

Chapter 1 Clinical governance requirements

1.1 Introduction

Infection prevention and control refer to evidence-based practices and procedures that, when applied consistently in healthcare settings, can prevent or reduce the risk of transmission of microorganisms to healthcare providers, clients, patients, residents, visitors and the general community. Infection prevention and control not only involve operational and risk assessments but also requires alignment with a strategic plan. This strategic approach enables executive-level buy-in, supports the identification of gaps within the program, and ensures that infection prevention and control initiatives are integrated, sustainable, and responsive to emerging risks.

Clinical governance refers to a system through which Health Organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, which includes the prevention of healthcare associated infection (HAIs), by creating an environment in which excellence in clinical care will flourish (Sally and Donaldson, 1998, Halton et al., 2017, Australian Commission on Safety and Quality in Health Care, 2021b). Health Organisations have a legal responsibility to provide a safe work environment, safe systems of work and a safe environment for patients and visitors.

Effective clinical governance is necessary to support and promote improvements in infection prevention and control and to provide safe and sustainable use of infection prevention and control resources. Focusing on strengthening contextual factors at the organisational level that otherwise undermine capacity to implement evidence-based practice is key to sustaining current infection prevention and control successes and promoting further practice improvements (Halton et al., 2017).

Each NSW Health Organisation must ensure that they have an executive sponsor responsible for their infection prevention and control program. The infection prevention and control program must have suitably qualified infection prevention and control professional(s) and a current operational/ risk plan that is in line with the Infection prevention and control Policy Directive.

Clinical governance accountabilities for infection prevention and control include:

- executive engagement and clearly defined leadership
- implementation, reporting and evaluation of a local infection prevention and control program
- increasing consumer participation and education for infection prevention and control
- HAI and antimicrobial stewardship surveillance
- where relevant, inclusion and consultation with non-acute healthcare services in the infection prevention and control program.

The local infection prevention and control program is an integral component of each Health Organisation's clinical governance system and should be regularly evaluated. Health Organisation's infection prevention and control gap analysis and risk management plan or other processes should be used for the ongoing assessment and evaluation of the infection prevention and control program.

The NSW Health [Incident Management Policy Directive](#) should be used to report and record incidents. The Health Organisation are also to establish and maintain a risk management framework that is tailored to the needs of the organisation as identified under the risk management category in the [Enterprise-wide Risk Management Policy Directive](#).

The NSW infection prevention and control Response and escalation framework (Framework) supports NSW Health to respond to both outbreaks and pandemics or infections of state or national

significance. The Framework outlines a foundational level for when the NSW Health system remains prepared for infection risks, with structured infection prevention and control escalation strategies for yellow, amber and red transmission risks. For more information refer to the [NSW Infection prevention and control Response and Escalation Framework](#).

1.2 Infection prevention and control program

Infection prevention and control programs are a core element in healthcare patient safety and quality programs. NSW Health Organisations require a comprehensive program to make sure that current and future risks, challenges and threats of HAIs, transmissible multi-drug resistant organisms (MROs) and communicable diseases are identified and managed.

A comprehensive infection prevention and control program should comprise of:

- executive engagement, clearly defined Infection prevention and control leadership and strong relationships between infection prevention and control teams, executive teams, clinical governance, and microbiological/infectious diseases support
- provision of adaptive strategies such as electronic, remote, and/or virtual infection prevention and control program in partnership with public health and epidemiology expertise to ensure safety of health workers and healthcare consumers
- processes to identify and manage risks associated with infections including a governance structure that incorporates risk escalation, reporting, feedback and assigned responsibility for each core component
- policies and procedures for infection prevention and control including antimicrobial stewardship and linkages between national, state, local health district (LHD), speciality health network (SHN) and facility policies/guidelines
- multimodal strategies based on risk assessment to drive improvements in HAI rates, infection prevention practices, and patient infection risks
- built environment, materials, and equipment at both the facility, clinical level and point of care to reduce the risk of HAI and transmission of multi-drug resistant organisms (MROs) including scalability to manage endemic MRO/outbreaks
- a HAI surveillance program that includes national, state and facility clinical and process indicators to monitor, audit, and evaluation of infection prevention and control practices and feedback mechanisms
- a program for the maintenance of standards and practices for reducing or eliminating contamination of environmental and equipment risks
- trained professional(s) to lead and manage the program including education and training programs for all health workers (HWs) that are evaluated for effectiveness and applicability to each of the health professional groups.

An Infection prevention and control professional is defined as a health care professional such as a medical doctor, nurse, or other health-related practitioner who has completed a certified postgraduate infection prevention and control training program, a nationally or internationally recognised postgraduate course in infection prevention and control, or a related core discipline in which infection prevention and control is a central component of the curriculum, including both practical and clinical infection prevention and control training (World Health Organization, 2020).

The effectiveness of infection prevention and control programs is significantly enhanced when led by credentialed professionals. Credentialing ensures that infection prevention and control

clinicians possess the necessary expertise, experience, and commitment to evidence-based practices, thereby improving patient safety and healthcare outcomes. Studies indicate that Health Organisations with credentialed infection prevention and control leaders demonstrate better adherence to infection prevention and control standards and more effective management of HAIs. This professional recognition not only fosters public confidence but also supports compliance with national safety and quality standards (Macbeth et al., 2025).

1.3 Infection prevention and control core components

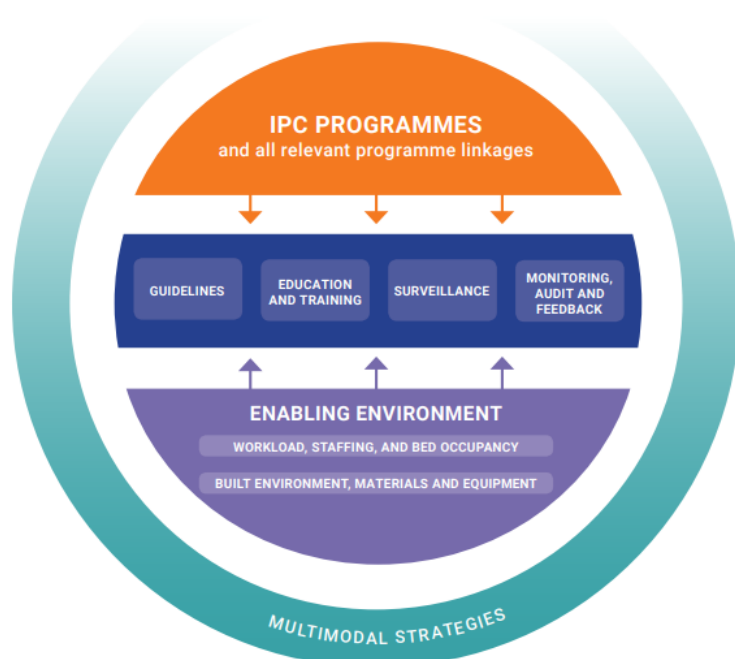
The World Health Organization (WHO) recommends multimodal improvement strategies as a core component of effective Infection prevention and control programs (World Health Organization, 2020). The multimodal strategy consists of five elements: system change, training and education, evaluation and feedback, reminders in the workplace, and institutional safety climate (Figure 1 Infection prevention and control program minimum requirements).

The objectives of the multimodal improvement strategies are to support healthcare facilities to develop or strengthen infection prevention and control programs and strategies through the provision of evidence- and consensus-based guidance that can be adapted to the local context, while taking account of available resources and public health needs (World Health Organization, 2019). There are eight components of infection prevention and control programs that is crucial for the establishment and effective functioning:

1. Infection prevention and control programs and governance: Dedicated, trained team in each healthcare facility for the purpose of preventing Healthcare Associated Infection (HAI) and combating antimicrobial resistance (AMR). The education and training of relevant health workers on the guideline recommendations and the monitoring of adherence with guideline recommendations should be undertaken to achieve successful implementation.
2. Infection prevention and control guidelines: Current evidence-based resources and guidelines developed and utilised for the purpose of reducing HAIs and AMR.
3. Infection prevention and control education: The infection prevention and control program should support the education and training of the health workers along with assessment and outcome measure by monitoring and reflective practice as one of its core functions.
4. Surveillance: HAI surveillance, analysis and quality control monitoring should be in place to guide infection prevention and control interventions and detect outbreaks, including AMR surveillance with timely feedback of results to health workers and stakeholders and through networks.
5. Multimodal strategies: infection prevention and control activities using multimodal strategies should be implemented to improve practices and reduce HAIs and AMR.
6. Monitoring/auditing of infection prevention and control practices and feedback: regular monitoring/ audit and timely feedback of healthcare practices according to infection prevention and control standards should be performed to prevent and control HAI and AMR. Feedback and action taken as a result of monitoring/audits should be provided to all audited persons and relevant health workers.
7. Workload, staffing, patient flow and access: health worker staffing levels including infection prevention and control, support services and clinicians should be adequately assigned according to patient workload.
8. Built environment, materials, equipment, proposed service planning and new development for infection prevention and control at the facility level: Patient care activities should be

undertaken in a clean and hygienic environment that facilitates practices related to the prevention and control of HAI, as well as AMR.

Figure 1 Infection prevention and control program minimum requirements



Source: [WHO Minimum requirements for infection prevention and control programmes](#)

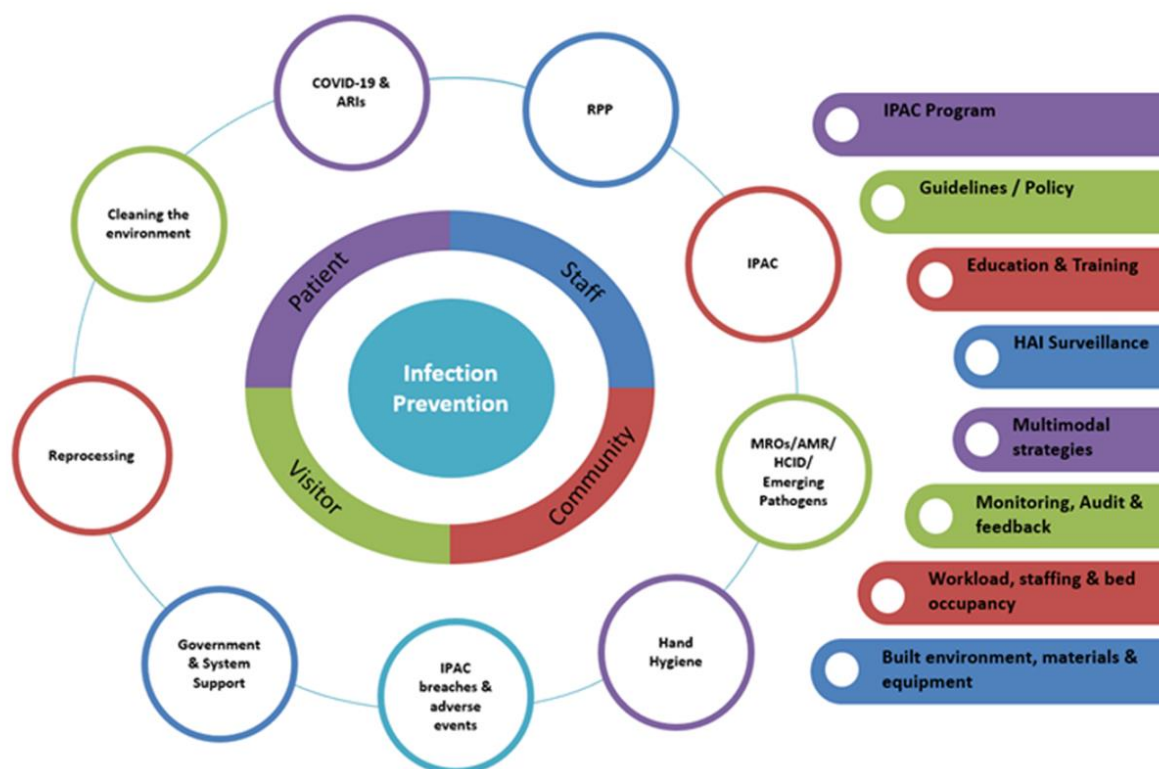
1.4 Clinical Excellence Commission infection prevention and control function

The Infection prevention and control and Healthcare Associated Infections (HAI) program at the Clinical Excellence Commission (CEC) operates as the lead agency for NSW Health infection prevention and control and HAI, providing leadership in safety and quality for healthcare providers, clients, patients, residents, visitors, and the broader community.

The CEC's existing service provision and current infection prevention and control/HAI framework adherence to WHO core components of an infection prevention and control program is outlined in figure 2 NSW infection prevention and control and HAI program framework.

The infection prevention and control/HAI Program assists local health districts and specialty networks in NSW to manage and monitor the prevention and control of HAIs and AMR.

Figure 2 NSW infection prevention and control and HAI program framework

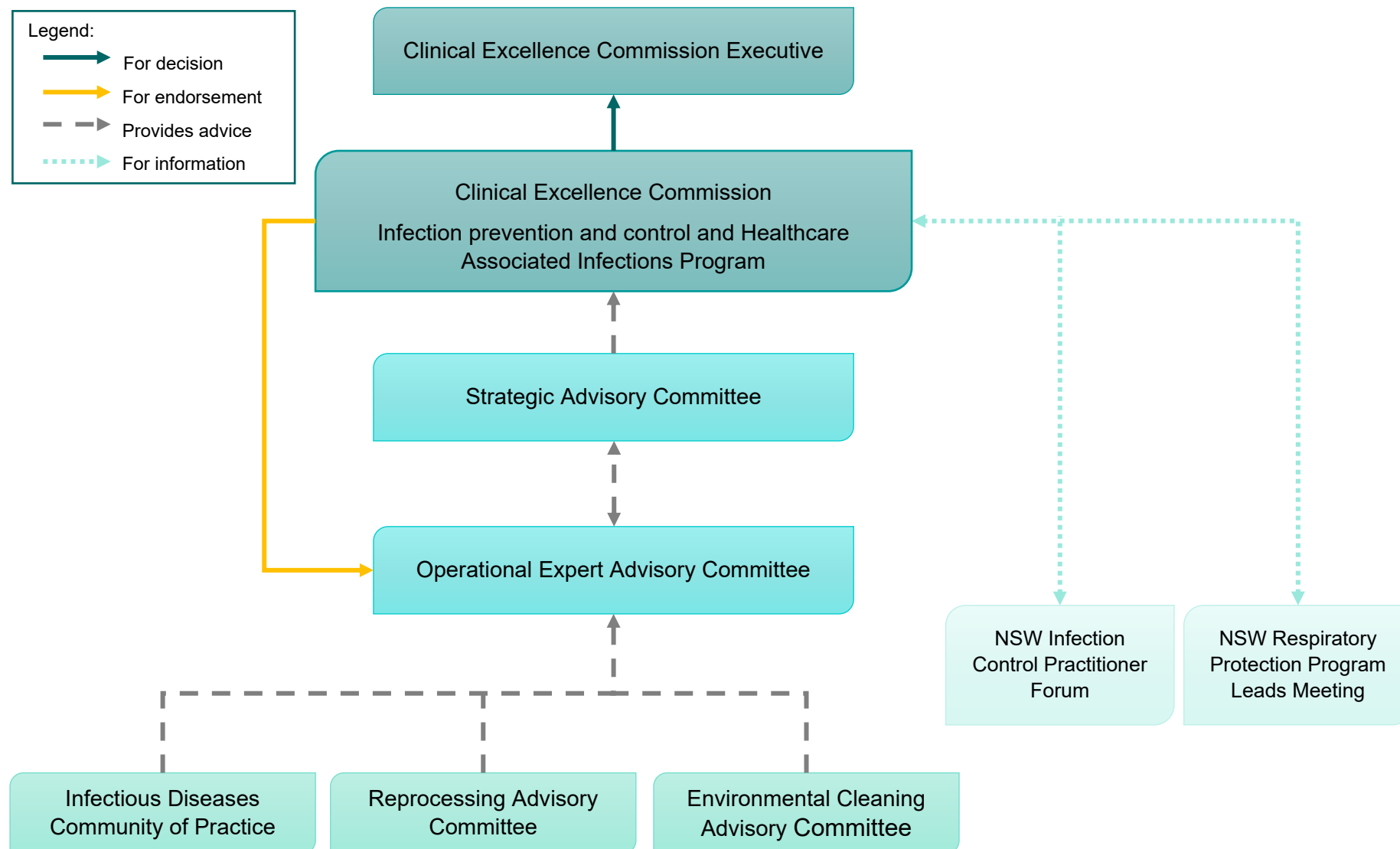


1.4.1 CEC infection prevention and control/HAI program governance structure

The CEC infection prevention and control/HAI team consists of expert clinicians working collaboratively with relevant stakeholders across the system to provide effective leadership, guidance and resources to promote safe and quality healthcare provision to healthcare consumers across the state (Figure 3 CEC infection prevention and control/HAI program governance).

Guidance and resources are developed in consultation with multidisciplinary groups representing relevant clinical specialties to provide independent and impartial strategic advice on system-wide issues (Dempsey et al.). This consultation also seeks to prepare and respond to infection prevention and control requirements and facilitates escalation and dissemination of advice to frontline clinicians.

Figure 3 CEC infection prevention and control/HAI program governance



The role of CEC infection prevention and control/HAI program includes:

- provide advice about the strategic direction for the prevention, control and monitoring of HAI and AMR in NSW public Health Organisations and other healthcare facilities and services
- in collaboration with Local Health Districts (LHDs), Specialty Health Networks (SHNs), Pillar Agencies and HealthShare NSW, provide advice and guidance on implementation and monitoring of HAI and AMR related programs and projects
- provide advice and guidance on the international, national and state evidence regarding HAI and AMR prevention and on emerging issues impacting the NSW population
- consultation and collaboration with relevant stakeholders to provide strategic advice and guidance on implementation and monitoring of the infection prevention and control policies, procedures and guidance across the state
- education, training and mentoring of novice, and existing infection prevention and control professionals and leaders.

1.5 Roles and responsibilities of facility or organisation

Every facility or Health Organisation is to have an infection prevention and control program in place. The success and effectiveness of such a program require the development and involvement of suitably qualified personnel or the development of adequate systems to link in with such expertise.

Everyone working in a Health Organisation both clinical and non-clinical staff has a responsibility to commit to the infection prevention and control principles to do no harm and, therefore, prevent and control infection in the healthcare setting. Infection prevention and control is not only embedded in day-to-day work practices but is also a critical component of strategic planning.

A comprehensive infection prevention and control approach includes:

- Strategic planning to align infection prevention and control goals with organisational priorities and ensure sustainability.
- Operational and risk assessments to identify vulnerabilities and guide targeted interventions.
- Executive-level engagement, which is essential for securing resources, driving accountability, and embedding infection prevention and control into governance structures.
- Infrastructure and design input, including providing expert advice on rebuilds, refurbishments, compliance with the Australian Health Facility Guidelines (AusHFG), and planning for furniture, fittings, and equipment.

This integrated approach supports the identification of program gaps, enhances system resilience, and ensures infection prevention and control is proactively considered across all levels of healthcare delivery.

Each health worker is accountable for the inclusion of infection prevention and control in the work they do. In addition, each health worker is also ethically accountable for communicating or reporting breaches of infection prevention and control in any work they witness which is carried out by other health workers. Refer to [NSW Health Core values](#) and [NSW Health Code of conduct](#) for more information.

Registered health workers have a legal obligation to comply with infection prevention and control as identified in the [Health Practitioner Regulation \(NSW\) 2016 – Reg 5 Infection Control Standards](#).

1.6 infection prevention and control program governance and responsibilities

LHD/SHNs are required to have processes in place to comply with the recommendations and requirements for the implementation of the infection prevention and control policy directive (NSW Health, PD 2023_025) and requirements described in this practice handbook. LHD/SHNs are to ensure that there is clear governance for the local infection prevention and control program which includes the responsibilities for:

- Chief Executive
- General managers and service directors
- infection prevention and control Program Steering Committee (Facility/LHD/SHN)
- Supervisors/line managers
- Employees.

Chief Executive

Responsibilities of the Chief Executive include:

- Ensure that a process is in place to enable the infection prevention and control program to be implemented, including establishing an infection prevention and control Steering Committee or equivalent and is included as part of the organisations strategic and operational plans
- Ensure that any high-risk issues related to infection prevention and control are identified and the risks are mitigated in accordance with the [Enterprise-wide Risk Management Policy Directive](#)
- Ensure that all required resources are available for the implementation and adherence of the infection prevention and control policy directive and related guidance documents and resources.

General managers and service directors

The General managers and service directors are responsible to:

- Ensure that the infection prevention and control policy directive and related guidance are implemented within their governance areas
- Ensure that HAI and AMR hazards / risks are identified, risk assessments are undertaken, and risk mitigation strategies are implemented and evaluated in consultation with the infection prevention and control team
- Ensure that training and resources are available to enable compliance with infection prevention and control policy directive and related guidance.

Clinical governance or quality and safety units

The Clinical governance or quality and safety unit plays a pivotal role in embedding infection prevention and control into the clinical care, ensuring that systems, practices, and culture across the organisation consistently support safe, high-quality healthcare delivery. These include:

- Regular review of infection prevention and control program effectiveness, including surveillance of HAIs and antimicrobial use
- Identification, assessment, and mitigation of infection risks using structured frameworks (for example, NSW Health Risk Management Framework)

- Partnering with patients and families in infection prevention and control education and program design
- Supporting safe and appropriate use of antimicrobials through collaboration with pharmacy and infectious disease departments
- Ensuring infection prevention and control practices align with national and state guidelines and accreditation standards (for example, NSQHS Standard 3).

Infection prevention and control program committee (facility/LHD/SHN)

The responsibilities of facility infection prevention and control program committee include:

- Ensuring the foundation of the committee to be based on and address the domains of [Preventing and Controlling Infections Standard](#)
- Oversees the infection prevention and control policy directive requirements across the LHD/SHN
- Ensuring any high-risk issues identified with the infection prevention and control program that are unable to be resolved are escalated to the Chief Executive (or delegate)
- Receives, reviews, and responds to status reports on infection prevention and control program implementation, progress and evaluation of the program including HAIs, AMR
- Collaboratively resolves issues that have been escalated regarding the infection prevention and control program and implementation of the infection prevention and control policy directive
- Implementation of an infection prevention and control link program (dedicated clinicians to act as a link between their own clinical area and the infection prevention and control team to raise awareness of infection prevention and control) and ensures that the program meets the requirements for the facility and LHD/SHN.

Managers

The managers are to:

- Ensure that the infection prevention and control policy and program core elements are implemented, monitored and evaluated
- Ensures that an escalation pathway is established with a reporting pathway in place
- Ensure that health workers are provided with relevant education and training to apply infection prevention and control strategies and provided with correct tools and guidance.

Infection prevention and control team

The infection prevention and control team play a critical role in safeguarding healthcare environments by providing operational, day-to-day risk assessments to identify, reduce, and manage the risk of infection transmission.

The infection prevention and control team are responsible for:

- Developing and maintaining written policies and procedures, ensuring they are regularly evaluated and updated in line with current evidence and best practice
- Preparing and implementing an infection prevention and control program plan, with endorsement from the infection prevention and control governance committee where appropriate

- Monitoring and evaluating daily patient care practices to ensure they align with infection prevention standards
- Facilitating the hand hygiene auditing program, promoting compliance and continuous improvement
- Identifying and escalating issues in the implementation of infection prevention and control activities that require resolution or support from the infection prevention and control program steering committee
- Providing expert advice on infrastructure projects, including new builds, refurbishments, and compliance with the AusHFG, as well as input into furniture, fittings, and equipment planning
- Oversees surveillance for HAIs/AMR, report and address issues, collaborate with pharmacy and antimicrobial stewardship committees as needed
- Investigate outbreaks and provide data (and expert advice) that should be evaluated to allow for any change in practice or allocation of resources
- Facilitate education of health workers in infection prevention and control policy, practice, and procedures relevant to their own areas
- Provide advice to health workers on all aspects of infection prevention and control on a day-to-day basis
- Lead and develop with educators/managers an annual training plan for health workers and implement infection prevention and control training activities
- Advise and support that only appropriate infection prevention and control supported supplies and equipment are made available by procurement teams
- Have a scientific and technical support role in purchasing and monitoring of equipment and supplies, and in evaluation and checking the efficacy of sterilization and disinfection measures
- Advise and support engineering services to address recommendations for water system testing and ventilation system management
- Advise and support food and environmental services
- Support and participate in research, assessment, quality improvement and change management programs
- Participate in audit activities, report, escalate and act on results/outcomes
- Promote and support a link program to ensure infection prevention and control policies and procedures are implemented, practiced and measured
- Support and promote [Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases](#) program compliance and work health safety risks relating to infection prevention and control (for example, [Work Health and Safety - Blood and Body Substances Occupational Exposure Prevention](#)).

Employees

Employees are to:

- Adhere to all components of the infection prevention and control policy directive and related guidance
- Complete all required training and education relevant to their role

- Understand and comply with their individual responsibilities, including all mandatory policies, standards, and guidance related to infection prevention and control.

In line with the core components of an infection prevention and control program (World Health Organization, 2020), the practical aspects are listed in the below table.

Table 3 Core components of an infection prevention and control program

Core components	Examples of practical application
A governance structure that incorporates risk escalation, reporting and feedback	• Documented organisational structure including reporting accountabilities • Knowledge of how to collect accurate and verified information, assess risk and document the information for reporting urgently (brief) • Documented reporting line for routine and urgent information • Documented feedback plan for routine reports, incidents, audit results, quality improvement projects, outbreak reports
Clearly defined objectives, functions and annual action plans	• Overview of the program provided for accreditation surveys • Position description and role delineation for infection prevention and control professionals • Infection prevention and control risks and operational plan for the facility • Operational and business plans including actions and evaluations
Clear objectives that have scalability to manage any potential risks	• Risk and operational plan for the infection prevention and control program • Identification and management strategies for organisms specific to local epidemiology • Response and escalation plan for clusters and outbreaks
Trained professional(s) to lead and manage the program	• Properly trained infection prevention and control professionals to lead the program; have mentoring for health workers who are relieving or who are untrained • Access to a network of experienced infection prevention and control professionals who can answer questions or provide advice
Linkages between national, state, LHD and facility policies/guidelines	• Reflected in the references in local procedures, reports or plans

Microbiological/infectious diseases support	• Establish linkages with local experts • Develop systems and process to access clinical expertise
Education and training programs for all health workers that are evaluated for effectiveness and applicability to each of the health professional groups	• Competency or clinical assessments, aseptic technique audits, hand hygiene audits, environmental cleaning audits • Review of incidents • HAI surveillance results • Reporting of issues identified in clinical unit reviews
A HAI surveillance program that includes national, state and facility clinical and process indicators	• Documented program that includes clinical/process indicators, who collects the data, where the data is documented, how the data is analysed, how each case is validated, how it is reported and feedback to stakeholders • How trend data is monitored
Multimodal strategies to drive improvements in HAI rates, infection prevention practices, and patient infection risks	• Determine the strategies that are required to drive improvements. For example, hand hygiene, cleaning shared patient care equipment, patient education, standard and transmission-based precautions, surgical asepsis • What other programs are involved in contributing to the strategies. For example, antimicrobial stewardship, environmental cleaning, reprocessing of reusable medical devices, education programs, competency assessment programs • What committees contribute to these strategies, for example, product evaluation, new and emerging technologies (related to cleaning and reprocessing), operating theatre management (reduction of SSIs)
Monitoring/audit/evaluation of infection prevention and control practices and feedback mechanisms	• Development of an annual audit program for infection prevention and control with assigned responsibility • Ongoing risk assessments – use of a standard template and tracking of recommendations to ensure completion • Development of a standard templates for reporting that include communication and feedback • Development of assessments for standard and transmission-based precautions • Development of a monitoring program for critical shared patient care equipment
A program for the maintenance of standards and practices for reducing or eliminating contamination of	• Inclusion in the reporting requirements for environmental cleaning audits to ensure benchmarks are met • Inclusion in assessment of reprocessing areas to ensure compliance with AS 5369:2023, <i>Reprocessing of reusable</i>

environmental and equipment risks	<i>medical devices and other devices in health and non-health related facilities</i> • Reporting of maintenance processes to peak committees • Maintain risk register of issues, interventions and outcomes
Built environment, materials and equipment at both the facility, clinical level and point of care to reduce the risk and transmission of HAIs	• Inclusion of infection prevention and control staff in: ○ designs, review and commissioning of building works ○ involvement in planned works within clinical space ○ purchase of new equipment ○ compatibility of equipment and cleaning chemicals

1.7 Link program

A link or a liaison program is a strategy to improve engagement and compliance in clinical areas and departments or units. Dedicated clinicians act as a link between their own clinical area and the infection prevention and control team to raise awareness of infection prevention and control within their local area or facility and where appropriate across the local health district/speciality health networks. They are trained to educate colleagues and motivate health workers, patients, visitors and carers to improve infection prevention and control practices to ensure safe care is delivered at all times (Dekker et al., 2023, Ghorbanmovahhed et al., 2023). Implementation of a local link program supports compliance with the requirements of the NSQHCS. The objectives of the link program are to:

- support good communication regarding measures for an optimal infection prevention and control program
- increase the awareness of infection prevention and control in clinical practice
- ensure improved patient outcomes through appropriate education, monitoring and support measures for the control of infections within ward/department
- broaden the base of infection prevention and control expertise and experience in clinical staff
- succession planning and development of infection prevention and control capacity
- improve the dissemination and implementation of infection prevention and control guidelines and tailor the LHD/SHN infection prevention and control program with the specific needs to their clinical setting/speciality.

Strategies to support link program:

- Education, commitment and coordination by the infection prevention and control team
- Support from executive, senior management, ward/unit management and between link personnels
- Provide systems, tools and resources to enable improvement in infection prevention and control practices
- Ongoing review and evaluation of the program
- Encourage reward and recognition.

Refer to [Strategies to improve the implementation of infection control link nurse programmes in acute-care hospitals](#) and [Evaluation of an infection control link nurse program: an analysis using the RE-AIM framework](#) for more information.

1.8 National accreditation standards

The National Safety and Quality Health Service (NSQHS – [Standard 3 Preventing and Controlling Infection Standard](#)) are a quality assurance mechanism aimed at protecting patients from harm and improving the quality of health service provision. The clinical governance and partnering with consumers Standards set the overarching requirements for the effective implementation of all other standards and are to be included in gap analysis, action plans and evidence requirements. Successful infection prevention and control requires a collaborative approach and several strategies across all levels of the healthcare system (Australian Commission on Safety and Quality in Health Care, 2021c). These strategies include:

- Integrating clinical governance
- Applying quality improvement systems
- Partnering with consumers
- Surveillance.

Systems are to be in place to support and promote quality improvement strategies to prevent and control infections and support antimicrobial stewardship and sustainable use of infection prevention and control resources. Specifically, for the preventing and controlling infection Standard, the criteria are:

- Standard and transmission-based precautions
- Hand hygiene
- Aseptic technique
- Invasive medical devices
- Workforce screening and immunisation
- Infections in the workforce
- Reprocessing of reusable medical devices
- Antimicrobial stewardship.

Although all infection prevention and control programs have essential elements that must be considered, programs will need to be tailored to reflect local context and risk.

Resources within the National Standards provide detailed requirements and actions to comply with the preventing and controlling infection standard.