Guest editorial

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Progress towards infection control programmes in residential aged care (RAC) facilities

Based on my work with numerous RAC facilities, I have observed improvement in relation to infection control in this setting. Prior to accreditation for such facilities, there was little evidence of any infection control focus nor presence of infection control policies and procedures. However, there is still a lot of work to be done to relay the message effectively and consistently to all staff in these facilities.

In my experience, the difficulty in recruiting and retaining staff in aged care settings is a major impediment to effective infection control. The absence of regular contact with core staff that have training in infection control inhibits adherence to policies and procedures, and their adoption throughout the organisation.

Accreditation

Accreditation has raised, and continues to raise, awareness of the need for policy and education in infection control. The Commonwealth Aged Care Act 1997 is the legislative instrument for the reform of aged care services. As a consequence of the Act, accreditation commenced in RAC facilities. Smaller facilities have met challenges in the development and implementation of infection control programmes which are required as part of the accreditation process.

The RAC Standards (Infection Control Standard 4.7)[1] appear to offer minimal direction to those facilities with no previous formal infection control programme. Even the draft version of the long-awaited Communicable Diseases Network Australia and New Zealand (CDNANZ)[2] guidelines devotes only a few pages to specific issues affecting long-term care facilities.

The overall requirements of the RAC Standards are the key to understanding Standard 4.7. These requirements are:

- Collaboration between management and staff.
- Documentation – policy, procedure and implementation.
- Education of staff.
- Evaluation of the implementation.
- Review of the process.

Risk management

Most RAC facilities already have incident reporting mechanisms that are present, functional and acted upon. These will have been developed in conjunction with Occupational Health, Safety and Welfare and can provide a framework for a general approach to risk management. Standard precautions provide the operational framework upon which all other activities are based.

Waste management

Identification of infectious waste and implementation of appropriate disposal methods can be facilitated by reference to Australian and New Zealand Standard AS/NZS 3816:1998, Management of Clinical and Related Waste[3].

In my experience, many facilities throughout Australia appear to be familiar with this Standard, although general waste items continue to be mistakenly classified as clinical or infectious waste (e.g. soiled dressings and incontinence pads). Clinical waste is incinerated and is many times more expensive than general waste (which goes to landfill) to discard. Waste management needs to be performed in accordance with relevant local, state and territory legislation and regulation. There may be interagency requirements between Health and Environmental Protection authorities.

Surveillance

The requirements for surveillance programmes and the identification and resolution of infection control risks are the areas in which facilities express greatest concern and confusion. Standardised definitions of infection and case finding methodologies need to be established and agreed

upon by the relevant AICA members so that a uniform approach can be implemented.

The recent draft CDNANZ document recommends that facilities use the definitions for infection surveillance in long-term care facilities proposed by McGeer *et al*[4]. These are detailed surveillance for respiratory tract infection; urinary tract infection; eye, ear, nose and mouth infection; skin infection; and gastrointestinal tract infection, and are clear and easy to follow. However, the detail may seem daunting, particularly for those who are new to infection control. It is recommended that infection control staff test the suitability of each definition for their particular site, as they can be a useful guideline for developing an infection control programme.

The potential for cross infection, the treatment given, evaluation of the effectiveness of the treatment and prevention strategies need to be carefully evaluated. This information must be recorded with the outcome.

Surveillance in RAC will most often be about the quality of care rather than the actual raw number of cases. Low numbers of infections limit the extent to which statistical analysis can be undertaken and meaningful conclusions drawn. An alternate approach would be to extend the period of surveillance until sufficient cases of infection are identified. However, this approach may limit the timeliness of investigation and response to problems. Alternatively, regular short-term evaluation of trends within the facility may provide a useful predictor of the effectiveness of the programme and enable timely response. This information will also assist in the recognition of risk in relation to infection.

Support services

When reviewing infection risks throughout the facility, areas such as catering, cleaning and laundry services must be considered. Although these services are grouped separately from infection control under Standard 4.8, the designated infection control practitioner will almost certainly have some involvement in the infection control aspects of all three.

The Australian and New Zealand Food Authority[5] (ANZFA) issued Food Safety Guidelines earlier this year which have been endorsed by each state and territory. The guidelines place a strong emphasis on prevention of bacterial infection in food by monitoring and temperature control, especially for potentially hazardous food such as meat, fish and dairy products. The guidelines recommend use of Hazard Analysis Critical Control Points (HACCP) which are monitored to identify potential risks associated with potentially hazardous foods.

Cleaning is mentioned in the draft CDNANZ document. It states that "... disinfectants are not necessary for health care establishments". This statement is further amplified by the explanation that cleaning with detergent and water to remove soil (and therefore germs) is usually sufficient. As with all other aspects of care provision, evaluation of the effectiveness of the cleaning must be undertaken regularly. Procedures, products and staff education can be reviewed following this evaluation.

Laundry services are referred to the Australian Standard AS 4146:2000 Laundry Practice[6]. While this Standard contains much useful information, the focus is on large commercial laundries; small, on site laundries which usually process residents' clothing are not considered.

In conclusion, this editorial has outlined some of the issues to consider in relation to infection control in residential care facilities, and highlighted some of the problems. Broad knowledge of a wide range of areas is essential to developing an infection control programme, coupled with the ability to identify and prioritise infection risks and an understanding of the principles of continuous quality improvement.

Collaboration between management and staff is essential for a successful outcome. The stable presence of staff with expertise in infection control helps to facilitate seamless implementation of contemporary infection control principles and practices in aged care settings.

Reference

1. Commonwealth Department of Health and Aged Care. Residential Aged Care Standards. Available at: <http://www.health.gov.au/acc/standard/facility/sacfindx.htm>.
2. Communicable Diseases Network of Australia and New Zealand. Infection Control Guidelines for the Prevention of Transmission of Infectious Diseases in the Health Care Setting (Draft). Australian Government Publishing Service, July 2001.
3. AS/NZS 3816: 1998 Management of Clinical and Related Waste. Standards Australia, Sydney.
4. McGeer A, Campbell B, Emori TG, Hierholzer W, Jackson M, Nicolle L *et al.* Definitions of infection surveillance in long-term care facilities. Am J Infect Cont 1991; 19(1):1-7.
5. Australia New Zealand Food Authority. Food Standards Code for Australia and New Zealand. Available at: <http://www.anzfa.gov.au>.
6. AS 4146:2000 Laundry Practice. Standards Australia, Sydney.