

FACULTY OF MEDICINE AND HEALTH - INFECTION PREVENTION AND DISEASE CONTROL PROCEDURES 2021

Issued by: Executive Dean and Pro Vice Chancellor, Faculty of Medicine and Health

Dated: 25 February 2021, commencing 1 May 2021

Last amended: 24 April 2024 (administrative amendments)

Signature:

Name: Professor Robyn Ward

1 Purpose and application

- (1) These procedures are to give effect to the [Health Clinics and Clinical Services Policy](#) ("the policy").
- (2) This document specifies requirements to:
 - (a) prevent and control health associated infections and communicable diseases; and
 - (b) reduce risks to staff, affiliates, students and members of the community using University simulation units, health clinics and clinical services.
- (3) These procedures apply to:
 - (a) the Faculty of Medicine and Health, staff, students and affiliates;
 - (b) all Faculty of Medicine and Health simulation units, health clinics and clinical services; and
 - (c) any other health clinic which is contractually bound to follow these procedures, or clauses within these procedures.

2 Commencement

These procedures commence on 1 May 2021.

3 Interpretation

- (1) Words and phrases used in these procedures and not otherwise defined in this document have the meanings they have in the policy.

Note: See clause 6 of the policy.



aseptic technique	<p>means a set of practices aimed at minimising contamination during clinical procedures, based on the essential principles of:</p> <ul style="list-style-type: none">• sequencing;• environmental control;• hand hygiene;• maintenance of aseptic fields; and• personal protective equipment (PPE). <p>Note: For further detail see NSW Health Infection Prevention and Control Policy PD2017_013</p>
facility	<p>Means, as appropriate, a University simulation unit, health clinic or clinical service.</p>
hand hygiene	<p>means processes to reduce the number of microorganisms on hands. This includes use of a waterless antimicrobial agent, soap or other appropriate solution and running water.</p> <p>Note: See NSW Health Infection Prevention and Control Policy PD2017_013</p>
healthcare-associated infection (HAI)	<p>means an infection that develops as a result of health, research or medical intervention.</p>
infection prevention and disease control	<p>means evidence-based practices and procedures that, when applied consistently can prevent or reduce the risk of transmission of microorganisms to or between people.</p>
Infection Control Management Plan (ICMP)	<p>means a systematic risk-assessment based plan to:</p> <ul style="list-style-type: none">• prevent, manage or control healthcare-associated infections;• reduce harm, and achieve good health processes and outcomes; <p>for staff, affiliates, students and patients and members of the community.</p> <p>Note: See clause 4. See also Schedule 1 for the University's risk assessment matrix.</p>
Personal Protective Equipment (PPE)	<p>means barriers, used alone or in combination, to protect mucous membranes, airways, skin and clothing from contact with infectious agents.</p>

standard precautions

means the minimum infection prevention measures applicable to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered. These are described in the NSW Health Infection Prevention and Control Policy NSW Health PD2017_013 and NSW Health Clinical and Related Waste Management for Health Services Policy NSW Health PD2017_026 and comprise:

- hand hygiene;
- respiratory hygiene (cough etiquette);
- physical distancing where appropriate;
- personal protective equipment;
- aseptic technique;
- needle-stick and sharps injury prevention;
- cleaning and disinfection; and
- waste management.

transmission-based precautions

means the measures which should be used when standard precautions alone are insufficient to interrupt the transmission of a microorganism. They are applied in addition to standard precautions, and include contact, droplet and airborne precautions.

Note: See [NSW Health Infection Prevention and Control Policy PD2017_013](#)

4 Infection Control Management Plans

- (1) The senior staff member responsible for patient care in a facility, together with the relevant local committee responsible for clinical governance and quality must:
 - (a) develop;
 - (b) submit to the University Clinical Governance and Quality Committee for approval; and
 - (c) review at least annuallyan Infection Control Management Plan (ICMP) for that facility.
- (2) The effectiveness and implementation of the ICMP must be reviewed at least annually.
- (3) The Infection Control Management Plan (ICMP) must:
 - (a) be written in a way likely to be easily understood by staff, affiliates and students engaged at the facility;
 - (b) describe the nature of the health service being provided to, or activities being undertaken on, patients or participants;
 - (c) identify the risks of HAIs associated with providing the healthcare or service or conducting the simulation;

Note: See risk assessment matrix in Appendix 1 and the [Risk Assessment Template](#).



- (d) detail and provides for the systematic review of the:
 - (i) systems;
 - (ii) practices;
 - (iii) procedures;
 - (iv) and behavioursto mitigate the risk of HAI.
- (4) Each ICMP must include provisions tailored to meet the local context and identified risks, from each of the following perspectives:
 - (a) governance (see clause 5);
 - (b) practice (see clause 6);
 - (c) education (see clause 7); and
 - (d) quality assurance (see clause 8).

5 Governance

- (1) Each facility must appoint an appropriately qualified staff member as Infection Prevention Responsible Officer to provide advice, education and guidance on infection prevention matters.
- (2) Every ICMP must:
 - (a) document, or link to a document which records, the relevant model of care or model of service for the facility;
 - (b) document the applicable infection prevention and disease control requirements;
 - (c) specify:
 - (i) minimum educational requirements;
 - (ii) vaccination requirements; and
 - (iii) mandatory training and competency requirements;for staff, affiliates and students;
 - (d) require and specify timing for:
 - (i) regular infection prevention and environmental hygiene audits; and
 - (ii) providing reports of audits and incidents as required by the [policy](#).

Note: Schedule 2 for equipment and device audit schedule, and Schedule 3 for environmental cleaning audit tool.
- (3) In addition to the requirements of subclause 5(2), an ICMP for a health care facility must state:
 - (a) the infection risks associated with the provision of relevant health services;
 - (b) the measures to be taken to prevent or minimise the infection risks;
 - (c) arrangements for monitoring and reviewing the implementation and effectiveness of the measures;

- (d) how often the ICMP is to be reviewed; and
 - (e) the name of any person who is responsible for providing advice about and monitoring the effectiveness of the ICMP.
- (4) The senior staff member responsible for patient care in the facility must:
- (a) sign and date the original ICMP;
 - (b) sign and date the ICMP each time it is reviewed;
 - (c) make a copy of the ICMP available at the facility in a manner readily accessible to staff, affiliates and students.
- (5) Before any health service or activity not addressed in a facility's ICMP is provided or undertaken at a facility, the senior staff member responsible for patient care in the facility must review and amend the ICMP to address infection risk associated with that service or activity.
- (6) The University must provide adequate resources to the operator to ensure the effectiveness and implementation of the ICMP.
- (7) Facilities must manage their local governance through the committees required by the policy and the University's [Clinical Governance Framework](#).
- (8) Facilities' infection prevention strategies and environmental risk identification processes must follow the University's [risk management](#) and [safety health and wellbeing](#) framework, including reporting incidents in the University's risk management software [RiskWare](#).
- (9) Facilities may also refer to the NSW Clinical Excellence Commission [Infection Prevention and Control Practice Handbook 2020](#) risk management framework, which is summarised in the diagram in Schedule 4 to these procedures.

6 Practice

- (1). Each ICMP must specify the infection prevention and disease control practices to be undertaken by staff, affiliates, students, patients, participants and members of the community when attending the facility.
- (2). Each facility must develop and document evidence-based and facility adapted operating procedures which follow applicable national, state and University infection prevention guidelines.
- (3). Operating procedures must include:
- (a) hand hygiene measures and audit requirements;
 - (b) environmental cleaning and audit requirements;
Note: See Appendix 3.
 - (c) cleaning and disinfection of re-useable of devices (where used);
 - (d) clinical waste management and audit requirements;
Note: See the University's [hazardous waste guide](#).
 - (e) injection safety and audit requirements;
Note: See the University's [Biological Safety Standards, and RiskWare for reporting needle-stick injuries](#).
 - (f) aseptic technique and audit requirements;



- (g) basic principles of standard and transmission-based precautions, including risk assessments of tasks to determine appropriate [PPE](#);
- (h) evaluation and procurement requirements for new devices
- (i) health care worker or researcher vaccine preventable disease status records;
- (j) mechanisms for identifying patients or participants who have or may be suspected of having an infection or disease that requires transmission-based precautions; and
- (k) a system to enable contact tracing and identify the movement of individuals such as [NSW Covid Safe App](#) where relevant.

7 Education

- (1) Each facility must provide education and training to all staff, affiliates and students on the facility specific infection prevention and disease control practices, including but not limited to:
 - (a) policy and procedure requirements;
 - (b) workplace orientation;
 - (c) preparing to work in health facilities and on clinical placements;
 - (d) risk identification and management;
 - (e) monitoring and auditing;
Note: See Appendices 2 and 3.
 - (f) reporting incidents;
 - (g) standard transmission precautions;
 - (h) using PPE;
 - (i) hand hygiene;
 - (j) specialist services requirements as relevant e.g. dental, physiotherapy;
 - (k) specimen collection;
 - (l) aseptic technique and invasive devices (single and multi-use);
 - (m) environmental cleaning;
Note: See Schedule 3.
 - (n) workforce immunisation; and
 - (o) clinical waste management.
Note: See Schedule 3.
- (2) The clinic manager or program lead must document all certifications for staff, affiliates, and students in the local learning management system.
- (3) The University of Sydney Clinical Chair, Infection Prevention and Disease Control will provide education and guidance on infection prevention matters at the request of clinic managers or the Infection Prevention Responsible Officer.

8 Quality Assurance

- (1) The ICMP must be based on:
 - (a) surveillance and quality assurance data that is used to enable the timely identification and management of emerging risks of infection and disease; and
 - (b) demonstrated consultation and engagement with relevant experts.

NOTES

Faculty of Medicine and Health - Infection Prevention and Disease Control Procedures 2021

Date adopted: 25 February 2021

Date commenced: 1 May 2021

Date amended: 24 April 2024 (administrative amendments)

Administrator: Executive Dean and Pro Vice Chancellor, Faculty of Medicine and Health.

Review date: 1 May 2026

Rescinded documents: Nil

Related documents: National Health and Medical Research Council (NHMRC): [Australian Guidelines for the Prevention and Control of Infection in Healthcare 2019](#)

Australian Commission for Safety And Quality in Healthcare: National Safety and Quality Health Service Standards 2nd Edition. [Standard 1 – Clinical Governance Standard](#)

Australian Commission for Safety and Quality in Healthcare: National Safety and Quality Health Service Standards 2nd Edition. [Standard 3 - Preventing and Controlling Healthcare-Associated Infection Standard](#)

[NSW Health Policy PD2020_022](#) Cleaning of the Healthcare Environment

[NSW Health Policy PD2017_026](#) Clinical and Related Waste Management for Health Services

[NSW Health Policy PD2017_013](#) Infection Prevention and Control Policy

[NSW Health Policy PD2020_017](#) Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Risk Management Policy

Work Health & Safety Policy

Work Health and Safety Procedures



Hazardous Waste Guidelines

AMENDMENT HISTORY

Provision	Amendment	Commencing
Throughout	Administrative amendments to remove the year in policy references	24 April 2024



SCHEDULE 1 RISK MATRIX

		Potential Consequences					
		Class 3	Class 2	Class 2	Class 1b/1c	Class 1a	
		Minor injuries or physical discomfort. Short-term psychological impact (isolated or one-off event).	Injury or illness requiring medical treatment and/or short-term impairment (less than 2 weeks). Psychological impact requiring support.	Injury or illness requiring hospital admission and/or temporary impairment (less than 6 months). Psychological impact requiring medical treatment.	Injury or illness (physical or psychological) resulting in long-term or permanent impairment (more than 6 months). Injury or illness resulting in temporary impairment to multiple people.	One or more fatalities. Injury or illness resulting in long-term or permanent impairment to multiple people.	
		Insignificant	Minor	Moderate	Major	Severe	
Likelihood	Expected to occur regularly under normal circumstances	Almost Certain	Medium	High	Very High	Very High	Very High
	Expected to occur at some time	Likely	Low	Medium	High	Very High	Very High
	May occur at some time	Possible	Low	Medium	Medium	High	High
	Not likely to occur in normal circumstances	Unlikely	Low	Low	Medium	Medium	High
	Could happen, but probably never will	Rare	Low	Low	Low	Medium	Medium

[Risk assessment template](#)

SCHEDULE 2: EQUIPMENT AND DEVICE AUDIT SCHEDULE

Risk Category	Minimum required audit frequency	Minimum % of audits completed per quarter	Reported to <ul style="list-style-type: none"> • Clinic Manager / HOS • COS / Technical team • CG&QC Consider the following -
Extreme	Equipment, devices or spaces audited monthly	90%	Escalate non-compliance or asset risks Annual contract for RMR in place?
High	Equipment, devices or spaces audited bi-monthly	85%	Escalate non-compliance or asset risks Annual contract for RMR in place?
Moderate	Equipment, devices or spaces audited quarterly	80%	Assess life cycle and RMR compliance – has the annual maintenance occurred? does this need updating due to increased risk?
Low	Equipment, devices or spaces audited 6 monthly	80%	Assess life cycle and RMR compliance – has the annual maintenance occurred?

Reference NSW Health PD2020_022 Cleaning of the Healthcare Environment accessed via https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2020_022.pdf

SCHEDULE 4 – CEC RISK MANAGEMENT DIAGRAM

