**Infection Prevention Control(IPC) group - Terms of Reference**

**Home Care**

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| **Purpose** | To review, plan and strengthen infection prevention and control measures in home care services to ensure safe, effective, and person-centred care. This includes identifying risks, monitoring compliance, supporting staff training, and implementing continuous improvements in line with the Aged Care Quality Standards—particularly the strengthened focus on managing clinical risks, minimising transmission of infectious diseases, and protecting the health and wellbeing of clients and workers in the community setting. |
| **Reporting Line** | The Clinical Governance Committee (or similar- add) |
| **Responsibilities** | **Monitoring Infection Risks:** Regularly assess and review infection risks across home care environments, including client homes, staff practices, equipment use, and transportation of clinical materials.  **Policy and Procedure Review:** Ensure infection prevention and control (IPC) policies and procedures are current, evidence-based, and aligned with legislative requirements and the Strengthened Aged Care Quality Standards.  **Compliance Oversight:** Monitor staff adherence to IPC protocols including hand hygiene, PPE use, waste disposal, and cleaning processes—ensuring accountability and reporting of breaches.  **Incident Review and Follow-up:** Review infection-related incidents (e.g. outbreaks, exposure risks, or breaches), conduct root cause analysis where required, and ensure corrective actions are implemented and monitored.  **Education and Training:** Identify IPC training needs, coordinate mandatory refresher sessions, and promote best practice infection control knowledge among staff, clients, and carers.  **Client and Carer Support:** Ensure clients and carers are informed and supported in understanding and participating in safe infection control practices within their own homes.  **Supply and Resource Readiness:** Monitor availability and use of PPE, sanitising products, and IPC equipment to ensure staff can deliver safe care at all times.  **Continuous Improvement:** Identify opportunities for improvement and innovation in infection prevention strategies, and evaluate the effectiveness of changes through audits, feedback, and outcome data.  **Reporting and Governance:** Provide regular updates to senior management and clinical governance structures regarding IPC performance, risks, training status, and improvement initiatives.  **Alignment with Standards:** Ensure all IPC efforts support compliance with the **Strengthened Aged Care Quality Standards** |
| **Key Tasks** | Promotion of continuous improvement activities.  Evaluation of regulatory compliance.  Analysis of infections.  Considering quality indicators (standing agenda items).  Identifying opportunities for workforce training.  Reviewing mechanisms for engaging effectively with other service providers including healthcare providers.  Analysis of IPC data.  Receiving reports from infection related incidents.  Reviewing and monitoring governance documents, such as policies, procedures, audits, training |
| **Organisational risks addressed by the Committee** | Quality indicators relating to IPC.  Standing agenda items to be considered - include IPC incidents, continuous improvement, training, audit results, requests from Clinical Governance Committee |
| **Membership of the Committee** | Operational Manager (Chair)  Registered nurse or representative  Any others – you could have a board member, staff member, WHS rep, client rep. |
| **Roles of Members** | Chair - Rresponsible for facilitating meetings, setting agendas, guiding discussions, and ensuring objectives are met. The Chair also represents the group externally and may have a decisive vote in decision-making processes.  Members – attend and actively participate in meetings. |
| **Quorum** | Two members must be in attendance. |
| **Frequency and length of meetings** | Insert frequency and length of meetings e.g., meetings of 1 hour duration will be held monthly |
| **Documentation** | Agenda and meeting documents are circulated to all members five working days before the meeting.  Minutes are circulated to all members within five working days after the meeting and are presented at the following governing body meeting. |
| **Review** | The Terms of Reference including membership are reviewed annually.  The effectiveness of the IPC group is reviewed annually. |