Australian Commission on **Safety and Quality** in Health Care

NSQHS Standards

Accreditation Workbook

Preventing and Controlling Infection Standard (2021)

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Contents

Introduction

This addendum to the National Safety and Quality Health Service Standards Accreditation Workbook provides users with updated information on reflective questions and examples of evidence for the 2021 Preventing and Controlling Infections Standard.

The 2021 Preventing and Controlling Infections Standard was developed to further support health service organisations to prevent, control and respond to infections that cause outbreaks, epidemics or pandemics, including novel and emerging infections.

The key driver for revision of the 2017 standard was gaps and uncertainties that arose during the response to COVID-19. Issues identified by clinicians and health service organisations included better support to respond to airborne transmission of COVID-19, particularly the concerns of healthcare workers; the importance of a precautionary approach to infection prevention and control, based on risk assessment and management; and guidance regarding management of infections in healthcare workers, and outbreak response and planning.

This workbook includes examples of the types of evidence that an organisation may use to show that it meets the actions in the NSQHS Standards.

It is not mandatory to use the examples of evidence in this workbook.

NSQHS Standards Accreditation Workbook to support the Infection Prevention and Control Standard (2021)

Integrating clinical governance

Action 3.01

The workforce used the safety and quality systems from the Clinical Governance Standard when:

a. Implementing policies and procedures for infection prevention and control

b. Identifying and managing risks associated with infections

c. Implementing policies and procedures for antimicrobial stewardship

d. Identifying and managing antimicrobial stewardship risks

Reflective Questions

How do the service's safety and quality systems:

- Support implementation of policies, procedures and protocols for infection prevention and control and antimicrobial stewardship (AMS)
- Identify risks associated with infections and AMS
- Use the hierarchy of controls to manage risks associated with infections and AMS

Examples of Evidence

- An infection prevention and control policy that includes risk assessment and risk management strategies based on the hierarchy of controls
- Other policy documents that cross-reference the infection prevention and control policy, for example policies on:
    - reprocessing
    - environmental cleaning
    - outbreak management
    - building and refurbishment
    - sharps management
- Risk register
- Risk assessments, risk management and mitigation plans, action plans, or examples of projects undertaken to address risks

- Outbreak management plans and reports
- Incident management system reports, and evidence information was used to improve processes
- Surveillance and reporting systems to monitor infection and AMS risks
- Training documents for infection prevention and control systems
- Minutes from management, policy, and quality assurance meetings
- Audit results of compliance with infection prevention and control policies and procedures

Action 3.02

The health service organisation:

a. Establishes multidisciplinary teams to identify and manage risks associated with infections using the hierarchy of controls in conjunction with infection prevention and control systems

b. Identifies requirements for, and provides the workforce with, access to training to prevent and control infections

c. Has processes to ensure that the workforce has the capacity, skills and access to equipment to implement systems to prevent and control infections

d. Establishes multidisciplinary teams, or processes, to promote effective antimicrobial stewardship

e. Identifies requirements for, and provides access to, training to support the workforce to conduct antimicrobial stewardship activities

f. Has processes to ensure that the workforce has the capacity and skills to implement antimicrobial stewardship

g. Plans for public health and pandemic risks

Reflective Questions

How does the organisation:

- Apply the hierarchy of controls to manage risks associated with infections?
- Know its AMS processes are effective?
- Use key personnel, such as infectious diseases physicians, microbiologists, pharmacists and, CSSD, environmental cleaning, and infection prevention and control staff, to identify and manage infection risks?
- Implement systems and prepare the workforce for public health and pandemic risks?
- Identify training requirements to prevent and control infections, and improve AMS?
- Ensure that the workforce has the capacity and skills to implement systems to prevent and control infections and implement AMS?
- Ensure that the workforce has access to equipment to implement systems to prevent and control infections and implement AMS?

Examples of Evidence

- Policies, procedures, and protocols for the procurement, use and monitoring of equipment used for the prevention and control of infections
- Outbreak and pandemic management plans
- Terms of reference and multidisciplinary membership of committee(s)/teams responsible for infection prevention and control and AMS
- Minute(s) for committees responsible for infection prevention and control and AMS
- Assessment of workforce requirements for education and training in relation to infection prevention and control and AMS
- Certificate(s) of completion for relevant courses and records of competency assessment in relation to infection prevention and control systems and AMS
- Training logs, schedules, current curriculums or training calendars
- Orientation program curriculums
- Evidence of processes to monitor workforce competency and skills relevant to infection prevention and control and AMS
- Audit results of compliance with infection prevention and control policies and procedures
- Feedback from the workforce and consumers on processes for infection prevention and control AMS
- Reports to the workforce on actions and outcomes related to infection prevention and control and AMS

Applying quality improvement systems

Action 3.03

The health service organisation applies the quality improvement system from the Clinical Governance Standard when:

a. Monitoring the performance of infection prevention and control systems

b. Implementing strategies to improve infection prevention and control systems

c. Reporting to the governance body, the workforce, patients and other relevant groups on the performance of infection prevention and control systems

d. Monitoring the effectiveness of the antimicrobial stewardship program

e. Implementing strategies to improve antimicrobial stewardship outcomes

f. Reporting to the governance body, the workforce, patients and other relevant groups on antimicrobial stewardship outcomes

g. Supporting and monitoring the safe and sustainable use of infection prevention and control resources

Reflective Questions

- How are the systems for prevention and control of infections, and the effectiveness of the AMS program continuously evaluated and improved, and who is involved in the process?
- What systems are used to reduce the risk of infections?
- How are the outcomes of quality improvement activities communicated to the governing body, management, the workforce, consumers and other organisations?
- What actions or areas for improvement in antimicrobial use were identified in the health service?
- How is antimicrobial use assessed for appropriateness?
- What processes are in place to monitor the safe and sustainable use of infection prevention and control resources?
- How are sustainability issues identified and responded to?
- How is the workforce supported to ensure infection prevention and control resources are used safely and sustainably?
- What processes have been set up to minimise waste generation and costs, while meeting infection prevention and control requirements?

Examples of Evidence

- Policies on the safe and sustainable use of infection prevention and control resources
- Monitoring systems for the effectiveness of AMS and infection prevention and control processes and outcomes
- Demonstration of the use of quality improvement systems to implement, evaluate and improve infection prevention and control strategies
- Ongoing quality improvement plan that is informed by:

    - review of data from existing infection control and AMS monitoring systems (for example, surveillance programs such as the National Alert System for Critical Antimicrobial Resistances (CARAlert), Australian Passive AMR Surveillance, hospital-acquired complications and readmissions data, antimicrobial prescribing and usage data, implementation of the National Hand Hygiene Initiative, incident management systems, PROMS data, the National Notifiable Diseases Surveillance System)
    - quality improvement activities related to infection prevention and control performance and AMS
    - audit results of workforce compliance with policies and procedures for infection prevention and control, and AMS (where applicable), hand hygiene audits
    - feedback from consumers and the workforce about processes and systems related to infection prevention and control, and AMS
- Reports to the governing body, the workforce, patients and other relevant groups on the performance of infection prevention and control systems and AMS outcomes
- Reports of the organisation's performance on infection prevention and control, and AMS activities published in the annual report and any other publications, for example, newsletters
- Communication on the effectiveness and outcomes of the infection prevention and control systems and AMS processes with
    - the workforce and consumers
    - other healthcare organisations that provide care to the same patient/consumer population at transitions of care
- Procurement processes that assess for the safe and sustainable use of infection prevention and control resources
- Processes in place to monitor the sustainable use of infection prevention and control resources
- Improvement activities that have been implemented and evaluated
- Established workforce training programs
- Use of the organisation’s incident management and investigation system to identify and improve safety and quality activities

Partnering with consumers

Action 3.04

Clinicians use organisational processes consistent with the Partnering with Consumers Standard when assessing risks and preventing and managing infections, and implementing the antimicrobial stewardship program to:

a. Actively involve patients in their own care

a. Meet the patient's information needs

b. Share decision-making

Reflective Questions

- How are the organisation's processes for partnering with consumers used to involve consumers and their carers in planning and decision-making about their care in relation to infection prevention and control?
- How does the organisation communicate the quality use of antimicrobials to consumers?
- What consumer resources are available and what process were used to determine their appropriateness for the population(s) served by the organisation?
- How does the organisation evaluate its consumer information related to infection prevention and control and AMS?
- How does the organisation collect and evaluate feedback from consumers about information provided on infection prevention and control and AMS?
- When and how often does the organisation provide information to consumers, their carers and the community about infection prevention and control and AMS?

Examples of Evidence

- Organisational policies about partnering with consumers on infection prevention and control
- Demonstrated consumer engagement in the organisation's infection prevention and control and AMS programs, committees, and in the development of consumer resources related to infection prevention and control and AMS
- The availability of consumer-focused infection prevention and control and AMS resources to support patients in their decision- making about their care
- Evidence of information on infection prevention and control and AMS for consumers in different modalities, literacy levels and languages suitable to the local population
- Observation of the workforce using processes for partnering with consumers
- Where appropriate, the contemporaneous display of posters relevant to consumer populations
- Feedback from the workforce and consumers that demonstrates the workforce understands the processes for partnering with consumers
- Evidence of how feedback from consumers about the effectiveness of strategies and processes implemented to prevent and control infections is evaluated and used by the organisation

Evidence of how feedback from consumers about the effectiveness of antimicrobial stewardship strategies and processes is used by the organisation

Surveillance

Action 3.05

The health service organisation has a surveillance strategy for infections, infection risk, and antimicrobial use and prescribing that:

h. Incorporates national and jurisdictional information in a timely manner

i. Collects data on healthcare-associated and other infections relevant to the size and scope of the organisation

j. Monitors, assesses and uses surveillance data to reduce the risks associated with infections

k. Reports surveillance data on infections to the workforce, the governing body, consumers and other relevant groups

l. Collects data on the volume and appropriateness of antimicrobial use relevant to the size and scope of the organisation

m. Monitors, assesses and uses surveillance data to support appropriate antimicrobial prescribing

n. Monitors responsiveness to risks identified through surveillance

o. Reports surveillance data on the volume and appropriateness of antimicrobial use to the workforce, the governing body, consumers and other relevant groups

Reflective Questions

- What process and outcome measures are collected for the surveillance of infection, infection prevention and control processes, and AMS?
- How is information from local, jurisdictional and national surveillance programs used to monitor, assess and reduce risks relating to infections?
- How are outcomes from surveillance reported to the workforce, the governing body, consumers and other relevant groups? How is feedback from these groups used?
- How can the organisation contribute to existing surveillance that is coordinated by their governing, or networked, healthcare organisation(s)?
- What surveillance methods are in place to monitor antimicrobial use and how are they used? In what forum are they discussed and reviewed?
- How does the organisation compare to other similar services with respect to antimicrobial use?

Examples of Evidence

- Strategies used for the surveillance of AMS and infection prevention and control processes and outcomes that are appropriate for the local epidemiology, complexity of the care and treatment provided by organisation
- Audit processes for monitoring infection prevention and control processes (for example, hand hygiene, environmental cleaning and aseptic technique audits)
- Reports of surveillance activities for infections that are provided to the workforce, governing body, consumers and other relevant groups

- Demonstration of how results of surveillance activities are used to inform the risk management process, and to review or develop policies, procedures and protocols to reduce the risk of infections, for example, quality improvement plans and action plans
- Participation in mandatory and non-mandatory national surveillance activities relevant to infection prevention and control and AMS
- Demonstration of the organisation reviewing and locally responding to national and/or jurisdictional infection prevention and control and AMS surveillance outcomes
- Committee and meeting records in which surveillance data on infections are reported and discussed
- Review processes of and response to local data from existing national infection prevention and control and AMS monitoring systems (for example, surveillance programs such as the National Alert System for Critical Antimicrobial Resistances (CARAlert), Australian Passive AMR Surveillance, hospital-acquired complications and readmissions data, antimicrobial prescribing and use, implementation of the National Hand Hygiene Initiative, incident management systems, PROMS data, the National Notifiable Diseases Surveillance System)
- Evidence-based systems that are used to address risks identified through surveillance activities such as use of transmission-based precautions, environmental cleaning or hand hygiene programs
- Demonstrated consumer engagement in the organisation's infection prevention and control and AMS programs, committees, and in the development of consumer resources related to infection prevention and control and AMS

Standard and transmission-based precautions

Action 3.06

The health service organisation has processes to apply standard and transmission- based precautions that are consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare, jurisdictional requirements, and relevant jurisdictional laws and policies, including work health and safety laws

Reflective Questions

- How does the organisation ensure that its standard and transmission-based precautions are consistent with the Australian Guidelines for the Prevention and Control of Infection in Healthcare?
- How does the organisation apply the Australian Guidelines for the Prevention and Control of Infection in Healthcare in all environments where care is provided?
- How does the organisation ensure that its workforce (including contractors) is implementing standard and transmission-based precautions appropriately and consistent with local policies and the Australian Guidelines for the Prevention and Control of Infection in Healthcare?

Examples of Evidence

- Organisation policy documents about standard and transmission-based precautions that are consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare
- Records of training and competency assessment of the workforce relating to standard and transmission-based precautions and aseptic technique (for example, syllabus, attendance records, practical competency assessments) Audit results of workforce compliance with standard and transmission-based precautions, hand hygiene and use of personal protective equipment
- Improvement activities that have been implemented and evaluated to raise awareness and improve compliance with standard and transmission- based precautions
- Committee and meeting records in which compliance with, and incidents relating to, standard and transmission-based precautions were discussed
- Observation of infection control signage and other information resources consistent with the Australian Guidelines for the Prevention and Control of Infection in Healthcare
- Use of the organisation’s incident management and investigation system to identify and improve safety and quality activities

Action 3.07

The health service organisation has:

a. Collaborative and consultative processes for the assessment and communication of infection risks to patients and the workforce

b. Infection prevention and control systems, in conjunction with the hierarchy of controls, in place to reduce transmission of infections so far as is reasonably practicable

c. Processes for the use, training, testing and fitting of personal protective equipment by the workforce

d. Processes to monitor and respond to changes in scientific and technical knowledge about infections, relevant national or jurisdictional guidance, policy and legislation

e. Processes to audit compliance with standard and transmission-based precautions

f. Processes to assess competence of the workforce in appropriate use of standard and transmission-based precautions

g. Processes to improve compliance with standard and transmission-based precautions

Reflective Questions

- How does the organisation incorporate the hierarchy of controls into its infection prevention and control systems to reduce transmission of infections?
- How is the Communicating for Safety Standard used for developing collaborative and consultative processes to assess and communicate infection risks to consumers, carers and the workforce?
- How does the organisation ensure it keeps updated on emerging evidence, policy and or legislative changes relating to infectious diseases?
- How does the organisation monitor the workforce's:
    - compliance relating to the competent use of standard and transmission- based precautions
    - competent use, testing and fitting of personal protective equipment by the workforce
- How does the organisation ensure that the workforce (including contractors) is trained in the appropriate use of personal protective equipment?
- What processes does the organisation use to improve compliance with standard and transmission-based precautions?

Examples of Evidence

- Policies, procedures and/or protocols that document the organisation’s processes for ensuring the workforce is:
    - using the infection prevention and control systems in conjunction with the hierarchy of controls
    - provided with training in the use, testing and fitting of personal protective equipment
    - supported to work collaboratively and in consultation when assessing and communicating infection risks
    - able to monitor and respond to changes in knowledge, policy and legislation relating to infections
    - compliant and competent in the use of standard and transmission-based precautions
    - able to demonstrate how to put on and remove personal protective equipment
- Observation of:
    - collaborative and consultative processes when assessing and communicating infection risks during interactions between clinicians, patients and their families/carers

    - clear and accurate clinical documentation of patients' infection risks
    - implementation of electronic alert flags for infection risks
    - implementation of infection control signage
- Curriculum, schedule, and attendee logs for workforce PPE training
- Attendee logs and documented outcomes for workforce respirator fit testing
- Assessment of workforce competency related to the implementation of standard and transmission-based precautions
- Audit results of workforce compliance with standard and transmission-based precautions (e.g. audits for compliance with hand hygiene, appropriate PPE use, safe sharp handling and use, aseptic technique)
- Demonstration of how audit results of workforce compliance and outcomes of workforce competency assessment for standard and transmission-based precautions are used to improve practice and patient safety
- Instances of how the organisation monitors and addresses changes in scientific and technical knowledge about infections, relevant national or jurisdictional guidance, policy and legislation
- Feedback from consumers and the workforce on processes for standard and transmission-based precautions

Action 3.08

Members of the workforce apply standard precautions and transmission-based precautions whenever required, and consider:

a. Patients' risks, which are evaluated at referral, on admission or on presentation for care, and re-evaluated during care

b. Whether a patient has a communicable disease, or an existing or a pre-existing colonisation or infection with organisms of local or national significance

c. Accommodation needs and patient placement to prevent and manage infection risks

d. The risks to the wellbeing of patients in isolation

e. Environmental control measures to reduce risk, including but not limited to heating, ventilation and water systems; workflow design; facility design; surface finishes

f. Precautions required when a patient is moved within the facility or between external services

g. The need for additional environmental cleaning or disinfection processes and resources

h. The type of procedure being performed

i. Equipment required for routine care

Reflective Questions

- What resources are developed to support the workforce in correctly applying standard and transmission-based precautions?
- Are resources such as the local Public Health Unit case management protocols used to inform practice relating to management of patients with communicable diseases?

- How does the health service organisation assess the level of environmental cleaning that is required? What processes are in place for assessing the risks associated with ventilation, heating and cooling systems?
- Has the health service organisation considered how it will manage infection risks if any of its buildings are used as emergency accommodation centres, for example, during a natural disaster, or if the facilities are repurposed for use by acute clinical services, for example, during the COVID-19 pandemic?
- How does the workforce determine when to apply standard and transmission- based precautions?
- How does the workforce collaborate on assessing, managing and communicating infection risks when a patient presents for care or is scheduled to receive treatment?
- How are the Comprehensive Care Standard and the National Safety and Quality Digital Mental Health Standards used to assess and support the wellbeing of clients in isolation?

Examples of Evidence

- Processes used by the workforce to ensure that standard and appropriate transmission-based precautions are used to mitigate the risk of communicable diseases or infectious agents of local, national and international significance (e.g. post-procedure cleaning requirements, policies on scheduling patients for appointments and procedures)
- Committee and meeting records in which infection risks and precautions to manage them were discussed
- Resources available to support staff to apply standard precautions and appropriate transmission-based precautions whenever required
- Audits and reports on workforce compliance with policies and processes for standard and transmission-based precautions, including outcomes and actions to improve clinical practice and patient and workforce safety
- Activities that have been implemented and evaluated to improve assessment and management of infection risks
- Cleaning schedules that outline requirements associated with infection risk
- Observation of:
    - workforce appropriately using standard and transmission-based precautions
    - clear and accurate clinical documentation of patients' infection risks at referral, on admission, on presentation for care and for the duration of patient care
    - implementation of electronic alert flags for infection risks
    - implementation of infection control signage
    - appropriate patient placement which includes consideration of infection risks and the risks to the wellbeing of the patient
    - physical and environmental controls for managing the risk of transmission of infectious agents
    - relevant equipment availability and use by the workforce, including PPE
- Feedback from consumers on workforce compliance with policies and processes for standard and transmission-based precautions

- Policies, processes or care plans that consider the wellbeing of patients in isolation and improvement activities to support patients and carers

Action 3.09

The health service organisation has processes to:

j. Review data on and respond to infections in the community that may impact patients and the workforce

k. Communicate details of a patient's infectious status during an episode of care, and at transitions of care

l. Provide relevant information to a patient, their family and carers about their infectious status, infection risks and the nature and duration of precautions to minimise the spread of infection

Reflective Questions

- What data does the organisation review to be informed of infections in the community? How is this data used to manage patient flow and workforce capacity?
- What systems are in place to ensure the appropriate handling of sensitive clinical information related to infection status?
- How are consumers and their carers advised if they have an infection or are colonised with a pathogen? What modalities are used to deliver this information? When is this information delivered? How is it confirmed that the patient and carer understand this information?
- How is the patient's healthcare record used to communicate infection status?
- How does the organisation communicate the consumer's infectious status when care is transferred within or outside the organisation?
- How does the organisation ensure the client's relevant infectious status is known when admitting a patient or transferring a patient out of its care?
- Does the workforce know how to access consumer factsheets on infectious diseases published by their organisation, jurisdiction or by national organisations?
- How are consumers and their carers informed of the precautions they can take to prevent and minimise the spread of infection? When and how is this information conveyed to consumers and their carers?
- What processes and resources are in place to support consumers and their carers in preventing and minimising the spread of infection?

Examples of Evidence

- Policy documents about:
    - the review and response to data on infections in the community
    - communicating infection risks when care is transferred within and outside the health service organisations (e.g. handover protocols, discharge summary protocols)
    - clinical communications and communicating infection risks within the care team and with the patient and their carers
- Audit results of:

    - documentation of relevant infectious status
    - compliance with the processes for communicating infectious status
- Observation of:
    - patient healthcare records documenting that the patient has been advised of their infectious status and understands what this information means
    - patient healthcare records documenting that the patient's infectious status was included in the clinical handover (e.g. handover sheets, discharge forms, discharge summary, transfer forms)
    - handover discussion within clinical team that is inclusive of communication of a patient's infectious status (e.g. end of nursing shift handover, transfer of care discussion)
    - post screening or discharge discussion with patient/carer that is inclusive of communication of a patient's infectious status
    - infection status alerts in the electronic healthcare record
- Resources developed and evaluated by consumers providing information on infection risks, infection prevention and control strategies, and infectious status
- Clinical communications where infection status is discussed

Hand hygiene

Action 3.10

The health service organisation has a hand hygiene program that is incorporated in its overarching infection prevention and control program as part of standard precautions and:

a. Is consistent with the current National Hand Hygiene Initiative, and jurisdictional requirements

b. Addresses noncompliance or inconsistency with benchmarks and the current National Hand Hygiene Initiative

c. Provides timely reports on the results of hand hygiene compliance audits, and action in response to audits, to the workforce, the governing body, consumers and other relevant groups

d. Uses the results of audits to improve hand hygiene compliance

Reflective Questions

- What processes are used to ensure that the organisation's hand hygiene program is consistent with the current National Hand Hygiene Initiative and with state or territory requirements?
- How does the organisation identify the most appropriate method for monitoring hand hygiene compliance of the workforce for the services that they provide?
- How is compliance with the current National Hand Hygiene Initiative measured? What action has been taken to improve compliance?
- How and when does the organisation communicate hand hygiene compliance to the workforce, the governing body, consumers and other stakeholders?
- How does the organisation use hand hygiene compliance results to improve hand hygiene by its workforce and infection prevention and control practice?

Examples of Evidence

- Hand hygiene program policy documents that are consistent with the current National Hand Hygiene Initiative and state or territory requirements
- Formative evaluation of the organisation's hand hygiene program, including use and availability of equipment, supplies and products for hand hygiene
- Training documents (for example, syllabus, attendance records or competency assessments) relating to the hand hygiene program
- Processes for auditing hand hygiene compliance within the organisation, that are appropriate for the service and patent population, including maintaining a registry of current valid auditors
- Evidence of workforce attendance and evaluation of hand hygiene training
- Observation and audit results of workforce compliance with the hand hygiene program
- Demonstration of how audit and other data are used to inform strategies to reduce non-compliance or inconsistency with the current National Hand Hygiene Initiative and jurisdictional requirements

- Committee and meeting records in which hand hygiene data and strategies to improve hand hygiene compliance were discussed
- Communication with consumers and the workforce about compliance rates and/or other data relevant to the organisation's hand hygiene program
- Memorandums, newsletters, posters or other communication material on hand hygiene provided to the workforce and consumers
- Availability of hand hygiene products or dedicated hand washing basins and promotional material in public areas
- Observation of hand hygiene consumer resources being provided to patients and/or carers as part of patient care discussions
- Feedback from consumers and the workforce on the hand hygiene program

Aseptic technique

Action 3.11

The health service organisation has processes for aseptic technique that:

a. Identify the procedures in which aseptic technique applies

b. Assess the competence of the workforce in performing aseptic technique

c. Provide training to address gaps in competency

d. Monitor compliance with the organisation's policies on aseptic technique

Reflective Questions

- What procedures are performed that require aseptic technique?
- How does the organisation monitor compliance with the organisation's aseptic technique policies?
- Who performs procedures that require aseptic technique?
- How and when does the organisation provide the workforce with training in aseptic technique?
- Where is the evidence of workforce training and competency in aseptic technique?
- What processes are used to ensure ongoing competency in aseptic technique?
- How does the organisation ensure that clinicians routinely follow aseptic technique when required?

Examples of Evidence

- Policies, procedures and protocols for the identification and review of clinical procedures and activities for the application of aseptic technique
- Healthcare-associated infections (HAI) surveillance data for rates of infections associated with invasive clinical procedures
- Results of surveys of the workforce where they have been consulted on clinical procedures that require aseptic technique
- Workforce completion of aseptic technique training, including competency-based assessment programs
- Gap analysis of training records to identify members of the workforce who need further aseptic technique training
- Action plan to address gaps in the workforce with regards to aseptic technique training and competency
- Refresher training provided to the workforce to address any gaps in previous training
- Workforce feedback and evaluation of aseptic technique training and assessment programs
- Observational audits to identify compliance with aseptic technique procedures
- Reports on audits of compliance with organisational policies and procedures, including patient healthcare records, consent forms, procedure checklists, stock inventories

- Compliance with aseptic technique using observational audit tools or procedural check lists
- Review of adverse patient outcomes data such as clinical incident summaries, morbidity and mortality reports or Root Cause Analysis (RCA) data relating to breaches or non-compliance in aseptic technique
- Hand hygiene compliance data
- Meeting minutes and reports where aseptic technique data have been presented
- Feedback from consumers and the workforce on aseptic technique processes
- Consider environmental controls to support improving aseptic technique in practice, such as
    - equipment bundles
    - sterile ‘starter’ packs
    - dedicated trolleys (for example, intravenous, dressing and urinary catheter trolleys).

Invasive medical devices

Action 3.12

The health service organisation has processes for the appropriate use and management of invasive medical devices that are consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare

Reflective Questions

- Are organisational policies, procedures and processes for the use of invasive medical devices consistent with the Australian Guidelines for the Prevention and Control of Infection in Healthcare and other relevant national and jurisdictional guidance (i.e. Management of Peripheral Venous Access Clinical Care Standard)?
- How does the organisation monitor the use of invasive devices to reduce client harm?
- What systems are in place for the workforce to use best practice when assessing clinical need and for the selection, insertion, maintenance, review and removal of invasive medical devices?

Examples of Evidence

- Policy and processes:
    - stipulating the criteria for selection, insertion, maintenance and removal of invasive medical devices, consistent with the Australian Guidelines for the Prevention and Control of Infection in Healthcare and the Peripheral Venous Access Clinical Care Standard
    - for procurement, storage, transport, disposal, reuse, fault management and recall of invasive medical devices
    - for the safe introduction of new evidence based invasive medical devices
- List of approved invasive medical devices (for example, a register of medical devices) and indication for use
- Committee and meeting records where invasive medical devices are discussed
- Evidence of established training programs and workforce training records
- Feedback from the workforce on training requirements
- Audit results of workforce compliance with processes for the selection, insertion, maintenance and removal of invasive medical devices
- Gap analysis of organisational policies related to invasive devices use, compared with relevant jurisdictional or national guidance
- HAI surveillance data for rates of infections associated with invasive medical devices
- Actions taken to manage identified risks with the selection, insertion, maintenance and removal of invasive medical devices
- Review of adverse patient outcomes data such as clinical incident summaries, morbidity and mortality reports or Root Cause Analysis (RCA) data relating to invasive medical devices
- Examples of improvement activities that have been implemented and evaluated.

Clean and safe environment

Action 3.13

The health service organisation has processes to maintain a clean, safe and hygienic environment – in line with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare and jurisdictional requirements – to:

a. Respond to environmental risks, including novel infections

b. Require cleaning and disinfection using products listed on the Australian Register of Therapeutic Goods, consistent with manufacturers' instructions for use and recommended frequencies

c. Provide access to training on cleaning processes for routine and outbreak situations, and novel infections

d. Audit the effectiveness of cleaning practice and compliance with its environmental cleaning policy

e. Use the results of audits to improve environmental cleaning processes and compliance with policy

Reflective Questions

- Does the organisation have an environmental cleaning policy that includes the need to audit compliance?
- What processes are used to maintain a clean and hygienic environment in line with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare and with state or territory requirements?
- How does the organisation ensure the workforce is trained on cleaning processes for routine and outbreak situations, and novel infections?
- Does the organisation use the audit results to improve environmental cleaning processes?

Examples of Evidence

- Policies, procedures and/or protocols for environmental cleaning consistent with the Australian Guidelines for the Prevention and Control of Infections in Health Care and relevant state and territory requirements
- Public health response, pandemic and/or outbreak management plan that incorporates environmental cleaning
- Relevant documentation from committees and other meetings where environmental cleaning policies and procedures are reviewed and discussed
- Contracts with external cleaning providers that outline the health service organisation's policies and procedures
- List(s) of Therapeutic Goods Administration approved cleaning and disinfection products permitted for use in the health service organisation
- Material safety data sheets or chemical register of approved cleaning resources
- Manufacturer's instructions for use of cleaning resources
- Organisational cleaning checklists, schedules and cleaning methodologies

- Environmental risk assessment that includes actions to address identified risks
- Audit results of cleaning programs and their effectiveness
- Improvement or action plans informed by environmental cleaning audits results
- Training programs for the workforce including contractors on environmental cleaning
- Use of the organisation's incident management and investigation system and risk management system to identify and improve environmental cleaning
- Processes to review and evaluate the effectiveness of the cleaning program such as regular observation and audits of cleaning practices
- Feedback from consumers and the workforce on environmental cleaning
- Results from consumer surveys or complaints and action taken to address gaps.

Action 3.14

The health service organisation has processes to evaluate and respond to infection risks for:

a. New and existing equipment, devices and products used in the organisation

b. Clinical and non-clinical areas, and workplace amenity areas

c. Maintenance, repair and upgrade of buildings, equipment, furnishings and fittings

d. Handling, transporting and storing linen

e. Novel infections, and risks identified as part of a public health response or pandemic planning

Reflective Questions

- Is there an overarching policy or guidelines for the procurement and introduction of new procedures and technology, which require new equipment, devices or products?
- What systems are used to ensure infection control risks are assessed for new capital or minor works, furniture and furnishings?
- Is the infection prevention and control service consulted for new capital or minor works, furniture and furnishings?
- How are infection risks for new and existing equipment, devices and products determined?
- Does the organisation have a preventative maintenance program in place?
- Does the organisation have policy and plans in place to respond to novel infections, local outbreaks, epidemics and pandemics?
- How does to the organisation evaluate and respond to infection risks associated with novel infections, a public health response, or pandemic activities?
- What action has been taken to ensure equipment/devices are cleaned and maintained in accordance with manufacturer's instructions?
- How does the organisation determine if linen supplies and laundering comply with Standard AS/NZS 4146: 2000 Laundry Practice?
- If a contractor supplies reusable linen, how is this segregated (clean from dirty) and transported?

Examples of Evidence

- Public health response, pandemic and/or outbreak management plan
- Policy and procedures for:
    - reporting unsatisfactory practices by contracted staff or outsourced services (e.g. cleaning, reprocessing, laundry and linen management, equipment maintenance servicing) in both clinical and non-clinical areas
    - evaluating and responding to the risks associated with linen, equipment, devices, products, buildings, furnishings and fittings in both clinical and non-clinical areas
- Relevant documentation from committees and other meetings where practices such as linen, cleaning, equipment, devices, products, buildings, furnishings and fittings are reviewed and discussed
- Organisation's preventative maintenance plan in both clinical and non-clinical areas
- Commissioning reports for new or refurbished buildings
- Records of business decision-making about repairs and upgrades to buildings, equipment, furnishings and fittings.
- Maintenance schedules for buildings, equipment, furnishings and fittings in both clinical and non-clinical areas
- Risk assessment and risk management plans for construction or refurbishment
- Audit results of environmental cleaning and handling, transporting and storage of linen
- Contracts with contractors that outline responsibilities for minimising infection risks in both clinical and non-clinical areas
- Evaluation processes for the procurement and introduction of new devices or pieces of equipment (i.e. evaluation form, minutes of meetings, infection prevention and control considerations)
- Audit results of compliance with the maintenance schedules for buildings, equipment, furnishings and fittings in both clinical and non-clinical areas

Workforce screening and immunisation

Action 3.15

The health service organisation has a risk-based workforce vaccine preventable diseases screening and immunisation policy and program that:

a. Is consistent with the current edition of the Australian Immunisation Handbook

b. Is consistent with jurisdictional requirements for vaccine-preventable diseases

c. Addresses specific risks to the workforce, consumers and patients

Reflective Questions

- Does the organisation have a workforce immunisation policy in place? Is it consistent with state or territory and national requirements? How does the organisation assess compliance with the policy?
- Does the organisation have a workforce screening policy in place? How does the organisation assess compliance with the policy?
- Is the organisation's workforce immunisation program consistent with the national immunisation guidelines and state or territory requirements?
- How does the organisation’s workforce vaccine preventable diseases screening and immunisation policy and program identify and address risks to the workforce, consumers and patients?
- Does the workforce policy consider actions when members of the workforce do not or cannot follow immunisation guidelines?

Examples of Evidence

- Policies, procedures and/or protocols for workforce immunisation that are consistent with national guidelines and state and territory requirements
- Committee and meeting records in which the workforce immunisation and screening policies and program as discussed
- Records of workforce immunisation status (i.e. immunisation registry)
- Protocols for placement of members of the workforce based on the immunisation status
- Audit results of workforce compliance with workforce immunisation and screening policies
- Documents accessible to authorised personnel that:
    - identify the requirements for immunisation as part of the recruitment of workforce or placement of contractors and students
    - demonstrate maintenance of workforce immunisation records
    - identify additional immunisation requirements for relevant members of the workforce
    - record organisational risk management response to members of the workforce who have a medical contraindication to vaccination, are vaccine non-responders and refusals
- Information relating to vaccine-preventable diseases is available to the workforce and consumers

- Risk assessment for workforce, consumers and patients with regards to vaccine-preventable diseases.

Infections in the workforce

Action 3.16

The health service organisation has a risk-based processes for preventing and managing infections in the workforce that:

a. Are consistent with the relevant state or territory work health and safety regulation and the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare

b. Align with state and territory public health requirements for workforce screening and exclusion periods

c. Manage risks to the workforce, patients and consumers, including for novel infections

d. Promote non-attendance at work and avoiding visiting or volunteering when infection is suspected or actual

e. Monitor and manage the movement of staff between clinical areas, care settings, amenity areas and health service organisations

f. Manage and support members of the workforce who are required to isolate and quarantine following exposure to or acquisition of an infection

g. Provide for outbreak monitoring, investigation and management

h. Plan for, and manage, ongoing service provision during outbreaks and pandemics or events in which there is increased risk of transmission of infection

Reflective Questions

- Are the organisation's policies and processes for preventing and managing infections in the workforce consistent with relevant state or territory work health and safety regulations and the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare?
- Are policies and processes consistent with state and territory public health requirements for workforce screening and exclusion periods?
- Does the organisation's outbreak management plan address monitoring, investigation and management of the workforce?
- How does the organisation encourage staff to not attend work if they are unwell?
- What systems are in place to facilitate workforce compliance with policies and procedures to prevent and manage infections in the workforce?
- What support is provided to members of the workforce who are required to isolate or quarantine following an exposure to, or who have acquired an infection? What systems are in place to protect their privacy?
- How does the organisation ensure high-quality care continues when the workforce numbers decrease as a result of mandatory workforce absences or furloughing?
- How does the organisation monitor and manage the movement of staff between clinical areas, care settings, amenity areas and health service organisations?

Examples of Evidence

- Policies, procedures and/or protocols for preventing and managing infections in the workforce that are consistent with relevant state or territory work health and safety regulation, state and territory public health requirements for workforce screening and exclusion periods, and the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare
- Outbreak management protocols that address workforce monitoring, investigation and management
- Risk assessment and risk management plans that identify risks to the workforce, patients and consumers, including for novel infections
- Protocols for liaison and collaboration with local infectious diseases and public health teams to respond to and manage staff with relevant communicable diseases.
- Registers of:
    - workforce and volunteer orientation and training
    - staff training and competency assessments for exposure-prone procedures
    - exposure-prone procedures that take place in the organisation
- Availability of a workforce support program
- Maintenance and audit of volunteer schedules including orientation and training records
- Audits of patient healthcare records where a communicable disease has been identified, to assess appropriate follow up of the workforce including volunteers
- Processes that support the workforce to not attend work when unwell
- Processes to monitor and manage the movement of staff within the organisation
- Workforce records that detail furloughing and quarantine periods
- Reports from incident and risk management systems and recommendations for improvements
- Business continuity and communication planning that involves the workforce and consumers that addresses infection prevention and control

Reprocessing of reusable equipment and devices

Action 3.17

When reusable equipment and devices are used, the health service organisation has:

i. Processes for reprocessing that are consistent with relevant national and international standards, in conjunction with manufacturers' guidelines

j. A traceability process for critical and semi-critical equipment, instruments and devices that is capable of identifying

  i. the patient

  ii. the procedure

  iii. the reusable equipment, instruments and devices that were used for the procedure

k. Processes to plan and manage reprocessing requirements, and additional controls for novel and emerging infections

Reflective Questions

- Is there a process for identifying reusable equipment, instruments and devices that need to be reprocessed?
- What processes does the organisation have in place to plan and manage reprocessing requirements for novel and emerging infections?
- How does the organisation ensure that reprocessing of reusable medical equipment and devices follows relevant national and international standards and manufacturers' instructions?
- How does the organisation identify the patient, the procedure and the reusable equipment, instruments and devices that were used?
- What mechanism does the organisation have in place to identify and communicate to patients at risk of acquiring an infection as a result of the reusable instruments and devices used?
- What processes does the organisation have in place to monitor and mitigate infection risks associated with reprocessing of reusable medical equipment and devices?
- How is the sterile stock and reprocessed equipment transported, stored and maintained?

Examples of Evidence

- Policies, procedures and/or protocols for:
  - processing reusable medical equipment, instruments and devices that are consistent with relevant national or international standards and manufacturer's instructions for use
  - the use of reusable medical equipment, instruments and devices
- A gap analysis to determine compliance with the national or international standards for reprocessing
- Risk assessment and management plans for novel and emerging infections that addresses reprocessing requirements
- Risk assessments where there are deviations in the requirements of relevant standards and the manufacturer's instructions

- A register of critical and semi-critical reusable medical equipment and devices along with their reprocessing requirements
- Access to or copies of manufacturer's instructions for reprocessing reusable medical devices
- Records of sterilisation that verify instrument reprocessing is consistent with relevant national or international standards and the manufacturers instructions for use
- Maintenance schedules for equipment used to reprocess equipment, reusable instruments and devices are monitored and reviewed
- Training documents and registers of staff training and competency assessments
- Audits of:
    - validation and compliance monitoring systems for sterilisers
    - sterile stock integrity and supply
    - workforce compliance with policies for processing reusable medical equipment, instruments and devices
    - patient healthcare records or surgical lists to identify documentation of the use of reusable medical instruments and devices
- Relevant documentation from committees and other meetings where reports on reprocessing processes and traceability systems are reviewed and discussed
- Register or record of consumers who have had procedures using reusable critical instruments, equipment and devices
- Observation of a traceability system that allows individual identification of clients and the reusable devices, equipment or instruments used during the care of each client
- Report of clinical incidents related to reusable medical equipment, instruments and devices
- Improvement/action plans informed by local audits of current practice, changes in state or territory requirements or national guidance or standards.

Antimicrobial stewardship

Action 3.18

The health service organisation has an antimicrobial stewardship program that:

a. Includes an antimicrobial stewardship policy

b. Provides access to, and promotes the use of, current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing

c. Has an antimicrobial formulary that is informed by current evidence-based Australian therapeutic guidelines and resources, and includes restriction rules and approval processes

d. Incorporates core elements, recommendations and principles from the current Antimicrobial Stewardship Clinical Care Standard

e. Acts on the results of antimicrobial use and appropriateness audits to promote continuous quality improvement

Reflective Questions

- Is there an overarching AMS program (including policies and procedures), which supports the needs of the health service organisation?
- Does the AMS program include provisions for groups of patients and specialty areas where there may be specific AMS requirements (for example, paediatrics, haematology and oncology patients)?
- Does the AMS program reference AMS strategies such as intravenous (IV) to oral switch, and link to the AMS Clinical Care Standard, the Sepsis Clinical Care Standard and the Recognising and Responding to Acute Deterioration Standard?
- What systems, processes and structures does the health service organisation have in place to support appropriate prescribing and use of antimicrobials?
- Is antimicrobial prescribing consistent with the Therapeutic Guidelines or relevant local antimicrobial guidelines based on population or local antibiogram?
- Do staff know how to access Therapeutic Guidelines and/or local prescribing guidelines and policies?
- How is access provided to current endorsed guidelines for clinicians who prescribe antibiotics?
- Is there an infectious disease physician, clinical microbiologist or pharmacist resource available to the health service organisation if required? Do staff know how to contact them?
- How is compliance with the policy assessed?
- How is compliance data used to inform quality improvement activities?
- How is the appropriate prescribing of antimicrobials reviewed in all areas where health services are provided (for example outpatients, Hospital in the Home (HITH), telehealth)? How does the AMS policy address these areas?
- Are there local guidelines for antimicrobial prescribing? How do prescribers know about these guidelines? How are local guidelines developed? (For example, informed by antibiogram)

- If local guidelines differ from Therapeutic Guidelines, how do prescribers know which guidelines to use? What is the escalation process for when restriction rules and approval processes for antimicrobial prescribing are not followed? Is this documented?
- If prescribed, where are reserved antimicrobials located and how are they accessed? Are they located in a restricted area? Does the location facilitate appropriate access (For example, are there accessibility issues that could deny appropriate patient care)?
- If a reserved antimicrobial is prescribed, is there a process?
- If reserved antimicrobials are prescribed, how often are restriction rules not followed? Is there a process to monitor compliance?
- What is an example of a recent quality improvement project?
    - How was the problem identified?
    - What steps were taken to address it?
    - How was the impact evaluated?
    - Has improved practice been maintained?
    - What steps were taken to address practice that was not improved?
- Are the Indicators for the AMS Clinical Care Standard implemented and monitored?

Examples of Evidence

- An AMS policy incorporating:
    - governance systems, processes and reporting processes
    - prescribing processes in accordance with therapeutic guidelines
    - list of restricted antimicrobials and approval processes
    - specialist or senior clinical review and referral processes
    - education processes
    - regular policy review processes
    - review and evaluation processes to assess the effectiveness of the AMS program
- A documented organisational chart that describes AMS responsibilities in the health service organisation
- Results of risk assessments to identify areas of priority for an effective AMS program
- Restriction, approval or review systems to guide the use of antimicrobials, where relevant
- Orientation manuals, education resources and records of attendance at training by prescribers and the clinicians administering antimicrobials on antimicrobial usage, development of resistance, and judicious prescribing
- Documented AMS improvement or action plan
- Observation that resources and guides, such as the Therapeutic Guidelines are available to prescribers and the workforce
- Relevant documentation from multidisciplinary committees with relevant expertise and other meetings where the AMS program is reviewed, discussed and decisions on actions to improve the AMS program are agreed upon

- Referral process to infectious disease physician or clinical microbiologist for use of restricted agents, and systems are in place to inform prescribers of these procedures
- Access to the Therapeutic Guidelines is provided for all clinicians authorised to prescribe along with information about how to access them locally
- Locally adapted guidelines that are consistent with current endorsed Therapeutic Guidelines
- Results of risk assessments to identify areas of priority for an effective AMS program
- An antimicrobial formulary that aligns with recommendations in current evidence- based Therapeutic Guidelines or local guidelines
- Demonstration that the principles of the Antimicrobial Stewardship Clinical Care Standard are incorporated into the AMS program
- Use of audits, process or outcome measures to monitor implementation of the AMS program, and to identify opportunities for improvement
- Master list of all local policies relating to antibiotics
- Indicators for the AMS Clinical Care Standard monitored using the Indicator Monitoring Tool or a similar tool (s) adapted for local circumstances

Action 3.19

The antimicrobial stewardship program will:

f. Review antimicrobial prescribing and use

g. Use surveillance data on antimicrobial resistance and use to support appropriate prescribing

h. Evaluate performance of the program, identify areas for improvement, and take action to improve the appropriateness of antimicrobial prescribing and use

i. Report to clinicians and the governing body regarding

  i. compliance with the antimicrobial stewardship policy and guidance

  ii. areas of action for antimicrobial resistance

  iii. areas of action to improve appropriateness of prescribing and compliance with current evidence-based Australian therapeutic guidelines or resources on antimicrobial prescribing

  iv. the health service organisation's performance over time for use and appropriateness of use of antimicrobials

Reflective Questions

- What processes are in place to collect and evaluate data on antimicrobial use?
- How does the health service use surveillance data on local antimicrobial resistance to support appropriate prescribing? Do staff know how to tailor therapy based on local antimicrobial resistance data?
- What actions have been taken to improve the effectiveness of the AMS processes, for example, ensuring endorsed antibiotic treatment protocols are followed?

- How are data on prescribing including appropriateness and use of antimicrobials reported to clinicians and the governing body?
- How are gaps in AMS identified?
- Who is responsible for reviewing antimicrobial prescribing and use (e.g. ward pharmacist, dedicated AMS pharmacist, AMS team)?
- How are antimicrobial prescriptions provided on discharge reviewed?
- How is antimicrobial prescribing and use for outpatients reviewed?
- What is the process to review appropriateness of prescribing if multiple guidelines exist (e.g. local guidelines and other Australian guidelines)?
- How is antimicrobial prescribing and use in surgery reviewed? How is *AS18/08: Antimicrobial stewardship and surgical prophylaxis* followed?
- How are antimicrobial treatment plans communicated on transitions of care? How is clear information to patients and general practitioners provided on discharge, transition from emergency to the ward, transition from team to team, transition from team HITH/Outpatient parenteral antimicrobial therapy (OPAT) teams?
- How does the health service use surveillance data on local antimicrobial resistance to support appropriate prescribing?
- How have data from audits to review antimicrobial use and prescribing been used to improve areas identified for improvement (e.g. surgical prophylactic antibiotics)?
- How is the AMS program performance evaluated?
- What steps have been taken to ensure long-term success and sustainability of the AMS program?
- To which meetings and committees are data relating to antimicrobial volume, appropriateness and resistance presented (e.g. multidisciplinary team meetings, AMS or Infection Prevention and Control committees, clinical executive or morbidity and mortality meetings?)
- What is the evidence that inappropriate antimicrobial use is communicated?

Examples of Evidence

- Committee and meeting records in which compliance with the AMS policy, and antimicrobial prescribing and use were discussed, including reviews of surveillance data. This should include records of actions arising from meetings and progress on these actions
- Results of analysis of surveillance data on antimicrobial resistance and action taken to improve AMS
- Results of audits and surveys about appropriateness of prescribing, for example results from the Quality Improvement National Antimicrobial Prescribing Survey (QI NAPS) and actions taken to improve the AMS program. Participation in NAPS is not mandatory, health service organisations can choose any tool that best suits their needs and context.
- Examples of improvement activities for AMS that have been implemented and evaluated. A tool which could be used is the CEC AMS toolkit.
- Implement or review the process for reporting adverse events, incidents and near misses relating to antimicrobial use, including assessment and management of reported antibiotic–allergy mismatch

- Communications with clinicians on antimicrobial use, resistance and stewardship
- Memorandums, newsletters or other communication material provided to the workforce and consumers on appropriate use of antimicrobials, including feedback received from consumers
- Record of prescribers completing antibiotic prescribing modules, such as the Antibiotic QUM Learning modules
- Regular reports to the governing body on the effectiveness of the AMS program
- Contributions to organisational annual reports on the performance of the AMS program

Glossary

Refer to the NSQHS Standards

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