Role of the Infection Control Liaison (ICL)

An Infection Control Liaison (can be any healthcare worker e.g. nurse, allied health worker or doctor) is a member of an existing healthcare unit who apportions some of his/her work time to infection prevention and control (IPC) and/or an IPC liaison program. The aim of the liaison program is to provide an effective two-way channel of communication between specified clinical areas and the Infection Prevention and Control Team. An Infection Control Liaison (ICL) can also be referred to as “link nurse” or “champion”

It is anticipated that the ICL will be dedicated to this role for a specified period, according to the needs of the area. The ICL will not replace the facilities’ Infection Control Coordinator or IPC unit members, but will work in collaboration with the unit. Aims include to enhance and further assist in the prevention and management of infection control in the specific clinical area in which they work.

The objectives of the ICL Program are:
1. To support good communication throughout the health units regarding measures for optimal infection and prevention control.
2. To increase the awareness of prevention and control of infection in clinical practice.
3. To ensure improved patient outcomes through appropriate monitoring and surveillance measures for the control of infection in South Australian health units.

Specific functions of the position:
The ICL will be actively involved in liaison with the following staff:
- Infection Prevention and Control Unit (IPCU)
- nursing
- medical
- allied Health
- ancillary staff
- cleaners (including contractors)
- consumers
- other as required.

Functions will depend largely on the clinical unit or area (e.g. Emergency Department, Operating Theatre, ward or primary care). Activities may depend on the needs of the particular area and should be directed by the IPCU in consultation with the local unit manager. The specific functions of the ICL position may include all or some of the following activities: (see points 1-6 below).

1. Education of unit staff:

Education is aimed at increasing the awareness of the importance of infection control practices and providing feedback on local performance.

This may include:
- working with individual staff members
- presentations at handover
- development of knowledge assessments/competencies/key performance indicators
Topics may include:
- hand hygiene practices – what is appropriate and when
- the correct use of personal protective equipment ie appropriate use of gloves
- the correct implementation of standards and application of standard and transmission-based precautions
- management of sharps and waste management
- practices for prevention and control of multi-resistant organisms and antimicrobial stewardship

The IPCU team is expected to provide the necessary educational materials and to work in consultation with the ICL in developing these activities for their specific clinical area.

2. Assisting with surveillance/auditing of IPC practices in their clinical area

Audit tools should be provided by the IPCU to address items and requirements of the National Standards for Safety and Quality in Healthcare.

3. Identifying potential cross-infection risks

This involves implementation the principles of surveillance and risk assessment to identify clusters of infection in time, place, and person and identify possible sources of cross-infection on the ward or unit.

4. Assisting with outbreak investigations

The ICL in collaboration with the IPCU may be expected to assist in outbreak investigations as per the principles of outbreak investigation. This may include case finding, identification of possible sources of the outbreak as well as communicating with staff on their ward.

5. Observation and reporting of compliance issues

The ICL may identify issues of non-compliance with IPC policy and/or procedures and should discuss these with their Unit Manager and the IPCU for further action as necessary. This may require follow up via agenda items, specific educational activities, auditing, completion of safety learning system reports or other quality improvement initiatives as determined by the IPCU.

6. Generation of regular summary reports to the IPCU and their home Unit

A system of regular reporting should be established to enable the IPCU or manager to monitor activities and progress. Such reports may include summaries of auditing (ie hand hygiene), education sessions and other activities in the specified area undertaken by the ICL.

Key Performance Indicators

The success of the ICL program in a health unit can be measured by performance indicators including:
- Number of staff educated in the appropriate use of PPE
- Number of staff educated in hand hygiene
- Number of staff who attended/received other ICL facilitated education
- Hand hygiene observations or audits conducted
- other activities determined by the IPCU or local area/unit manager.

For more information

Infection Control Service
Communicable Disease Control Branch
Telephone: 1300 232 272
www.sahealth.sa.gov.au/infectionprevention

Public -I1-A2

© Department of Health, Government of South Australia. All rights reserved.

Version 3.1 (Feb2018)