



Infection Control

Infection control programs
National guidelines
Education and training

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1. IPC programs

Guideline Recommendations (R) & Good Practice Statements (GPS)	
1	IPC programmes
2	Antibiotic resistance
3	Hand hygiene
4	Surveillance
5	Antibiotic stewardship
6	Outbreak control
7	Antibiotic resistance
8	Antibiotic resistance

Infection control programs:

- Stand-alone, active national program with clearly defined objectives, function and activities for the purpose of preventing HAI and combating AMR through IPC good practices
- Linked to other relevant national programs and professional organisations

WHO Guidelines on Core Components of IPC programs at the national and acute healthcare facility level. (2016)



1. IPC programs

What we have:

Guideline Recommendations (R) & Good Practice Statements (GPS)	
1	IPC programmes
2	Antibiotic stewardship
3	Hand hygiene
4	Surveillance
5	Education & training
6	Outbreak management
7	Research & innovation
8	Quality improvement & patient safety

Well-established national HAI program

- ACSQHC, ACIPC, ASID, OHP, PHLN, CDNA, IJC, Clinical experts
- National hand hygiene initiative
- Consensus national definitions SAB, CDI, CLABSI
- Public reporting of SAB and HH for every public hospital
- Links with AMS
- Advice on emerging infection control issues
- Infection control guidelines and guidance
- Education resources
- State/territory health depts conduct HAI surveillance



The National Safety and Quality Health Service Standards (NSQHS)



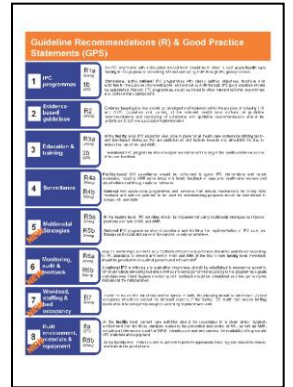
1. IPC programs

Guideline Recommendations (R) & Good Practice Statements (GPS)	
1	IPC programmes
2	Evidence based practices
3	Education & training
4	Surveillance
5	National HAI
6	Outpatient, long-term care
7	Outpatient, long-term care
8	Outpatient, long-term care

Gaps:

- No national HAI surveillance programs or networks that completely fulfil R4a or R4b:
 - A contemporary national HAI PPS may contribute to knowledge gaps to inform local infection prevention and control strategies given that known HAI prevalence rates lack currency and do not reflect emerging HAI risks.
 - The feasibility of an HAI point prevalence survey (PPS) will be considered in the Commission's work plan for the current financial year.

2. Evidence-based guidelines



Guideline Recommendations (R) & Good Practice Statements (GPS)	
1	IPC programmes
2	Antibiotic stewardship programmes
3	Education & training
4	Surveillance
5	Multi-centre strategies
6	Outpatient clinics
7	Antibiotic resistance & stewardship
8	Antibiotic resistance & stewardship

Evidence-based guidelines:

- Developed and implemented for the purpose of reducing HAI and AMR.
- Education and training of the relevant HCW on recommendations and monitoring of adherence to achieve successful implementation

2. Evidence-based guidelines

Guideline Recommendations (R) & Good Practice Statements (GPS)	
1	Antibiotic stewardship
2	Antibiotic resistance
3	Antibiotic resistance
4	Antibiotic resistance
5	Antibiotic resistance
6	Antibiotic resistance
7	Antibiotic resistance
8	Antibiotic resistance

What we have:

- *Therapeutic Guidelines: Antibiotic*
- *Australian guidelines for the prevention and control of infection in health care (2010) (under revision)*
- Infection control guidelines for Aged Care (pocket edition)
- AMS clinical care standard
- National guidance on CPE and NTM coordinated by ACSQHC
- MERCoV / Ebola
- CDI management and diagnosis (ASID)/ CDI laboratory testing (PHLN) / CDI infection control (ACIPC)



2. Evidence-based guidelines

Guideline Recommendations (R) & Good Practice Statements (GPS)	
1. R14 GPS 1.1	Guideline Recommendations (R) and Good Practice Statements (GPS) should be developed in a transparent and collaborative manner, involving all relevant stakeholders, including patients and the public, and should be based on the best available evidence.
2. R15 GPS 2.1	Guideline Recommendations (R) and Good Practice Statements (GPS) should be developed in a transparent and collaborative manner, involving all relevant stakeholders, including patients and the public, and should be based on the best available evidence.
3. R16 GPS 3.1	Guideline Recommendations (R) and Good Practice Statements (GPS) should be developed in a transparent and collaborative manner, involving all relevant stakeholders, including patients and the public, and should be based on the best available evidence.
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7. R20 GPS 7.1	Guideline Recommendations (R) and Good Practice Statements (GPS) should be developed in a transparent and collaborative manner, involving all relevant stakeholders, including patients and the public, and should be based on the best available evidence.
8. R21 GPS 8.1	Guideline Recommendations (R) and Good Practice Statements (GPS) should be developed in a transparent and collaborative manner, involving all relevant stakeholders, including patients and the public, and should be based on the best available evidence.

Gaps:

- Multiple authorities with responsibility for human health – a reality of a federated system
- Jurisdictional sign-off – a reality of a federated system
- Regular monitoring and review



3. Education & training

Guideline Recommendations (R) & Good Practice Statements (GPS)	
1	IPC programmes
2	Education of health professionals
3	Education of patients
4	Surveillance
5	National IPC programmes
6	Antimicrobial stewardship
7	Antimicrobial resistance
8	Quality improvement

Education & training:

- Developed and implemented for the purpose of reducing HAI and AMR.
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3. Education & training

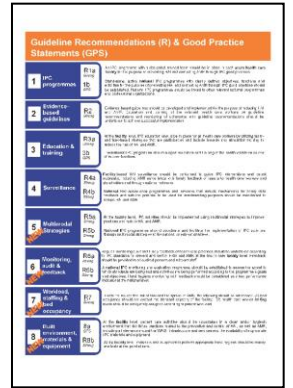
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What we have:

- Hand hygiene modules
- 10 Infection control modules (>38,000)
- ACIPC Foundations in IPC course
- ACIPC/HICSIG education sessions; webinars
- IC orientation module
- Trainee registrar IC and AMS
- University IC – masters, diploma; MPH
- NPS – prescriber modules; practice audits; academic detailing
- SHPA – AMS for pharmacists



3. Education & training



Guideline Recommendations (R) & Good Practice Statements (GPS)	
1. IPC programmes	R14 GPS
2. Evidence based guidelines	R15 GPS
3. Education & training	R16 GPS
4. Surveillance	R17 GPS
5. National strategies	R18 GPS
6. Infection control	R19 GPS
7. Antimicrobial stewardship	R20 GPS
8. Quality improvement	R21 GPS

Gaps:

- Formal AMS courses (esp for pharmacists)
- 51% of surveyed ICPS trained in HAI surveillance (2015)
- Training in quality improvement methodology
- Using and understanding data for action
- Infection prevention: Survey of nursing faculties (2013)



Introduction

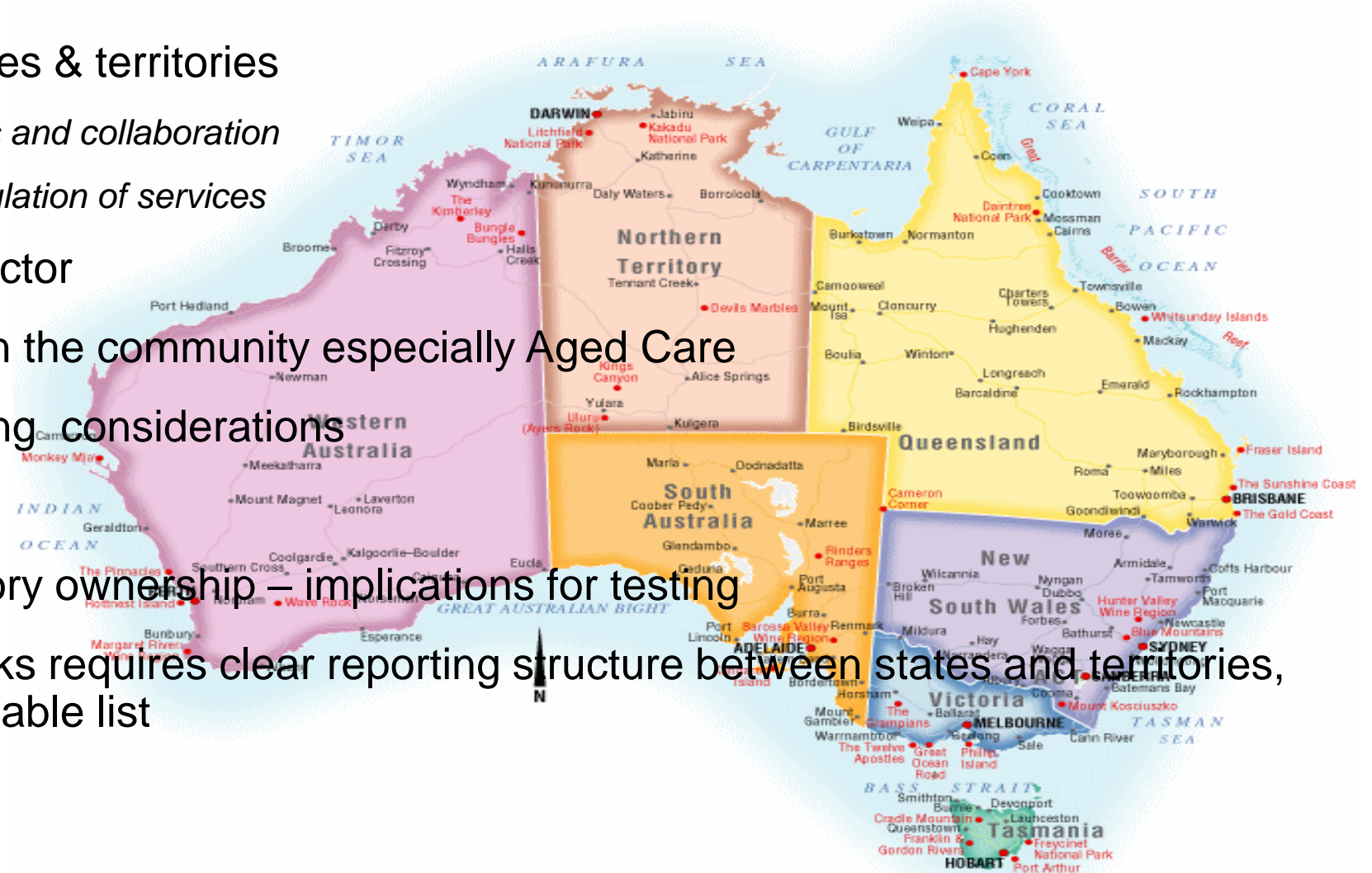
Australian response to AMR
Past, present , future

Professor Marilyn Cruickshank
Director National HAI Program



▶ Limitations for AMR in Australia

- Impact of federation of states & territories
 - *decisions are by consensus and collaboration*
 - *plurality of funding and regulation of services*
- 44% hospitals in private sector
- AMR and AU also occurs in the community especially Aged Care
- Data collection and reporting considerations
- Since 2011, still some silos
- Increase in private laboratory ownership – implications for testing
- Response to AMR outbreaks requires clear reporting structure between states and territories, esp organisms not on notifiable list





AMR Summit

Australia's response to AMR

Australian Minister for Health

Australian Minister for Agriculture & Water Resources

States and territories

National AMR Strategy
2015 - 2019

ACSQHC
AURA Surveillance System
Healthcare-associated infection
Hand hygiene
Antimicrobial stewardship
Infection control guidelines

Antimicrobial Resistance Prevention and Containment Steering Committee

Commonwealth

Australian Scientific Technical Advisory Group

#AMR17

The Time For Action Is Now!



29 June 2017 Melbourne

Establish or use existing AHMAC processes for formalised national planning and response for AMR.

- Ability to advise on, and report to, at a national level on AMR-related matters and the AMR implementation plan
- Provide policy and advisory roles (data analysis, guidelines, policy and advice on emerging issues)
- The process should ensure sufficient seniority to set priorities, and authority to commit jurisdictions to cooperative action.