NATIONAL COVID-19 CLINICAL EVIDENCE TASKFORCE		**SOP number**	1
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SOP Owner	NC19CET Executive	**Last Reviewed**	20/10/20

Infection Prevention and Control Panel - Standard Operating Procedure

1. Membership of the IPC Panel

The Infection Prevention and Control (IPC) Panel will:

- Be co-chaired by one representative of the Taskforce and one representative of the Infection Control Expert Group (ICEG).
- Aim to include broad clinical representation including (but not limited to):
  - Nursing and Midwifery
  - Allied health
  - Medical
  - Rural and remote
  - Public health
  - Torres Strait Islander and Aboriginal people

Membership will include a representative with IPC experience from each of the sub-specialties listed below.

- IPC expert
- IPC expert
- IPC expert
- IPC expert
- Occupational and Environmental Physician
- Occupational hygienist
- Engineer (clinical)
- Clinician – operative/perioperative
- Clinician - critical care
- Clinician – emergency care Clinician - primary care
- Clinician - older people's care
- Clinician - women's health
- Clinician – paediatric and adolescent health

2. IPC Panel Nomination and Selection Process

- Individuals will be invited to nominate via a public expression of interest (EOI) process. Nominations will be open for seven days and collated by the Taskforce Head of Operations.
- The Selection Panel will consist of members of the Taskforce Executive Team and IPC Panel Co-Chairs.
- EOIs will be reviewed and ranked by the selection panel using a defined skills matrix. At a minimum, nominees will require:

    - demonstrated clinical skills and expert knowledge in infection prevention and control as it relates to their clinical specialty
    - experience and knowledge in guideline development and the principles of evidence-based medicine (previous experience in GRADE is not mandatory)
    - demonstrated ability to work collaboratively to reach consensus

- Members of the selection panel will independently review and rank EOIs.
- The selection panel will meet to develop a refined short list of candidates.
- The shortlist will be reviewed and a final list of members proposed by the Guidelines Leadership Group (GLG) to be ratified by the Steering Committee.
- Consideration will be given to ensuring a diverse membership including on the basis of gender, discipline, and geographic location within Australia.
- Conflicts of interest will be managed strictly as per the Taskforce policy (submission of a completed DOI form will form part of the submission of EOI process).
- Replacement of IPC Panel members will use the same process, including proposal by the GLG and ratification by the Steering Committee

3. Taskforce Expert Advisory Group

- The Taskforce Expert Advisory Group Panel (EAG) is comprised of professionals with specific specialty or sub-specialty expertise that can be called upon as required by Taskforce panels.
- The Selection Panel, and/or the IPC Panel, may elect to invite individuals with specific expertise relevant to topics being considered by the IPC Panel to join the EAG and participate in IPC Panel meetings as needed.
- The Selection Panel will utilise this mechanism to draw on the advice and expertise of individuals who can provide specialised input on an ad hoc, as-needed basis without the need for ratification by the GLG or Steering Committee.

4. Question identification and prioritisation

IPC questions may be proposed to the Guidelines Leadership Group by

- Australian Health Protection Principal Committee (AHPPC)/ICEG
- IPC Panel
- Taskforce Guidelines Panels
- Clinicians (via regular Taskforce feedback mechanisms)

Proposed topics/questions will be considered by the GLG as part of the Taskforce's established prioritisation process, and then discussed with the IPC Panel. Based on these discussions and in consultation with ICEG, GLG will develop and maintain a short-list of prioritised topics.

The work plan of the IPC Panel, including the order in which questions will be addressed, will be based on the short-list and managed by the IPC Panel Co-Chairs and Taskforce Executive team, balancing delivery of ICEG-initiated questions with questions proposed by Taskforce Guideline Panels.

5. Consultation between Taskforce Guidelines Panels

- To ensure appropriate and timely consultation across the Taskforce, all IPC questions will be allocated to a Source Panel.
- The Source Panel is defined as the Panel that holds primary responsibility for an IPC question and takes the lead in development of recommendations and other guidance for that question
- 'Core' IPC questions will be allocated to the IPC Panel, whereas questions that have important clinical and IPC considerations (e.g. breastfeeding) may be allocated to another Taskforce panel.
- At the time each question is allocated to a panel, a cross-panel approval and consultation plan will be defined. For example, all questions with substantial IPC considerations will require approval of proposed recommendations and guidance by the IPC panel before submission to GLG.
- Consultation with Taskforce Guidelines Panels is on as needs basis and at the discretion of the Source Panel.
- The source panel (IPC Panel or Guidelines Panel) is responsible for:
    - First review of the evidence profile and the key information
    - Formulating first draft of the recommendation and any subsequent revisions
    - Reviewing feedback from other panels
    - Final sign-off of recommendation before approval by GLG and Steering Committee
    - Resolving any feedback from GLG and/or Steering Committee

6. Approval pathways for IPC Recommendations and Guidance

- IPC Panel recommendations and guidance require joint Steering Committee and ICEG/AHPPC approval prior to publication (Figure 1).

Step 1. GLG Approval

Draft IPC Panel recommendations and guidance are reviewed by the GLG

Consensus achieved
- Table for Steering Committee review

Consensus not achieved
- Triggers a re-review of the evidence by the IPC Panel
- Revised recommendations provided to the GLG for approval
- Cycle is repeated until consensus approval by the GLG is achieved

Step 2. Steering Committee and ICEG Approvals

Steering Committee reviews draft recommendations and guidance

Consensus achieved
- Recommendations sent to ICEG for approval

Consensus not achieved
- Triggers re-review of the evidence by the IPC Panel
- Re-drafted recommendations / guidance reviewed by GLG and the Steering Committee
- Cycle is repeated until consensus is reached

ICEG reviews recommendations and guidance

Approved by ICEG
- Recommendations sent to AHPPC for endorsement.

Not approved by ICEG
- Feedback from ICEG provided to IPC Panel for consideration and re-drafting of recommendations.
- Steps 1 and 2, are repeated until approval by the GLG, Steering Committee and ICEG is achieved.

Step 4. AHPPC Endorsement

AHPPC reviews recommendations and guidance

Recommendations/guidance endorsed by AHPPC
- Triggers the publication of joint ICEG/Taskforce guidance.

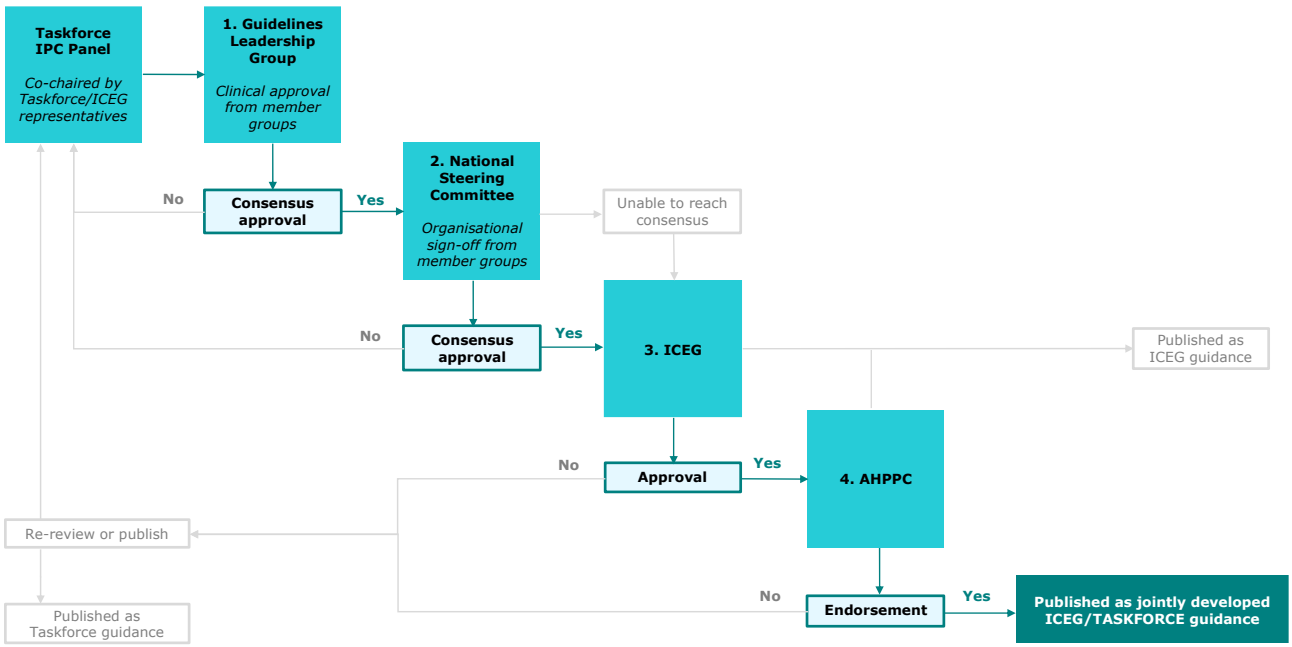
Recommendations/guidance NOT endorsed by AHPPC
- Feedback/rationale provided to ICEG
- ICEG provides feedback to the Steering Committee and a decision is made whether the cycle should be repeated.

Process where Consensus is not achieved
Where the Taskforce Steering Committee, ICEG and AHPPC are unable to reach consensus, the following may occur:

- The Taskforce may choose to re-review the evidence or publish the guidance independently of ICEG.
- ICEG may choose to publish the guidance independently of the Taskforce.

Whilst these are important options to be maintained by both the taskforce and ICEG, issuing guidance independently is not the preferred option and both partners will work closely to avoid this outcome as far as possible.

Figure 1. Approvals Process for IPC Panel Recommendations and Guidance



Approval Process for Recommendations developed by Clinical Guidelines Panels with IPC Panel Input

- Where a clinical guidelines panel is the nominated Source panel, the standard approvals process, as per the NC19CET Terms of Reference, applies (Figure 2).
- Recommendations that have important clinical and IPC considerations will require joint approval by the Source panel and IPC Panel before submission to GLG.
- There is no requirement for ICEG approval prior to publication of the recommendations or guidance.

Figure 2. Approvals Process for Clinical Guidelines Panel Recommendations with IPC Panel input