

Healthcare Associated Infection Prevention Policy Directive

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Healthcare Associated Infection Prevention Policy Directive

1. Policy Statement

The purpose of this Clinical Directive is to ensure systems are in place to minimise the transmission of infectious diseases and the impact of healthcare-associated infection (HAI) on patients and the healthcare system. This goal is in line with the overall objectives of the [SA Health and Wellbeing Strategy 2020-2025](#) to provide safe and reliable care, with a focus on continuous improvement.

In order to effect positive change and improve patient outcomes, infection prevention must be considered as part of the overall risk management process at the highest levels of governance in each health service. This may be accomplished by:

- > Ensuring that there is an effective infection prevention and control program that allows for a facility-wide involvement in reducing and preventing infection and that all aspects of infection prevention and control practice are included.
- > The establishment of a dedicated Infection Control Committee, or equivalent, and making infection prevention and antimicrobial stewardship an agenda item on clinical governance committees, at both the regional and facility level.

All SA Health employees or persons who provide health services on behalf of SA Health must adhere to this policy.

2. Roles and Responsibilities

Chief Executive:

- > ensuring that all SA Health healthcare facilities have an effective infection prevention and control program in place
- > ensuring that all SA Health healthcare facility staff have access to the relevant SA Health policies and procedures.

Local Health Network (LHN) Governing Boards:

- > establish local governance systems for HAI prevention and control and antimicrobial stewardship
- > ensure hospitals within the LHN have an antimicrobial stewardship strategy and implementation plan in place
- > ensure that all hospitals/health services have access to a clinical microbiology and/or infectious diseases service that provides consultation and specialist advice
- > ensure that facility refurbishment and design of new facilities is in line with national guidelines and the relevant Standards to facilitate infection prevention activities
- > ensure infection prevention and control staff are provided with the necessary tools and resources to carry out the tasks identified in the LHN/facility infection management plan
- > ensure that surveillance and auditing programs are in place to continuously monitor key infection rates and process measures, and that these are supported by adequate information technology systems
- > use surveillance data to identify infection risks that apply to health units within their facility, and ensure that these are documented with appropriate mitigation strategies in the local infection management plan

- > support the establishment of an infection control link/champion program where considered appropriate
- > develop a local antimicrobial stewardship implementation plan.

3. Policy Requirements

3.1. Infection prevention and control program

Each health care facility should have a comprehensive, facility-wide infection prevention and control program that covers the following areas:

- > systems of governance for infection prevention, control and surveillance activities
- > infection prevention and control policies, guidelines and protocols that are in line with state Policy Directives and Guidelines are readily available to all staff
- > antimicrobial prescribing guidelines are readily available to all clinical staff
- > systems are in place to monitor and review policies and procedures and assess that they are being implemented correctly
- > a system is in place for routine surveillance of:
 - specific microorganisms of epidemiological importance in the local environment, including multidrug-resistant strains
 - targeted healthcare associated infections according to the risk of the patient population
 - [notifiable diseases](#).

The LHN/facility-wide infection prevention and control program should:

- > be clearly documented and distributed throughout the facility
- > have clearly defined clinical governance and reporting mechanisms
- > cover the range of services provided by the facility
- > be coordinated by a suitably qualified health care professional
- > comply with infection control standards, accreditation and legislative requirements as identified for the facility
- > be evaluated and reviewed annually.

In order to successfully operationalise the infection prevention and control program the health care facility should provide the following:

- > an Infection Control Professional (ICP) or other suitably qualified health care worker responsible for coordinating the program
- > a multidisciplinary Infection Control Committee or similar system of management and [governance](#). An infection control committee may be part of another committee with wider responsibility, such as a patient care committee, occupational health and safety committee or quality committee
- > adequate resources to facilitate the aims of the program, e.g. access to information technology.

For further information, refer to the HAI management plan checklists:

- > Appendix 1 (acute care services)
- > Appendix 2 (non-acute care services).

3.2. Infection Prevention Procedures

Each health service must ensure that all staff use the most up-to-date guidance on infection prevention procedures and protocols, to ensure consistency in practice across LHNs and health services.

SA Health endorses the use of the [Australian Guidelines for the Prevention and Control of Infection in Healthcare, 2019](#) (the National Guidelines) and will provide local context where required, along with appropriate implementation tools, checklists and fact sheets targeted at different health care settings.

In accordance with the [National Safety and Quality Health Service Standards \(NSQHS\) 2nd Edition](#) - Standard 3, a risk management approach should be taken when implementing policies, procedures and/or protocols for the following core areas including:

- > [antimicrobial stewardship](#)
- > [aseptic technique](#)
- > [environmental hygiene](#)
- > [hand hygiene](#)
- > [management of indwelling medical devices](#)
- > [protection of health care workers](#) – staff immunisation, respiratory protection, sharps management and blood and body fluid exposure management
- > [reprocessing of reusable medical devices](#)
- > [standard and transmission-based infection control precautions](#)
- > [surveillance and outbreak detection](#).

Deviations from national and state guidelines should be supported by local risk assessment and/or published evidence.

3.3. Surveillance & monitoring

A surveillance system must be established and implemented in line with the [SA Health HAI Surveillance Policy Directive](#).

Monitoring may include: outcome measures, e.g. specific infection rates, and/or process measures such as regular auditing of critical infection prevention activities. A comprehensive suite of audit tools for process monitoring are available on the [SA Health website](#).

An important aspect of the quality improvement process is to ensure that there is timely feedback of results and discussion at the highest levels of governance. This should then lead to adjustment of plans where necessary in order to ensure that objectives are being met.

Staff responsible for the collection and reporting of surveillance data must have received training in the application of the SA Health standardised definitions and the infection control information management system (ICIMS), where appropriate. [Training](#) is available by contacting the SA Health Infection Control Service.

3.4. Clinician skills and knowledge

Implementing improvements in infection prevention depends on achieving a skilled and informed workforce with the necessary tools and knowledge. The objective should be to make infection prevention “everybody’s business” and a routine part of clinical care.

Each health service should maintain a register of clinical staff training and competency (where appropriate) in key infection prevention procedures, in particular:

- > performance of hand hygiene in accordance with the [SA Health Hand Hygiene Policy Directive and Guideline](#)
- > appropriate use of [aseptic technique](#)
- > the [correct application of personal protective equipment](#)
- > [standard and transmission-based precautions](#)
- > [outbreak management](#).

3.5. Consumer engagement

In accordance with the Australian Commission on Safety and Quality in Healthcare (ACSQHC) [NSQHS Standards](#), consumers should have a role in optimising their own health care by understanding the risks of infection and the ways in which they can help to minimise this risk.

All health services within a LHN should provide relevant consumer information on HAI at the point of care, explaining the rationale for specific infection prevention protocols, e.g. use of alcohol-based hand rub, personal protective equipment, and isolation rooms.

The importance of compliance with these protocols for staff, patients and their visitors should be stressed. The message should be that infection control is “everybody’s business” and this includes all staff, patients and visitors.

Examples of strategies that can be adopted include:

- > promotion of visitor hand hygiene on entry to the facility
- > provision of general information on HAI prevention on entry to the facility
- > providing a system of consumer feedback on the quality of information provided.

3.6. Communication strategy

All health services within a LHN should develop a communication plan alongside their local infection management plan, and in line with the [SA Health Marketing and Communications Policy](#).

The objective of developing a communication plan is to provide consistent messages and resources regarding infection prevention and control across all SA Health facilities. Additionally the communication plan promotes awareness amongst staff, volunteers, consumers and others where relevant, of the efforts being made to prevent adverse outcomes.

The plan should consider communications appropriate to the target audience, including, but not limited to:

- > clinical and non-clinical health care staff
- > volunteers and support staff
- > patients and visitors.

4. Implementation & Monitoring

Surveillance data on key infection control measures should be reported to the SA Health Infection Surveillance Program on a monthly basis, and be subjected to data quality assurance review prior to submission, in line with the [SA Health HAI Surveillance Policy Directive](#).

Key hospital performance indicators (KPIs)* currently include:

- > Hand hygiene compliance rate
- > Healthcare-associated *Staphylococcus aureus* bacteraemia (SAB)
- > Hospital-identified *Clostridioides difficile* infections (CDI)
- > Healthcare-associated methicillin-resistant *Staphylococcus aureus* infections (MRSA)
- > Healthcare-associated vancomycin-resistant Enterococcus species infections (VRE)
- > Healthcare-associated post-operative surgical site infection (SSI) as indicated.

***Note** – KPIs may be subject to change for individual facilities.

4.1. Incident reporting and open disclosure

The [Safety Learning System](#) (SLS) is an application that enables all SA Health services to record, manage, investigate and analyse patient and worker incidents. All breaches of practice that affect patient or worker safety should be reported on the SLS; examples of breaches in infection prevention and control practice that should be reported include:

- > aseptic technique procedure not followed
- > correct PPE not worn
- > failure to apply standard and/or transmission-based precautions
- > sharp safety procedures not followed
- > sterilisation or disinfection processes

Refer to further information of [Patient Incident Management and Open Disclosure](#) on the SA Health webpages.

4.2. Risk management

A risk management approach to the control of HAI will be adopted at all levels of the LHN and facilities. This requires the full support of management and cooperation between management, healthcare workers and support staff (e.g. cleaning, hotel services, building maintenance staff).

Risk assessment in the context of HAI involves the identification of:

- > patients or situations that present an infection transmission risk to other patients and/or staff
- > patients or staff members who are at increased risk of acquiring an infection in the healthcare setting.









Examples of the above include:

- > the use of computerised alert systems for patients known to be carrying infectious organisms
- > the use of admission and pre-surgery checklists
- > identification of immune-compromised patients or those with underlying conditions, including pregnancy, that may pre-dispose them to infection
- > maintaining records of staff vaccination status.

Risk assessment and risk management should be an integral part of HAI prevention protocols. The [Australian Guidelines for the Prevention of Infection in Health Care \(2019\)](#) has taken this approach.

For more detail on the application of risk management techniques, see section 2.2 and 5 of these Guidelines.

5. National Safety and Quality Health Service Standards

							
National Standard 1	National Standard 2	National Standard 3	National Standard 4	National Standard 5	National Standard 6	National Standard 7	National Standard 8
Clinical Governance	Partnering with Consumers	Preventing & Controlling Healthcare-Associated Infection	Medication Safety	Comprehensive Care	Communicating for Safety	Blood Management	Recognising & Responding to Acute Deterioration
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Definitions

In the context of this document:

- > **Acute setting means:** a hospital that provides medical care to acutely unwell patients, and undertakes a variety of surgical procedures requiring at least an overnight stay.
- > **Ambulatory setting means:** any setting where people receive medical care that does not require an overnight stay.
- > **Auditing means:** The systematic collection of data on compliance with standard procedures, usually obtained by direct observation
- > **HAI means:** Healthcare associated infection
- > **Healthcare associated means:** acquired by a patient during the course of receiving treatment provided by a healthcare facility.
- > **Surveillance means:** the ongoing systematic collection, analysis and interpretation of data essential to the planning, implementation and evaluation of clinical practice, closely integrated with the timely dissemination of these data to those who need to know.

7. Associated Policy Directives / Policy Guidelines and Resources

7.1. SA Health policies and guidelines

- > [Accreditation to National Safety and Quality Health Service Standards Policy Directive](#)
- > [Antimicrobial Prescribing Clinical Guideline](#)
- > [Antimicrobial Stewardship Policy Directive](#)
- > [Aseptic Technique Clinical Directive](#)
- > [Cleaning Standard for Healthcare Facilities Policy Directive](#)
- > [Control of Tuberculosis in South Australian Health Services Directive](#)
- > [Hand Hygiene Policy Directive and Clinical Guideline](#)
- > [Hazard Identification and Risk Management \(WHS\) Policy Directive](#)
- > [Healthcare-associated Infection Surveillance Policy Directive](#)

- > [Immunisation for Health Care Workers in South Australia Policy Directive](#)
- > [Incident Management and Open Disclosure Policy Directive](#)
- > [Infection Prevention and Control during Construction and Renovation at Existing Healthcare Facilities Policy Guideline](#)
- > [Management of the Healthcare Environment to Minimise the Risk of Transmission of Infection Policy Directive](#)
- > [Methicillin-resistant *Staphylococcus aureus* \(MRSA\): Infection Prevention Clinical Guideline](#)
- > [Multi-resistant Gram-negative Micro-organisms \(NRGN\): Infection Prevention Clinical Guideline](#)
- > [Personal Protective Equipment \(PPE\) Selection Policy Guideline](#)
- > [Preventing and Responding to Work Related Exposure to Infectious Disease Policy Guideline](#)
- > [Respiratory Protection against Airborne Infectious Diseases Clinical Guideline](#)
- > [SA Health and Wellbeing Strategy 2020-2025](#)
- > [Vancomycin-resistant Enterococci \(VRE\): Infection Prevention Clinical Guideline](#)

7.2. SA Health resources

- > Guidelines for the Management of Gastroenteritis Outbreaks in Residential Environments in South Australia. Available at <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/infectious+disease+control/gastroenteritis+for+health+professionals>
- > Guideline for Influenza Outbreak Prevention and Management in Residential Care Facilities in South Australia. Available at <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/infectious+disease+control/influenza+for+health+professionals/influenza+information+for+health+professionals>
- > Infection prevention fact sheets, audit tools and resources. Available at <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/infection+and+injury+management/healthcare+associated+infections/healthcare+associated+infections>
- > Influenza Management Guideline for Emergency Departments and General Practice. Available at: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/infectious+disease+control/influenza+for+health+professionals/influenza+resources+and+links+for+health+professionals>
- > Standard 3 – Preventing and Controlling Healthcare Associated Infection Audit Tools. Available at <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/infection+and+injury+management/healthcare+associated+infections/healthcare+associated+infections>

7.3. State legislation

- > Environment Protection Act, 1993. Available at: <https://www.legislation.sa.gov.au/LZ/C/A/ENVIRONMENT%20PROTECTION%20ACT%201993.aspx>
- > Environment Protection Regulation, 2009. Available at: <https://www.legislation.sa.gov.au/LZ/C/R/ENVIRONMENT%20PROTECTION%20REGULATIONS%202009.aspx>
- > Environment Protection (Waste to Resources) Policy 2010. Available at: http://www.epa.sa.gov.au/community/waste_and_recycling/medical_waste

- > EPA Guidelines: Medical Waste - storage, transport and disposal. Available at: http://www.epa.sa.gov.au/community/waste_and_recycling/medical_waste
- > Food Regulations 2017 (South Australia). available at: <https://www.legislation.sa.gov.au/LZ/C/R/FOOD%20REGULATIONS%202017.aspx>
- > [Legionella regulations and guidelines](#)
- > Public Health Act, 2011. Available at: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/legislation/public+health+act/public+health+acthttp://www.legislation.sa.gov.au/LZ/C/A/SOUTH AUSTRALIAN PUBLIC HEALTH ACT 2011/CURRENT/2011.21.UN.PDF>
- > Work Health and Safety Act 2012 (SA), Available at <https://www.legislation.sa.gov.au/LZ/C/A/WORK%20HEALTH%20AND%20SAFETY%20ACT%202012.aspx>
- > Work Health and Safety Regulations 2012 (SA). Available at: <https://www.legislation.sa.gov.au/LZ/C/R/WORK%20HEALTH%20AND%20SAFETY%20REGULATIONS%202012.aspx>

7.4. National standards, guidelines and resources

- > Antimicrobial Stewardship in Australian Hospitals. Available at: <https://www.safetyandquality.gov.au/our-work/antimicrobial-resistance/antimicrobial-use-and-resistance-australia-surveillance-system-aura/hospital-antimicrobial-use/antimicrobial-use-australian-hospitals>
- > Australia New Zealand Food Standards Code. Available at: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/public+health/food+safety+for+businesses/food+regulation+in+australia+and+new+zealand/food+regulation+in+australia+and+new+zealand>
- > Australasian Health Facility Guidelines, version 6.0. 2016. Available at <https://healthfacilityguidelines.com.au/full-guidelines>
- > NHMRC (2019) Australian Guidelines for the Prevention and Control of Infection in Healthcare. Commonwealth of Australia. Available at: <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019>
- > NSQHS Standards (second edition) guide for interim accreditation. Available at <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nsqhs-standards-guide-interim-accreditation>
- > Australian Commission on Safety and Quality in Health Care National Hand Hygiene Initiative (NHHI). Available at <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative>
- > AS/NZS 4187:2014. *Reprocessing of reusable medical devices in health service organizations*. Available at <https://www.standards.org.au/standards-catalogue/sa-snz/health/he-023/as-slash-nzs--4187-colon-2014>

7.5. Appendices

- > [Appendix 1 - Checklist for HAI management plan: Acute health services](#)
- > [Appendix 2 - Checklist for HAI management plan: Non-acute health services](#)

8. Document Ownership & History

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Does this Policy Directive replace another Policy Directive with a different title? **N**
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25/09/20	V2.1	Director, Communicable Disease Control Branch	Amended department name to 'Department for Health and Wellbeing' & update references.
28/01/16	V2.0	Portfolio Executive	Revision, minor changes & placed into SA Health template.
16/08/12	V1.0	Safety & Quality Strategic Governance Committee	Original SQSGC approved version.

Appendix 1 - Checklist for HAI Management Plan: Acute Health Services

The following checklist provides an example of questions to be asked to facilitate an audit on the operationalisation of infection prevention and control program within an acute care facility.

Does the Plan make reference to the following elements?	Mark one box with "Y"		
	Achieved	In progress	Not achieved
1. Governance & accountability			
> Is there a documented infection control program with appropriate policies and procedures?			
> Are roles and responsibilities for HAI prevention clearly articulated?			
> Is there a suitably qualified IC practitioner coordinating the program e.g. post graduate qualifications or a credentialed ICP?			
> Is there an established committee with responsibility for infection control with representation from relevant areas e.g. clinical, environmental, safety & quality, worker health?			
> Is there a system of performance measurement against the HAI Management Plan objectives?			
> Are actions resulting from performance review documented and evaluated?			
> Are sufficient resources allocated to enable implementation of the Plan?			
> Is an antimicrobial stewardship program in place?			
> Is there a documented staff immunisation program?			
2. Risk assessment, surveillance & monitoring			
> Is a risk assessment for HAI undertaken on a regular basis?			
> Are identified risks included on the facility's risk register?			
> Is there an action plan to address identified infection risks?			
> Is there an established HAI surveillance system that includes regular review of results and identification of areas requiring intervention?			
> Are surveillance data supplied routinely to the state HAI surveillance system?			
> Is there a system for monitoring of antimicrobial usage rates?			
> Are antimicrobial usage data submitted routinely to the state antimicrobial surveillance system?			
> Is there a system for feeding back the results of procedure audits to clinicians for the purpose of quality improvement?			
> Is there a system for feeding back the results of procedure audits to clinicians for the purpose of quality improvement?			
> Is the effectiveness of improvement activities evaluated?			

Does the Plan make reference to the following elements?	Mark one box with "Y"		
	Achieved	In progress	Not achieved
> Is there a system of support for the HAI program from an Infectious Disease Physician or Microbiologist, e.g. telephone access or visiting specialist?			
> Are all clinical staff encouraged to use the incident monitoring system for reporting breaches of infection control practice?			
> Is there a system of auditing compliance with key infection prevention practices, including feedback of results and documentation of actions taken to address non-compliance?			
> Is there a system of alerting on admission those patients who may be carrying or infected with organisms of significance for infection control?			
3. Infection prevention procedures			
> Are all infection prevention & control procedures in line with current best practice (State and National policies and guidelines)?			
> Is there a schedule for regular review and updating of local procedures?			
> Is there a system for alerting staff when procedures are updated?			
> Does the sterilisation service have a records management system that includes validation of processes and equipment?			
> Is there a system of traceability of reprocessed instruments back to the individual patient?			
4. Clinician capacity			
> Is education on infection prevention principles (which includes hand hygiene, aseptic technique and appropriate use of PPE) part of orientation for all staff?			
> Do all staff have ready access to information on infection transmission risks and prevention?			
> Is there a program of ongoing staff education in infection prevention and control?			
> Is there a system of competency assessment for key infection prevention procedures e.g. hand hygiene, aseptic technique, use of PPE?			
> Are continuing professional development opportunities for IC professionals/nurses available and supported?			
5. Consumer engagement and communication strategy			
> Are information leaflets and fact sheets on infection risks and infection prevention readily available for patients & visitors?			
> Is there a communication process to make staff aware of these resources?			
> Are consumers actively engaged in providing feedback on the usefulness the information?			

Appendix 2 - Checklist for HAI Management Plan: Non-acute Health Services

The following checklist provides an example of questions to be asked to facilitate an audit on the operationalisation of infection prevention and control program within a non-acute care facility.

Does the Plan make reference to the following elements?	Mark one box with "Y"		
	Achieved	In progress	Not achieved
1. Governance & accountability			
> Is there a documented infection control program with appropriate policies and procedures?			
> Is there an appointed person (DON or Senior Manager) accountable for IC in the facility?			
> Is there a committee which includes HAI as an agenda item?			
> Are roles and responsibilities for HAI prevention clearly articulated?			
> Is there a system of performance measurement against the HAI Management Plan objectives?			
> Are actions resulting from performance review documented and evaluated?			
> Are sufficient resources allocated to enable implementation of the Plan?			
> Is an antimicrobial stewardship program in place as appropriate?			
> Is there a documented staff immunisation program?			
2. Risk assessment, quality improvement, surveillance & monitoring			
> Is a risk assessment for HAI undertaken on a regular basis?			
> Is there a system for process, signal or point prevalence surveillance and auditing as appropriate?			
> Is there a system of feedback of results to nominated person accountable for IC program?			
> Is there a system of auditing compliance with key infection prevention practices, including feedback of results and documentation of actions taken to address non-compliance?			
> Is there a system for feeding back the results of surveillance and/or auditing activities to clinicians for purpose of quality improvement?			
3. Infection prevention procedures			
> Are all infection prevention & control procedures in line with current best practice (State and National policies and guidelines)			
> Is there a schedule for regular review and updating of local procedures?			
> Is there a system for alerting staff when procedures are updated?			

Does the Plan make reference to the following elements?	Mark one box with "Y"		
	Achieved	In progress	Not achieved
> Is there a system for auditing compliance with key infection prevention procedures? (e.g. hand hygiene, indwelling device insertion & management, aseptic technique)			
> If sterilising is performed is there a records management system that includes validation of processes and equipment?			
> If sterilising is performed is there a system of traceability of reprocessed instruments back to the individual patient?			
4. Infection prevention procedures			
> Is education on infection prevention principles (which includes hand hygiene, aseptic technique and appropriate use of PPE) part of orientation for all staff?			
> Do all staff have ready access to information on infection transmission risks and prevention?			
> Is there a program of ongoing staff education in infection prevention?			
> Is there a system of competency assessment for key infection prevention procedures e.g. hand hygiene, aseptic technique, use of PPE?			
> Are continuing professional development opportunities for IC professionals/nurses available and supported?			
5. Consumer engagement and communication strategy			
> Are information leaflets and fact sheets on infection risks and infection prevention readily available for consumers?			
> Is there a communication process to make staff aware of these resources?			
> Are consumers engaged in providing feedback on the usefulness of the information?			