



# Infection Control Link Nurse Role in Governance Arrangement for NSQHS Standard 3 Guideline

Effective: 6 April 2018

## 1. Guiding Principles

The National Safety and Quality Health Service Standards (second edition) **Standard 3: Preventing and Controlling Healthcare-Associated Infection** outlines the governance standards for health service organisations to safely meet the needs of consumers.

The role of Infection Control Link Nurses within the Great Southern forms part of the Great Southern governance process. (See [Appendix A](#) WACHS Great Southern Infection Control Governance Flowchart.)

## 2. Guideline

The role of the Infection Control Link Nurse is a portfolio responsibility that is delegated to a Registered Nurse/Midwife or Enrolled Nurse by the Clinical Nurse Manager.

The portfolio holder is to have a professional interest in infection prevention and management and is to be credentialed with Hand Hygiene Australia as a general hand hygiene auditor or working towards same.

The time required to undertake the responsibilities of the role is negotiated with the Clinical Nurse Manager or Director of Nursing and is dependent on size of unit or facility and general patient activity. The tasks undertaken are excluded from the Nursing Hours per Patient Day calculations.

Where operationally possible, the Infection Control Link Nurses are to be prioritised and supported to attend educational opportunities relating to infection prevention and management.

## 3. Definitions

<b>Infection Control Link Nurse</b>	Registered Nurse/Midwife or Enrolled Nurse who has been delegated the portfolio, with responsibility for assisting the line manager in the infection prevention and management at a local unit or site.
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## 4. Roles and Responsibilities

The **Clinical Nurse Specialist Infection Prevention and Control** is responsible for:

- providing systems for the Infection Control Link Nurse to utilise, such as audit tools
- providing consultation advice
- providing education opportunities to upskill the link nurses in implementing their responsibilities
- negotiating with the line manager if the link nurse appears to be having difficulties carrying out the requirements of the portfolio.

The **Line Manager** is responsible for:

- identifying appropriate nurses to undertake the portfolio responsibilities
- ensuring that the Infection Control Link Nurse is provided with adequate non-direct care time to fulfil the organisations infection prevention and management requirements
- accountability for the infection prevention and management practices at the unit or site level
- monitoring through audit results and performance development the outcomes of the portfolio responsibilities.

The **Infection Control Link Nurse** is responsible for:

- assisting the line manager with the promotion of new infection prevention and management policies, procedures and guidelines within the department.
- assisting the line manager with the promotion of education up skilling opportunities.
- attending meetings and communicating information back to the unit/site through standard agenda items at team meetings and display of information.
- ensuring infection prevention and management information (including audit and action plans) is displayed on the safety and quality boards
- undertaking a range of audits relating to Standard 3, including but not limited to:
  - standard precautions compliance
  - additional transmission precautions compliance
  - aseptic technique
  - hand hygiene
  - sterile ward stock storage
  - waste management
  - environmental cleaning
- providing information and or undertakes data entry for hand hygiene audits (as per Hand Hygiene Australia) on behalf of the line manager
- assisting the line manager with the development and monitoring of action plans to address local areas for improvement
- acting as a resource for other staff in the risk assessment and management of patients requiring additional precautions, hospital acquired infection or outbreak management
- ensuring currency and supply of occupational exposure packs in their area

**All Staff** are required to work within policies and guidelines to ensure WACHS Great Southern is a safe, equitable and positive place to be.

## 5. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

## 6. Evaluation

Monitoring of compliance with this document is to be carried out by the Clinical Nurse Specialist Infection Prevention and Control annually and to be tabled at the Great Southern Regional Infection Control Committee.

Evaluation is to be measured by

1. the number of Infection Control Link Nurses by unit/site
2. compliance with contributing to the auditing requirements by unit/site.

## 7. Standards

[National Safety and Quality Health Service Standards \(second edition\)](#) - Standard 3

## 8. References

The Australian Commission on Safety and Quality in Health Care (2017)

[National Safety and Quality Health Service Standards \(second edition\)](#)

[Australian Guidelines for Prevention and Control of Infection in Healthcare 2010](#)

## 9. Supporting Documents

[Australian Guidelines for the Prevention and Control of Infection in Healthcare](#)

[Infection control guidelines for patients with Clostridium difficile infection in healthcare settings. ASID/AICA position statement](#)

## 10. Related WA Health System Policies

Mandatory requirements for infection control include:

[Carbapenem-resistant Enterobacteriaceae \(CRE\)](#)

[Community-associated methicillin-resistant Staphylococcus aureus \(CA-MRSA\)](#)

[Creutzfeldt-Jakob disease \(CJD\)](#)

[Hand hygiene](#)

[Healthcare Associated Infection Surveillance](#)

[Healthcare worker screening and management for MRSA \(PDF 167KB\)](#)

[Human tissue and explanted medical devices](#)

[Influenza-like illness in healthcare facilities \(ILI\)](#)

[Insertion and Management of Peripheral Intravenous Cannulae in Healthcare Facilities](#)

[Methicillin-resistant Staphylococcus aureus \(MRSA\)](#)

[Use of Macerator Machines for the Disposal of Human Waste in Western Australian Healthcare Facilities - OD 0500/14](#)

[Management of infants at risk of early onset group B streptococcal disease \(GBS\)](#)

[Microbiological air sampling in operating theatres](#)

[Occupational exposures in the healthcare setting](#)

[Particulate filter respirators \(masks\) fit testing](#)

[Prevention of group B streptococcal disease \(GBS\) in neonates and carrier mothers](#)

[Prevention of infection in diagnostic ultrasound](#)

[Reprocessing of infant feeding equipment](#)

[Sterilisation of pharmaceuticals](#)

[Vancomycin-resistant enterococci \(VRE\)](#)

## 11. WA Health Policy Framework

[Clinical Governance, Safety and Quality Policy Framework](#)

[Public Health Policy Framework](#)

## 12. Appendix

**Appendix A** - [WACHS-GS Infection Control Governance Flowchart 2017](#)

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<b>Version:</b>	3.00	<b>Date Published:</b>	9 April 2018

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