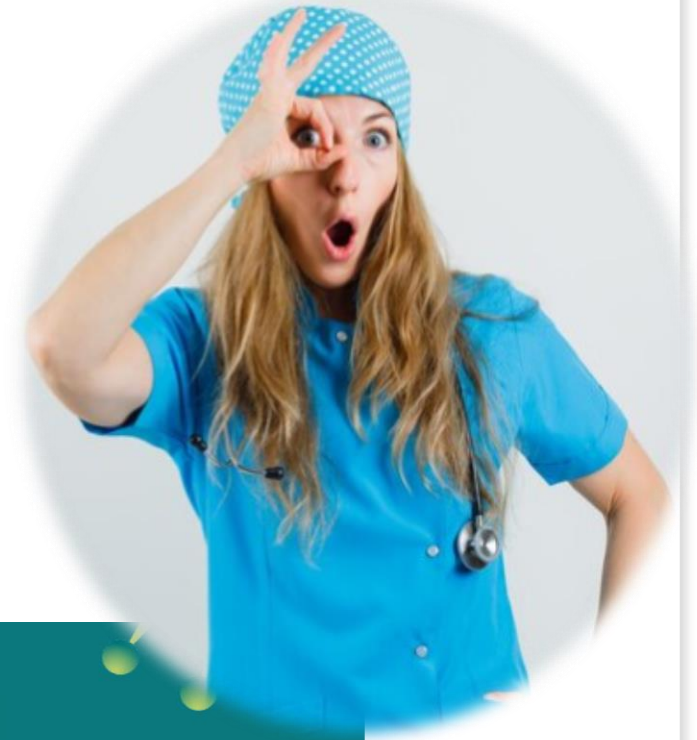
# Educating and promoting IPC- on the fly!

## *Make it fun!*



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- Share interesting IPC stories.
- Create a safe, interactive space.
- Use bright and engaging materials.



(NHHI- Train the trainer)

Image: <https://www.freepik.com/author/8photo>

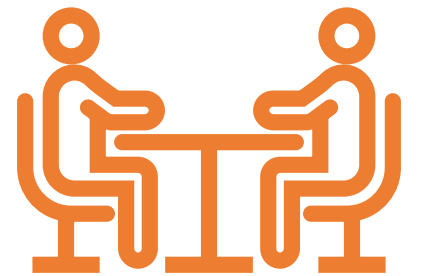
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## *Providing feedback*



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- Maintain confidentiality and objectivity.
- Link feedback to guidelines and policies- “...*as per the guidelines/standards/organisational policy...*”





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## *The compliance stuff*



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- Attendance record of any training
- Training records
- Evaluation records
- Record and analyse the evaluation forms
- Continuous improvement plans
- ✓ Include promotional material in the CI plan



# Educating and promoting IPC- on the fly!

## *Promotional tools*

### Posters and Flyers

- Design
- Placement

### Digital Content

- Email Blasts
- Social Media Posts

### Meetings and Workshops

- Interactive Sessions



# Educating and promoting IPC- on the fly!

## *Helpful resources*



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- ACIPC Community of Practice (CoP) <https://www.acipc.org.au/aged-care/>
- ACQSC IPC Resource Collection: <https://www.agedcarequality.gov.au/providers/clinical-governance/infection-prevention-control/ipc-resource-collection?tid=8559>
- ACSQHC Infection Prevention and Control Handbook (2023): [https://www.safetyandquality.gov.au/sites/default/files/2023-05/infection\\_prevention\\_and\\_control\\_workbook\\_-\\_may\\_23.pdf](https://www.safetyandquality.gov.au/sites/default/files/2023-05/infection_prevention_and_control_workbook_-_may_23.pdf)
- ACSQHC\_ NHHI\_ LMS IPC modules- <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative/national-hand-hygiene-initiative-nhhi-learning-management-system-lms>
- ALIS train the trainer <https://learning.agedcarequality.gov.au/>
- Infographics and other free PPT templates- <https://slidemodel.com/free-powerpoint-templates/>

# References

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# Questions



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Please feel free to post any questions to the [Aged Care Connexion Forum](#)



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### IPC Community of Practice:

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