



Australian College of Care Workers

Submission to the Royal Commission

into

Aged Care Quality and Safety

The Royal Commission into Aged Care Quality and Safety call for Submissions from the general public and organisations relating to the impact of the Coronavirus (COVID-19) on the aged care sector. Preventing infections in Aged Care to reduce fatalities and make it a safe living environment.

Janet L Lawrence FACN

31 July 2020

Commissioner the Honourable Richard Tracey AM RFD QC
Commissioner Ms Lynelle Briggs AO

Janet J Lawrence – FACN
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Dear Commissioners,

As Commissioners, you are hoping to understand the impact of the pandemic upon older Australians, their families, and their carers in aged care facilities. You are interested in making inquiries that lead to putting measures in place to protect older Australians, their families and those employed in aged care. The Commissioners focus is on the best possible ways to react in the future while balancing the need for safety and wellbeing for all.

I am the President of the Australian College of Care Workers, Inc. (ACCW), I write this Submission on behalf of the Board Members – Australian College of Care Workers, Inc., and members of ACCW Care Workers working in Residential Aged Care Services. The COVID-19 pandemic has a significant impact on all aspects of the delivery of aged care services and the views of those people directly affected.

I had the opportunity to:

1. Submit to the Royal Commission into Aged Care Quality and Safety on 19 September 2019 to Commissioner the Honourable Richard Tracey AM RFD QC, Commissioner Ms Lynelle Briggs AO into a Response to Terms of Reference item: *a. the quality of aged care services provided to Australians, the extent to which those services meet the needs of the people accessing them, the extent of substandard care being provided, including mistreatment and all forms of abuse, the causes of any systemic failures, and any actions that should be taken in response.* The Submission was based on my extensive knowledge and experience of over three decades into aged care.
2. Participated in a Survey 29 June 2020, into 'Aged Care Worker Regulation Scheme Consultation' the initiative of Australian Government Department of Health.
3. Our understanding is that you will be interested to learn how most home care providers and other facilities avoid an outbreak and seek their ideas about how to manage future pandemics or infectious disease outbreaks. The breakdown in the system is related to poor infection control practices, and reasons detailed in this report. A consistent and robust infection control system across all aged care services is imperative for high quality and safe living environment for our older Australians.

I am a Fellow of the College of Nursing Australia, and as past Director of Nursing had the opportunity to improve and implement stringent infection control measures to prevent any spread of infections in residential aged care services. This resulted in no spread of infections during my tenure as Director of Nursing in the five residential aged care services where I

served. We believe it is feasible to prevent widespread infections in the aged care sector. I will outline the causes and preventative infection control measures that I strongly recommend on behalf of the ACCW Board to adopt across the aged care industry. As the President of ACCW and have extensive experience in the acute, sub-acute and aged care sectors. Over the past three decades, I have worked as an Aged Care Consultant, Nurse Educator, past Member of the Commonwealth Panel of Administrators and Advisers, External Quality Assessor since 2000 to 2018, Director of Nursing for five Aged Care Residential Aged Care Services and legal expert. I can confidently, provide my expert advice and recommendations.

The hospitals are better prepared to prevent outbreaks of infections and respond to pandemics because of their stringent infection control processes and resources. The Submission is for you to provide definitive recommendations on how best to prevent the spread of infection in residential aged care services, including COVID-19 in which 34 aged care facilities affected (Current Affairs, 29.7.2020). The impact on residents has been severe and, in some cases, fatal, with ongoing impact on family, their representatives and staff.

I appreciate the opportunity to submit to the Royal Commission into Aged Care Quality and Safety on behalf of ACCW Care Workers the 'impact of COVID-19 in residential aged care services and prevention of other infections to avoid the further fatality of our older Australians.

Sincerely yours,

Lawrence

*Janet L Lawrence- FACN
President-ACCW*

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1. INTRODUCTION

The impact of COVID-19 on Australia’s aged care sector is a national tragedy. It is a human tragedy. Now, that tragedy is unfolding, and the situation is critical ACCW recommendations to prevent infection is urgently needed.

‘As of 29 July 2020, there are 15,304 total confirmed COVID-19 cases in Australia, with 400 new cases in the last 24 hours alone. With Australian Aged Care residents currently experiencing 433 active cases with 73 reported deaths, effective infection control is paramount. If we are to operate care services effectively, we must do everything we can to mitigate the risks of transmission in our services’. Team MOA admin@moa.com.au

Current Affairs 29.7.2020 reported: 295 new COVID infections, seven new death, 34 aged care facilities affected, 804 across the system with 440 infections.

The issues associated with the impacts of COVID-19 in aged care warrant an inquiry of their own. Honourable Tony Pagone QC relating to the COVID-19 outbreak in aged care facilities (3.7.2020). There were two active cases and six recoveries. By 29 July 2020, there were 440 active cases and 47 deaths. Only three residents have recovered. The first death did not occur until 11 July 2020. Our inquiries may reveal, as seems likely, that there needs to be a fuller and more forensic inquiry into the

impact of COVID-19 in aged care. This Submission will provide heads-up to understand infection control in aged care and how it can improve to prevent further disaster.

No more deaths, this must stop immediately. Below is the reality of most inadequate infection control measures to put it mildly. This Submission highlights the importance of maintaining safe environments for staff and residents, but also the risks involved with outbreaks.

To be in the best position to implement measures to prevent the spread of infection in residential aged care services and community, it is first essential to identify the causes of the range of infection to implement the best measures to prevent them. Infection control must be consistent for older adults living in Residential Aged Care Services to prevent disaster and further loss of lives.

Infection in the elderly is associated with significant morbidity and mortality, particularly pneumococcal pneumonia, influenza virus infections, and urinary tract infections secondary to a variety of pathogens. In Australia between 2014 and 2016, there were over 380,000 deaths of people aged 65 and over (82% of all deaths). Older adults are more susceptible to infections due to several factors: the decrease in the activity of the immune system can contribute to being more prone to infections. The comorbid conditions in the elderly, such as diabetes, renal insufficiency and arthritis predispose people to infections who become frailer and more dependent on others for maintaining their health status and their daily activities, thereby increasing the risk for infections.

There have been several failed attempts to address the spread of infections in aged care, which has impacted on the health of our older adults in residential and community care services, many of which are fatal. The fatality results are from the spread of infection such as the current COVID-19, flu, chest infections, gastrointestinal conditions, wound infections, oral infections, and spread of viruses due to poor hygiene and infection control practices.

2. IMPACT OF COVID-19 IN RESIDENTIAL CARE SERVICES

We are all aware through the daily news and media reports on the impact of COVID-19 on care recipients, their representatives, aged care providers, management, and staff. Although, the Health Department is helping aged care providers to manage the widespread of COVID-19 throughout many of the aged care services. The impact of COVID-19 is on the physical, emotional, and social wellbeing for older adults living in residential aged care services. Families are affected as COVID-19 requires separation of loved ones to prevent the spread of infection in the aged care facility. Some residents have no choice but to either transfer to the hospital or meet their faith in the aged care service, particularly for unreported cases of infection.

The level of emotion, both for the resident and family, is enormous—the feelings of fear, stress, anxiety, depression, and sense of hopelessness. The inability to say goodbye to loved ones and the emotional stress and trauma for health and aged care workers is enormous. The fear of the unknown is challenging with increasing cases and limited access to resources, poor leadership in RACS and lack of knowledge and slow action have been frustrating for staff, and families. The purchase and implementation of extra resources

promptly would have been prudent to prevent the spread of COVID-19 to residents, family, and staff. The ultimate demise of older adults from COVID-19 is the ultimate betrayal of our responsibility to care for our senior Australians.

Therefore, it is wise to discuss a safe environment for older adults in terms of preventing and managing Infection Control in Residential Aged Care Services. Stringent systems and monitoring of causes, spread and outcomes of infection in aged care must be of a high priority to prevent not only COVID-19 but other infections. Other viruses have periodically affected many reported, and non-reported fatalities of older adults whose deaths have resulted from infections in residential aged care services. If infection control measures and practices are not followed, then the spread of infection will continue despite additional funds, monitoring, and education. These control measures and practices would, therefore, be of no substance. History must not repeat itself because we have failed our older Australians to implement stringent infection control practices.

On behalf of the ACCW Board Members and Care Worker, we strongly recommend the Royal Commission to review and publish this Submission related to infection control practices in aged care to prevent further deaths.

Thank you to the Royal Commission for seeking submissions on the impact of COVID-19. We recommend that you make definitive infection control processes that must be in place in RACS, which will not only be cost-effective but will save our older Australians. The improved infection control measures will provide confidence and reassurance to the public and those who work in residential aged care services.

3. SUB-STANDARD INFECTION CONTROL PRACTICES IN AGED CARE

The extent of the sub-standard in infections control in residential aged care services is related to seven (7) factors that must be investigated and addressed immediately (to) prevent further loss of life:

- 3.1 Failure to identify the causes of infections from personal hygiene to infections control practices.
- 3.2 Failure to identify and recognise the impact of infections of Coronavirus on residents, their families and staff.
- 3.3 Lack of evidence-based preventative measures to prevent the spread of infection.
- 3.4 Inadequate monitoring of standards on infection control practices by providers and authorities
- 3.5 Lack of resources, personal protective equipment, and lack of consistent cleaning regime.
- 3.6 Inadequate education on prevention and management of infections by managers and staff
- 3.7 Lack of research and continuous quality improvement to prevent the spread of infections.

3.1 FAILURE TO IDENTIFY CAUSES OF INFECTIONS FROM PERSONAL HYGIENE TO POOR INFECTIONS CONTROL PRACTICES

There have been numerous incidents of severe infections in residents living in aged care, and the results have been debilitating and fatal because of the lack of measures to stop the spread of infection. Infections range from flu, gastro outbreak, urinary tract infection, oral infection, septicaemia from wound infections, to name a few. From my professional experience in aged care, many of the causes of poor infection control practices include:

- cleaning of the facilities reduced cleaning hours on weekends and public holidays exposing both the residents, visitors and staff,
- inadequate access to handwashing facilities in general areas of the facility,
- lack of personal protective supplies particularly in the event of an outbreak,
- poor cleaning practices related to daily and detail cleaning of residential areas,
- reliant on the external contractor to clean with no monitoring system in place. Instead, the responsibility lies with the external contractors and not the facility, and it should be a joint venture,
- lack of accessibility of cleaning supplies, such as spill kits, mops, and toilet brushes,
- poor wound management with soiled dressings inappropriately discarded, and poor wound management support from wound specialist to guide and support staff,
- lack of education on specific measures to take to prevent the spread of infection
- poor personal hygiene provided to residents, residents wearing the same soiled clothing,
- not changing soiled linen (bed sheets, pillowcases) and doona covers,
- care staff are involved in cleaning and laundry services particularly on weekends and public holidays,
- inadequate knowledge of infection control practices from management to care staff,
- management refusing to provide adequate cleaning resources and time to clean the facility,
- residents wearing the same soiled clothing, or clothing if stained after a meal is not changed but left for the resident to wear all day,
- daily cleaning of showers and toilets are not consistent, with some care staff showering residents while opening their bowels on the shower floor or sitting on the toilet seat,
- sharing of mops, cleaning cloths, toilet brushes between residents' rooms and general areas of the facility,
- bins emptied once a day and in many cases bins not emptied on weekends and public holidays,
- regular clearing of rubbish outside the facilities left opened and unattended, with birds feeding on the rubbish, rubbish lying on the ground, with bins not being emptied particularly after a long weekend and public holidays, and in some cases old furniture, mattresses left outside the facilities backyard,
- hairdressing cleaning facilities are inadequate between the cutting of resident's hair and after the days work in the hairdressing room, hairdressing items not disinfected between residents,
- poor continence care, and discarding of soiled continence aids,
- poor oral hygiene and in many cases resident's toothbrush and toothpaste still in the box untouched,
- poor practices of cleaning equipment of wheelchairs, dining chairs, lifting equipment used between residents, Ventolin masks and pumps and CPAP and oxygen machines dirty with oxygen tubings or mask not changed,
- sadly sharing of discharged or deceased residents clothing with other residents,
- some residents with fridges not cleaned, nor defrosted, with rotten food, fruit and spilt drinks on bedside tables and resident room fridges,
- lack of reporting of breaches of cleaning and infection control practices.

3.2 FAILURE TO IDENTIFY AND RECOGNISE THE IMPACT OF INFECTIONS OF CORONAVIRUS ON RESIDENTS, THEIR FAMILIES AND STAFF.

The spread of Coronavirus impact has had fatal results, with ongoing consequences for family and friends. COVID-19 has highlighted the urgent need to place definitive preventative measures to stop the spread of infections. Stringent infection control

measures 24-hours a day must be observed to avoid and minimise the impact of any kind of infections and disease outbreaks. The definitive action is to prevent a repeat of fatality to our older adults in Australian Residential Aged Care Services and the community.

The Royal Commission into Aged Care Quality and Safety is commended for calling an investigation into the impact of COVID-19 in the aged care sector (see media release and the State Health Department website). The inquiry focus is on lessons learnt for responding to future pandemics or infectious disease outbreaks. The above point *3.1 Failure to identify causes of infections from personal hygiene to poor infection control practices* must be addressed immediately as a matter of urgency for a successful and sustainable infection-free living environment for our older Australians.

Protocols for reporting (Circumstances specific to COVID-19):

- a. Refer to and follow the Health Department guidelines that include the following:
 - i. Testing of staff working in the aged care sector and community
 - ii. When staff must not work
 - iii. Getting tested
 - iv. Identifying symptoms
 - v. How to stop the spread
 - vi. Managing COVID-19 in residential aged care
 - vii. Managing COVID-19 in-home care
 - viii. Retaining staff
 - ix. Support for care recipients
 - x. Staying informed
 - xi. Resources
- b. Daily health checks of staff to ensure they do not have flu-like symptoms.
- c. Monitoring of all temperatures, names and numbers of people entering and leaving the aged care facility
- d. Staff returning from overseas to self-isolate and get a medical certificate of clearance from the doctor or general practitioner.
- e. If a staff member diagnosed with COVID 19, the organisation must work with local public health authorities to rapidly trace close contact and prevent further spread.
- f. Have adequate staffing and a stable workforce to prevent workers from working in different care-related facilities.
- g. Do not settle for excuses that one cannot get the staff. The onus is on the facility to have documented evidence to demonstrate the effort made to replace staff. Current staff should not be overworked as it leads to burnout and job dissatisfaction.

3.3 LACK OF EVIDENCE-BASED PREVENTATIVE MEASURES TO PREVENT LONG TERM SPREAD OF INFECTION.

There is a failure to monitor infection control standards that include cleaning regimes, use of equipment, availability of resources, staff practices, education and training and monitoring of infection rates. Clinical indicators to monitor infection rates is not used as objective data and not adequately followed through. The practice in many aged care services is to employ external contract cleaners for limited hours during the week and none on the weekend and public holidays. Yet, residents needs do not change on weekends and public holidays. These contract cleaners are not subject to monitoring as they are external contractors. It is not acceptable and not negotiable. Aged care has a responsibility to monitor external contractors cleaning practices. External contract cleaners must track their cleaning practices, with evidenced-based practice in place. Lack of Personal Protective Equipment for residents and staff is urgent and must be provided and monitored for its effectiveness. Aged care infection control practices must be of the very high standard that will withstand the test of any pandemic.

The Board Members of the Australian College of Care Workers, Inc. is a registration and membership organisation for Care Workers working in the aged care industry. On behalf of the Board Members, we make the following recommendations:

- Assess risk by determining the likelihood and severity of harm from identified hazards. Take into account items raised above 3.1 *Failure to identify causes of infections from personal hygiene to poor infection control practices*
- Assess the proper use of personal protective equipment (e.g., gloves, masks, gowns), aseptic technique, hand hygiene, and environmental infection control measures. The primary methods are to protect the older Australians from the transmission of microorganisms from another resident and the health care worker in the aged care setting.
- Implement evidence-based guidelines regarding the practice of health care infection control, strategies for surveillance and prevention.
- Provide scientific-based publications of infections and priority recommendations based on the existing scientific data; theoretical rationale; and applicability of well-designed experimental, clinical, or epidemiologic studies to prevent the spread of COVID-19 spread in aged care settings.
- Implement and publish an accreditation process that focuses on continuous compliance with infection control standards, which contributes to healthy older adults and maintenance of safe, quality care and improved organisational performance.
- Evaluate the training and education of managers and care workers knowledge of aseptic practices, adherence to published infection control precautions to be consistently applied and adherence achieved to prevent compliancy.
- Translation of evidence-based guidelines into clinical practice in aged care. Aged care facilities interventions are necessary to understand better the barriers that impede the process of effectively reviewing and implementing evidence-based practices
- Standard policies and standards of practice should be time-specific, measurable, and also define the specific population of residents affected. Implement evidence-based guideline current system.
- Employ a multidisciplinary intervention to ensure staff concurrence with the change; an agreement that the new approach is crucial; an assurance that there will be adequate staff, knowledge, and resources to implement the change; and a method to evaluate the impact of the change.

3.4. MEANS TO ADDRESS POOR MONITORING OF STANDARDS OF INFECTION CONTROL PRACTICES

For several years researchers and Government have identified the problems relating to sub-standard care, one of which is the spread of infections with fatal results. For many years researchers reported that the accreditation system should monitor aged care services to demonstrate continuous quality improvement in preventing infections. The following measures must be in place to protect our older Australians and staff that work in residential aged care services.

The Board Members of the Australian College of Care Workers, Inc., registration and membership organisation for Care Workers make the following immediate recommendations:

Install equipment designed to prevent the spread of infections throughout the facility

- Due to the unpredictable cure for the COVID-19 crisis, install a wall or stand electronic thermometers to register temperature for every person entering the facility automatically.

- Personal protective equipment of adequate supplies of masks, gloves, and disposable gowns must be available 24/7.
- The automatic, and non-touchable antiseptic hand dispensers at every entry and exit points of the facility
- A seven days a week detail cleaning, regardless of weekends, and public holidays. Reduced cleaning hours during weekends and public holidays must not be allowed. Over the years it has been known outbreaks have occurred over weekends and public holiday period with fatal consequences such as gastro cases.
- Posters on handwashing facilities installed in general areas of the facilities that remind people to wash their hands
- Improved cleaning practices in every area of the aged care facilities, from the entrance to every room, general work areas such as workstations, hairdressing rooms, individual residents rooms, ensuites, public toilets, laundry, lounge and entertainment areas, maintenance, tables, chairs, corridors, handrails, use of equipment such as lifting machines, immediate clean-up of spills or soiled linen, regular changing of sheets, towels, doona covers, regular lifting machines, wheelchairs before and after used by each resident, and clinical and food trolleys.
- Adequate cleaning supplies and accessibility 24/7 to cleaning equipment
- Researched wound management practices to prevent infections from bacteria infections, ants, and larvae.
- Random monitoring daily personal hygiene provided to residents who are dependent on their care needs
- Changing soiled linen daily
- Review of laundry services and operating hours to ensure it occurs 7-days a week instead of soiled clothing being collected in laundry bags and not washed over the weekend and public holiday a perfect medium for breeding infection.
- Education of management and support staff to nursing and care staff
- Resident's dependent for their needs to be met must have clean clothing seven days a week, particularly if soiled
- Daily cleaning of showers and toilets
- Non- sharing of mops, cleaning cloths, toilet brushes between residents' rooms
- Frequent emptying of bins to be undertaken (morning and late evening)
- Regular clearing of rubbish outside the facilities left opened and unattended

3.5 LACK OF RESOURCES, PERSONAL PROTECTIVE EQUIPMENT, AND LACK OF CONSISTENT CLEANING REGIME.

While before for the COVID-19 outbreak, there was a lack of Personal Protective Equipment (PPE). These include masks, shields, gowns, gloves, foot coverings and disposable gowns and aprons. On behalf of ACCW Board members and Care Workers, Inc., and Care Workers working in the aged care sector, we take this opportunity to sincerely thank the State Government, the Victorian Health Department for providing additional funding and PPE resources in all aged care sectors.

Extra antiseptic cleaning wipes need to be accessible to staff to clean surface areas they touch with detergent solution. COVID-19 can survive on surfaces for many hours and are readily inactivated by frequent cleaning and disinfection—clean general surfaces and fittings when visibly soiled and immediately after any spillage.

3.6 INADEQUATE EDUCATION ON PREVENTION AND MANAGEMENT OF INFECTIONS BY MANAGERS AND STAFF.

The Board Members of the Australian College of Care Workers registration and membership organisation for Care Workers make the following recommendations:

1. Inadequate education on the identification of types of infections and prevention of the spread of infections
 - Develop knowledge about the basis of infection, critical modes of disease transmission, chain of infection and factors that increase susceptibility to infection.
 - Follow standard and additional precautions for infection prevention and control
 - Identify infection hazards and assess risks
 - Follow procedures for managing risks associated with specific hazards

2. Education on infection control – training and continuing professional development
Education and training and encouragement of continuing professional development for staff from management to ground staff on the following topics:
 - Identify appropriate control measures to minimise the risk of COVID-19 in Aboriginal and Torres Strait Islander people, older people, people living in aged care facilities, people with chronic conditions and people with disability
 - Develop knowledge about the basis of infection, critical modes of disease transmission and spread of germs, chain of infection and factors that increase susceptibility to infection
 - Follow standard and additional precautions for infection prevention and control
 - Identify infection hazards and assess risks
 - Follow procedures for managing risks associated with specific hazards
 - Implement specific measures to take to prevent the spread of infection
 - Follow standard and additional precautions for infection prevention and control
 - Identify infection hazards and assess risks
 - Follow procedures for managing risks associated with specific hazards
 - Recording and reporting of breaches in infection control practices
 - Specific measures relating to COVID-19:
 - Social distancing it may include controlling client entry and egress.
 - Hygiene measures and daily health checks of all staff.
 - The increased time between shifts or service periods to reduce mingling and provide more time to clean
 - Cleaning and sanitisation practices reviewed to reflect COVID 19 context.
 - Encouragement to take the Flu shot.
 - Placing appropriate signs when and where necessary from the Department of Health
 - Clean and contaminated zone
 - Follow established organisation infection prevention and control procedures
 - handwashing before and after touching resident, body fluids, after reaching resident and surrounds, before clean or aseptic procedures food handling.
 - hand hygiene clinical and non-clinical moments and care of hand and maintain skin intact

- handling of waste – continence aids, wound dressings, debris, etc.,
- enforcing clean and contaminated zones
- limitation of contamination
- environmental and surface cleaning
- change of personal clothing worn between work organisations
- respiratory hygiene and cough etiquette
- Use of suitable facilities, equipment, and resources, including:
 - organisational infection prevention and control guidelines
 - use of personal protective equipment wearing of gloves, goggles, glasses, mask, shoe cover, aprons, gowns, protective face shields where appropriate,
 - hand hygiene facilities and equipment
 - medical or client care equipment relevant to the workplace
 - clinical and other waste disposal equipment
- Equipment for cleaning, including sterilised sharps if relevant
- Handling, transporting, and processing of linen in a manner that controls the spread of infection
- Own areas of responsibility concerning infection prevention
- Continuing professional development through short courses workshops or webinars including accredited and non-accredited courses; work-related training, attendance at conferences or seminars; and in-service education.

3.7 LACK OF RESEARCH AND CONTINUOUS QUALITY IMPROVEMENT TO PREVENT SPREAD OF INFECTIONS.

If we are to operate care services effectively, we must do everything we can to mitigate the risks of transmission in our services. Effective infection control is paramount. Given the seriousness of the threat, we feel we have a social responsibility to invite all providers to access the COVID-19 tools at no cost.

The Board Members of the Australian College of Care Workers registration and membership organisation for Care Workers make the following recommendations:

- Employ the use of clinical indicators and evidence-based risk management to monitor compliance with infection control to prevent systemic failure to follow the spread and outcomes of infections objectively.
- The Australian Aged Care Quality Agency must adopt evidence-based risk monitoring.
- Document and report activities and tasks that put self, client, visitors and others at risk.
- Record monthly infection rates and the spread of infections. Prudent auditing can prevent systematic failure of compliance with infection control compliance.
- Use clinical indicators to monitor infections such as wound infections, urinary infections, eye infections. Throat infections, check infections, COVID-19 outbreaks, gastro outbreaks, flu outbreaks, eye infections.
- The types of measures taken to prevent further development, and prevention of infection
- Provide regular reports of outbreaks and publish incidents of infections.
- Evaluate staff education and practice in infection control prevention and management.
- Monitor staffing ratios and provision of hours for cleaning and laundry services in facilities are given low priority and often non-existent on weekends and public holidays, leading to the frequent outbreak of infections.
- Monitor ancillary is vital to ensure safety and prevention of infection control across the facility. For example, multiple uses of cleaning materials of toilets and

- wiping down of bathroom equipment across residents' rooms cause cross-infection.
- Check and maintain staff immunisation status and monitor that staff clothing is sanitised between shifts is also known to cause cross-infection from one facility to another.

SUMMARY

Australia is fully aware of the national tragedy and the impact of COVID-19 on Australia's older adults living in the aged care sector, and it continues to unfold daily. There have been several failed attempts to address the spread of infections in aged care, which has impacted on the health of our older adults in residential and community care services, many of which are fatal. Hearing the daily news and reports on TV and news from the Department of Health is disheartening and distressing for many people. The failing infection control practices and lack of resources, lack of evidence-based monitoring, inadequate continuing professional development and the complacency of management and staff consistently employing high infection control standards have sadly contributed the outbreaks of COVID-19 with no emergency plans in place to prevent the spread of diseases.

This Submission highlights the importance of the need to maintain safe environments for residents, families, and staff with stringent infection control practices. Aged care services must implement measures to prevent the spread of infection. This Submission has only touched the surface of infection control measures. No more, this must stop immediately. On behalf of the ACCW Board Members and ACCW Care workers, I have provided the reality of most inadequate infection control measures in aged care that was not ready to cope with an outbreak. The Submission outlined the causes of the range of infection and measures to prevent them. The fatality of residents results are from the spread of infection such as the current COVID-19, flu, chest infections, gastrointestinal conditions, wound infections, oral infections, and spread of viruses due to poor hygiene and infection control practices.

One must prevent systemic poor infection control practices, monitor causes of infections, the spread of disease and the outcomes of infections must be taken seriously by the Australian Aged Care Quality Agency assessors. The culture of complacency is unacceptable. Appropriately qualified in aged care and experienced management staff who understand elderly care must be appointed to monitor all care facilities. The application use of Clinical indicators must be applied to all quality audits to allow for a more accurate, objective assessment.

The extent of the sub-standards in infections control in residential aged care services is related to seven (7) factors that must be investigated immediately before more loss of life:

3.1 Failure to identify the causes of infections from personal hygiene and infections control practices.

3.2 Failure to recognise the impact of infections, Coronavirus on residents, their families and staff

- 3.3 Lack of evidence-based preventative measures to prevent the spread of infection.*
- 3.4 Inadequate monitoring of standards on infection control practices by providers and authorities*
- 3.5 Lack of resources, personal protective equipment, and lack of consistent cleaning regime.*
- 3.6 Inadequate education on prevention and management of infections by managers and staff*
- 3.7 Lack of research and continuous quality improvement to prevent the spread of infections.*

Older adults must live in a safe environment. The most senior members of our community are entitled to feel safe, treated with dignity and respect and entitled to the highest standards of care.

Thank you,

Janet Lawrence-FACN

President – Australian College of Care Workers, Inc.

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APPENDIX: 1 JANET J LAWRENCE: PROFESSIONAL PROFILE RELEVANT TO THIS SUBMISSION

▪ Current

- Registered Nurse
- Fellow of the College of Nursing
- Delegate Liberal Party for Cooper
- Independent Aged Care Nurse Consultant
- Legal expert witness on aged care issues
- CEO/Director of Studies: ALACC Health College, Australia
- Member of the Quality Society Australasia and RABQSA International Quality Assessor (2000-2013) Renewed 2018 to present with the Australian Organisation for Quality Ltd.
- Australian Association of Gerontology (AAG) 2018 to present

▪ Past

- Commonwealth Panel of Administrators and Advisors
- Director of Nursing,
- Director/Secretary: Professional Development Consultants
- Board Member: Footscray Society for the Aged (Not-for-Profit organisation)
- Board Panel Member of Australian Nursing Midwifery Accreditation Council
- External Quality Assessor: Australian Aged Care Quality Agency

Qualifications:

- Doctor of Education – Graduation December 2020
- Master of Nursing
- Graduate Diploma in Health Administration
- Graduate Diploma in Gerontological Nursing
- Bachelor of Applied Science (Advanced Nursing), major Nursing Administration
- Diploma in Business
- Diploma of Nursing Education
- Diploma of Vocational Education
- Diploma of Training Development and Design