

Fact sheet for Health Care Professionals

Role of the Infection Control Liaison (ICL)

An Infection Control Liaison (ICL) can be any healthcare professional (e.g. nurse, allied health worker or doctor) who is a member of an existing healthcare unit who apports some work time to infection prevention and control (IPC) and/or an IPC liaison program. An ICL may also be referred to as a “link nurse” or “champion”.

The aim of the IPC liaison program is to provide an effective two-way channel of communication between specified clinical areas and the IPC Team.

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 prevention and 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 prevention and control of infection in South Australian health units.
4. To assist the IPC team to reduce the risk to patients, consumers and the workforce of acquiring preventable infections as per the [National Safety and Quality Health Service Standards Preventing and Controlling Infections Standard](#)

Functions of the ICL position:

The ICL will be actively involved in liaison with the following staff:

- IPC team
- clinical staff (e.g nursing, medical, allied health)
- non-clinical staff (e.g ancillary staff, cleaners, consumers) and
- others as required.

Functions will depend largely on the clinical unit or area. Activities may depend on the needs of the area and should be directed by the IPC team in consultation with the local unit manager.

The specific functions of the ICL position may include all or some of the following activities:

1. Education of unit staff:

Education is aimed at increasing the awareness of the importance of IPC practices and providing feedback on local performance. This may include:

- working with individual staff members
- presentations at handover times
- development of knowledge assessments/competencies/key performance indicators.



Topics may include:

- hand hygiene practices
- the correct use of personal protective equipment
- the correct implementation and application of standard and transmission-based precautions
- indwelling device management
- management of sharps and waste management
- practices for prevention and control of multi-resistant organisms and anti-microbial stewardship

The IPC 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 IPC team to address items and requirements of the National Standards for Safety and Quality in Healthcare.

3. **Identifying potential cross-infection risks**

This involves implementation of 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 IPC team 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/unit.

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 IPC team for further action as necessary. This may require follow up via action plans, specific educational activities, auditing, completion of safety learning system reports or other quality improvement initiatives as determined by the IPC team.

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

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

Key Performance Indicators

The success of the ICL program 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 and other IPC audits conducted
- Other activities determined by the IPC team or local area/unit manager.

For more information

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 Public -I1-A2