Standard 3: Preventing and Controlling Healthcare Associated Infections:

Clinical leaders and senior managers of a health service organisation implement systems to prevent and manage healthcare associated infections and communicate these to all workforce to achieve appropriate outcomes. Clinicians and other members of the workforce use the healthcare associated infection prevention and control systems.

The intention of this Standard is to:
Prevent patients from acquiring preventable healthcare associated infections and effectively manage infections when they occur by using evidence-based strategies.

Context
It is expected that this Standard will be applied in conjunction with Standard 1, ‘Governance for Safety and Quality in Health Service Organisations requirements’ and Standard 2, ‘Partnering with Consumers’.

Criteria to achieve the Preventing and Controlling Healthcare Associated Infections Standard:
Governance and systems for infection prevention, control and surveillance
Infection prevention and control strategies
Managing patients with infections or colonisations
Antimicrobial stewardship
Cleaning, disinfection and sterilisation
Communicating with patients and carers
**Criterion: Governance and systems for infection prevention, control and surveillance**

Effective governance and management systems for healthcare associated infections are implemented and maintained.

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| C   | 3.1 Developing and implementing governance systems for effective infection prevention and control to minimise the risk to patients of healthcare associated infections | 3.1.1 A risk management approach is taken when implementing policies, procedures and/or protocols for:  
- standard infection control precautions  
- transmission-based precautions  
- aseptic non-touch technique  
- safe handling and disposal of sharps  
- prevention and management of occupational exposure to blood and body substances  
- environmental cleaning and disinfection  
- antimicrobial prescribing  
- outbreaks or unusual clusters of communicable infection  
- processing of reusable medical devices  
- single-use devices  
- surveillance and reporting of data where relevant  
- reporting of communicable and notifiable diseases  
- provision of risk assessment guidelines to workforce  
- exposure-prone procedures | Policies and procedures are in place for items listed in 3.1.1 and are referenced to National guidelines, best practice, legislative requirements and/or additional jurisdictional protocols and that:  
- include the date the policy was implemented and scheduled review date  
- use nationally agreed definitions for healthcare associated infection  
- provide links to relevant resource material  
- Audit of compliance with infection control policies  
- A risk assessment tool that is in use throughout the organisation | □ MM  
□ SM  
□ NM → add to action plan |
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| C   |                                    | 3.1.2 The use of policies, procedures and/or protocols is regularly monitored | • Revision dates of policies, procedures and/or protocols on documents  
• Agenda papers, meeting minutes and/or reports of infection control, clinical risk or other relevant committees  
• Organisational strategic plans that describe the mechanisms for identifying, escalating and reviewing healthcare associated infections risks and mechanisms for organisation consultation  
• Register or report on review of infection risks or data for interventions to manage healthcare associated infection risks  
• Observational audit and/or reports from data systems | □ MM  
□ SM  
□ NM → add to action plan |
| C   |                                    | 3.1.3 The effectiveness of the infection prevention and control systems is regularly reviewed at the highest level of governance in the organisation | • Agenda papers, meeting minutes and/or reports of relevant committees detailing strategies for improvement  
• Actions are described and/or promoted in newsletters, quality reports and/or other feedback mechanisms | □ MM  
□ SM  
□ NM → add to action plan |
| C   |                                    | 3.1.4 Action is taken to improve the effectiveness of infection prevention and control policies, procedures and/or protocols | • Risk register or log that includes actions to address identified risks  
• Agenda papers, meeting minutes and/or reports of relevant committees that detail improvement actions taken  
• Quality improvement plan includes actions to address issues identified  
• Examples of improvement activities that have been implemented and evaluated  
• Communication material developed for the workforce and/or patients  
• Compliance audits undertaken  
• Education resources for orientation and ongoing training of infection prevention and control  
• Records of attendance at training by the workforce | □ MM  
□ SM  
□ NM → add to action plan |
| C   | 3.2 Undertaking surveillance of healthcare associated infections | 3.2.1 Surveillance systems for healthcare associated infections are in place | • Data on healthcare associated infections for *Staphylococcus aureus* bacteraemia from any sources that may include central line associated blood stream infections multi-resistant organisms, catheter-associated urinary tract infection or other causes of high risk infection that is appropriate to the organisation  
• Surveillance for infections on discharge for specified organisational surgical procedures  
• Data collection forms or format  
• Clinical audit and action plans | □ MM  
□ SM  
□ NM → add to action plan |
| C   |                                    | 3.2.2 Healthcare associated infections surveillance data are regularly monitored by the delegated workforce and/or committees | • Agenda papers, meeting minutes and/or reports of relevant committees with delegated responsibilities for health care associated infection surveillance, including infection control and clinical risk  
• Annual reports on healthcare associated infections  
• Regular reports to owners, regulators, insurers and/or departments  
• Clinical workforce monitoring proformas, review schedules and audit records | □ MM  
□ SM  
□ NM → add to action plan |
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| C   | 3.3 Developing and implementing systems and processes for reporting, investigating and analysing healthcare associated infections, and aligning these systems to the organisation’s risk management strategy | 3.3.1 Mechanisms to regularly assess the healthcare associated infection risks are in place | - Guidelines, tools and supports, such as the *Australian Guidelines for the Prevention and Control of Infections in Health Care* (NHMRC 2010) that are accessible to staff responsible for assessing HAI risks  
- Records of healthcare associated infection incidents collected and analysed  
- Completed risk assessment documents  
- Current risk management plan and register  
- Agenda papers, meeting minutes and/or reports of relevant committees include information on healthcare associated infection risks | □ MM  
□ SM  
□ NM → add to action plan |
| C   | 3.4 Undertaking quality improvement activities to reduce healthcare associated infections through changes to practice | 3.4.1 Quality improvement activities are implemented to reduce and prevent healthcare associated infections | - A continuous quality improvement plan that shows implementation, regular review and revision  
- Risk register or log that includes actions to address identified risks | □ MM  
□ SM  
□ NM → add to action plan |
|     | 3.4.2 Compliance with changes in practice are monitored | |  | □ MM  
□ SM  
□ NM → add to action plan |
| D   | 3.4.3 The effectiveness of changes to practice are evaluated | | - Evaluation reports and follow up audits undertaken  
- Reports or analysis of reviews of patient infection outcomes  
- Reports or documents on performance indicator trends | □ MM  
□ SM  
□ NM → add to action plan |
## Criterion: Infection prevention and control strategies

Strategies for the prevention and control of healthcare associated infections are developed and implemented.

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| C   |                                   | 3.5.1 Workforce compliance with current national hand hygiene guidelines is regularly audited | • Results of audited clinical environments against the 5 Moments for Hand Hygiene audit tool  
• Observational audit of hand hygiene  
• Audit of the amounts of hand hygiene products used  
• Records of completed hand hygiene education and training consistent with national guidelines such as the Australian Guidelines for the Prevention and Control of Infections in Health Care (NHMRC 2010)  
• Analysis of trends in healthcare associated infection rates in the organisation  

(i) Information on the 5 Moments for Hand Hygiene may be found on the Hand Hygiene Australia website: [http://www.hha.org.au](http://www.hha.org.au) | □ MM  
□ SM  
□ NM → add to action plan |
| C   |                                   | 3.5.2 Compliance rates from hand hygiene audits are regularly reported to the highest level of governance in the organisation | • Agenda papers, meeting minutes and/or reports for the senior executive and other relevant committees include information from hand hygiene audit | □ MM  
□ SM  
□ NM → add to action plan |
| C   |                                   | 3.5.3 Action is taken to address non-compliance, or the inability to comply, with the requirements of the current national hand hygiene guidelines | • Agenda papers, meeting minutes and/or reports of relevant committees that include details of strategies and actions  
• Risk assessment that identifies reasons for non-compliance and actions  
• Amended procedures, protocols or work practices that address issues of non-compliance  
• Records of targeted education and training  
• Review of equipment, supplies and products required to comply with hand hygiene requirements | □ MM  
□ SM  
□ NM → add to action plan |
| C   |                                   | 3.6.1 A workforce immunisation program that complies with current national guidelines is in use | • Policies, protocols and procedures that are consistent with national guidelines and jurisdictional legislation and policy directives  
• Register, report or review of vaccinations’ availability and correct storage of vaccine such as the ‘cold chain’ system  
• Documents accessible to authorised personnel that:  
  o identify the healthcare workers’ immunisation status at commencement of employment and throughout their period of employment  
  o identify subsequent additional vaccination requirements for healthcare workers  
  o record immunisation refusals and organisational responses to refusals | □ MM  
□ SM  
□ NM → add to action plan |
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<td>Australian immunisation guidelines</td>
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| C   | 3.7 Promoting collaboration with occupational health and safety programs to decrease the risk of infection or injury to healthcare workers | 3.7.1 Infection prevention and control consultation related to occupational health and safety policies, procedures and/or protocols are being implemented to address:  
- communicable disease status  
- occupational management and prophylaxis  
- work restrictions  
- personal protective equipment  
- assessment of risk to healthcare workers for occupational allergy  
- evaluation of new products and procedures | Policies, procedures and/or protocols for the management of occupational exposures  
- Policies, procedures and/or protocols that address vaccination refusal  
- Risk assessments are undertaken for healthcare workers undertaking exposure prone procedures  
- Occupational exposure data assessed prior to the introduction of safety devices and equipment that minimises the risks to healthcare workers and patients  
- Assessments of skin conditions related to dermatitis or allergy to personal protective equipment, skin antiseptics or hand hygiene products  
- Information from monitoring healthcare workers infected or colonised with an infectious agent  
- Observational audit of the usage of personal protective equipment | □ MM  
□ SM  
□ NM → add to action plan |
| C   | 3.8 Developing and implementing a system for use and management of invasive devices based on the current national guidelines for preventing and controlling infections in health care | 3.8.1 Compliance with the system for the use and management of invasive devices is monitored | Policies, procedures and protocols based on evidence based guidelines and the Australian Guidelines for the Prevention and Control of Infections in Health Care (NHMRC 2010)  
- Policies, procedures and/or protocols which include a strict single use policy  
- Agenda papers, meeting minutes and/or reports of infection control, clinical risk or other relevant committees related to infection control and clinical risk  
- Register or reports on invasive device risks and/or interventions to manage these risks  
- Observational and clinical audits and/or reports from data systems  
- Observational audit of the integrity of critical instruments storage and packaging | □ MM  
□ SM  
□ NM → add to action plan |
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| C   | 3.9 Implementing protocols for invasive device procedures regularly performed within the organisation | 3.9.1 Education and competency-based training in invasive devices protocols and use is provided for the workforce who perform procedures with invasive devices | • Orientation and induction programs on use of invasive devices  
• Records of attendance at training by the workforce on the use of invasive devices  
• Education materials related to use of invasive devices  
• Education plans for ongoing education and training of staff who perform procedures with invasive devices  
• Evaluations of education and competency-based training needs | □ MM  
□ SM  
□ NM → add to action plan |
| C   | 3.10 Developing and implementing protocols for aseptic non-touch technique | 3.10.1 The clinical workforce is trained in aseptic non-touch technique | • Orientation program resources and records of attendance at training by the workforce on aseptic non-touch technique  
• Education resources and records of attendance at training by the workforce, and learning packages on aseptic non-touch technique  
• Records detailing of the workforce who have undertaken education and training related to aseptic non-touch technique  
• Plans for ongoing education and training of the workforce who perform procedures requiring aseptic non-touch technique  
• Evaluations of education and competency-based training needs | □ MM  
□ SM  
□ NM → add to action plan |

(i) Information on aseptic non-touch technique (ANTT) is available in the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, National Health and Medical Research Council (NHMRC) 2010

| C   | 3.10.2 Compliance with aseptic non-touch technique is regularly audited | | • Policies, procedures and protocols on aseptic non-touch techniques consistent with relevant best practice and guidelines, including the *Australian Guidelines for the Prevention and Control of Infections in Health Care* (NHMRC 2010)  
• Agenda papers, meeting minutes and/or reports of infection control, clinical risk or other relevant committees  
• Organisational plans or reports detailing routine measures to audit compliance  
• Register or reports on reviews of aseptic non-touch technique across the organisation  
• Observational audit and/or reports from data systems | □ MM  
□ SM  
□ NM → add to action plan |
| C   | 3.10.3 Action is taken to increase compliance with aseptic non-touch technique protocols | | • Education resources and records of attendance at training by the workforce on aseptic non-touch techniques  
• Risk register or log that includes actions to address identified risks  
• Agenda papers, meeting minutes and/or reports of relevant committees that detail improvement actions taken  
• Quality improvement plan includes actions to address issues identified  
• Examples of improvement activities that have been implemented and evaluated  
• Communication material developed for the workforce and/or patients | □ MM  
□ SM  
□ NM → add to action plan |
**Criterion: Managing patients with infections or colonisations**

Patients presenting with, or acquiring an infection or colonisation during their care are identified promptly and receive the necessary management and treatment.

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| C   | 3.11 Implementing systems for using standard precautions and transmission-based precautions | 3.11.1 Standard precautions and transmission-based precautions consistent with the current national guidelines are in use | • Policies, procedures and protocols based on current national guidelines, including the *Australian Guidelines for the Prevention and Control of Infections in Health Care* (NHMRC 2010)  
• Observational audit of workplace practices, for example, environmental and hand hygiene practices, and personal protective equipment usage  
• Education resources and records of attendance at training by the workforce on systems for using standard precautions and transmission-based precautions  
• Observation of accessible personal protective equipment  
• Standard and transmission-based precaution signage available and accessible to the health workforce | □ MM  
□ SM  
□ NM → add to action plan |
| C   | 3.11.2 Compliance with standard precautions is monitored |  
  | • Agenda papers, meeting minutes and/or reports of infection control, clinical risk or other relevant committees  
• Organisational strategic plans that review compliance and has included consultation across the organisation  
• Register or reports on review of compliance with standard precautions  
• Observational audit and/or reports from data systems and surveillance programs | □ MM  
□ SM  
□ NM → add to action plan |
| C   | 3.11.3 Action is taken to improve compliance with standard precautions |  
  | • Education resources and ongoing training related to standard precautions  
• Records of attendance at training by the workforce  
• Risk register or log that includes actions to address identified risks  
• Agenda papers, meeting minutes and/or reports of relevant committees that detail improvement actions taken  
• Quality improvement plan includes actions to address issues identified  
• Examples of improvement activities that have been implemented and evaluated  
• Communication material developed for the workforce and/or patients | □ MM  
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□ NM → add to action plan |
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| C   |                                   | 3.11.4 Compliance with transmission-based precautions is monitored | • Agenda papers, meeting minutes and/or reports of infection control, clinical risk or other relevant committees  
• Compliance outcomes recorded in the agenda papers, meeting minutes and or reports of infection control, clinical risk or other relevant committees  
• Organisational strategic plans that review compliance that has included consultation across the organisation  
• Register or reports on review of compliance with transmission-based precautions  
• Observational audit and/or reports from data systems  
• Education resources and records of attendance at training by the workforce on transmission-based precautions | □ MM  
□ SM  
□ NM → add to action plan |
| C   |                                   | 3.11.5 Action is taken to improve compliance with transmission-based precautions | • Same evidence options as 3.11.3 | □ MM  
□ SM  
□ NM → add to action plan |
| D   | 3.12 Assessing the need for patient placement based on the risk of infection transmission | 3.12.1 A risk analysis is undertaken to consider the need for transmission-based precautions including:  
• accommodation based on the mode of transmission  
• environmental controls through air flow  
• transportation within and outside the facility  
• cleaning procedures  
• equipment requirements | • Policies, procedures and/or protocols based on risk assessment, analysis and risk management processes  
• Risk assessment reports, log or register  
• Laboratory-based data reports  
• Patient clinical records and case notes  
• Agenda papers, meeting minutes and/or reports of infection control, clinical risk or other relevant committees record review outcomes and improvement actions  
• Audit of risk assessment practices against guidelines and policies | □ MM  
□ SM  
□ NM → add to action plan |
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| C   | 3.13 Developing and implementing protocols relating to the admission, receipt and transfer of patients with an infection | 3.13.1 Mechanisms are in use to check for pre-existing healthcare associated infection or communicable disease on presentation for care | • Policies, procedures and/or protocols that address the identification of pre-existing healthcare associated infection or communicable disease  
• Agenda papers, meeting minutes and/or reports of infection control, clinical risk or other relevant committees related to healthcare associated infection screening  
• Policies, protocols and procedures addressing receipt and transfer of patients with infections  
• Audit of screening for healthcare associated infections or communicable diseases in accordance with local and/or state screening policies | □ MM  
□ SM  
□ NM → add to action plan |
| C   | 3.13.2 A process for communicating a patient's infectious status is in place whenever responsibility for care is transferred between service providers or facilities | | • Policies, protocols and procedures related to transfer of care  
• Handover sheets, discharge forms or similar documents stating infectious status  
• Electronic flagging of patient clinical records and discharge summaries | □ MM  
□ SM  
□ NM → add to action plan |
## Criterion: Antimicrobial stewardship
Safe and appropriate antimicrobial prescribing is a strategic goal of the clinical governance system.

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| C   | 3.14 Developing, implementing and regularly reviewing the effectiveness of the antimicrobial stewardship system | 3.14.1 An antimicrobial stewardship program is in place | • Policies, procedures and/or protocols consistent with national guidelines such as *Therapeutic Guidelines: Antibiotic*  
• Agenda papers, meeting minutes and/or reports of committees related to antimicrobial stewardship  
• Reports and recommendations from an antimicrobial management team  
• Educational programs address antimicrobial usage, development of resistance, and judicious prescribing  
• Audit of antimicrobial usage, particularly in high antimicrobial usage areas  
• Restriction, approval or review systems are in place to guide the use of broad spectrum antimicrobials  
• Referral process to specialist infection disease practitioner and/or microbiologist | □ MM  
□ SM  
□ NM → add to action plan |
| C   | 3.14.2 The clinical workforce prescribing antimicrobials have access to current endorsed therapeutic guidelines on antibiotic usage | Access by clinical workforce prescribing antimicrobials to current endorsed therapeutic guidelines on antibiotic usage | □ MM  
□ SM  
□ NM → add to action plan |
| C   | 3.14.3 Monitoring of antimicrobial usage and resistance is undertaken | • Prescribing guidelines, policies, procedures and/or protocols  
• Agenda papers, meeting minutes and/or reports of relevant committees include information on monitoring outcomes  
• Medication audit  
• Records of antibiotic consumption  
• Reviews of antibiotic usage and feedback to prescribers  
• Laboratory-based data including analysis of antimicrobial resistance  
• Documented scope of practice for specialist proceduralists  
• Observational audit of prescribing behaviour practices  
• Standing orders for antimicrobial medication and prescribing | □ MM  
□ SM  
□ NM → add to action plan |
| C   | 3.14.4 Action is taken to improve the effectiveness of antimicrobial stewardship | Same evidence options as 3.11.3 | □ MM  
□ SM  
□ NM → add to action plan |
**Criterion: Cleaning, disinfection and sterilisation**

Healthcare facilities and the associated environment are clean and hygienic. Reprocessing of equipment and instrumentation meets current best practice guidelines.

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| C   | 3.15 Using risk management principles to implement systems that maintain a clean and hygienic environment for patients and healthcare workers | 3.15.1 Policies, procedures and/or protocols for environmental cleaning that address the principles of infection prevention and control are implemented, including:  
- maintenance of building facilities  
- cleaning resources and services  
- risk assessment for cleaning and disinfection based on transmission-based precautions and the infectious agent involved  
- waste management within the clinical environment  
- laundry and linen transportation, cleaning and storage  
- appropriate use of personal protective equipment | • Environmental cleaning policies, procedures and protocols consistent with current guidelines such as the *Australian Guidelines for the Prevention and Control of Infections in Health Care* (NHMRC 2010)  
• Maintenance schedules for infrastructure  
• Cleaning schedules  
• Risk assessments  
• Audit of the collection, transport and storage of linen  
• Waste management plan  
• Material safety data sheets or chemical register of cleaning resources utilised  
• Observational audit of the use of personal protective equipment  
• Service schedules for infection prevention and control equipment | ☐ MM  
☐ SM  
☐ NM → add to action plan |
<p>| C   | 3.15.2 Policies, procedures and/or protocols for environmental cleaning are regularly reviewed |<br />
| (i) Further information can be found in <em>The Australian Guidelines for the Prevention and Control of Infection in Healthcare</em> by the National Health and Medical Research Council (NHMRC) 2010: <a href="http://www.nhmrc.gov.au">www.nhmrc.gov.au</a> |</p>
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|     |                                  | 3.15.3 An established environmental cleaning schedule is in place and environmental cleaning audits are undertaken regularly | • Cleaning schedules that are consistent with current guidelines such as the *Australian Guidelines for the Prevention and Control of Infections in Health Care (NHMRC 2010)*  
• Agenda papers, meeting minutes and/or reports of relevant committees  
• Environmental cleaning audit results  
• Work instructions and job descriptions  
• Audit of compliance with cleaning schedule | ☐ MM  
☐ SM  
☐ NM → add to action plan |
|     |                                  | 3.16 Reprocessing reusable medical equipment, instruments and devices in accordance with relevant national or international standards and manufacturers’ instructions | • Policies, procedures and/or protocols for processing reusable medical equipment, instruments and devices consistent with relevant national or international standards and manufacturer’s instructions  
• Records of sterilisation verifying reprocessing that is consistent with legislation  
• Maintenance schedules for sterilising equipment that are monitored and reviewed  
• Audit of monitoring systems for sterilisers  
• Risk assessments where there are deviations in the requirements of relevant standards and the manufacturer’s instructions  
• Observational audits of cleaning, disinfection and sterilisation processes  
• Audit results for sterile stock integrity and supply | ☐ MM  
☐ SM  
☐ NM → add to action plan |
|     |                                  | 3.17 Implementing systems to enable the identification of patients on whom the reusable medical devices have been used | • Agenda papers, meeting minutes and/or reports of relevant committees  
• Register or record of patients who have, or have had, procedures using reusable instruments and devices  
• Audit of medical records (patient clinical records or records regarding the use of reusable medical instruments and devices) | ☐ MM  
☐ SM  
☐ NM → add to action plan |
|     |                                  | 3.18 Ensuring workforce who decontaminate reusable medical devices undertake competency-based training in these practices | • Agenda papers, meeting minutes and/or reports of relevant committees that detail improvement actions  
• Education and training materials and records of attendance at training by the workforce  
• Schedule of competency-based training and targets  
• Analysis of proportion of workforce who has completed orientation programs and ongoing education and training  
• Relevant current standards and guidelines such as the *Australian Guidelines for the Prevention and Control of Infections in Health Care (NHMRC 2010)* are accessible to relevant workforce | ☐ MM  
☐ SM  
☐ NM → add to action plan |
## Criterion: Communicating with patients and carers
Information on healthcare associated infection is provided to patients, carers, consumers and service providers.

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| C   | 3.19 Ensuring access to consumer-specific information on the management and reduction of healthcare associated infections is available at the point of care | 3.19.1 Information on the organisation’s corporate and clinical infection risks and initiatives implemented to minimise patient infection risks is provided to patients and/or carers | • Materials used for patient and carer education  
• Patient education materials translated into languages other than English  
• Risk alert information and materials provided to patients and their carers, for example respiratory precautions  
• Public health risk alert material placed on public display in areas such as reception and waiting areas  
• Publication of information on infection rates and risks that are accessible to the public  
• Web site information available to the public  
• Information provided to visiting medical specialist for distribution to patients and/or carers  
• Information included in pre-admission information dedicated to infection control practices | □ MM  
□ SM  
□ NM → add to action plan |
| D   | 3.19.2 Patient infection prevention and control information is evaluated to determine if it meets the needs of the target audience | Results of patient satisfaction survey on patient infection prevention and control information  
Documented comments and complaints received from patients and carers  
Reports on the evaluation of patient information  
Agenda papers, meeting minutes and/or reports of relevant committees  
Consumer representation on relevant focus groups, committees or working parties | □ MM  
□ SM  
□ NM → add to action plan |

### Additional information and resources

*Healthcare Associated Infection (HAI) Program*, Commission on Safety and Quality in Health Care (ACSQHC)  

Additional information in relation to Hand Hygiene may be found on the Hand Hygiene Australia website: [www.hha.org.au](http://www.hha.org.au)


Therapeutic Guidelines: Antibiotic is located by the following link: [www.tga.org.au](http://www.tga.org.au)

Cleaning schedules guidelines are found in: *Australian Guidelines for the Prevention and Control of Infections in Health Care*: Section B5.1 (NHMRC) 2010.  