

Queensland Health

Infection Control Management Plan V.1.0

{health facility}



Queensland
Government

Infection Control Management Plan

Chapter 4, Part 3 of the [Public Health Act, 2005](#) (Qld) (the Act) requires owners/operators of health care facilities to have an infection control management plan (ICMP) for the facility. All facilities that perform declared health services as defined under the Act must have an existing ICMP and review and update it before offering new declared health services. The ICMP is a documented plan to prevent or minimise the risk of infection associated with the provision of declared health services for:

- persons receiving services at the facility; and
- persons employed or engaged at the facility; and
- other persons at risk of infection at the facility.

For definitions see [appendix 1 – glossary](#).

Table 1. Health Care Facility Details

Health care facility			
Name of owner (e.g. CEO)			
Review completed by:			
Endorsed by (name of committee)		Date	
Name of operator (e.g. ED)			
Operators' signature		Date	
Date of next review (minimum of 1 year from last review)			

Table 2. Health Care Facilities

We respectfully acknowledge the Traditional Owners and Cultural Custodians of the lands, waters, and seas across Queensland. We pay our respects to Elders past and present, while recognising the role of current and future leaders in shaping a better health system. We value the culture, traditions, and contributions that Aboriginal and Torres Strait Islander peoples have made to our communities and recognise that our collective responsibility as government, communities and individuals is to ensure equity and equality, recognition, and advancement of Aboriginal and Torres Strait Islander peoples in Queensland in every aspect of our society.

List of health care facilities <i>(include facility's traditional owners and/or cultural custodians where appropriate)</i>	
1.	2.

Table 3. Declared Health Services

List health care facility services' providing declared health services:	
<p>Aged Care Services <input type="checkbox"/></p> <p>Allied Health Services <input type="checkbox"/></p> <p>Cancer care:</p> <ul style="list-style-type: none"> • Haematology <input type="checkbox"/> • Radiation Therapy <input type="checkbox"/> • Surgical Oncology <input type="checkbox"/> <p>Community services:</p> <ul style="list-style-type: none"> • Hospital in the Home <input type="checkbox"/> • Day Rehabilitation Services <input type="checkbox"/> • Sexual Health Services <input type="checkbox"/> • Wound Care Clinics <input type="checkbox"/> • Minor Injuries Unit <input type="checkbox"/> <p>Critical Care:</p> <ul style="list-style-type: none"> • Emergency Department <input type="checkbox"/> • Intensive Care Unit (ICU) <input type="checkbox"/> • Paediatric Intensive Care Unit (PICU) <input type="checkbox"/> • High Dependency Unit (HDU) <input type="checkbox"/> <p>Endoscopy Services <input type="checkbox"/></p> <p>Laundry Services <input type="checkbox"/></p>	<p>Medicine Services <input type="checkbox"/></p> <p>Mental Health Services <input type="checkbox"/></p> <p>Oral Health Services <input type="checkbox"/></p> <p>Outpatient Department <input type="checkbox"/></p> <p>Occupational Therapy <input type="checkbox"/></p> <p>Paediatric Services <input type="checkbox"/></p> <p>Pathology Services <input type="checkbox"/></p> <p>Pharmacy <input type="checkbox"/></p> <p>Physiotherapy <input type="checkbox"/></p> <p>Podiatry <input type="checkbox"/></p> <p>Rehabilitation <input type="checkbox"/></p> <p>Renal Dialysis <input type="checkbox"/></p> <p>Speech Pathology <input type="checkbox"/></p> <p>Surgical and Perioperative Services <input type="checkbox"/></p> <p>Women's and Newborn Services:</p> <ul style="list-style-type: none"> • Gynaecology <input type="checkbox"/> • Maternity Services <input type="checkbox"/> • Neonatology and Neonatal Intensive Care Unit (NICU) <input type="checkbox"/> • Special Care Nursery (SCN) <input type="checkbox"/>

List health care facility services' providing declared health services:

Other services (not listed above):

-

Table 4. Contribution and Responsibility

Item Actions Contribution/Responsibility	Contributed/Responsible (Role or Unit)
Overall governance	Preventing and Controlling Infection Committee
Overall plan development, 3.01 – 3.17	CNC Infection Prevention & Control (IPC)
3.07 – Respiratory Protection Program	Safety & Quality Unit
3.08	Building Engineering and Maintenance Services (BEMS), IPC
3.01, 3.02, 3.06-3.09, 3.18	IPC, Infectious Diseases (ID)
3.13-3.14	Environment Services (ES), IPC
3.11	Nursing & Medical Education Units, IPC
3.17	Central Sterilise Unit (CSD) Manager, IPC
3.01, 3.02, 3.18	Pharmacy

Table 5. Infection Risks Associated with the Provision of Declared Health Service/s

See [appendix 2](#) for guidance on undertaking a risk assessment.

Identified infection risks associated with the provision of declared health services	<u>Measures</u> to be taken to prevent or minimise the risk/s	How to <u>monitor and review</u> the implementation and effectiveness of the measure/s	Risk Rating
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Table 6. Preventing and Controlling Infection Standard Gap Analysis

(refer to Guides for implementation of the Preventing and Controlling Infections Standard | Australian Commission on Safety and Quality in Health Care)

NSQHS Criteria	Item	Actions	Summary evidence of actions	Monitoring effectiveness of actions	Responsible Role/Unit	Identified Gap (if yes add item to action plan)	
Clinical governance	Integrating clinical governance	3.01	The workforce uses the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for infection prevention and control b. Identifying and managing risks associated with infections c. Implementing policies and procedures for antimicrobial stewardship d. Identifying and managing antimicrobial stewardship risks	<ul style="list-style-type: none"> {e.g. Infection Control policies and procedures are periodically reviewed with stakeholder and consumer representatives. Procedures reflect current evidence and reference relevant National and State Guidelines.} {e.g. An infection prevention and control policy that includes risk assessment and risk management strategies based on the hierarchy of control} 	<ul style="list-style-type: none"> {e.g. Infection Control policies and procedures are periodically reviewed with stakeholders and consumer representatives and approved by the Infection Prevention and Control Committee.} 	{IPCC} {CNC IPC}	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		3.02	The health service organisation: a. Establishes multidisciplinary teams to identify and manage risks associated with infections using the hierarchy of controls in conjunction with infection prevention and control systems b. Identifies requirements for, and provides the workforce with access to, training to prevent and control infections c. Has processes to ensure the workforce has the capacity, skills and access to equipment to implement systems to prevent and control infections d. Establishes multidisciplinary teams, or processes, to promote effective antimicrobial stewardship e. Identifies requirements for and provides access to training to support the workforce to conduct antimicrobial stewardship activities f. Has processes to ensure the workforce has the capacity and skills to implement antimicrobial stewardship g. Plans for public health and pandemic risk	•	•		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Applying quality improvement systems	3.03	The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the performance of infection prevention and control systems b. Implementing strategies to improve infection prevention and control systems c. Reporting to the governance body, the workforce, patients and other relevant groups on the performance of infection prevention and control systems d. Monitoring the effectiveness of the antimicrobial stewardship program e. Implementing strategies to improve antimicrobial stewardship outcomes f. Reporting to the governance body, the workforce, patients and other relevant groups on antimicrobial stewardship outcomes g. Supporting and monitoring the safe and sustainable use of infection prevention and control resources	•	•		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Partnering with consumer	3.04	Clinicians use organisational processes consistent with the Partnering with Consumers Standard when assessing risks and preventing and managing infections, and implementing the antimicrobial stewardship program to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	•	•	

NSQHS Criteria	Item	Actions	Summary evidence of actions	Monitoring effectiveness of actions	Responsible Role/Unit	Identified Gap (if yes add item to action plan)
Infection prevention and control systems	Surveillance	3.05 The health service organisation has a surveillance strategy for infections, infection risk, and antimicrobial use and prescribing that: <ol style="list-style-type: none"> Incorporates national and jurisdictional information in a timely manner Collects data on healthcare-associated and other infections relevant to the size and scope of the organisation Monitors, assesses and uses surveillance data to reduce the risks associated with infections Reports surveillance data on infections to the workforce, the governing body, consumers and other relevant groups Collects data on the volume and appropriateness of antimicrobial use relevant to the size and scope of the organisation Monitors, assesses and uses surveillance data to support appropriate antimicrobial prescribing Monitors responsiveness to risks identified through surveillance Reports surveillance data on the volume and appropriateness of antimicrobial use to the workforce, the governing body, consumers and other relevant groups 	•	•		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Standard and transmission-based precautions	3.06 The health service organisation has processes to apply standard and transmission-based precautions that are consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare, jurisdictional requirements, and relevant jurisdictional laws and policies, including work health and safety laws.	•	•		Yes <input type="checkbox"/> No <input type="checkbox"/>
		3.07 The health service organisation has: <ol style="list-style-type: none"> Collaborative and consultative processes for the assessment and communication of infection risks to patients and the workforce Infection prevention and control systems, in conjunction with the hierarchy of controls, in place to reduce transmission of infections so far as is reasonably practicable Processes for the use, training, testing and fitting of personal protective equipment by the workforce Processes to monitor and respond to changes in scientific and technical knowledge about infections, relevant national or jurisdictional guidance, policy and legislation Processes to audit compliance with standard and transmission based precautions Processes to assess competence of the workforce in appropriate use of standard and transmission-based precautions Processes to improve compliance with standard and transmission-based precautions 	•	•		Yes <input type="checkbox"/> No <input type="checkbox"/>

NSQHS Criteria	Item	Actions	Summary evidence of actions	Monitoring effectiveness of actions	Responsible Role/Unit	Identified Gap (if yes add item to action plan)	
		3.08	Members of the workforce apply standard precautions and transmission-based precautions whenever required, and consider: <ol style="list-style-type: none"> Patients' risks, which are evaluated at referral, on admission or on presentation for care, and re-evaluated during care Whether a patient has a communicable disease, or an existing or a pre-existing colonisation or infection with organisms of local or national significance Accommodation needs and patient placement to prevent and manage infection risks The risks to the wellbeing of patients in isolation Environmental control measures to reduce risk, including but not limited to heating, ventilation and water systems; work flow design; facility design; surface finishes Precautions required when a patient is moved within the facility or between external services The need for additional environmental cleaning or disinfection processes and resources The type of procedure being performed Equipment required for routine care 	•	•		Yes <input type="checkbox"/> No <input type="checkbox"/>
		3.09	The health service organisation has processes to: <ol style="list-style-type: none"> Review data on and respond to infections in the community that may impact patients and the workforce Communicate details of a patient's infectious status during an episode of care, and at transitions of care Provide relevant information to a patient, their family and carers about their infectious status, infection risks and the nature and duration of precautions to minimise the spread of infection 	•	•		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Hand Hygiene	3.10	The health service organisation has a hand hygiene program that is incorporated in its overarching infection prevention and control program as part of standard precautions and: <ol style="list-style-type: none"> Is consistent with the current National Hand Hygiene Initiative, and jurisdictional requirements Addresses noncompliance or inconsistency with benchmarks and the current National Hand Hygiene Initiative Provides timely reports on the results of hand hygiene compliance audits, and action in response to audits, to the workforce, the governing body, consumers and other relevant groups Uses the results of audits to improve hand hygiene compliance 	<ul style="list-style-type: none"> Hand hygiene auditing is conducted as per the National Hand Hygiene Initiative and QLD health guidelines Failure to meet hand hygiene compliance target of 80% requires an improvement action plan at department level Hand hygiene compliance reports are provided to HHS Safety and Quality Committee, health facility infection control committee, all divisional directors and nurse unit managers Results of each audit are reviewed to target new interventions to improve compliance 	<ul style="list-style-type: none"> c. Hand hygiene compliance reports are provided to HHS Safety and Quality Committee, health facility infection control committee, all divisional directors and nurse unit managers 	CNC IPC	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Aseptic technique	3.11	The health service organisation has processes for aseptic technique that: <ol style="list-style-type: none"> Identify the procedures in which aseptic technique applies Assess the competence of the workforce in performing aseptic technique Provide training to address gaps in competency Monitor compliance with the organisation's policies on aseptic technique 	•	•		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Invasive medical devices	3.12	The health service organisation has processes for the appropriate use and management of invasive medical devices that are consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare	•	•		Yes <input type="checkbox"/> No <input type="checkbox"/>

NSQHS Criteria	Item	Actions	Summary evidence of actions	Monitoring effectiveness of actions	Responsible Role/Unit	Identified Gap (if yes add item to action plan)
Clean and safe environment	3.13	<p>The health service organisation has processes to maintain a clean, safe and hygienic environment – in line with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare and jurisdictional requirements – to:</p> <ol style="list-style-type: none"> Respond to environmental risks, including novel infections Require cleaning and disinfection using products listed on the Australian Register of Therapeutic Goods, consistent with manufacturers' instructions for use and recommended frequencies Provide access to training on cleaning processes for routine and outbreak situations, and novel infections Audit the effectiveness of cleaning practice and compliance with its environmental cleaning policy Use the results of audits to improve environmental cleaning processes and compliance with policy 	•	•		Yes <input type="checkbox"/> No <input type="checkbox"/>
	3.14	<p>The health service organisation has processes to evaluate and respond to infection risks for:</p> <ol style="list-style-type: none"> New and existing equipment, devices and products used in the organisation Clinical and non-clinical areas, and workplace amenity areas Maintenance, repair and upgrade of buildings, equipment, furnishings and fittings Handling, transporting and storing linen Novel infections, and risks identified as part of a public health response or pandemic planning 	•	•		Yes <input type="checkbox"/> No <input type="checkbox"/>
	3.15	<p>The health service organisation has a risk-based workforce vaccine preventable diseases screening and immunisation policy and program that:</p> <ol style="list-style-type: none"> Is consistent with the current edition of the Australian Immunisation Handbook Is consistent with jurisdictional requirements for vaccine preventable diseases Addresses specific risks to the workforce, consumers and patients 	•	•		Yes <input type="checkbox"/> No <input type="checkbox"/>
	3.16	<p>The health service organisation has risk-based processes for preventing and managing infections in the workforce that:</p> <ol style="list-style-type: none"> Are consistent with the relevant state or territory work health and safety regulation and the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare Align with state and territory public health requirements for workforce screening and exclusion periods Manage risks to the workforce, patients and consumers, including for novel infections Promote non-attendance at work and avoiding visiting or volunteering when infection is suspected or actual Monitor and manage the movement of staff between clinical areas, care settings, amenity areas and health service organisations Manage and support members of the workforce who are required to isolate and quarantine following exposure to or acquisition of an infection Provide for outbreak monitoring, investigation and management Plan for, and manage, ongoing service provision during outbreaks and pandemics or events in which there is increased risk of transmission of infection 	•	•		Yes <input type="checkbox"/> No <input type="checkbox"/>

NSQHS Criteria	Item	Actions	Summary evidence of actions	Monitoring effectiveness of actions	Responsible Role/Unit	Identified Gap (if yes add item to action plan)	
Reprocessing reusable equipment and devices	Reprocessing of reusable equipment and devices	3.17	When reusable equipment and devices are used, the health service organisation has: <ul style="list-style-type: none"> a. Processes for reprocessing that are consistent with relevant national and international standards, in conjunction with manufacturers' guidelines b. A traceability process for critical and semi-critical equipment, instruments and devices that is capable of identifying <ul style="list-style-type: none"> o the patient o the procedure o the reusable equipment, instruments and devices that were used for the procedure c. Processes to plan and manage reprocessing requirements, and additional controls for novel and emerging infections 	•	•		Yes <input type="checkbox"/> No <input type="checkbox"/>
		3.18	The health service organisation has an antimicrobial stewardship program that: <ul style="list-style-type: none"> a. Includes an antimicrobial stewardship policy b. Provides access to, and promotes the use of, current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing c. Has an antimicrobial formulary that is informed by current evidence based Australian therapeutic guidelines and resources, and includes restriction rules and approval processes d. Incorporates core elements, recommendations and principles from the current Antimicrobial Stewardship Clinical Care Standard e. Acts on the results of antimicrobial use and appropriateness audits to promote continuous quality improvement 	•	•		Yes <input type="checkbox"/> No <input type="checkbox"/>
Antimicrobial stewardship	Antimicrobial stewardship	3.19	The antimicrobial stewardship program will: <ul style="list-style-type: none"> a. Review antimicrobial prescribing and use b. Use surveillance data on antimicrobial resistance and use to support appropriate prescribing c. Evaluate performance of the program, identify areas for improvement, and take action to improve the appropriateness of antimicrobial prescribing and use d. Report to clinicians and the governing body regarding <ul style="list-style-type: none"> o compliance with the antimicrobial stewardship policy and guidance o areas of action for antimicrobial resistance o areas of action to improve appropriateness of prescribing and compliance with current evidence-based Australian therapeutic guidelines or resources on antimicrobial prescribing o the health service organisation's performance over time for use and appropriateness of use of antimicrobials 	•	•		Yes <input type="checkbox"/> No <input type="checkbox"/>

Table 7. Action Plan

See [appendix 2](#) for guidance on undertaking a risk assessment.

NSQHS Criteria No.	Gap/Improvement	Action/s	Responsible Person/s	Status	Due Date	Risk Rating
3.01	No current Paediatric focused PIVC Procedure.	Draft procedure going through a consultation procedure.	CNC Policy & Procedure, Paediatric Nurse Educator ED	In progress	30/06/2025	Medium (8)
3.17	Transition gap analysis with - ASNZ 4187 to AS 5369:2023	Complete a transition gap analysis with - ASNZ 4187 to AS 5369:2023	CNC IPC, CSD Manager	In progress	30/06/2025	Medium (12)

Table 8. Benchmarking & Key Performance Indicators

Indicator	Numerator	Denominator	Target or Benchmark	Numerator Source
{e.g. Healthcare Associated <i>Staphylococcus aureus</i> blood stream infection}	{Number of HABSIs per quarter}	{10,000 OBDS}	{<1.0}	{Multiprac}
{e.g. Healthcare Associated <i>Clostridioides difficile</i> infection}	{Number of CDI per quarter}	{10,000 OBDS}	{NA}	{Multiprac}
{e.g. Hand Hygiene Compliance}	{Total number of correct moments observed}	{Total number of moments observed}	{80%}	{National Hand Hygiene Initiative (NHHI)}
{e.g. Surgical Site Infection Surveillance}	{Total number of infections}	{Total number of procedures}	{NA}	{Multiprac}

Table 9. PCI related education and training measures

Level	Topic	Staff Audience	Delivery Method	Frequency	Compliance Target	Associated competency (yes/no)
Mandatory	{e.g. General infection prevention and control principals}	{All staff}	{TMS, In-person presentation}	{Annually}	{>80%}	
	{e.g. Personally protective equipment (PPE) donning and doffing skills}	{All clinical staff, Environmental services staff}	{In-person training}	{on commencement}	{>80%}	
	{e.g. Standard Aseptic technique}	{All clinical staff that conduct standard aseptic techniques}	{In-person presentation and workbook completion}	{on commencement}	{>80%}	
Elective	{e.g. Hand Hygiene Auditor Training}	{Hand Hygiene Auditors}	{Online NNHI training modules, in-person workshop}	{on commencement, annually}	{100%}	

Appendix 1 – Glossary

- **Declared health service** - A declared health service means a service intended to maintain, improve or restore a person’s health; that involves an invasive procedure (the insertion of an instrument, appliance or other object into human tissue, organs, body cavities or body orifices) or activity that exposes the person or another person to blood or another bodily fluid.
- **Health care facility** - a facility at which a declared health service is provided and includes:
 - mobile premises associated with the facility; and
 - other premises or places at which persons employed or otherwise engaged at the facility provide declared health services for the facility.
 - Examples include:
 - an ambulance base and the ambulances that operate from the base
 - a home-based service provided by a public sector hospital
 - an acupuncture clinic operating from an office or residential address that provides home visits
 - A health care facility includes services supporting the facility.
 - Examples include:
 - a hospital laundry or cleaning service
- **NSQHS preventing and controlling infection standard** - All public and private hospitals, day procedure services and public dental practices must be accredited to the National Safety and Quality Health Service (NSQHS) Standards. Assessment to the NSQHS Standards second edition commenced in January 2019. The intention of the National Safety and Quality Health standard (NSQHS) is to:
 - reduce the risk to patients, consumers, and members of the workforce of acquiring preventable infections,
 - effectively manage infections, if they occur,
 - prevent and contain antimicrobial resistance,
 - promote appropriate prescribing and use of antimicrobials as part of antimicrobial stewardship,
 - promote appropriate and sustainable use of infection prevention and control resources.
 - The Hospital and Health Services’ Preventing and Controlling Infection (PCI) Standard has four main criteria:
 - Clinical governance, consumer engagement/partnering with consumers, and quality improvement systems are in place to prevent and control infections, and support antimicrobial stewardship and sustainable use of infection prevention and control resources
 - Infection prevention and control systems
 - Reprocessing reusable equipment and devices
 - Antimicrobial stewardship

Appendix 2 - Risk Assessment

The rating is to be determined by:

- **Consequence** – a measure of the expected impact of the event on the organisation and is measured by defined impact levels (negligible, minor, moderate, major, extreme). The consequence selected should be a realistic level if the risk were to occur. This may not always be the worst possible consequence – it must reflect a realistic assessment for the organisation considering evidence available such as past-history and the effectiveness of current prevention arrangements (controls) in place.
- **Likelihood** - Risk likelihood is the chance of the selected risk event occurring. Assess how likely/how often the risk and its consequences are expected to occur. When considering likelihood for a risk rating, consider any existing controls already in place.

Risk Rating Matrix

Likelihood	Consequences				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	Medium (7)	Medium (11)	High (17)	Very High (23)	Very High (25)
Likely	Medium (6)	Medium (10)	High (16)	High (20)	Very High (24)
Possible	Low (3)	Medium (9)	High (15)	High (18)	High (22)
Unlikely	Low (2)	Medium (8)	Medium (12)	Medium (14)	High (21)
Rare	Low (1)	Low (4)	Low (5)	Medium (13)	High (19)

Response to Risk

Risk Rating	Response to risk
Very High	This is serious and must be addressed immediately. The magnitude of the consequences of an event, should it occur, and the likelihood of that event occurring, are assessed in the context of the effectiveness of existing strategies and controls.
High	
Medium	Manage by specific monitoring or audit procedures.
Low	Manage by routine procedures

Further information

For further information about risk consequences, likelihood and risk ratings, view the department's [Risk matrix and response to risk table \(PDF 476 kB\)](#).