



## Support for the implementation of the Preventing and Controlling Infections Standard – Infection Prevention and Control

This resource provides guidance to support implementation of the core infection prevention and control actions of the [National Safety and Quality Health Service \(NSQHS\) Preventing and Controlling Infections Standard](#) for health service organisations. Guidance should be considered in the context of local policy and requirements.

The range of health service organisations for whom guidance is provided in this resource include:

- **Health service organisations:** overarching health network, district, or private/corporate group. Different facilities may have varying organisational structures.
- **Public and private hospitals** – these include the following peer groups:
  - **Principal referral hospitals, acute group A hospitals:** public or private large urban hospitals or tertiary facilities
  - **Acute group B hospitals, acute group C hospitals:** public or private rural or district hospitals
  - **Acute group D hospital or multi-purpose service (MPS):** small hospitals, MPS or hospitals with less than 50 beds
- **Same day hospitals:** public or private standalone day surgery procedure units or services
- **Primary health and community health service organisations:** community-based health services, which may be independent health services or part of a larger health network. For example, dental services and primary and community health service organisations that provide acute clinical care services.

Organisational structures may also vary; in some instances, a hospital may be the peak governance body rather than a local hospital district or network.

Non-acute health services (e.g., psychology, counselling services) should refer to the [Primary and Community Health Care Standards](#) for information on the actions relating to preventing and controlling infections in these settings. Guidance on implementation of the infection prevention and control actions of [Primary and Community Health Care Standards](#) will be included in a separate resource.

In some circumstances, the actions included in the NSQHS Standards may not be applicable to all health service organisations. The Australian Commission on Safety and Quality in Health Care (the Commission) has issued an [advisory](#) to clarify not applicable actions in the NSQHS Standards for hospitals, day procedure services, MPSs, bush nursing services, patient transport services and public dental services. The advisory also ensure the consistent application of not applicable status to actions within the NSQHS Standards.

For actions and resources relating to antimicrobial stewardship (AMS), including Actions 3.18 and 3.19, please see [Options for implementation of antimicrobial stewardship \(AMS\) in different facilities](#).

# AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

## Integrating Clinical Governance:

Clinical governance and quality improvement systems are in place to prevent and control infections and support antimicrobial stewardship and sustainable use of infection prevention and control resources.

<b>NSQHS Standards</b> Preventing and Controlling Infections Action	<b>All public and private health service organisations</b> including health service networks, principal referral hospitals, acute group A hospitals, acute group B hospitals, acute group C hospitals, acute group D hospital, and MPS	<b>Same day hospitals</b>	<b>Primary and community health service organisations</b> including Dental services
<b>Executive leadership</b>	Network/district/management (owner) group and/or local executive sponsorship and support for IPC programs.		
<b>Action 3.01a:</b> IPC policies and procedures	A comprehensive suite of policies and procedures for IPC that: <ul style="list-style-type: none"> <li>• Align to jurisdictional/national requirements</li> <li>• Reflect best practice and current evidence</li> <li>• Are endorsed by network/district/group executive</li> <li>• Clearly outline roles and responsibilities</li> </ul> These may be developed and implemented locally or as part of a network or district process.		
<b>Suggested resources for IPC policies and procedures</b> <ul style="list-style-type: none"> <li>• NSQHS Standards <a href="#">Action 1.07 Policies and procedures</a></li> <li>• <a href="#">Australian Guidelines for the Prevention and Control of Infection in Healthcare</a></li> <li>• <a href="#">Standards Australia</a> for guidance on, but not limited to, the storage of sterile stock, requirements for sharps containers or linen handling, reprocessing and personal protective equipment</li> <li>• State and territory IPC programs/guidelines</li> </ul>			
<b>Actions 3.01b, 3.01d, 3.02a</b> Managing risk for IPC and AMS <b>Action 3.02g</b> for disaster and pandemic planning	An organisational-wide risk assessment and management program for IPC that: <ul style="list-style-type: none"> <li>• Complies with work health and safety requirements</li> <li>• Has multidisciplinary team and consumer input</li> <li>• Utilises the principles of the hierarchy of controls</li> <li>• Tables identified risks and interventions to reduce risks at a network/district/management group executive level</li> <li>• Informs quality and safety improvement</li> <li>• Includes actions for pandemic and disaster planning</li> <li>• Has processes in place to identify and communicate infection risks to public health, other health services, healthcare workers, patients, their carers, and the community.</li> </ul>		

# AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

<p><b>Suggested resources for IPC policies and procedures</b></p> <ul style="list-style-type: none"> <li>• NSQHS Standards <a href="#">Action 1.10 Risk Management</a></li> <li>• Hierarchy of controls             <ul style="list-style-type: none"> <li>- <a href="#">National Safety and Quality Health Service Standards (second edition)</a></li> <li>- <a href="#">Use of the hierarchy of controls in infection prevention and control - Factsheet</a></li> </ul> </li> <li>• Risk matrices             <ul style="list-style-type: none"> <li>- <a href="#">NSQHS Standards Risk management approach</a></li> <li>- <a href="#">NSQHS Standards Workforce Immunisation Risk Matrix</a></li> </ul> </li> <li>• <a href="#">COVID-19 infection prevention and control risk management – Guidance</a></li> <li>• <a href="#">Risk management and infectious disease eLearning module</a></li> <li>• Work Safe Australia- <a href="https://www.safeworkaustralia.gov.au/risk">https://www.safeworkaustralia.gov.au/risk</a></li> <li>• State and territory public health and pandemic planning resources</li> </ul>	
<p><b>Action 3.01c</b> Antimicrobial stewardship (AMS) policies and procedures</p>	<p>For information specific to AMS actions in the NSQHS Standards, see <a href="#">Options for implementation of Antimicrobial Stewardship in different facilities</a></p>
<p><b>Exclusion criteria as per Advisory AS 18/01:</b> Advice on non-applicable actions</p>	<p><b>No exclusion for these actions</b></p>

# AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

<b>NSQHS Standards</b> Preventing and Controlling Infections action item	<b>All public and private health service organisations</b> including health service networks, principal referral hospitals, acute group A hospitals, acute group B hospitals, acute group C hospitals, acute group D hospital, and MPS	<b>Same day hospitals</b>	<b>Primary and community health service organisations</b> including Dental services
<b>Actions 3.02b and 3.02c</b> Provides the workforce with access to IPC training	<p>A comprehensive IPC training and education program that:</p> <ul style="list-style-type: none"> <li>• Meets national, jurisdictional, district and/or local requirements</li> <li>• Includes processes to identify gaps in the workforce's skills and knowledge</li> <li>• Provides clear guidance on the required frequency of IPC training and education, including processes to identify non-compliance with training</li> <li>• Provides training and educational content that aligns with policies, procedures and protocols for:               <ul style="list-style-type: none"> <li>- hand hygiene</li> <li>- aseptic technique</li> <li>- invasive device insertion and maintenance</li> <li>- donning and doffing personal protective equipment (PPE)/appropriate PPE use</li> <li>- reprocessing of reusable medical devices</li> <li>- environmental cleaning/waste and linen management</li> <li>- risk and incident identification and management.</li> </ul> </li> </ul> <p>Utilises competency-based assessment of skills and knowledge assessments, such as:</p> <ul style="list-style-type: none"> <li>• Training and educational resources that are accessible to all members of the workforce</li> <li>• Utilising employee appraisal processes to assess awareness and understanding of IPC protocol in the workplace</li> <li>• Utilising national, jurisdictional, network, district or locally developed training and education programs for IPC</li> <li>• Providing training for specific/unique procedures provided by these organisations</li> <li>• Providing theoretical and practical training, for example, hand hygiene or aseptic technique training.</li> </ul>		
<p><b>Suggested resources for workforce IPC training and education</b></p> <ul style="list-style-type: none"> <li>• NSQHS Standards Actions relating to safety and quality training (<a href="#">Action 1.19</a>, <a href="#">Action 1.20</a>, <a href="#">Action 1.21</a>)</li> <li>• <a href="#">Advisory AS22/02: Advice on organisational training requirements for hand hygiene and infection prevention and control</a></li> <li>• <a href="#">Australian Guidelines for the Prevention and Control of Infection in Healthcare</a></li> <li>• <a href="#">Principles of aseptic technique for healthcare workers</a></li> <li>• <a href="#">Implementation guide for Action 3.11: Aseptic technique</a></li> <li>• <a href="#">eLearning modules provided by the National Hand Hygiene Initiative (NHHI)</a> <ul style="list-style-type: none"> <li>- suite of infection prevention and control e-learning modules</li> <li>- suite of hand hygiene e-learning modules</li> </ul> </li> <li>• State and territory IPC training and education programs</li> </ul>			
<b>Exclusion criteria as per Advisory AS 18/01:</b> Advice on non-applicable actions	<b>No exclusion for these actions</b>		

# AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

NSQHS Standards Preventing and Controlling Infections action item	All public and private health service organisations including health service networks, principal referral hospitals, acute group A hospitals, acute group B hospitals, acute group C hospitals, acute group D hospital, and MPS	Same day hospitals	Primary and community health service organisations including Dental services
<b>Actions 3.03a, 3.03b, 3.03c, 3.03g:</b> Applying quality improvement systems	<p>An organisational-wide safety and quality improvement program for IPC that:</p> <ul style="list-style-type: none"> <li>Clearly identifies individuals or groups who are responsible for the oversight of IPC safety and quality management</li> <li>Defines what is meant by the term 'high quality' in relation to IPC and the organisation's core values</li> <li>Involves consumers and the workforce in identifies areas for improvement</li> <li>Measures, monitors, and reports on IPC performance and outcomes (for example, but not limited to, healthcare-associated infections [HAIs], vaccination rates for vaccine preventable disease, uptake of seasonal influenza vaccination by healthcare workers, compliance with IPC policies, audit outcomes from hand hygiene compliance, PPE use, aseptic technique, and environmental cleaning)</li> <li>Supports programs for the prevention and control of HAIs</li> <li>Utilises reporting systems for IPC incident management and investigation which comply with legislative requirements and with state or territory clinical incident management policies</li> <li>Provides information on the outcomes of IPC quality improvement to the governing body, the workforce, patients, and other relevant groups.</li> </ul>		
<p><b>Suggested resources for quality improvement</b></p> <ul style="list-style-type: none"> <li>NSQHS Standards Actions relating to measurement and quality improvement (<a href="#">Action 1.08</a>, <a href="#">Action 1.09</a>)</li> <li>NSQHS Standards <a href="#">Action 1.10 Risk Management</a></li> <li>NSQHS Standards Actions relating to <a href="#">Action 1.11 Incident management systems and open disclosure</a></li> <li>NSQHS Standards Actions relating to surveillance (<a href="#">Action 3.05</a>)</li> <li><a href="#">HAI surveillance</a> webpage</li> <li>The <a href="#">NHHI Hand Hygiene Compliance Application (HHCApp)</a></li> <li><a href="#">eLearning modules provided by the National Hand Hygiene Initiative (NHHI)</a> <ul style="list-style-type: none"> <li>Basics of surveillance and quality improvement module</li> </ul> </li> <li>State and territory healthcare-associated infection surveillance</li> </ul>			
<b>Actions 3.03d, 3.03e and 3.03f:</b> Antimicrobial stewardship (AMS) quality improvement programs and reporting	<p>For information specific to AMS related actions in the NSQHS Standards, see <a href="#">Options for implementation of Antimicrobial Stewardship in different facilities</a></p>		
<b>Exclusion criteria as per Advisory AS 18/01:</b> Advice on non-applicable actions	<p><b>No exclusion for these actions</b></p>		

# AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

<b>NSQHS Standards</b> Preventing and Controlling Infections action item	<b>All public and private health service organisations</b> including health service networks, principal referral hospitals, acute group A hospitals, acute group B hospitals, acute group C hospitals, acute group D hospital, and MPS	<b>Same day hospitals</b>	<b>Primary and community health service organisations</b> including Dental services
<b>Action 3.04:</b> Partnering with consumers	Organisational-wide processes are in place that are consistent with the Partnering with Consumers Standard. These processes include: <ul style="list-style-type: none"> <li>• Providing patients and their carers with information on IPC, HAIs and AMS, using literacy and languages appropriate for the local population</li> <li>• Communicating to patients, their carers and the community information on infection risks (infectious disease outbreaks)</li> <li>• Involving patients and their carers in decisions relating their own healthcare</li> <li>• Providing patients and their carers with treatment options including risks and benefits</li> <li>• Ensuring consumer representation/consultation is included on boards and committees/working groups.</li> </ul>		
<b>Suggested resources for partnering with consumers</b> <ul style="list-style-type: none"> <li>• NSQHS Standards Actions relating to partnering with consumers (<a href="#">Actions 2.01 – 2.14</a>)</li> <li>• <a href="#">Australian Charter of Healthcare Rights</a></li> <li>• <a href="#">Partnering with Consumers</a></li> <li>• <a href="#">Decision support tools for consumers</a></li> <li>• <a href="#">Person-centred care</a></li> </ul> <div style="display: flex; justify-content: space-between;"> <div data-bbox="779 632 1413 954"> <b>Infection prevention and control consumer resources</b> <ul style="list-style-type: none"> <li>• <a href="#">Carbapenemase-producing <i>Enterobacterales</i> (CPE): Information for patients</a></li> <li>• <a href="#">Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA): Information for patients</a></li> <li>• <a href="#">Clostridioides difficile infection: Information for patients</a></li> <li>• <a href="#">Vancomycin-resistant enterococci: Information for patients</a></li> <li>• <a href="#">Healthcare-associated infections: Information for patients, visitors and carers</a></li> </ul> </div> <div data-bbox="1447 632 2067 788"> <b>Hand hygiene consumer resources</b> <ul style="list-style-type: none"> <li>• <a href="#">National Hand Hygiene Initiative factsheet – patients and carers</a></li> <li>• <a href="#">National Hand Hygiene Initiative factsheet – children and carers</a></li> </ul> </div> </div>			
<b>Exclusion criteria as per Advisory <a href="#">AS 18/01</a>:</b> Advice on non-applicable actions	<b>No exclusion for these actions</b>		

<b>NSQHS Standards</b> Preventing and Controlling Infections action item	<b>All public and private health service organisations</b> including health service networks, principal referral hospitals, acute group A hospitals, acute group B hospitals, acute group C hospitals, acute group D hospital, and MPS	<b>Same day hospitals</b>	<b>Primary and community health service organisations</b> including Dental services
<b>Action 3.05:</b> Surveillance	<p>Organisational-wide surveillance programs are in place to support IPC activities. Surveillance activities may be informed by organisational risk assessment and management systems. Surveillance data is used to inform interventions, policies, and procedures to improve patient safety and minimise the risk of preventable HAIs. Surveillance results are communicated to the relevant workforce, the organisation’s governing body (through the committee responsible for IPC), consumers and any other relevant groups. Surveillance activities may include continuous surveillance, targeted, process or signal surveillance, based on local, national, and state or territory requirements.</p> <p>IPC surveillance for these organisations should be informed by the complexity of the services provided by the health service organisation, and/or national and state or territory requirements.</p> <p><b>Acute group D hospitals and MPS:</b> IPC surveillance for these organisations should be informed by the organisational risk management system, and the scope of the services provided.</p>		
<b>Actions 3.05e, 3.05f and 3.05h:</b> Antimicrobial stewardship (AMS) surveillance	<p style="text-align: center;">For information specific to AMS related actions in the NSQHS Standards, see <a href="#">Options for implementation of Antimicrobial Stewardship in different facilities</a></p>		

# AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

<p><b>Suggested resources for surveillance</b></p> <p>HAI surveillance</p> <ul style="list-style-type: none"> <li>• <a href="#">Implementation guide for the surveillance of <i>Staphylococcus aureus</i> bloodstream infection (SABSI)</a></li> <li>• <a href="#">Staphylococcus aureus bloodstream infection information factsheet</a></li> <li>• <a href="#">Staphylococcus aureus bloodstream infection data analysis information sheet</a></li> <li>• <a href="#">Implementation guide for the surveillance of <i>Clostridioides difficile</i> infection</a></li> <li>• <a href="#">Implementation guide: Surveillance of central line-associated bloodstream infections (CLABSI)</a></li> </ul> <ul style="list-style-type: none"> <li>• <a href="#">Approaches to Surgical Site Infection Surveillance</a></li> <li>• National data for healthcare-associated SABSI are published on the <a href="#">MyHospitals</a> website</li> <li>• Specific data set specifications for SABSI are available on the <a href="#">METeOR</a> website</li> </ul> <p>Other surveillance resources</p> <ul style="list-style-type: none"> <li>• The <a href="#">National Hand Hygiene Initiative (NHHI)</a> Hand Hygiene Compliance Application (HHCApp)</li> <li>• <a href="#">Principles of environmental cleaning auditing factsheet</a></li> <li>• <a href="#">eLearning modules provided by the NHHI</a> <ul style="list-style-type: none"> <li>- Basics of surveillance and quality improvement module</li> </ul> </li> <li>• Australian Council on Healthcare Standards (<a href="#">ACHS</a>) <a href="#">clinical indicator program</a></li> <li>• State and territory surveillance</li> </ul>	
<p><b>Exclusion criteria as per Advisory AS 18/01:</b> Advice on non-applicable actions</p>	<p><b>No exclusion for these actions</b></p>



# AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

## Infection prevention and control systems:

Evidence-based systems are used to mitigate the risk of infection. These systems account for individual risk factors for infection, as well as the risks associated with clinical interventions and the clinical setting in which care is provided. A precautionary approach is warranted when evidence is emerging or rapidly evolving.

<b>NSQHS Standards</b> Preventing and Controlling Infections action item	<b>All public and private health service organisations</b> including health service networks, principal referral hospitals, acute group A hospitals, acute group B hospitals, acute group C hospitals, acute group D hospital, and MPS	<b>Same day hospitals</b>	<b>Primary and community health service organisations</b> including Dental services
<b>Actions 3.06, 3.07, 3.08 and 3.09:</b> Standard and transmission-based precautions	Organisational-wide processes to apply standard and transmission-based precautions, which: <ul style="list-style-type: none"> <li>• Comply with Work Health and Safety legislation/jurisdictional requirements and polices/ follow the recommendations in the <a href="#">Australian Guidelines for the Prevention and Control of Infection in Healthcare</a></li> <li>• Are supported by internal policies and procedures</li> <li>• Use risk assessment processes to identify infection risks and the hierarchy of controls to apply appropriate interventions</li> <li>• Use information from surveillance, auditing, and training programs to identify risks/gaps in services, resources, care delivery, workforce knowledge and skills, and implement actions to reduce the risk of infectious disease transmission</li> <li>• Have processes to communicate confidentially a patient’s infectious statuses as this applies to care delivery</li> <li>• Provide workforce training and education for the use of standard and transmission-based precautions.</li> </ul>		

<p><b>Suggested resources for standard and transmission-based precautions</b></p> <ul style="list-style-type: none"> <li>• NSQHS Standards Actions relating to <a href="#">Action 1.07 Policies and procedures</a></li> <li>• NSQHS Standards Actions <a href="#">relating Action 1.10 Risk management</a></li> <li>• <a href="#">Australian Guidelines for the Prevention and Control of Infection in Healthcare</a></li> <li>• Risk matrixes – <a href="#">NSQHS Standards Risk management approach</a></li> <li>• <a href="#">Standard and transmission-based precaution signs</a></li> <li>• <a href="#">Break the Chain of infection poster</a></li> <li>• <a href="#">Patient placement guide</a></li> <li>• <a href="#">National Hand Hygiene Initiative (NHHI)</a></li> <li>• <a href="#">Environmental cleaning resources for healthcare service organisations</a></li> <li>• <a href="#">Principles of aseptic technique for healthcare workers</a></li> <li>• <a href="#">Implementation guide for Action 3.11: Aseptic technique</a></li> <li>• <a href="#">COVID-19 resources</a></li> <li>• <a href="#">Guidance on the use of PPE for healthcare workers in the context of COVID-19</a></li> <li>• <a href="#">eLearning modules provided by the NHHI</a> <ul style="list-style-type: none"> <li>- suite of IPC e-learning modules</li> <li>- suite of hand hygiene e-learning modules</li> </ul> </li> <li>• <a href="#">Infection prevention and control workbook</a></li> <li>• Work Safe Australia – <a href="https://www.safeworkaustralia.gov.au/">https://www.safeworkaustralia.gov.au/</a></li> <li>• State and territory IPC programs/guidelines</li> </ul>	
<p><b>Exclusion criteria as per Advisory AS 18/01:</b> Advice on non-applicable actions</p>	<p style="text-align: center;"><b>Exclusion applies to Bush nursing* only:</b></p> <p style="text-align: center;"><b>3.08c</b> Not applicable when evidence is provided that a bush nursing service only provides in home care</p> <p>*Bush nursing services: Bush nursing services generally operate in geographically isolated or small rural communities. Bush nurses are generally the sole local public provider of services and report through a governance structure to a locally elected volunteer committee. Bush nurses provide primary health care, home-based nursing and personal care, social support groups, health screening and education, accident and trauma stabilisation and may coordinate with visiting medical and allied health practitioners. In Victoria, the bush nursing service is a recognisable service provider group. If the bush nursing service provides acute services and their 'clinical governance' is provided by a local health district or similar, then this service will need to meet these actions of the NSQHS Standards.</p>

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<b>Action 3.10:</b> Hand hygiene	Organisational-wide hand hygiene program that is consistent with the <a href="#">National Hand Hygiene Initiative</a> (NHHI), and state or territory requirements. The health service organisation's hand hygiene program should: <ul style="list-style-type: none"> <li>• Have executive sponsorship, with management providing leadership, and direction</li> <li>• Be appropriately resourced</li> <li>• Include a reporting and feedback process for hand hygiene compliance at the organisational and departmental level</li> <li>• Have policies/ procedures to support the hand hygiene program and manage non-compliance with hand hygiene</li> <li>• Provide access to appropriate hand hygiene products including alcohol-based hand rub at the point of care</li> <li>• Include hand hygiene education for all members of the health workforce</li> <li>• Staff who conduct hand hygiene auditing have completed the required NHHI auditor training</li> <li>• Include processes to respond to identified gaps, barriers and enablers that may help show improvement in hand hygiene compliance.</li> </ul>		
	The hand hygiene program for these health service organisations is required to include a process to monitor and report healthcare worker hand hygiene compliance rates through: <ul style="list-style-type: none"> <li>• Routine hand hygiene compliance auditing (direct observation)</li> <li>• Monitoring and auditing hand hygiene product placement and usage</li> <li>• Submission of hand hygiene national audit data to the Hand Hygiene Compliance Application (HHCApp)</li> </ul>		Where practical, the hand hygiene program for these health service organisations should consider monitoring and reporting healthcare worker hand hygiene compliance rates through routine hand hygiene compliance auditing (direct observation). If direct observational auditing is not practical to do or <a href="#">not recommended</a> , healthcare worker hand hygiene compliance can be assessed by: <ul style="list-style-type: none"> <li>• Monitoring and auditing hand hygiene product placement and usage</li> <li>• Completion of hand hygiene education and training</li> <li>• Staff hand hygiene knowledge surveys</li> <li>• Hand hygiene technique audits.</li> </ul>

<p><b>Suggested resources for hand hygiene</b></p> <ul style="list-style-type: none"> <li>• <a href="#">The National Hand Hygiene Initiative (NHHI) NHHI User Manual</a></li> <li>• The <a href="#">NHHI</a> Hand Hygiene Compliance Application (HHCApp)</li> <li>• <a href="#">eLearning modules provided by the NHHI</a> <ul style="list-style-type: none"> <li>- suite of hand hygiene e-learning modules</li> </ul> </li> <li>• <a href="#">NHHI hand hygiene posters and factsheets</a></li> <li>• <a href="#">World Hand Hygiene day</a> resources</li> </ul>		<ul style="list-style-type: none"> <li>• <a href="#">5 Moments for Hand Hygiene audit tools</a> including: <ul style="list-style-type: none"> <li>- Audit tools for non-acute settings, including primary care and mental health</li> <li>- Audit tools for dental settings</li> <li>- Practice guidelines and audit tools for blood collections</li> <li>- Practice guidelines and audit tool for dialysis</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Joint Statement Council of Presidents of Medical Colleges (CPMC) and the Australian Commission on Safety and Quality in Health Care (ACSQHC) – Hand Hygiene Compliance and Medical Practitioners</a></li> </ul>
<p><b>Exclusion criteria as per Advisory <a href="#">AS 18/01</a>:</b> Advice on non-applicable actions</p>	<p style="text-align: center;"><b>No exclusion</b></p> <p><b>Exclusion for the submission of hand hygiene compliance data was granted during 2020 and 2021–22 due to COVID-19 pandemic management. Refer to <a href="#">AS20/01(Advice on hand hygiene audit requirements during the COVID-19 pandemic)</a> and <a href="#">AS21/05(Advice on the submission of hand hygiene compliance audit data for Audit 3, 2021, Audit 1, 2022, and Audit 2, 2022)</a>. Health service organisations should refer to advice from their jurisdictions for hand hygiene reporting requirements during pandemic/other health emergencies.</b></p>		

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<p><b>Action 3.11:</b> Aseptic technique</p>	<p>Organisational-wide processes for aseptic technique that use a risk-based process to prevent or reduce the risk of introducing infectious agents during clinical procedures. Health service organisations will have processes to:</p> <ul style="list-style-type: none"> <li>Identify all procedures carried out in the health service organisation which require aseptic technique</li> <li>Identify any real or potential infection risks associated with each type of clinical procedure which requires aseptic technique (such as the type of procedure, how frequently the procedure is performed, where the procedure is performed and any specific patient factors that may increase the risk)</li> <li>Monitor staff compliance with organisations polices/procedures/guidelines for aseptic technique through surveillance, audit or procedural competency assessments</li> <li>Use audit or surveillance data to identify opportunities for clinical practice improvement</li> <li>Identify gaps in staff training, knowledge, and competency assessments in aseptic technique; provide staff training to address gaps in knowledge; and provide staff with routine skills and knowledge competency assessment for aseptic technique</li> <li>Ensure policies, procedures or protocols for aseptic technique are current and reflect best clinical practice and the recommendations of the <a href="#">Australian Guidelines for the Prevention and Control of Infection in Healthcare</a></li> <li>Ensure staff have access to appropriate, safe clinical equipment and PPE for aseptic technique.</li> </ul>		
<p><b>Suggested resources for aseptic technique:</b></p> <ul style="list-style-type: none"> <li>NSQHS Standards <a href="#">Action 1.10 Risk management</a></li> <li>NSQHS Standards <a href="#">Action 1.7 Policies and procedures</a></li> <li><a href="#">Australian Guidelines for the Prevention and Control of Infection in Healthcare</a></li> <li>Risk matrixes <a href="#">NSQHS Standards Risk management approach</a></li> <li><a href="#">Principles of aseptic technique for healthcare workers</a></li> <li><a href="#">Implementation guide for Action 3.11: Aseptic technique</a></li> <li><a href="#">The National Hand Hygiene Initiative</a></li> <li><a href="#">Management of Peripheral Intravenous Catheters Clinical Care Standard</a></li> <li><a href="#">eLearning modules provided by the NHHI</a> <ul style="list-style-type: none"> <li>Basics of Infection Prevention and Control module</li> <li>Principles of Infection Prevention and Control module</li> </ul> </li> <li><a href="#">Infection prevention and control workbook</a></li> <li>State and territory IPC programs/guidelines</li> </ul>			
<p><b>Exclusion criteria as per Advisory AS 18/01:</b> Advice on non-applicable actions</p>	<p><b>Exclusion applies to patient transport services only</b> Exclusion is not applicable when evidence is provided that aseptic technique is performed.</p>		

NSQHS Standards Preventing and Controlling Infections action item	All public and private health service organisations including health service networks, principal referral hospitals, acute group A hospitals, acute group B hospitals, acute group C hospitals, acute group D hospital, and MPS	Same day hospitals	Primary and community health service organisations including Dental services
<b>Action 3.12:</b> Invasive devices	<p>Organisation-wide processes for invasive medical devices that:</p> <ul style="list-style-type: none"> <li>• Apply the principles of aseptic technique to prevent or reduce the risk of introducing infectious agents or contaminants during procedures for the insertion, management and removal of invasive medical devices</li> <li>• Ensure that the use of and management of invasive medical devices that are consistent with the current edition of the <a href="#">Australian Guidelines for the Prevention and Control of Infection in Healthcare</a> and other relevant regulations, guidelines or jurisdictional requirements for invasive devices</li> <li>• Identify which invasive devices are in use throughout the health service organisation and in which departments of the organisation these invasive devices are inserted, managed, and removed</li> <li>• Provide patient and carer education on care of their invasive devices</li> <li>• Ensure that infection risks associated with the use of invasive devices are managed including: <ul style="list-style-type: none"> <li>- criterion for insertion and removal of invasive medical devices</li> <li>- criterion for device selection</li> <li>- use of safety devices</li> <li>- provision of safe clinical environments for invasive procedures</li> <li>- provision of appropriate clinical equipment for invasive procedures including PPE</li> <li>- provision of staff training and competency assessment for invasive procedures including aseptic technique training and assessment</li> </ul> </li> <li>• Use audit or surveillance data to identify opportunities for clinical practice improvement</li> <li>• Provide processes and equipment for the safe disposal of sharps.</li> </ul>		
<p><b>Suggested resources for invasive devices:</b></p> <ul style="list-style-type: none"> <li>• NSQHS Standards <a href="#">Action 1.7 Policies and procedures</a></li> <li>• NSQHS Standards <a href="#">Action 1.10 Risk management</a></li> <li>• NSQHS Standards Actions relating to partnering with consumers (<a href="#">Actions 2.01 – 2.14</a>)</li> <li>• <a href="#">Australian Guidelines for the Prevention and Control of Infection in Healthcare</a></li> <li>• <a href="#">Implementation guide for Action 3.11: Aseptic technique</a></li> <li>• <a href="#">Principles of aseptic technique for healthcare workers</a></li> <li>• <a href="#">Staphylococcus aureus bloodstream infection data analysis information sheet</a></li> <li>• <a href="#">Management of Peripheral Intravenous Catheters Clinical Care Standard</a></li> <li>• <a href="#">Partnering with consumers resources</a></li> <li>• <a href="#">Decision support tools for consumers</a></li> <li>• <a href="#">The National Hand Hygiene Initiative</a></li> <li>• <a href="#">eLearning modules provided by the NHHI</a> <ul style="list-style-type: none"> <li>- Basics of Infection Prevention and Control module</li> <li>- Principles of Infection Prevention and Control module</li> </ul> </li> <li>• <a href="#">Infection prevention and control workbook</a></li> <li>• State and territory IPC programs/guidelines</li> </ul>			
<b>Exclusion criteria as per Advisory AS 18/01:</b> Advice on non-applicable actions	<b>Not applicable when evidence is provided that a health service organisation does not use invasive devices</b>		

<b>NSQHS Standards</b> Preventing and Controlling Infections action item	<b>All public and private health service organisations</b> including health service networks, principal referral hospitals, acute group A hospitals, acute group B hospitals, acute group C hospitals, acute group D hospital, and MPS	<b>Same day hospitals</b>	<b>Primary and community health service organisations</b> including Dental services
<b>Action 3.13:</b> Clean and safe environment	Organisational-wide environmental cleaning program which: <ul style="list-style-type: none"> <li>• Has executive sponsorship, with management providing leadership, and direction</li> <li>• Have policies, procedures, position descriptions, duty lists and contract specifications (for contracted cleaning services) to support the environmental cleaning program and manage environmental risks including novel infections</li> <li>• Is appropriately resourced</li> <li>• Meets the requirements outlined in the <a href="#">Australian Guidelines for the Prevention and Control of Infection in Healthcare</a> and relevant state or territory requirements.</li> <li>• Uses a risk-based approach to the development of environmental cleaning programs/schedules that includes:                             <ul style="list-style-type: none"> <li>- frequency and type of activity</li> <li>- products and equipment to be used</li> <li>- requirements for specialised personal protective equipment (PPE), if required</li> <li>- safety instructions</li> </ul> </li> <li>• Provides training to the workforce, including contracted cleaning staff who perform environmental cleaning activities, including the use of specialised cleaning equipment and PPE</li> <li>• Quality improvement systems are in place to ensure environmental cleaning is performed in line with organisational cleaning policy, procedures and schedules</li> </ul> Provides equipment and processes for the safe management and disposal of waste and sharps		

<p><b>Action 3.14:</b> Clean and safe environment</p>	<p>Organisational-wide processes to evaluate and respond to infection risks for new and existing equipment including:</p> <ul style="list-style-type: none"> <li>• The role of a products committee, which may be coordinated by the health service organisation or at a network or district level or corporate group level</li> <li>• Standardised processes for introducing new technologies, devices, products, or equipment which may include:             <ul style="list-style-type: none"> <li>- how new products/technology/equipment will be trialled</li> <li>- how new products/technology/equipment will be introduced</li> <li>- training requirements for new equipment/products</li> <li>- removal/ decommissioning of old/damaged equipment or product alerts/recalls</li> <li>- additional requirements for equipment maintenance (such as the need for specialised PPE, extra cleaning, or disinfection).</li> </ul> </li> </ul> <p>Organisational-wide processes to manage risks associated with for building maintenance, repairs, renovations, refurbishments, including consultation with relevant services, such as engineering, environmental cleaning, sterilisation services, and infection prevention and control services to minimise or manage risks to patients, the workforce, departments, and contractors involved both directly and indirectly.</p> <p>Organisational-wide processes for the handling, transport and storing of linen.</p>	<p>Adapt or use network, district or private hospital group systems for evaluating and responding to infection risks.</p> <p>Organisations which are not part of a local or larger health network should develop or review:</p> <ul style="list-style-type: none"> <li>• Processes for assessing infection risks associated with the introduction of new technologies, devices, products, or equipment</li> <li>• Risk management processes to identify and respond to infection risks that may be associated with any repairs, refurbishment, or upgrade of infrastructure, including during the planning stage</li> <li>• Processes for handling, transporting, and storing linen used in the organisation</li> <li>• Processes for responding to novel infections, and risks identified as part of a public health response or pandemic.</li> </ul>
<p><b>Organisational-wide processes for responding to novel infections, and risks identified as part of a public health response or pandemic.</b></p>		



# AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

<p><b>Suggested resources for clean and safe healthcare environments</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Australian Guidelines for the Prevention and Control of Infection in Healthcare</a></li> <li>• <a href="#">Therapeutics Goods Administration (TGA)</a></li> <li>• <a href="#">Environmental cleaning and infection prevention and control resources</a></li> <li>• <a href="#">Environmental cleaning practices for small health service organisations</a></li> <li>• <a href="#">Environmental cleaning: Information for cleaners</a></li> <li>• <a href="#">Environmental cleaning: Emerging environmental cleaning technologies</a></li> <li>• <a href="#">Principles of environmental cleaning product selection factsheet</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Principles of environmental cleaning auditing factsheet</a></li> <li>• <a href="#">Benefits of environmental cleaning – Infographic</a></li> <li>• <a href="#">The process and product selection for routine environmental cleaning – flowchart</a></li> <li>• <a href="#">eLearning modules provided by the NHHI</a> <ul style="list-style-type: none"> <li>- Clean and safe healthcare environment module</li> </ul> </li> <li>• <a href="#">Infection prevention and control workbook</a></li> <li>• <a href="#">Safe work Australia – Safety data sheets</a></li> <li>• <a href="#">Australasian Health Care facility guidelines</a></li> </ul>
<p><b>Exclusion criteria as per Advisory <a href="#">AS 18/01</a>:</b> Advice on non-applicable actions</p>	<p><b>No exclusion for these actions</b></p>

# AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

NSQHS Standards Preventing and Controlling Infections action item	All public and private health service organisations including health service networks, principal referral hospitals, acute group A hospitals, acute group B hospitals, acute group C hospitals, acute group D hospital, and MPS	Same day hospitals	Primary and community health service organisations including Dental services
<b>Action 3.15:</b> Workforce screening and immunisation	<p>Organisational-wide risk-based workforce vaccine-preventable disease screening and immunisation policy and program that is consistent with current edition of the <a href="#">Australian Immunisation Handbook</a> and state or territory requirements.</p> <p>The workforce screening and immunisation program must align with the organisation's work health and safety programs.</p> <p>Workforce screening and immunisation services can be either provided onsite or be contracted by the health service organisation.</p> <p>Risk assessment and management processes are in place for staff who have a medical contraindication to vaccination or are vaccine non-responders.</p>		
	<p>Provide suitably qualified staff to manage the screening and immunisation program, including record maintenance and management.</p> <p>Provide screening and vaccination services to all members of the health workforce including students and contractors, at commencement of employment and periodically throughout their employment.</p>	<p>Adapt or use network, district or private hospital group systems for workforce screening and immunisation.</p> <p>Organisations that are not a part of a wider health network or private hospital group should ensure that policies, procedures and protocols are in place to cover employer and members of the health workforce responsibilities for managing occupational risks for vaccine-preventable diseases.</p>	
	<p><b>Suggested resources for Workforce screening and immunisation:</b></p> <ul style="list-style-type: none"> <li>• NSQHS Standards <a href="#">Action 1.7 Policies and procedures</a></li> <li>• NSQHS Standards <a href="#">Action 1.10 Risk management</a></li> <li>• <a href="#">Australian Immunisation Handbook</a></li> <li>• <a href="#">Australian Technical Group on Immunisation (ATAGI)</a></li> <li>• <a href="#">Australian Government Department of Health coronavirus information and resources</a></li> <li>• Australian Commission on Safety and Quality in Health Care <a href="#">COVID-19 resources</a></li> <li>• <a href="#">NSQHS Standards Workforce immunisation risk matrix</a></li> <li>• <a href="#">eLearning modules provided by the NHHI</a> <ul style="list-style-type: none"> <li>- Health workforce screening and immunisation for vaccine-preventable diseases module</li> </ul> </li> <li>• <a href="#">Infection prevention and control workbook</a></li> <li>• State and territory immunisation programs/guidelines</li> </ul>		
<b>Exclusion criteria as per Advisory <a href="#">AS 18/01</a>:</b> Advice on non-applicable actions	<b>No exclusion for these actions</b>		

# AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

NSQHS Standards Preventing and Controlling Infections action item	All public and private health service organisations including health service networks, principal referral hospitals, acute group A hospitals, acute group B hospitals, acute group C hospitals, acute group D hospital, and MPS	Same day hospitals	Primary and community health service organisations including Dental services
<b>Action 3.16:</b> Infections in the workforce	Organisational-wide risk-based processes for preventing and managing infections in the workforce that: <ul style="list-style-type: none"> <li>• Are consistent with recommendations from the current version of the <a href="#">Australian Guidelines for the Prevention and Control of Infection in Healthcare</a> relevant jurisdictional work health and safety regulations including workforce screening and exclusion periods</li> <li>• Manage risks to the workforce, patients and consumers from infectious agents including novel infections</li> <li>• Provide risk assessment, management, support and resources post exposure</li> <li>• Promote non-attendance at work and avoiding visiting or volunteering when infection is suspected or actual including monitoring and managing staff movement between clinical settings and other health service organisations, supporting staff who are required to isolate/quarantine following exposure to or acquisition of an infection</li> <li>• Plan for, and manage, ongoing service provision during outbreaks and pandemics or events in which there is increased risk of transmission of infection</li> <li>• Provide support and resources for outbreak monitoring, investigation, and management.</li> </ul>		
<b>Suggested resources for Infections in the workforce:</b> <ul style="list-style-type: none"> <li>• NSQHS Standards <a href="#">Action.1.7 Policies and procedures</a></li> <li>• NSQHS Standards <a href="#">Action 1.10 Risk management</a></li> <li>• <a href="#">Australian Guidelines for the Prevention and Control of Infection in Healthcare</a></li> <li>• <a href="#">Australian Government Department of Health coronavirus information and resources</a></li> <li>• <a href="#">Australian National Guidelines for the management of healthcare workers living with bloodborne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses</a></li> <li>• ACSQHC <a href="#">COVID-19 resources</a></li> </ul>	<ul style="list-style-type: none"> <li>• ACSQHC <a href="#">COVID-19 infection prevention and control risk management – Guidance eLearning modules provided by the NHHI</a> <ul style="list-style-type: none"> <li>- Health workforce screening and immunisation for vaccine-preventable diseases module</li> <li>- Preventing and managing occupational exposure module</li> </ul> </li> <li>• <a href="#">Infection prevention and control workbook</a></li> <li>• <a href="#">Communicable Disease Network Australia</a> (CDNA)</li> <li>• CDNA <a href="#">Series of National Guidelines</a> (SoNGs)</li> <li>• State and territory IPC programs/guidelines</li> </ul>		
<b>Exclusion criteria as per Advisory AS 18/01:</b> Advice on non-applicable actions	<b>No exclusion for these actions</b>		

## Reprocessing reusable equipment and devices:

Reprocessing of reusable equipment and devices meets the current best practice and is consistent with the current national standards.

<b>NSQHS Standards</b> Preventing and Controlling Infections action item	<b>All public and private health service organisations</b> including health service networks, principal referral hospitals, acute group A hospitals, acute group B hospitals, acute group C hospitals, acute group D hospital, and MPS	<b>Same day hospitals</b>	<b>Primary and community health service organisations</b> including Dental services
<b>Action 3.17:</b> Reprocessing reusable equipment and devices	<p>All organisations have processes in place to identify requirements for reprocessing of reusable medical equipment, instruments, and devices (and associated consumables) as part of the organisational risk assessment.</p> <p>All organisations that undertake reprocessing of reusable medical equipment, instruments, and devices (and associated consumables) have resources to support reprocessing services including:</p> <ul style="list-style-type: none"> <li>• Appropriate infrastructure and workforce capacity to safely reprocess reusable equipment, instruments, and devices, including options to centralise reprocessing services</li> <li>• Policies, procedures, and protocols consistent with relevant national and international standards, in conjunction with manufacturers' guidelines</li> <li>• Policies, procedures and protocols for the management and reprocessing of loan equipment</li> <li>• Quality improvement systems, such as audits to monitor appropriate transport, and storage, recall/ incident management processes, and recording keeping.</li> </ul> <p>Suitably trained members of the workforce in sterilising services and wherever decontamination of used reusable equipment, instruments or devices is undertaken.</p>		<p>Where reprocessing of reusable equipment is undertaken as part of the service provided, the organisation should have a traceability process for critical equipment, instruments, and devices that can identify, at a minimum, the linkage between a reusable medical device and the patient and procedure for which the reusable medical devices was used.</p>
<p>All organisations that undertake reprocessing of reusable medical equipment, instruments and devices (and associated consumables) have resources for traceability processes capable of identifying, at a minimum:</p> <ul style="list-style-type: none"> <li>• Batch numbers/ individual items/ sets of items</li> <li>• The patient who the device was used on</li> <li>• The procedure the device was for</li> <li>• The date the device was used</li> <li>• Other reusable equipment, instruments and devices that were used for the associated procedure</li> <li>• The details of the process undertaken to reprocess the device.</li> </ul> <p>A dedicated space for reprocessing and environmental controls, including water quality, air handling, access, maintenance schedules and cleaning activities.</p> <p>Processes for monitoring the shelf life of reusable devices and schedule for maintenance and replacement.</p>			

# AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

## Suggested resources for reprocessing reusable equipment and devices:

- [Australian Guidelines for the Prevention and Control of Infection in Healthcare](#)
- [NSQHS Standards: Advisory AS18/07 reprocessing of reusable medical devices in health service organisations](#)
- [eLearning modules provided by the NHHI](#)
  - Reprocessing of reusable medical devices module
- Relevant current [Standards Australia](#) guidance
- State and territory IPC programs/guidelines

## Exclusion criteria as per

**Advisory AS 18/01:** Advice on non-applicable actions

- a. Not applicable if single-use items only are in use, includes all levels of reusable clinical equipment and instrumentation**
- b. Not applicable if single-use items only are in use for critical and semi-critical equipment, instruments, and devices**

## Antimicrobial stewardship

The health service organisation has systems for the safe and appropriate prescribing and use of antimicrobials as part of an antimicrobial stewardship program.

<b>NSQHS Standards</b> Preventing and Controlling Infections action item	<b>All public and private health service organisations</b> including Health service networks, Principal referral hospitals, acute group A hospitals, acute group B hospitals, acute group C hospitals, acute group D hospital, MPS	<b>Same day hospitals</b>	<b>Primary and community health service organisations</b> including Dental services
<b>Actions 3.18 and 3.19:</b> Antimicrobial stewardship	See <a href="#">Options for implementation of antimicrobial stewardship (AMS) in different facilities</a> for actions and resources 3.18 and 3.19 relating to AMS		
<b>Exclusion criteria as per Advisory AS 18/01:</b> Advice on non-applicable actions for actions 3.18 and 3.19	<b>Not applicable when evidence is provided that a health service organisation does not administer or prescribe antimicrobials</b>		

This table has been adapted from the information provided in the: [NSQHS Standards for Health Service Organisations: Preventing and Controlling Infections Standard, updated May 2021](#)

This document will be reviewed and updated on a regular basis.

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