Infection Prevention and Control System

Contents

Introduction

The Infection prevention and control system (IPC System) is an overarching document that outlines the structure and requirements for the success of an Infection Prevention and Control Plan. The aim of both the System and the Plan is to minimise the risk of transmission of infections and the development of antimicrobial resistance within healthcare settings.

Policy Reference

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Section 1: System Management and Governance

1. An Infection Prevention and Control Lead Nurse (Consultant, Specialist, Lead) is designated time, authority, physical and financial resources to coordinate the organisation's IPC System.

2. The lead:

   (a) Is skilled and qualified to meet the needs of the setting and can develop, implement, coordinate, and evaluate the organisation IPC System; is supported annually by the organisation with resources and time to maintain clinical and professional currency. This includes support for relevant postgraduate qualifications.

   (b) Management appraises the leads' performance at least annually and individual professional development goals are negotiated, supported and opportunities provided.

3. Key Stakeholders (CEO, Exec, Facility Manager):

   (a) Has a performance agreement which includes infection prevention and control outcomes as a key performance indicator.

   (b) Endorses the inclusion of specific articulated infection prevention and control roles, responsibilities, and accountabilities for relevant personnel within the organisation's management plan.

(c) Attends and participates in communications where infection control information is fed.

(d) Ensures the lead is resourced:
    i) In terms of co-workers, information technology, access to up-to-date information, designated office/workspace, and tools to meet relevant infection prevention-related legislative, regulatory and accreditation requirements.

    ii) To achieve negotiated healthcare associated infection (HAI) reduction targets and to perform the essential tasks outlined below.

    iii) Ensures that the organisation IPC System includes involvement of medical practitioners to support and play a leadership role in the IPC System.

    iv) Commits to the IPC System vision, mission, priorities, targets and annual infection prevention plan with specific, measurable goals for HAI risk mitigation and reduction. These are outlined in an annual infection prevention and control management plan which the lead develops.

    v) Supports an organisational culture that promotes individual responsibility for infection prevention and control among all staff and values the IPC System contribution to the safety of patients, healthcare workers and others. This support includes ensuring IPC System staffing levels consistent with the recommendations included in this document AND including responsibility for infection prevention and control as a component of every staff member's job description.

(e) Authorises the lead to:

    i) Implement IPC System recommendations.

    ii) Intervene when clinical or other practices pose infection risks (e.g. restrict access during outbreaks and guide resident placement for isolation or cohorting); and recommend remedial action when infection prevention and control measures are compromised or breached.

4. The xxxxxxxxx Committee reviews and guides the organisations' IPC System, strategies, and plans.

(a) Membership must include but not be limited to the CEO or replacement executive.

(b) Medical Practitioner and specialty care services review will be sourced via Medical Advisory Committees (MAC). Biannual reviews meet the needs of the organisation size, case mix complexity and infection risk of populations serviced.

(c) The organisation has a communication strategy to facilitate its day-to-day activities and has the capability of being escalated in response to an incident.

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(d) National and/or state infection prevention and control policies relevant to the organisation are endorsed by the IPC System and management plan, implemented and compliance monitored.

(e) Topics to be addressed include:
   i) Hand Hygiene

   ii) Standard and Transmission Based Precautions (including Isolation) and Personal Protective Equipment

   iii) Aseptic technique

   iv) Specific infection and emerging pathogen management – MRO, COVID 19, CAUTI

   v) Surveillance

   vi) Environmental cleaning and disinfection

   vii) Reprocessing of reusable medical devices

   viii) Safe management of waste, water, and soiled/clean linen

   ix) Sharps and healthcare exposure management

   x) Staff health and healthcare associated risks – including occupational assessment, vaccination/immunisation and respiratory protection System.

   xi) Outbreak Management

   xii) Antimicrobial Stewardship

   xiii) IPC education Systems and competency

   xiv) Clinical practice standards – self assessment

   xv) Guidelines and polices relating to infection prevention and control and their implications for the healthcare facility. Access.

   xvi) Consumer engagement - person-centered care

(f) Regular and ad-hoc communication processes exist between the lead, managers, committees, and relevant public health authorities.

(g) The organisation supports lead attendance at relevant state or national professional organisation meetings by providing conference leave and funding workshops, conference or other professional development related registration fees in accordance with Award conditions.

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Section 2: Infection Prevention

1. The organisation has access to an accredited laboratory and pharmacy systems; protocols and resources exist to:

   (a) Perform surveillance and auditing.

   (b) Implement the recommendations included in national and state guidelines.

   (c) As applicable, implement and participate in periodic intensive local, state, national or global HAI reduction campaigns including application of recommendations for HAI surveillance and reporting

   (d) Provide education regarding infection prevention core principles to all new staff and to existing staff periodically and annually. Provide a hand hygiene and PPE System ensuring annual staff competency.

   (e) Ensure collaboration between lead, IPC Committee, Clinical Governance Committee, MAC and other stakeholders such as larger hospital infectious disease departments and pharmacy to support antimicrobial stewardship.

   (f) Collaborate with product and device companies to assess the infection prevention implications of new devices, procedures and technologies.

   (g) Provide regular, meaningful feedback of HAI, antimicrobial use and other required reporting data to individual clinicians (as appropriate), governance and management teams and government.

   (h) Provide advice and information to staff regarding new and emerging infectious disease threats and trends. Education related to specific and general HAI prevention is routinely provided to consumers and families, e.g. flyers, pamphlets, face-to-face, information sheets and online training platforms.

Section 3: Performance Improvement and Research

1. The organisation supports:

   (a) Collaboration and research

   (b) Local research regarding specific cases of infection, outbreaks or preventative strategies

   (c) Adoption of relevant research findings that reduce or prevent HAIs and improve antimicrobial prescribing.

2. An Infection Control lead is designated time, authority, physical and financial resources to coordinate the organisation's IPC System.

3. Comprehensive and epidemiologically sound systems, protocols and resources exist to:

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(a) Actively manage all infection prevention components of accreditation

(b) Design, undertake and respond to results of periodic audits and formal reviews of relevant clinical practice and performance, e.g. antimicrobial utilization, hand hygiene and PPE compliance.

(c) Collaborate with staff to develop appropriate methods for rapid response, remediation, investigation and evaluation of infection prevention critical incidents

(d) Provide basic, minimum infection control education to staff, healthcare workers and volunteers appropriate to their roles, risks and the services provided by the organisation. Surveillance and HAI monitoring strategies are designed and driven accordingly to local activity, performance and epidemiologically significant organism trends.

Abbreviations

CEO	Chief Executive Officer
HAI	Healthcare Associated Infection
IPC	Infection Prevention and Control
Lead	Infection Prevention and Control Professional
MAC	Medical Advisory Committee
MRO	Multi-Resistant Organisms

References:

1. Australian Commission on Safety and Quality in Health Care, National Health and Medical Research Council. *Australian Guidelines for the Prevention and Control of Infection in Healthcare*. 2019. Available from: https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-guidelines-prevention-and-control-infection-healthcare (Safety and Quality in Health Care)
2. Australian Commission on Safety and Quality in Health Care. *The Aged Care Infection Prevention and Control Guide*. 2024. Available from: https://www.safetyandquality.gov.au/publications-and-resources/resource-library/aged-care-infection-prevention-and-control-guide (Safety and Quality in Health Care)
3. Aged Care Quality and Safety Commission. *Infection Prevention and Control Leads: fact sheet* [Internet]. 2022. Available from: https://www.agedcarequality.gov.au/sites/default/files/media/infection-prevention-and-control-leads-fact-sheet.pdf (Aged Care Quality and Safety Commission)
4. Australian Commission on Safety and Quality in Health Care. *National Model Clinical Governance Framework*. 2017. Available from: https://www.safetyandquality.gov.au/sites/default/files/migrated/National-Model-Clinical-Governance-Framework.pdf (Safety and Quality in Health Care)