

Aged Care Home

# Infection Prevention and Control Operational Compliance Audit



# Aged Care Home Infection Prevention and Control Operational Compliance Audit

**Grampians Region Infection Control Group**  
**(Developed March 2009)**  
**(Revised July 2010)**  
**(Revised September 2012)**  
**(Revised May 2013)**  
**(Revised June 2014)**  
**(Revised July 2015)**  
**(Revised May 2019 trial document)**  
**(Updated August 2019)**

This audit is designed to provide a “snapshot” of Infection Control systems within an Aged Care Home (ACH), to identify gaps when compared with relevant guidelines; and to compile Quality Improvement Action Plans for their rectification.

These tools have been adapted from the Department of Health South Australia Standard Three Audit Tools.  
The following guidelines have been consulted for additional content:

- Aged Care Quality and Safety Commission: Aged Care Quality Standards. 18 January 2019
- Commonwealth of Australia. National Health and Medical Research Council. *Australian Guidelines for the Prevention and Control of Infection in Healthcare 2019*
- SHEA/APIC Guideline: *Infection Prevention and Control in the Long-Term Care Facility* 2008
- Australian Aged care Quality Agency: Review of infection control practices in residential aged care. April 2018
- Centers for Disease Control and Prevention. The Core Elements of Antibiotic Stewardship for Nursing Homes Checklist. 2015

## Aged Care Home Accreditation

### Infection Prevention and Control linked standards:



- Aged Care Quality and Safety Commission: Standard 1 – Personal care and Clinical care. 1 January 2019
- Aged Care Quality and Safety Commission: Standard 2 – Personal care and Clinical care. 1 January 2019
- Aged Care Quality and Safety Commission: Standard 3 – Personal care and Clinical care. 1 January 2019
- Aged Care Quality and Safety Commission: Standard 7 – Personal care and Clinical care. 1 January 2019
- Aged Care Quality and Safety Commission: Standard 8 – Personal care and Clinical care. 1 January 2019

### Personal Care and Clinical care

#### Standard 3 Requirement 3 (g):

Minimisation of infection-related risks through implementing:

- I. Standard and transmission-based precautions to prevent and control infection, and
- II. Practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

#### Important Notes:

Throughout this document consumer and their representative is used when talking about the resident and their family or carer:

Consumer is the term used for resident.

Representative is the term used for family/ carer.

This audit tool can be completed all at one time or split into sections with each section completed when time allows until all sections completed.

**Agency name:** \_\_\_\_\_

**Date of audit:** \_\_\_\_\_

**Person conducting audit:** \_\_\_\_\_ **Designation:** \_\_\_\_\_

<b>Section</b>		<b>Page No.</b>
1	Management and Clinical Governance	5
2	Human and Materials Resourcing	5
3	Surveillance and Auditing	6
4	Infection Risk Management	7-8
5	Infectious Diseases and Outbreak Management	8-9
6	Education	10
7	Hand Hygiene and Asepsis	10-11
8	Health and Safety	11-12
9	Antimicrobial Stewardship	12-13
10	Environmental Cleaning	13
11	Waste Management	14
	Audit Summary/Score Sheet	15
	Quality Improvement Action Plan	16
	Resource List	17

## Scoring System

No compliance = 0

Compliance = 1

N/A (Not applicable) = 1

Access supporting evidence for each criterion and document the evidence in the comment section to assist with identifying potential gaps. These gaps are to be included on the infection control quality improvement plan for action. Include document number where relevant.

Section 1. Management and clinical governance	Score	Comments / Document Supporting Evidence Here
1. There is a current documented infection prevention and control (IP&C) policy outlining the program.	_ /1	
2. IP&C policies and procedures are reviewed on the scheduled review date. ( <i>randomly select and check 5 policies</i> )	_ /1	
3. IP&C policies and procedures contain instructions for the workforce. Examples: Hand Hygiene outlines the 5 moments of hand hygiene, the Personal Protective Equipment (PPE) outlines how to put on and take off PPE.	_ /1	
4. The IP&C program is overseen by a multi-disciplinary IP&C Committee, which has representation of staff groups and consumers (this committee may be within the Aged Care Home (ACH), combined with an OH&S, or Consumer Care Committee; or an agency-wide committee with ACH representation).	_ /1	
5. The IP&C or relevant committee formulates an Infection Control Quality Improvement Plan, and records progress on the plan at each meeting. ( <i>check by viewing most recent minutes</i> )	_ /1	
6. The Infection Control Quality Improvement Plan is tabled at a meeting with executive representation at least quarterly and this is documented in the minutes of that meeting. ( <i>view minutes to check</i> )	_ /1	
7. Minutes of the IP&C committee or relevant committee meeting are readily available for staff and consumers and their representatives to access.	_ /1	
<b>Score Section 1</b>	<b>/7</b>	

Section 2. Human and Materials Resourcing	Score	Comments / Document Supporting Evidence Here
1. There is a written position description to define IP&C responsibilities for the person responsible for this role at your ACH.	_ /1	
2. At your ACH a qualified and experienced Infection Control Professional (ICP) currently holds this role.	_ /1	

3. If there is no qualified and experienced person in this role at your ACH is there a process in place for access to expertise to provide support (e.g. internally or an external provider).	_ /1	
4. The person responsible for IP&C has sufficient hours to complete responsibilities separate to any other position.	_ /1	
5. IP&C responsibilities are documented in all staff position descriptions.	_ /1	
6. Consumers and their representatives are provided with written information on their responsibility for IP&C. <i>(check availability of information – refer to resource list page 17)</i>	_ /1	
<b>Score Section 2</b>	<b>/6</b>	

<b>Section 3. Surveillance and Auditing</b>	<b>Score</b>	<b>Comments / Document Supporting Evidence Here</b>
1. There is a process for reporting infections within the ACH that is documented in policy and procedure outlining reporting requirements. <i>(view policy)</i>	_ /1	
2. Case definitions for specific infections are based on accepted definitions of infection - VICNISS case definitions and the McGeer surveillance criteria and are used for reporting infections. <i>(view reporting process)</i>	_ /1	
3. There is a data base/record of all infections reported within the ACH and data is accessible for at least the last 12 months. <i>(view summary of infections)</i>	_ /1	
4. The ACH participates in the Aged Care VICNISS Surveillance Program. <i>(View reporting data on newly diagnosed MRSA, VRE and C.Diff infections).</i>	_ /1	
5. The above surveillance data (ACH and VICNISS) is reviewed, trends analysed; and issues/risk management strategies identified are documented on a quality improvement plan.	_ /1	
6. Analysis of the surveillance data (report) is provided to the IP&C or relevant committee at least annually and documented in the minutes. <i>(view minutes)</i>	_ /1	
<b><i>In addition to the above outcome surveillance, process surveillance is also used to monitor compliance with IP&amp;C policies and procedures. At a minimum questions 7-11:</i></b>	_ /1	
7. Infection prevention and control knowledge audit. <i>(refer to resource list page 17)</i>	_ /1	
8. Compliance with transmission-based precautions audit. <i>(refer to resource list page 17)</i>	_ /1	
9. Hand hygiene audit (or participation in VICNISS data collection). <i>(refer to resource list page 17)</i>	_ /1	
10. The correct use of personal protective equipment (putting on and taking off) audit. <i>(refer to resource list page 17)</i>	_ /1	
11. Cleaning of equipment used for consumer care audit. <i>(refer to resource list page 17)</i>	_ /1	

12. Antimicrobial stewardship knowledge audit. (refer to resource list page 17)	_ /1	
13. Audit reports and quality improvement plan are tabled at IP&C or relevant committee at least annually and documented in the minutes. (view minutes)	_ /1	
<b>Score Section 3</b>	<b>/13</b>	

Section 4. Infection Risk Management	Score	Comments / Document Supporting Evidence Here
1. Staff can explain when they should use standard precautions as a risk management strategy to prevent infection transmission. (interview 5 staff)	_ /1	Answer should be – “at all times”
2. Staff can give at least 4 examples of standard precautions i.e. hand hygiene, the use of PPE, safe use and disposal of sharps, routine cleaning of the environment, reprocessing reusable medical equipment and instruments, respiratory hygiene and cough etiquette, aseptic technique, waste management, appropriate handling of linen. (interview 5 staff)	_ /1	
3. Staff can explain the 3 modes of infection transmission i.e. contact, droplet and airborne. (interview 5 staff)	_ /1	
4. Staff can locate the policy and procedure for standard and transmission-based precautions. (interview 5 staff)	_ /1	
5. The IP&C alert screening tool is completed for all new or returning consumers to identify potential infections. (view 3 new consumer records)	_ /1	
6. The notification process in the screening tool is adhered to. (check 3 new consumer records)	_ /1	
7. There is a process documented in policy and procedure to communicate a consumer’s infectious status if care is shared, or the consumer is transferred to another service. (view relevant policy/s)	_ /1	
8. Notifiable conditions/ infectious diseases are outlined in an IP&C policy and procedure to guide precaution implementation and notification requirements. (view relevant policy/s)	_ /1	
<b>There are many notifiable conditions and infectious diseases and it is not possible to list them all. Does the above policy and procedure contain a link to question 9 and 10:</b>		
9. Victorian Infectious Diseases List: <a href="https://www2.health.vic.gov.au/public-health/infectious-diseases">https://www2.health.vic.gov.au/public-health/infectious-diseases</a> (check for link)	_ /1	
10. Victorian Notifiable Conditions package: <a href="https://www2.health.vic.gov.au/public-health/infectious-diseases/notify-condition-now">https://www2.health.vic.gov.au/public-health/infectious-diseases/notify-condition-now</a> (check for link)	_ /1	
11. There is a process documented in policy and procedure for the exclusion or redeployment of unwell/infectious staff. (view relevant policy/s)	_ /1	
12. The ACH has a policy and procedure that outlines the management of multi-resistant organisms (MROs) in accordance with national and state guidelines. (view relevant policy/s)	_ /1	

13. This policy and procedure includes MRSA, VRE, C.Diff and CPE.	_ /1	
14. Consumers with an identified infection or colonisation or their representative have been given written material on the organism and transmission-based precautions initiated ( <i>check availability of information – refer to resource list page 17</i> )	_ /1	
15. Those consumers with identified infections or colonisations have a care plan that identifies the transmission-based precautions to be implemented, e.g. multi-resistant organisms, infestations, respiratory infections.	_ /1	
16. Those consumers with an identified infection or colonisation have their care plan (as above) reviewed at least monthly to determine potential changes required in transmission-based precautions or possible ceasing of these precautions. ( <i>check that the review is documented on the care plan or in the consumer care records</i> )	_ /1	
17. There is printed material available for consumers and their representatives and visitors on MROs, Influenza and Norovirus. ( <i>check availability of information – refer to resource list page 17</i> )	_ /1	
<b>Score Section 4</b>	<b>/17</b>	

Section 5. Infectious Diseases and Outbreak Management	Score	Comments / Document Supporting Evidence Here
1. The person responsible for IP&C in your ACH has written authority delegated in the infection prevention and control program policy to institute isolation measures for individual infectious diseases, and during an outbreak. ( <i>view delegation statement</i> )	_ /1	
2. There is a policy and procedure outlining the outbreak management plan including Gastroenteritis and Influenza. ( <i>view relevant policy/s</i> )	_ /1	
3. The policy and procedure details reporting requirements within the ACH and to government departments. ( <i>view relevant policy/s</i> )	_ /1	
4. Relevant state guidelines for the management of Gastroenteritis and Influenza outbreaks is referenced or linked in policy and procedure. ( <i>view relevant policy/s</i> )	_ /1	
5. Policy and procedure clearly outlines transmission based precautions specific for Gastroenteritis and Influenza outbreaks. ( <i>view relevant policy/s</i> )	_ /1	
6. Policy and procedure clearly outlines the cleaning requirements specific for Gastroenteritis and Influenza outbreaks. ( <i>view relevant policy/s</i> )	_ /1	
7. Policy and procedure outlines a communication strategy for notification of the workforce, consumers and their representatives when an outbreak is declared. ( <i>view relevant policy/s</i> )	_ /1	

8. Staff can explain what transmission based precautions are used for Gastroenteritis and Influenza. <i>(interview 5 staff)</i>	_ /1	
9. Cleaning staff can explain what is required for cleaning during an outbreak for Gastroenteritis and Influenza. E.g. how often, product used, PPE for contact and droplet precautions, hand hygiene <i>(interview 5 cleaning staff)</i>	_ /1	
10. Staff can explain the process for informing consumers and their representatives there is an outbreak when they occur. <i>(interview 5 staff)</i>	_ /1	
11. When an outbreak is identified "Outbreak Kits" or access to transmission based precautions resources are readily available for rapid response. <i>(view kits or check access to resources)</i>	_ /1	
12. If outbreak kits are used there is a documented checking schedule to ensure the content is maintained and is in date.	_ /1	
13. If outbreak kits are used, the outbreak kit checklist is completed at a minimum monthly. <i>(view signed checklist)</i>	_ /1	
14. Staff can explain where these outbreak kits are located or can explain the process for access to transmission based precautions resources if no kit is used. <i>(Interview 5 staff)</i>	_ /1	
15. There is a policy and procedure in place for the collection, storage and transport of clinical specimens (urine, faeces, blood). <i>(view relevant policy/s)</i>	_ /1	
16. There is <u>dedicated</u> cold storage (refrigerator) for specimens awaiting collection.	_ /1	
17. An ongoing Outbreak Register is kept detailing all outbreaks within the ACH and the outcome. <i>(view register)</i>	_ /1	
18. When an outbreak is declared over, an outbreak report is accessed from the Environmental Health Officer if they have been involved.	_ /1	
19. A review of each outbreak is completed, and the management process and practice is evaluated by staff debrief and taking into consideration the outcomes of the report from the EHO if involved. <i>(view final report)</i>	_ /1	
20. A final Outbreak Report is submitted in a timely manner to the IP&C or relevant committee and there is evidence of this submission documented in the minutes. <i>(view minutes for last outbreak)</i>	_ /1	
21. Outbreak management education including Gastroenteritis and Influenza has been provided to all staff including the use of "Outbreak Kits" or the process for access to resources (as per question 11) in the last 12 months.	_ /1	
22. Records of this education is kept and accessible. <i>(view education records)</i>	_ /1	
23. Written outbreak management information is provided to consumers and their representatives. <i>(check availability of information – refer to resource list page 17)</i>	_ /1	
<b>Score Section 5</b>	<b>/23</b>	

Section 6. Education	Score	Comments / Document Supporting Evidence Here
1. IP&C responsibilities for all staff is included in induction. <i>(view induction program)</i>	_ /1	
<b>Staff are provided with updates at least annually that includes questions 2-5:</b>	_ /1	
2. Standard precautions		
3. Transmission based precautions	_ /1	
4. Outbreak management for Influenza	_ /1	
5. Outbreak management for Gastroenteritis	_ /1	
6. Antimicrobial stewardship	_ /1	
7. Records are kept of this education and are easily accessible. <i>(view records)</i>	_ /1	
8. Volunteers are provided with written information on IP&C. <i>(check availability of information – refer to resource list page 17)</i>	_ /1	
9. Private contractors, e.g. visiting medical practitioners, hair dressing, podiatry, dental and other contractors including building and engineering are provided by registered persons whose IP&C responsibilities are detailed in their contract. <i>(view sample of contracts)</i>	_ /1	
10. Private contractors are provided written information on IP&C. <i>(check availability of information – refer to resource list page 17)</i>	_ /1	
<b>Score Section 6</b>	<b>/10</b>	

Section 7. Hand Hygiene and Asepsis	Score	Comments / Document Supporting Evidence Here
<b>Hand hygiene questions 1-6:</b>	_ /1	
1. Policies and procedures for hand hygiene comply with national guidelines (include the 5 moments of hand hygiene). <i>(view relevant policy/s)</i>		
2. A program of hand hygiene education is operating for staff and consumers and their representatives.	_ /1	
3. There are records of education for staff and they are easily accessible. <i>(view records)</i>	_ /1	
4. There is printed material available for visitors outlining hand hygiene requirements. <i>(check availability of information – refer to resource list page 17)</i>	_ /1	
5. Hand hygiene facilities and supplies are available and conveniently located for staff, consumers and their representatives, and visitors.	_ /1	
6. There is signage to support appropriate hand hygiene by depicting how to clean hands using soap and water and ABHR. <i>(view signage)</i>	_ /1	
<b>Hand washing facilities include questions 7-10:</b>	_ /1	
7. Clinical hand basins strategically placed for easy access.		

8. Liquid soap is provided in disposable bladders/containers above the basin.	_ /1	
9. Disposable paper towel, and waste bin are placed appropriately by basins.	_ /1	
10. Bar soaps or nail brushes are <u>not</u> in use within the ACH.	_ /1	
<b>Alcohol-based hand rub is available questions 11-13:</b>	_ /1	
11. All care areas		
12. ACH entry points.	_ /1	
13. Moisturisers compatible with HH products are available within the ACH are available.	_ /1	
<b>Asepsis training and competency questions 14-15:</b>	_ /1	
14. Training is provided to nursing staff on aseptic technique.		
15. Nursing staff are assessed for aseptic technique competency.	_ /1	
16. Records of this training and assessment are kept and these are easily accessible. <i>(view records)</i>	_ /1	
<b>Score Section 7</b>	<b>/16</b>	

Section 8. Health and Safety	Score	Comments / Document Supporting Evidence Here
<b>Health questions 1-11</b>	_ /1	
1. There is a policy and procedure outlining the ACH Immunisation Program for staff <i>(view relevant policy/s)</i>		
2. All staff are offered immunisations as recommended in The Victorian Department of Health and Human Services Vaccination for Healthcare Workers guidelines.	_ /1	
3. Staff refusal of recommended vaccinations is documented in writing.	_ /1	
4. There is a policy and procedure outlining the ACH Immunisation Program for consumers and active volunteers. <i>(view relevant policy/s)</i>	_ /1	
5. Consumer/ active volunteer refusal of recommended vaccinations is documented in writing.	_ /1	
6. A data base/record of all staff, consumers and active volunteers' vaccinations is kept.	_ /1	
7. The data base/record is accessible by a designated person after hours to determine vaccination status of staff, consumers and active volunteers if required. <i>(view records and determine who has access)</i>	_ /1	
8. Staff are offered the Influenza vaccine annually.	_ /1	
9. Consumers are offered the Influenza vaccine annually.	_ /1	
10. Active volunteers are offered the Influenza vaccine annually.	_ /1	

11. Staff, consumers and their representatives and active volunteers are provided with written information on the benefits of Influenza Immunisation. <i>(check availability of information – refer to resource list page 17)</i>	_ /1	
<b>Safety questions 12-19</b>	_ /1	
12. Personal protective equipment (PPE) is readily available in the ACH <i>(Gowns, gloves, protective eyewear and/or face shields, surgical masks and P2/N95 masks).</i>		
13. Training is given on how to put on and take off PPE.	_ /1	
14. Staff are assessed on their competency for putting on and removing PPE.	_ /1	
15. Records of this training and assessment is kept and easily accessible. <i>(view records of assessment)</i>	_ /1	
16. Policies and procedures are in place outlining the management of biological spills. <i>(view relevant policy/s)</i>	_ /1	
17. There is a documented process for the management of occupational exposure to blood/ body substances and needlestick injury.	_ /1	
18. There is an organisational wide food safety plan.	_ /1	
19. The food safety plan has been reviewed and signed off by the local Environmental Health Officer.	_ /1	
<b>Score Section 8</b>	<b>/19</b>	

Section 9. Antimicrobial Stewardship	Score	Comments / Document Supporting Evidence Here
1. There is a policy and procedure that details the requirements for the ACH Antimicrobial Stewardship (AMS) Program. <i>(view relevant policy/s)</i>	_ /1	
2. A person has been nominated to oversee the AMS program. <i>(confirm person)</i>	_ /1	
3. Clinicians have access (hard copy or electronic) to the Australian Therapeutic Guidelines: Antibiotics.	_ /1	
4. Clinicians have access (hard copy or electronic) to the Australian Medicines Handbook: Aged Care Companion.	_ /1	
5. The ACH participates in Aged Care National Antimicrobial Prescribing Survey (acNAPS) annually.	_ /1	
6. The results of acNAPS are submitted to the IP&C or relevant committee when available and this is documented in the minutes. <i>(view minutes to verify)</i>	_ /1	
7. A report containing the <u>local</u> results of acNAPS is provided to the medical practitioners who attend to consumers in your ACH.	_ /1	

<b>For those consumers prescribed an antimicrobial check the following questions 8-10: (review a maximum of 5 medication charts)</b>	_ /1	
8. Presumed indication is documented (on the chart or in the consumer care records).		
9. Start date is documented.	_ /1	
10. Stop/review date is documented.	_ /1	
11. Staff are provided education on AMS.	_ /1	
12. Records are kept of this education and easily accessible. <i>(view records)</i>	_ /1	
13. Written material is available for consumers and their representatives on AMS. <i>(check availability of information – refer to resource list page 17)</i>	_ /1	
14. The Urinary Tract Infection pathway is used in the ACH to provide accurate information to the prescriber before antimicrobials are used. <i>(view evidence of use)</i>	_ /1	
15. The Incontinence Associated Dermatitis pathway is used in the ACH to provide accurate information to the prescriber before antimicrobials/antifungals are used. <i>(view evidence of use)</i>	_ /1	
<b>Score Section 9</b>	<b>/15</b>	

<b>Section 10. Environmental Cleaning</b>	<b>Score</b>	<b>Comments / Document Supporting Evidence Here</b>
1. Education is provided to cleaners on cleaning methods for general, transmission-based precautions and outbreak cleaning.	_ /1	
2. Education is provided to cleaners on products and equipment used.	_ /1	
3. Records are kept of this education and easily accessible. <i>(view records)</i>	_ /1	
4. There is a policy and procedure for cleaning including frequency and methods of cleaning for all areas of the ACH <i>(view relevant policy/s)</i>	_ /1	
5. Cleaning schedules are available. <i>(view schedules)</i>	_ /1	
6. Cleaning schedules are signed each day. <i>(view schedules)</i>	_ /1	
7. There is a process in place for reporting damaged environmental surfaces and equipment. <i>(check records)</i>	_ /1	
8. Cleaners have been provided education on the reporting damage process.	_ /1	
9. Records of this education are kept and easily accessible. <i>(view records)</i>	_ /1	
<b>Score Section 10</b>	<b>/9</b>	

Section 11. Waste Management	Score	Comments / Document Supporting Evidence Here
1. There is a policy and procedure outlining the segregation of all waste streams (at a minimum general, recycle/ co-mingle, and clinical waste streams). <i>(view relevant policy/s)</i>	_ /1	
2. Consumers who are independent with glucose monitoring, insulin administration or other injectables are provided with a sharps container that meet Australian Standards.	_ /1	
3. The sharps container is secure and cannot topple or spill. (AS3816:2018 states wall mounted containers should be installed so that the height of the lowest point of the opening of the container is between 1.1m and 1.2 meters from the floor)	_ /1	
4. Consumers who are independent with glucose monitoring, insulin administration or other injectables are provided written instructions on safe waste disposal. <i>(view instructions)</i>	_ /1	
<b>Score Section 11</b>	<b>/4</b>	

**AGED CARE HOME INFECTION PREVENTION AND CONTROL OPERATIONAL COMPLIANCE AUDIT SCORE SHEET**

No compliance = 0

Compliance = 1

N/A (Not applicable) = 1

SECTION		SCORE
Section 1	Management and Clinical Governance	_ /7
Section 2	Human and Materials Resourcing	_ /6
Section 3	Surveillance and Auditing	_ 13
Section 4	Infection Risk Management	_ /17
Section 5	Infectious Diseases and Outbreak Management	_ 23
Section 6	Education	_ /10
Section 7	Hand Hygiene and Asepsis	_ /16
Section 8	Health and Safety	_ /19
Section 9	Antimicrobial Stewardship	_ /15
Section 10	Environmental Cleaning	_ /9
Section 11	Waste Management	_ /4
<b>Total Score</b>		<b>___ /139</b>
<b>Percentage Score</b>		<b>___ %</b>



## RESOURCE LIST

Resources listed may be available from: <http://infectioncontrol.grampianshealth.org.au/index.php/health-resources/infection-control> or available from your infection prevention and control team/ person.

Information booklets, brochures and presentations:

GRICG Residential Aged Care Booklet  
GRICG Residential Aged Care Volunteers Book  
GRICG Residential Aged Care Visitors Book  
GRICG Infection Prevention and Control Alert Screening Tool  
GRICG Infection Prevention and Control Transmission based Precautions Care Plan  
GRICG Extra Precautions Information Booklet  
GRICG Outbreak Register  
GRICG Outbreak Management Presentation  
GRICG Aseptic Technique for Nursing and Allied Health Presentation  
GRICG Aseptic Technique for Nursing and Allied Health Work Book  
GRICG Aseptic Technique Competency Checklist  
GRICG PPE Pete Education Tool  
GRICG Module One Cleaning in Healthcare Settings  
GRICG Module Two Outbreak Management for Environmental and Support Services  
GRICG Booklet Outbreak Management for Environmental and Support Services

RICPRAC Brochure Infection Control  
RICPRAC Brochure Respiratory Hygiene  
RICPRAC Brochure MRO & Antibiotic Use  
RICPRAC Brochure Norovirus

NHMRC Brochure Clostridium difficile  
NHMRC Brochure MRSA  
NHMRC Brochure VRE

HHA - Non-Hospital Care hand hygiene resources  
DHHS – Influenza resources

GRICG Process Surveillance Audit Tools:

Infection prevention and control knowledge  
Alcohol based hand rub accessibility  
Adherence to hand hygiene policy  
The correct use of PPE  
Safe storage of sterile stock  
Appropriate indwelling catheter management  
Compliance with aseptic technique  
Safe storage and handling of sharps  
Adherence to transmission based precautions  
Appropriate laundry practices (applicable only to those with an in house laundry)  
Cleaning consumer care equipment  
Antimicrobial stewardship knowledge