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Australian Commission on Safety and Quality in Health Care
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Via email: HAI@safetyandquality.gov.au

To the Australian Commission on Safety and Quality in Healthcare

Public Consultation: Draft Aged Care Infection Prevention and Control (IPC) Guide

The Australian Nursing and Midwifery Federation (ANMF) welcomes for the opportunity to provide feedback to the Australian Commission on Safety and Quality in Health Care's (the Commission) public consultation on the Draft Aged Care Infection Prevention and Control (IPC) Guide.

The ANMF is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial, and political interests of more than 326,000 nurses, midwives, and carers across the country. Our members work in the public and private health, aged care, and disability sectors across a wide variety of urban, rural, and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals, and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

Importance of IPC in aged care

The last few years have made it starkly apparent that infection prevention and control (IPC) in aged care settings must be a critical priority. Ensuring the health, safety, and wellbeing of vulnerable older people who participate in aged care, their families and loved ones, and the diverse cohort of staff who work in aged care is an important part of protecting the health, safety, and wellbeing of the Australian community more broadly. The COVID-19 pandemic took its heaviest toll on older people and the aged care sector in general with the sector struggling to manage rapidly spreading outbreaks. Aged care's ability to protect older people and staff in the sector was often hampered by limited resources, poor staffing levels and skills mixes in many settings, limited and often conflicting information and advice, and the rapidly changing and evolving understanding of the SARS-CoV-

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2 virus, vaccination, treatment, and care. Likewise, successive reports and inquiries into the Australian aged care sector largely culminating in the Royal Commission into Aged Care Quality and Safety have compounded to demonstrate that Australia's aged care sector and the people who participate in it are particularly vulnerable to risks associated with IPC. While the COVID-19 pandemic has greatly receded in terms of the public's awareness and apparently government, industry, and organisational priorities, the pandemic is by no means finished and the aged care sector and people in the wider community continue to grapple with the risk of infection, serious illness, and death. COVID-19 is also by no means the only IPC risk in aged care, and indeed the Aged Care Infection Prevention and Control Guide (the Guide) does address a large range of IPC issues and challenges in the sector.

Aged care is health care

The ANMF understands that the Commission has developed the Guide with the intention to support the prevention and control of infections in all settings where aged care is provided. This necessitates an acknowledgement of the diversity of these contexts, the diversity of staff who deliver different aged care services both direct and indirect voluntary and employed (e.g., training and qualifications, roles, skills, and experience), and the wide diversity of the recipients of aged care services around Australia and their families and loved ones. It is extremely important to recognise, however, that where services are delivered by clinical staff including registered health professionals and currently unregulated care workers for the purposes of healthcare, any setting where this care is provided should be considered a *healthcare* context. We recognise that many people receive aged care in their own homes in the community as well as in long term care facilities such as nursing homes that have essentially become the older person's home. While it is vital to acknowledge this and the many important differences between a private home or aged care facility and a hospital ward or clinic, nursing care remains nursing care wherever it is delivered just as IPC should remain based on evidence and best-practice regardless of setting. The ANMF highlights that the principles and fundamental policies of IPC must not vary between contexts despite the need to adapt work and care processes as necessary to suit diverse settings and aged care participants.

Responsibility for IPC

Infection prevention and control, as the Guide highlights, is everyone's responsibility to some degree. This was brought into the public consciousness most clearly during the COVID-19 pandemic when hand hygiene, cough and sneeze etiquette, personal distancing measures, and disinfection of surfaces, among many other practices and concepts became everyday issues for almost everyone. Within aged care, the responsibility for ensuring IPC is effective is everyone's business, however the ANMF recommends that the Guide must clearly and comprehensively acknowledge throughout that, employers, otherwise known as persons conducting business or undertaking (PCBU), have a primary duty of care to ensure the health and safety of both staff and others who might be impacted by workplace conduct. This includes older people, visitors, volunteers, sub-contractors and anyone else who might be impacted by the carrying out of work. The Guide does not sufficiently address or acknowledge the responsibilities of employers in relation to this primary duty of care and the PCBU's responsibility to ensure worker's and other's health and safety as far as is reasonably practicable. We refer the Commission to consider the guidance developed by Safe Work Australia and the Model Work Health and Safety Laws including the WHS Act, Regulations, and Codes of Practice.



The Guide has been developed to support the aged care workforce and those providing care for older people to understand the basic principles of IPC and how to apply these principles using a risk-based approach. While the document does acknowledge that IPC aims to ensure a safe working environment for staff, the wording of some sections appears to gloss over the impact on staff. For instance, on page 7, the aim of the Guide is stated to promote a risk-based approach...while also considering the impact on the older person's health and wellbeing. The consideration of the health and wellbeing of staff must also be central to the aim of the Guide and the responsibility of employers/PCBUs. This could be achieved by including considerably more acknowledgement and detail of the responsibility of employers/PCBUs. Another example (on page 16) is where it is highlighted that it is best practice to undertake initial and regular environmental risk assessments of people's homes where care is to be delivered. Risk assessments and reviews are critical in ensuring the health and safety of staff and consumers, however staff must be equipped with information and supported to carry out risk assessments effectively. It is unclear how effectively staff will be able to undertake such a task especially for unregulated aged care workers and non-clinical staff with relatively limited qualifications and training and little time or knowledge to effectively and comprehensively undertake a risk assessment within the course of their regular tasks. There needs to be considerably more detail and information to ensure staff are kept safe when providing care in people's homes which is the responsibility of the employer/PCBU.

In highlighting that employers/PCBUs must be held primarily responsible for IPC in relation to their primary duty of care, the ANMF acknowledges that everyone within the aged care sector does also hold some responsibility for IPC and the general health, safety, and wellbeing of themselves and others. This includes those who do not provide health and personal care to older people such as kitchen staff, subcontracted grounds people, volunteer drivers, and visiting members of the public. Healthcare staff, however, are the natural leaders and experts in IPC, and registered nurses are the most widespread registered healthcare professionals in the aged care sector. It is critical that organisations have genuinely empowered and suitably qualified IPCs who are knowledgeable and supported by the organisation's leaders and other staff around them to be able to oversee, inform, and coordinate local IPC initiatives and issues. The Guide could also better engage with the importance of staffing levels and skills mixes in relation to IPC in aged care. While mentioned on page 18, there is little acknowledgement of the need for a sufficient number of the right kind of staff to ensure effective IPC. If an aged care organisation does not have enough suitably qualified and supported staff, then IPC will be challenging to deliver effectively. Ensuring safe staffing and skills mixes is therefore fundamental to IPC in all settings. As IPC is not just a clinical issue but a workplace issue, the responsibility for this role is considerable and diverse and fundamental to any aged care provider's ability to maintain the safety, wellbeing, health, and dignity of their older participants in aged care and staff.

Evidence-based practice

Nurses are educated and professionally regulated to provide evidence-based, individualised, and person-centred care wherever they practice. This includes acknowledgment and action to ensure that a person's quality of life and wellbeing is preserved. This must occur in any setting, be it a hospital ward, a primary health clinic, or a person's home. With the understanding that older people participate in aged care in different settings including in their own homes in the community as well as nursing homes, page 7 of the Guide seems to suggest that IPC in acute care settings doesn't consider a patient's quality of life as part of the approach to risk assessment. Care ought to be person-centred and wellbeing focussed wherever it is delivered in the same vein that IPC should be



best-practice and evidence-based in any setting and of course, acknowledge the importance of person-centred care, wellbeing, and dignity.

On an associated point, the Guide addresses 'dignity of risk'. Dignity of risk is an important consideration when caring for participants in the aged care system but does need to be considered and balanced with the health, safety, and wellbeing of both participants in aged care and the staff providing care. The Guide could go further in acknowledging that workers themselves are also impacted by issues around dignity of risk for participants in aged care. For instance, an older person might make decisions that put both themselves and the staff member at risk such as choosing not to follow recommended IPC practices in their own homes. What guidance is there for staff who might then be put at greater risk due to an older person's choices? The ANMF acknowledges that balancing duty of care with dignity of risk is challenging and that this balance becomes yet more complex when considering the duty of care responsibilities that an employer/PCBU has for all staff and people where a business takes place. This is a critical issue however and one that requires careful consideration and guidance materials for stakeholders in the context of the provision of appropriate IPC for aged care.

The Guide must emphasise that organisational guidelines and policies must be evidence-based and developed using the best available evidence. For many non-clinicians including care workers, an understanding of 'evidence based' cannot be assumed and the ability to assess the quality of an IPC guideline or policy cannot be assured. For instance, on page 12, a list of elements is provided that aged care organisations must have policies and guidelines in place for. It should be explained that these policies and guidelines need to be evidence-based and how stakeholders/staff can ensure that a policy or guideline is evidence-based, high-quality, and up to date. While this Guide highlights that policies and guidelines should be reviewed regularly and monitored, it's neither clear who is responsible for this nor clear regarding what qualifications/experience a person must have to be able to undertake this review and monitoring effectively. While every organisation and care delivery site might have unique and contextual differences, ideally, IPC should be standardised as far as possible to be compliant with current evidence-based practice. For instance, having multiple inconsistent policies regarding personal protective equipment (PPE) or waste management introduces confusion and risk when it would be ideal to ensure that the policies that direct these things are consistent across sites as far as practicable. Likewise, on page 13, as above, there is lack of clarity regarding the standard to which aged care organisations should maintain their education and training policies to ensure that for example, the training is high-quality, up to date, and evidence-based.

While the ANMF understands that the Guide has been developed to be supplementary to the Australian Guidelines for the Prevention and Control of Infection in Healthcare (AICGs) and informed by resources developed by the Australian Commission on Safety and Quality in Health Care, if aged care organisations and sites are charged with the responsibility for developing effective and appropriate policies and guidelines, then it would be anticipated that a wide variety of non-standardised and potentially conflicting and non-evidence-based resources might be developed and utilised resulting in IPC risks and hazards to the health, safety, and wellbeing of participants, workers, and members of the public in aged care and beyond.

On page 17, the list includes mention of aged care providers needing to have, at minimum, enough appropriate PPE. What 'appropriate' PPE is and the amount that 'enough' represents is not explained. This will be challenging for users to effectively decipher and implement, as without clear



and specific guidance, there will be many interpretations of what this could mean. Here too, conflict and disagreement might be likely to arise between different users including staff and employers/PCBUs regarding relative risk and what constitutes 'enough' 'appropriate' PPE in a given situation.

Within the context of PPE, the ANMF also has considerable concerns with the guidance that suggests that *either* fit testing *or* checking should be undertaken. Current guidelines for healthcare worker respirator use in Australia, while recommending fit testing, leave room for interpretation regarding fit checking as a substitute. This can compromise people's safety during outbreaks. N95 and P2 respirators require a proper fit for effective protection against airborne disease. Fit testing ensures optimal fit for individuals, while fit checking verifies proper placement each time a respirator is donned, and comfort and usability of respirators which are crucial for extended wear and worker well-being. Strict adherence to fit testing protocols minimises the risk of infection for workers and participants in aged care, especially vulnerable older people. Recommending one in place of the other does not uphold the principles of IPC and should be avoided. It should be the employer/PCBU's responsibility to ensure that all workers who might need to use respirators for their duties are properly fit tested so that if needed, correct respirators can be stocked for use. Surgical masks are likewise, not a suitable substitute for respirators. The ANMF makes the following recommendations for the Guide:

- i) Stronger fit testing policy that emphasises mandatory fit testing before first use of a respirator for all workers who might need to use them.
- ii) Expanded access to fit testing to ensure workplaces have resources and trained personnel to conduct regular fit testing.
- iii) Attention to user comfort through incorporating respirator comfort and usability into procurement decisions and provide a variety of respirator types for fit testing. Addressing user comfort improves compliance and reduces stress associated with prolonged respirator use.
- iv) Regular updates for worker training on proper respirator use, fit checking, and the importance of fit testing

Evidence-based infection prevention and control in aged care is everyone's responsibility, but it must be led by qualified healthcare professionals. Registered and enrolled nurses are ideally placed for this role. Likewise, aged care employers/PCBUs have ultimate responsibility for the people living and working in the sector as well as participants who live in their own homes in the community who are cared for or who receive services by their employees and volunteer workers. Participants in aged care often have weaker immune systems, making them more susceptible to infections. Strong IPC practices like hand hygiene, proper use of appropriate personal protective equipment, and immunisation programs can significantly reduce the spread of illness and reduce the risk of poor outcomes for older people, their loved ones, staff, and the wider community. Infection prevention and control protects older people, workers, and the community from serious health complications, improves their overall well-being, and helps ensure a safer environment for everyone in aged care and beyond.

We appreciate the opportunity to participate in this consultation process and provide our feedback on behalf of our membership. Should you require further information on this matter, please do not hesitate to contact us at fedsec@anmf.org.au



Yours sincerely

Annie Butler
Federal Secretary