



Infection Prevention and Control Policy

1. Purpose

The purpose of this policy is to outline the expected standards for Infection Prevention and Control (IPC) practices across the WA Country Health Service (WACHS) and provide a standardised approach for implementation of an IPC program.

This policy applies to all staff in all WACHS hospitals, smaller health centres, Nursing Posts, Aboriginal Health, Population Health, Community Health, Mental Health, and Aged Care services incorporating Karlarra House, Multi-Purpose Service (MPS) sites and Commonwealth Home Support Program (CHSP) Services.

2. Policy

All WACHS sites are to ensure:

- appointment of appropriately qualified staff and adequate resources to implement the requirements of the IPC policy and the relevant IPC program (refer to Section 2.1)
- relevant orientation processes relating to IPC practices for employees, students, contractors, and volunteers
- relevant IPC related information is available / displayed for patients, residents, clients, visitors, and carers
- effective work practices are implemented, including standard and transmission-based precautions, to prevent the transmission of infectious agents
- appropriate processes are in place to support identification, management and reporting of incidents, hazards, and accidents related to IPC issues.

WACHS IPC related policies, procedures and guidelines comply with current International, National and State standards and guidelines, including key components of IPC practices outlined in the [Australian Guidelines for the Prevention and Control of Infection in Healthcare](#) and the requirements of the [National Safety and Quality Health Service \(NSQHS\) Standard 3, Preventing and Controlling Infections Standard](#).

2.1 Governance for Infection Prevention and Control

Each region must have an established IPC Committee with a clearly defined reporting and escalation pathway to the Regional Clinical Governance Committee via the established clinical governance structure of the region, and to Central Office as required.

The WACHS Infection Control Advisory Forum (ICAF) reports to the Executive Director of Nursing and Midwifery through the Safety and Quality Executive Committee (SQEC).

Resourcing of Infection Control Professionals (ICPs)

The [Australian College for Infection Prevention and Control \(ACIPC\) IPC Workforce Guidance Document](#) notes that:

- investment in IPC resourcing is cost effective and essential to ensure patient and healthcare worker (HCW) safety and reduce preventable adverse patient outcomes

- a commitment from executive leadership teams is required to support strengthening IPC programs to align with relevant jurisdictional requirements
- all IPC programs should be resourced adequately with standardised tools and an investment in the appropriate digital technology to support surveillance programs, which is imperative to build strong sustainable IPC programs
- all IPC programs must be led and managed by qualified Infection Control Professionals (ICPs) with additional administrative support
- IPC programs should be inclusive of appropriately trained specialist physicians, microbiological support with a multi-disciplinary team to effectively manage the increasing number and complexity, high acuity and severity of patients' needs.

The position statement supports the requirement for IPC programs at all Health Services to have a suitably qualified lead with relevant qualifications, and notes that all healthcare professionals who lead an IPC program should have at a minimum:

- completed or be working towards the ACIPC Foundations Course and / or further specialised post graduate qualifications in IPC from appropriately accredited universities
- be currently credentialled or working towards the ACIPC Credentialling framework of a three-tiered system that combines the requirements for experience, appropriate formal education and training along with evidence of reflective practice (as required by AHPRA), and a peer reviewed process.

IPC Strategic Management Plans

WACHS Central Office and all Regions should have an IPC strategic management plan that includes relevant components such as the IPC program structure, aims and objectives, associated quality management activities, program evaluation criteria and timeframes for review. The plans should outline the relevant governance of IPC management including the interface between other committees and governance structures (internal and external) and are to be regularly reviewed and updated, in line with the [Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2019\) | NHMRC](#) Part 4: Organisational support.

The Regional and WACHS Infection Prevention and Control strategic management plans should outline processes to minimise the risk of infection transmission or exposure to patients, residents, clients, carers, visitors, and HCWs within health services.

Policies and Procedures

WACHS has systems in place that support and promote prevention and control of healthcare associated infections (HAIs) using a risk management process, incorporating implementation of IPC policies, procedures, guidelines and management strategies. A comprehensive list of IPC related standards, policies, procedures, guidelines, educational training and consumer resources are linked to the [Policy and Resources Map - NSQHS Preventing and Controlling Infections Standard 3](#).

2.2 Pre-employment Health Screening and ongoing Screening, Assessment and Management of Healthcare Workers

An employee health program that incorporates health screening and a risk-based workforce immunisation program is in place, with the [Pre-Employment Health Assessment Policy](#) outlining current requirements.

Workplace Health and Safety (WHS) and IPC employee health components are assessed and managed as applicable, including the provision of ready access to relevant immunisation requirements with Central Office and Regional involvement. Strategies are in place for prevention and management of the following risks in line with current related policies and guidelines:

- HCWs with communicable diseases including blood borne viruses
- workplace exposures to communicable diseases
- sharps related injuries and body fluid exposures
- HCWs with known allergies / hand care issues.

Occupational exposure management is undertaken within each region by IPC and WHS team members. The Central Office Staff Health and Wellness Unit (SHWU) assist with pre-employment health assessment (PEHA) process development incorporating management from a centralised perspective and standardising PEHA management across the regions.

2.3 Use and Management of Sharp Devices and Safety Engineered Medical Devices

The use of sharp devices exposes HCWs to the risk of injury and potential exposure to blood borne infectious agents, including hepatitis B virus, hepatitis C virus and human immunodeficiency virus.

The Australian Guidelines for the Prevention and Control of Infection in Healthcare note that it is best practice to follow safe sharp handling practices to prevent transmission of blood-borne diseases to HCWs, including the following:

- not passing sharps directly from hand to hand
- keeping handling to a minimum
- not recapping, bending or breaking needles after use
- disposing of single-use sharps immediately into sharps containers at the point-of-use
- persons who use a single-use sharp are responsible for appropriate disposal
- not filling sharps containers above the mark that indicates the maximum fill level.

Safety engineered medical devices (SEMDs) are a broad range of devices that have been designed with built-in safety features demonstrated to reduce the risk of injury involving a sharp. Examples include devices such as needles with guards, sliding sheaths, shields, blunted tips or retracting needles, blunt suture needles and surgical blades with protective covers. WACHS supports the use of SEMDs in all health services.

SEMDs can be classified into two broad categories - Passive and Active safety devices:

- Passive safety devices are single handed devices where the safety device activates automatically with no extra action being required by the user, such as a retractable spring-loaded safety syringe.
- Active safety devices, such as needles with guards, require manual activation of the safety feature by the user and therefore passive safety devices should always be used in preference when available.

All WACHS staff should ensure standard IPC practices are utilised to minimise the risk of occupational exposures e.g. protective eye and face wear as relevant to prevent mucosal and ocular splashes, use of SEMDs and safe disposal of sharps to prevent parenteral exposures with compliance monitored in all WACHS facilities. Identified occupational exposures are reported as a mandatory HAI indicator.

2.4 Epidemic Threats

Strategies to manage epidemic threats from known and emerging diseases are to include:

- appropriate care and management of infectious patients and staff
- minimising transmission of disease
- maintaining essential services and contingency management.

Disease specific pandemic management is to be informed by National and State Direction and guidance.

2.5 Antimicrobial Stewardship

Appropriate antimicrobial stewardship practices must be implemented that incorporate:

- ongoing monitoring and analysis of antimicrobial usage
- tracking of changes in antimicrobial resistance
- monitoring of the effects of containment strategies
- antimicrobial formulary and guidance for antimicrobial treatment and prophylaxis as per current State and National guidelines.

2.6 Communication with Patients and Carers

Consumer appropriate information on relevant IPC related topics and HAIs must be accessible to patients, residents, carers, consumers, and service providers as needed, with ongoing review of the information to ensure it meets target audience requirements. Some examples of relevant consumer materials related to IPC can be found in the [Standard 3 Policy and Resources Map](#).

2.7 Education and Training

An IPC education program is to be in place in line with the following WACHS policies:

- [Mandatory and Role Essential Training Policy](#)
- [New Staff Induction Policy](#)
- [Employee Development Policy](#).

HCWs are to have access to and receive relevant IPC education in accordance with their duties at the commencement of their employment and ongoing as required. The [Standard 3 Policy and Resources Map](#) and [MyLearning](#) outline relevant endorsed training programs and resources.

Education / awareness should include but not be limited to the following as relevant to each HCW's needs:

- infection transmission risks and reporting of risks
- requirements for HCW screening for transmissible diseases and immunisations
- standard precautions, incorporating:
 - hand hygiene
 - use of personal protective equipment
 - transmission-based precautions as relevant
 - aseptic technique and appropriate management of invasive devices
 - appropriate sharps management and clinical waste
 - environmental controls (design, maintenance, cleaning, spills management)
 - appropriate processing of reusable medical devices / equipment
 - personal hygiene practices including respiratory hygiene and cough etiquette

- appropriate handling of linen and waste
- appropriate cleaning and disinfection processes and use of chemicals.

Although food handling practices are not a specific focus of the NSQHS Standard 3 - Preventing and Controlling Infections Standard, poor food handling practices can lead to acquisition of food borne illnesses amongst patients, staff and visitors. Support Service Managers are to ensure relevant food handling staff undertake appropriate food handling training in line with the safe food handling practices, outlined by the current [Food Standards Australia New Zealand](#). Support Service staff involved in food handling practices can undertake appropriate training available through [MyLearning](#).

3. Roles and Responsibilities

The **WACHS Executive** are responsible for ensuring all regions support the requirements of the NSQHS Standard 3, including facilitation of processes to ensure:

- service plans that include IPC risk management strategies and support for appropriate resources in relation to ICP and WHS staff positions
- identification, management and reporting of incidents, hazards, and accidents related to IPC issues.

The **Regional Executive** are responsible for ensuring all health services adhere to the processes outlined in the NSQHS Standard 3, including facilitation of appropriately qualified ICPs (as outlined in the [Section 2.1](#)) and applicable resources to:

- implement and maintain requirements of the IPC Policy and to facilitate the implementation, management, and evaluation of their IPC program
- provide a consultancy / advisory role to executive and management teams, other departments, and all staff as relevant, on IPC issues
- implement occupational health screening, vaccination, and exposure management
- implement effective work practices including standard and transmission-based precautions that prevent and manage the transmission of infectious agents
- orientation for employees, students, contractors, volunteers, visitors, and carers to include information and specific education on IPC principles, policies, and procedures
- service plans that include IPC risk management strategies
- identification, management and reporting of incidents, hazards, and accidents related to IPC issues
- appropriate IPC management advice and consultation into all major service and infrastructure planning activities.

Where the site / service requires services from an external provider, the roles, responsibilities and relations between the site / service and contractor must be clearly defined and outlined in the contract to support appropriate IPC practices as relevant.

The **Managers and Supervisors** are responsible for:

- monitoring and enabling all HCWs to complete their IPC related mandatory e-learning outlined in [MyLearning](#) and relevant practical assessments
- facilitating the collection, analysis, feedback and dissemination of surveillance data, as per MP 0108/19 [Healthcare Associated Infection Surveillance Policy](#), to relevant personnel and key stakeholders for review and action as appropriate
- reporting uncontrolled risks or risks of a significant nature to relevant Executive Director/s and including on risk registers.

The **IPC Clinical Nurse Consultant** is responsible for:

- developing a WACHS wide strategic management plan incorporating key stakeholders
- IPC related policy, procedure, guideline and process development
- maintaining the ICAF outcomes log, meeting minutes and agendas
- maintaining the Standard 3 SharePoint site
- attendance at WACHS central office and regional meetings as relevant
- representation for WACHS on the State IPC Advisory Group
- providing IPC support and advise as required, WACHS wide.

The **Regional IPC Clinical Nurse Specialists** are responsible for:

- developing a regional IPC program incorporating all key stakeholders
- review of IPC related policy, procedure, guideline and process development
- developing a Regional strategic management plan incorporating all key stakeholders
- supporting the Regional IPC Committee and review of associated documentation
- maintaining the Regional Standard 3 SharePoint site
- attendance at relevant Regional meetings as relevant
- providing IPC support and advise to the regional health services as required.

The **IPC Clinical Nurses** are responsible for:

- supporting the regional CNS to implement the IPC program and the Regional strategic management plan, incorporating all NSQHS standard 3 criteria
- attendance at Regional IPC Committee and relevant health service meetings
- facilitating site-based actions as determined by Regional IPC Committee outcomes log
- providing IPC support and advice to their relevant health services.
- serve as a liaison between the IPC Portfolio holders and the Regional IPC CNS.

The **IPC Portfolio holders** have a responsibility for assisting their line manager with IPC management at site level. They play an integral part in assisting with implementing the requirements of the NSQHS Standard 3, and are encouraged to:

- develop ownership and accountability in their workplace
- serve as a liaison between the colleagues in their area of employ, their department line manager and site-specific IPC Clinical Nurses.

All Health Care Workers (HCWs):

- must ensure that they are familiar with IPC policies and procedures relating to their work practices and consumer safety
- ensure that those policies and procedures are followed
- should understand their roles and responsibilities and have appropriate training to maintain a safe environment
- are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

IPC Leads in Residential Care Homes (RCHs) including for the [Multi-Purpose Services \(MPS\) Program](#)

Facilitating processes in RCHs to appoint an IPC Lead is a key part of an effective IPC program and helps strengthen IPC practices and outcomes. The IPC Lead is the main contact for all infection prevention related issues. They also oversee the IPC program and processes to prepare for outbreaks.

The IPC Lead must be a nurse who has completed, or is in the process of completing, the [required specialist IPC training](#).

The duties of an IPC Lead may include:

- observe, assess, and report on the IPC measures the RCH has in place
- help develop and review IPC procedures and protocols based on current advice
- provide advice for the RCH and work to build workers' understanding of IPC
- be the key IPC contact for the RCH, overseeing screening and vaccination programs
- oversee the IPC program and processes to prepare for outbreaks
- support the RCH's antimicrobial stewardship (AMS) program.

Consideration must be given to supporting IPC Leads with resources, time, and ongoing professional development opportunities to undertake their role effectively.

Limited resources and increased workforce challenges of regional and remote RCHs may affect their ability to appoint an appropriately qualified and trained site-based IPC Lead. In these circumstances alternate strategies should be considered to ensure their IPC program is overseen.

The **Infection Control Advisory Forum (ICAF)**:

- identifies gaps and assists in the development, review and maintenance of relevant policies, procedures, guidelines, processes or work instructions to be implemented for IPC related clinical and non-clinical practices
- ensures resources developed align with current IPC guidelines in accordance with relevant legislation incorporating International, National and State requirements and Australian Standards or other best practice guidelines
- reports as relevant to the WACHS Safety and Quality Executive Committee.

The **Workplace Health and Safety (WHS) team members** provide a consultancy and advisory role to management, departments and HCWs on WHS related issues and appropriate management as required. The SHWU liaises with IPC team members to ensure implementation of an appropriate WHS health prevention program, including pre-employment screening and assessment, immunisations, and workplace occupational exposure management.

The **Public Health Unit team members** provide support and advice on public health management of notifiable infectious disease cases in patients, residents, clients, and staff, including related requirements for contact tracing and interpretation of the relevant WA Health and National Public Health Unit Communicable disease guidelines.

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

4. Monitoring and Evaluation

Regular monitoring and evaluation of IPC systems in place, is to be undertaken as outlined in the relevant regional / central office IPC strategic management plan/s and risk management strategies shall include but are not limited to those outlined below.

4.1 Monitoring

Outcomes of auditing and process and clinical indicator data is escalated as applicable with actions implemented monitored via the regional IPC Committee and other relevant committees. Workforce occupational screening programs are regularly reviewed for

compliance to current policy. Notification/s of any event of a serious or significant nature is to occur via Datix Clinical Incident Management System (CIMS). Monitoring of clinical measures includes:

- hand hygiene compliance as per the National Hand Hygiene Initiative requirements
- surgical and standard aseptic technique practices compliance
- appropriate implementation of standard and transmission-based precautions
- antimicrobial usage data and participation in the National Antimicrobial Utilisation Surveillance Program (NAUSP) and compliance monitoring of surgical antimicrobial prophylaxis
- Healthcare associated infection (HAI) indicators – as relevant to the site/service include the following:
 - mandatory:
 - healthcare-associated methicillin resistant *Staphylococcus aureus* (MRSA) infections
 - surgical site infections following hip or knee arthroplasty
 - healthcare-associated *Staphylococcus aureus* bloodstream infections
 - central-line associated bloodstream infections in adult ICUs
 - hospital identified *Clostridioides difficile* infection rates
 - occupational exposures to blood or body fluids
 - haemodialysis access-associated bloodstream infections
 - vancomycin resistant *enterococcus* sterile site infections
 - voluntary:
 - surgical site infections following Caesarean section procedures
 - central line associated bloodstream infections in Haematology / Oncology.

4.2 Evaluation

Outcomes of auditing and process and clinical indicator data is escalated as applicable with actions implemented, documented and monitored via regional Infection Prevention and Control Committees and other relevant committees.

The WACHS ICAF is to lead review this policy every five years, or earlier if required.

5. Compliance

This policy is a mandatory requirement to meet all components of the NSQHS second edition - 2021: Standard 3 - Preventing and Controlling Infections Standard.

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to Section 26 of the [Health Services Act 2016](#) 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 and procedures is mandatory.

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

6. References

National Health and Medical Research Council. [Australian Guidelines for the Prevention and Control of Infection in Healthcare](#), Canberra ACT; 2019. [Accessed 28 August 2026]

Australian Technical Advisory Group on Immunisation (ATAGI). [Australian Immunisation Handbook](#). Canberra ACT: Australian Government Department of Health and Aged Care. [Accessed 28 August 2026]

Australasian College for Infection Prevention and Control (ACIPC), Hobart TAS. [ACIPC Position Statements](#) [Accessed 28 August 2026]

Australasian Health Infrastructure Alliance (AHIA), North Sydney NSW. [Australasian Health Facility Guidelines Part D: Infection Prevention and Control](#). [Accessed 28 August 2026]

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[Australian College of Perioperative Nurses Ltd \(ACORN\). The ACORN Standards: Volume 1 – 2026 Standards for Safe and Quality Care in the Perioperative Environment \(SSQCPE\) for Organisations](#). Adelaide SA; 2023. [Accessed 28 August 2026]

Australian Commission on Safety and Quality in Health Care (ACSQHC), Sydney NSW: 2021. [NSQHS Standards Implementation guide for Action 3.11: Aseptic technique](#). [Accessed 28 August 2026]

Australian Commission on Safety and Quality in Health Care (ACSQHC) Sydney NSW; 2022. [AS22/02 - Advice on organisational training requirements for hand hygiene and infection prevention and control](#). [Accessed 28 August 2026]

Australian Government Department of Health and Aged Care, Communicable Diseases Network Australia; Canberra ACT; 2018. [Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and HCWs who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses](#). [Accessed 28 August 2026]

Australian Government Department of Health and Aged Care: 2019. [Australian Health Management Plan for Pandemic Influenza](#). [Accessed 28 August 2026]

Australian Government Department of Health and Aged Care and Department of Agriculture, Fisheries and Forestry, Canberra ACT. [Antimicrobial Resistance](#) [Accessed 28 August 2026]

[National Centre for Antimicrobial Stewardship](#). Melbourne Health; 2020. [Accessed 28 August 2026]

Australian Commission on Safety and Quality in Health Care (ACSQHC) Sydney NSW: [Antimicrobial Stewardship](#) [Accessed 28 August 2026]

WA Department of Health [Infectious Disease Emergency Management Plan \(IDEMP\). December 2025](#) [Accessed 28 August 2026]

WA Department of Health [Viral Haemorrhagic Fever Response Plan for Western Australia June 2026](#) [Accessed 28 August 2026]

WA Department of Health [State Hazard Plan – Human Biosecurity](#) [Accessed 28 August 2026]

Communicable Diseases Network Australia (CDNA) [Series of National Guidelines \(SoNGs\)](#) [Accessed 28 August 2026]

7. Definitions

Term	Definition
Antimicrobial	A chemical substance that inhibits or destroys bacteria, viruses, or fungi, and can be safely administered to humans and animals.
Antimicrobial stewardship	An ongoing effort by a health service organisation to reduce the risks associated with increasing antimicrobial resistance and to extend the effectiveness of antimicrobial treatments. It may incorporate several strategies, including monitoring and review of antimicrobial use.
Epidemic	A widespread outbreak of an infectious disease. Many people are infected at the same time.
Healthcare associated infections	Infections acquired in healthcare facilities ('nosocomial' infections) and infections that occur as a result of healthcare interventions ('iatrogenic' infections), and which may manifest after people leave the healthcare facility.
Pandemic	An epidemic that is geographically widespread, occurring throughout a region or even throughout the world.
Surveillance	Disease surveillance is an epidemiological practice by which the spread of disease is monitored to establish patterns of progression. The main role of disease surveillance is to predict, observe and minimise the harm caused by outbreak, epidemic and pandemic situations, as well as increase knowledge as to what factors might contribute to such circumstances.

8. Document Summary

Coverage	WACHS wide
Audience	All staff working in Western Australian Country Health Service (WACHS) health services, which include WACHS hospitals, smaller health centres, Nursing Posts, Aboriginal Health, Population Health, Community Health, Mental Health, and Aged Care services.

Records Management	Non-Clinical: Corporate Recordkeeping Compliance Policy Clinical: Health Record Management Policy
Related Legislation	• Health Services Act 2016 (WA) • Quality of Care Principles 2014 (Commonwealth) • Work Health and Safety Act 2020 (WA) • Work Health and Safety Regulations 2022 (WA)
Related Mandatory Policies / Frameworks	• MP 0108/19 Healthcare Associated Infection Surveillance Policy • Healthcare Worker Immunisation Policy • MP 0038/16 Insertion and Management of Peripheral Intravenous Cannulae in Healthcare Facilities • MP 0172/22 Respiratory Personal Protective Equipment Policy • MP 0177/23 Screening and Management of Multi-resistant Organisms in Healthcare Facilities • MP 0130/20 Staff Member Influenza Vaccination Program Policy • MP 0188/24 Staff Screening for Tuberculosis Policy • Public Health Policy Framework
Related WACHS Policy Documents	• Antimicrobial Stewardship Policy • Animals in the Health Care Setting Policy • Aseptic Technique Policy • Clinical Product Evaluation Policy • Employee Development Policy • Environmental Cleaning Policy • Hand Hygiene Policy • Ice Machines Cleaning and Maintenance Procedure • Infection Prevention and Control during Construction and Renovation Activities Policy • Infection Prevention and Control - Patient Management and Healthcare Worker Exclusion Periods Policy • Linen Management Procedure • Managing Risks of Hazardous Chemicals and Dangerous Goods Procedure • Mandatory and Role Essential Training Policy • New Staff Induction Policy • Pre-Employment Health Assessment Policy • Waste Management Policy • Water Risk Management Facility Plan Guideline • Water Risk Management Procedure • Work Health and Safety Policy • Wound Management Policy

Other Related Documents

- [AS/NZs 5369:2023. Reprocessing of reusable medical devices and other devices in health and non-health related facilities](#)
- [AS 23907: 2023. Sharps injury protection - Requirements and test methods - Sharps containers \(ISO 239.7-2:2019, MOD\)](#)
- [AS/NZ 1668 - The use of ventilation and air-conditioning in buildings](#)
- [AS/NZ 1668.2 Mechanical ventilation in buildings](#)
- [Australian College for Infection Prevention and Control IPC Workforce Guidance Document](#)
- [Cold chain management \(WA Health\)](#)
- [DOH Respiratory Protection Guidelines for Western Australian Healthcare Facilities](#)
- [DOH Insertion and Management of Peripheral Intravenous Cannulae in Healthcare Facilities](#)
- [DOH Infection prevention and control for the management of viral haemorrhagic fevers in Western Australian Healthcare Facilities](#)
- [DOH Acute Respiratory Infections Infection Prevention and Control in Western Australian Healthcare Facilities](#)
- [DoH Infectious Disease Emergency Management Plan \(IDEMP\). December 2025](#)
- [DoH Screening and Management of Multi-resistant organisms in Healthcare Facilities Standard](#)
- [DoH Guidelines for screening and management of MRSA in healthcare workers](#)
- [DoH Guideline for the use of the micro alert system](#)
- [DoH CJD – Infection prevention and reporting requirements in WA Healthcare Facilities Guideline](#)
- [DoH Guideline: Investigating and reporting healthcare associated Staphylococcus aureus bloodstream infections](#)
- [DoH Guideline: Management of Occupational Exposure to Blood and Body Fluids in Healthcare Settings](#)
- [DoH Guideline: Microbiological Air Sampling of the Perioperative Environment in Western Australian Healthcare Facilities](#)
- [DoH Guideline: Guidelines for using the micro alert system in Western Australian Public Healthcare Facilities](#)
- [DoH Guideline: Reprocessing of Infant Feeding Equipment in Western Australian Healthcare Facilities](#)
- [DoH Guidelines for the prevention and management of gastroenteritis outbreaks in residential care facilities. Second Edition](#)

	• Agreed roles and responsibilities in the control of communicable disease and health care associated infections (WA Health) • Sexual Health and Blood-borne Viruses (WA Health) • Western Australian Government Pandemic Plan • State Health Emergency Response Plan (SHERP) (WA Health) • WA Health Hand Hygiene Program - Auditing requirements
Related Forms	Nil
Related Training Packages	The following packages are accessible from MyLearning: • Aseptic Technique: Competency Facilitator Declaration (ICATC 004) • Aseptic Technique: Standard Declaration (ICATC EL3) • Aseptic Technique: Surgical Declaration (ICATS EL3) • Aseptic Technique: Theory (ICATC EL2) • Basics of Infection Prevention and Control Orientation Module (CICB EL2) • Clean and Safe Healthcare Environment Practical Assessment (CSHE 003) • Clean and Safe Healthcare Environment Assessor/Trainer Declaration (CSHE EL5) • Clean and Safe Healthcare Environment Declaration (CSHE EL2) • Correct Use of Personal Protective Equipment (PPE EL1) • Endoscope Reprocessing Modules Declaration (ERM EL2) • Food Safety (OHFOD EL2) • Food Safety Supervisor Training (FSS 001) • Infection Prevention in Healthcare for Non-Clinical Staff (IPNC EL1) 2024 • Introduction to Reprocessing Reusable Medical Equipment Declaration (RRME EL2) • Nanosonics Trophon Training Declaration (NTT EL2) • Tristel Wipes System Training Declaration (TWST EL2)
Aboriginal Health Impact Statement Declaration (ISD)	The completion of an Aboriginal Health Impact Statement and Declaration (ISD) is required for all new and revised policy documents. For further information, please see MP 0160/21 Aboriginal Health Impact Statement and Declaration Policy. ISD Record ID:

National Safety and Quality Health Service (NSQHS) Standards	3.01, 3.02, 3.03, 3.04, 3.05, 3.06, 3.07, 3.08, 3.09, 3.10, 3.11, 3.12, 3.13, 3.14, 3.15, 3.16, 3.17, 3.18, 3.19.
Aged Care Quality Standards	3 (g), 3 (e). Australian Commission on Safety and Quality in Health Care Multi-Purpose Services Aged Care Module
National Standards for Mental Health Services	Standard 1 – Clinical Governance

9. Document Control

Version	Published date	Current from	Summary of changes
8.00	30 January 2024	30 January 2024	- policy transferred to new policy template - significant updates to previous policy regarding: - governance requirements outlined in the NSQHSS - in particular, Standard 3 - resourcing requirements outlined by the Australian College of IPC - inclusion of SEMD guidance - updated roles and responsibilities section incorporating Aged Care IPC leads - inclusion of link to WACHS Infection Prevention and Control Strategic Management Plan 2023 and guidance regarding regional strategic IPC plans - link to Policy and Resources Map - NSQHS Preventing and Controlling Infections Standard 3 - updated references
8.01	19 February 2024	30 January 2024	updated roles and responsibilities section to include IPC CN role.
8.02	12 December 2024	30 January 2024	minor amendment to include link to new MP for Tuberculosis screening
8.03	14 April 2025	30 January 2024	minor amendment to include link to Communicable disease control guidelines
8.04	11 June 2025	30 January 2024	minor amendment to remove link to rescinded MP 120/19 and replace with DoH guideline
8.05	24 March 2026	30 January 2024	- Updated guidance for IPC Leads in Residential Care Homes (RCHs) including for the Multi-Purpose Services (MPS) Program in line with Commonwealth changes. - Updated references.

8.06	31 August 2026	30 January 2024	Updated references.
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10. Approval

Policy Owner	Executive Director Nursing and Midwifery Services
Co-approver	Executive Director Clinical Excellence
Contact	Clinical Nurse Consultant Infection Prevention and Control
Business Unit	Nursing and Midwifery
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