

ORGANISATION:

DATE:

Scoring Criteria: The sub criteria (with tick boxes) are individually assessed as compliant or not compliant (yes/no)

Full Score (2): All three sub criterion are compliant.

Low score (1): Only two sub criterion are compliant.

Zero score (0): Only one or nil sub criteria are compliant.

Not applicable (2): Record the reason if N/A is not an existing option.

Section 1: Governance and Systems for Infection Prevention, Control and Surveillance.		
	Infection Prevention and Control (IPC) Program responsibility and resources	Rating
1.1.	<input type="checkbox"/> The Chief Executive Officer (or designate e.g. DON or DMS) has overall responsibility for; and has direct involvement in the IPC program. ^{1: (C1 summary & C1.2.1)} <input type="checkbox"/> There is a governance body responsible for the IPC program. ^{1: (C1.2.3), 2: (3.1.1)} <i>(e.g. an Infection Control Committee; or standing agenda item on another relevant committee).</i> <input type="checkbox"/> There is a process in place to monitor the effectiveness of the IPC systems at the highest level of governance. ^{1: (C1.3.3) & 2 (3.1.3)} <i>(i.e. the IPC program and outcomes are reported to executive and Board of Management).</i>	/2
1.2.	There is adequate resources to support the IPC program relative to the size and complexity of health service ^{1: (C1 summary) and 3: (p 14)} <input type="checkbox"/> Human resources (Dedicated EFT). <input type="checkbox"/> Dedicated operational budget <input type="checkbox"/> Physical requirements (e.g. office, IT support, phone, access to reference documents).	/2
1.3.	<input type="checkbox"/> There is a formal IPC operational plan in place with set priorities and key focus areas. ^{1: (C1.2.3)} <input type="checkbox"/> Action plans and outcomes reports are documented in relevant committee meeting agendas and minutes. <input type="checkbox"/> Infection prevention and control activities are embedded within in the organisational risk management plan.	/2
1.4.	The IPC program has²⁶: <input type="checkbox"/> A communication strategy in place that can be escalated in response to an incident or outbreak. ^{1: (C1.2.3)} <input type="checkbox"/> Access to an accredited laboratory and pharmacy staff. ^{1: (C1.3.2 & C1.3.4)} <input type="checkbox"/> An induction process (e.g. hard copy manual, Face to Face learning, or on line)	/2
1.5.	<input type="checkbox"/> The Infection Control Professional (ICP) has the qualifications and experience relevant to the clinical setting. ^{1: (C1.2.2)} <input type="checkbox"/> The ICP is supported with resources and time to maintain clinical and professional currency. <i>(Ongoing education)</i> ^{1: (C1.2.2)} <input type="checkbox"/> The ICP's performance is appraised at least annually, along with negotiation of individual professional development goals, support, opportunities and plan of work. ^{1: (C1.2.2)}	/2
1.6.	Policies, procedures and protocols for the 14 priority areas identified in Standard 3.1.1 <input type="checkbox"/> Use a risk management approach. ^{1: (A2.2), 2: (3.1.1)} <input type="checkbox"/> There is a process to ensure currency/ relevance of policies, procedures and protocols (i.e. a 3 yearly review) and they are referenced to relevant National and State/Territory guidelines. ^{2: (3.1.4)} <input type="checkbox"/> Are evaluated for effectiveness (i.e. compliance is audited). ^{2: (3.1.2)}	/2

1.7.	<p>Policies, procedures and protocols include Transmission Based Precautions for <i>Isolation and cohorting using a risk assessment that considers</i> ^{1: (B2) & 21}</p> <ul style="list-style-type: none"> <input type="checkbox"/> The organism. <input type="checkbox"/> Route of transmission. <input type="checkbox"/> Risk factors when cohorting patients (e.g. patient acuity, immune status, invasive devices and setting such as ICU). 	/2
1.8.	<p>Policies, procedures and protocols provide instruction for patient placement (<i>e.g. single room, negative pressure room, cohorting</i>). ^{1: (B2)}</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient room, (e.g. single room, negative pressure isolation, or cohorting). <input type="checkbox"/> When a single room is not available, a risk assessment is performed to evaluate the risks and possibility of other patient placement options (e.g. cohorting – patients with the same infection are placed in a shared room). <input type="checkbox"/> Cohorting: The policy provides instruction to change PPE between patients as if they are in separate rooms. 	/2
1.9.	<p>Hand Hygiene</p> <ul style="list-style-type: none"> <input type="checkbox"/> There is a hand hygiene program in place that is consistent with the Australian 5 moments of hand hygiene program. ^{2 (3.5)} <input type="checkbox"/> Compliance rates from hand hygiene audits are regularly reported to the highest level of governance. ^{2 (3.5.2)} <input type="checkbox"/> Hand hygiene is performed using soap and water when gloves have not been worn; and <i>Clostridium difficile</i> or non-enveloped viruses such as noro-virus are known or suspected to be present. <i>Hint: confirm this is documented in a policy/ procedure (hand hygiene, transmission based precautions or other document with reference to these organisms).</i> 	/2
1.10.	<p>Surveillance</p> <ul style="list-style-type: none"> <input type="checkbox"/> The organisation participates in relevant local, State and National audit and surveillance programs. ^{1: (C1.3.3) & 2: (3.1.2)} e.g. VICNISS, HHA, RICPRAC. <input type="checkbox"/> The results of monitoring are routinely provided to the highest level of governance responsible for IPC. ^{2: (3.1.3)} <input type="checkbox"/> Action is taken to address non-compliance and to reduce the risks of healthcare associated infection. ^{2(3.3.2)} 	/2
1.11.	<p>Scope</p> <ul style="list-style-type: none"> <input type="checkbox"/> There is an IPC clause in all position descriptions for the clinical workforce. ^{1: (C1.2.1)} <input type="checkbox"/> IPC education is included in all orientation programs and ongoing education and training. ^{2:(3.1.4)} <input type="checkbox"/> There is an IPC clause in all relevant contracts e.g. waste disposal, laundry, food safety, environmental cleaning. ^{2:(3.1.3, & 3.2, 3.15)} 	/2
1.12.	<ul style="list-style-type: none"> <input type="checkbox"/> There is IPC involvement in facility planning regarding patient rooms (number of single rooms, negative pressure rooms, furnishings and fittings e.g. handbasins and floor coverings). ^{1: (C1.2.2 and C6)} <input type="checkbox"/> The ICP is included in the development & implementation of risk management plans during building & construction activities. ^{1: (C1.2.2, C6.1)} <input type="checkbox"/> The ICP is consulted in equipment and product evaluation. ^{2: (3.1.3, 3.15, 3.16)} 	/2

1.13.	<p>Food Services</p> <ul style="list-style-type: none"> <input type="checkbox"/> A system ensures the food handlers have skills and knowledge in food safety and food hygiene matters (formal course, on-site training, or in-service presentations*)⁵ *NB: food handlers are not required to undertake formal training.⁵ <input type="checkbox"/> An external food safety audit is conducted by a food safety auditor.^{5 & 6} <input type="checkbox"/> A standard food safety program has 2 audits annually, OR A non-standard food safety program has 1 audit and 1 assessment annually.³⁰ (Hint – ask the food services manager if the food safety program is registered as a standard or a non standard plan) 	/2
1.14.	<p>Environmental cleaning: there is a documented cleaning schedule.^{1: (B1.4.2)}</p> <ul style="list-style-type: none"> <input type="checkbox"/> That outlines clear responsibilities of cleaning staff. <input type="checkbox"/> Identifies the frequency of cleaning. <input type="checkbox"/> Approved disinfectant chemicals for environmental cleaning in clinical areas are TGA registered as hospital grade disinfectants.¹ (B5.1) 	/2

Total Section 1: Governance and systems for infection prevention, control and surveillance.

Section 1 Total

/28

2. Section 2: General Principles		Rating
2.1.	<p>NB: Criteria 2.1 to 2.4 are all referenced to^{1: (C3.2)}</p> <p>Orientation and Education. All Health Care Workers (HCW's) both clinical and non-clinical are given education on the following</p> <ul style="list-style-type: none"> <input type="checkbox"/> Orientation to the physical work environment (ward) with a focus on infection risk. (e.g. safe use & disposal of sharps, location of spill kits, procedures, supplies hand hygiene product, PPE, isolation resources and waste disposal). <input type="checkbox"/> Modes of transmission of infectious agents. <input type="checkbox"/> Standard precautions including 5 moments of hand hygiene.^{1:C3.4} 	/2
2.2.	<ul style="list-style-type: none"> <input type="checkbox"/> Risk identification, assessment and management strategies including transmission-based precautions.²¹ <input type="checkbox"/> Correct choice and use of PPE, including procedures for putting on and removing PPE and fit checking of respirators. <input type="checkbox"/> How to deal with blood and body fluid spills. 	/2
2.3.	<ul style="list-style-type: none"> <input type="checkbox"/> Levels of cleaning and disinfection required for clinical areas and equipment.^{1: (B1.5)} <input type="checkbox"/> Appropriate attire (uniforms/shoes/hair/nails/jewellery). <input type="checkbox"/> Waste management. 	/2
2.4.	<ul style="list-style-type: none"> <input type="checkbox"/> Antibiotic policy and practice.^{1: (C5)} <input type="checkbox"/> Safe handling and disposal of sharps. <input type="checkbox"/> Reporting requirements of incidents such as sharps injuries and exposures. 	/2
2.5.	<p>Reprocessing instruments and equipment (in Wards/Outpatient Clinics).^{2: (3.16)}</p> <ul style="list-style-type: none"> <input type="checkbox"/> There is a documented procedure for cleaning/disinfection of reusable items from wards prior to processing in CSSD. <input type="checkbox"/> Items classified as semi critical are^{1& 2: (3.16.1)} either single use, sterilised after each use, or high level disinfected if sterilization is not possible. <input type="checkbox"/> A traceability system is in place that identifies the sterile reusable instruments and devices used on individual patients^{2: (3.17.1)} 	/2

Scoring: The numbered criterion have a potential score of 2. The sub criteria (with tick boxes) are individually assessed as compliant or not compliant (yes/no) Page 3 of 8

Full score 2 (all 3 sub criteria are compliant)

Low score 1 (only 2 sub criteria are compliant)

Zero score 0 (only 1 or nil sub criterion are compliant)

2.6.	<p>Utensil Washers/Disinfectors (in all areas including CSSD and ward dirty utility) are maintained in compliance with AS 2945. (References 2, 27, 28, 29).</p> <ul style="list-style-type: none"> <input type="checkbox"/> 3 monthly thermocouple testing. <input type="checkbox"/> 6 monthly (and after repairs/maintenance) calibration of instruments/measuring devices. <input type="checkbox"/> 3 monthly routine preventative maintenance schedules. 	/2
2.7.	<p>Aseptic Technique.</p> <ul style="list-style-type: none"> <input type="checkbox"/> The clinical workforce is trained in aseptic technique. ^{2:(3.10.1)} <input type="checkbox"/> Compliance with aseptic technique protocols is regularly audited and regularly reported to the highest level of governance. ^{2:(3.10.2)} <input type="checkbox"/> Action is taken to increase compliance with the aseptic technique protocols. ^{2:(3.10.3)} 	/2
2.8.	<p>Aseptic Technique Policy is based on identification of aseptic practices including ^{2: 3.10, 1:B1.7}</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identification of key sites & key parts and protection of them at all times during a procedure (e.g. administering IV drugs). <input type="checkbox"/> Maintaining aseptic technique when completing invasive procedures. <input type="checkbox"/> Defines the circumstances when standard aseptic technique and/or surgical aseptic technique are required. ^{1: B1.7.3} 	/2
2.9.	<p>Construction and Renovation (demolition, construction and renovation projects). ^{1: (C6.4)}</p> <ul style="list-style-type: none"> <input type="checkbox"/> There is a formal (documented) process to consult and include infection control in facility construction, renovation and plans from the beginning of the design stage. ^{1: (C1.2.2)} <input type="checkbox"/> The project implementation team includes infection control representation to coordinate risk management measures. ^{1:(C6)} <input type="checkbox"/> There is evidence the planned risk management measures are implemented during construction and renovation projects. <i>Hint: Look for evidence in project meeting minutes, completed risk assessments.</i> ^{1: (C6.4)} 	/2
2.10.	<p>Class N rooms - When occupied by a patient requiring airborne precautions: ^{8: (section 340.21.00)}</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Not applicable. This facility has less than 100 beds (class N rooms are not required) – score 2.</i> <input type="checkbox"/> The pressure differential is maintained at negative 15Pa (no ante room) OR negative 30Pa (if there is an ante room) and there are 12 air exchanges per hour.¹⁰ <input type="checkbox"/> The room pressures are monitored and documented by the nursing staff daily. ¹⁰ <input type="checkbox"/> Planned maintenance includes routine monthly checking of air pressures and annual calibration of electronic monitoring devices regardless if frequently used for airborne precautions or not.¹⁰ 	/2
2.11.	<p>The organisation has allocated resources for Antimicrobial Stewardship (AMS) including: ^{1, 12, 13}</p> <ul style="list-style-type: none"> <input type="checkbox"/> The AMS program is sponsored by a member of the executive. <input type="checkbox"/> The AMS program has clear lines of accountability to the highest level of governance (CEO) to the Board of Management. <input type="checkbox"/> There are links to the committees responsible for drugs and therapeutics; and Infection Prevention and Control. 	/2
2.12.	<p>The AMS multidisciplinary team includes: ^{1, 12, 13}</p> <ul style="list-style-type: none"> <input type="checkbox"/> AMS director (smaller agencies – a lead doctor or pharmacist). <input type="checkbox"/> Infectious diseases physician or medical microbiologist (smaller agencies – can be via a formal external consultancy with onsite visits, telehealth or phone support for the program). <input type="checkbox"/> Pharmacists with dedicated time for AMS (smaller agencies ensure AMS time is included in the contract). 	/2

2.13.	<input type="checkbox"/> There is an organisational antimicrobial stewardship policy. ^{1, 12, 13} <input type="checkbox"/> The current version of <i>Therapeutic Guidelines: Antibiotics</i> is available to the prescribing workforce. ^{1, 12, 13} <input type="checkbox"/> All antimicrobial prescribing guidelines/clinical documents are referenced to <i>Therapeutic Guidelines: Antibiotics</i> . ^{1, 12, 13}	/2
2.14.	<p>The AMS program has terms of reference that ^{1, 12, 13}</p> <input type="checkbox"/> Outline the scope of the AMS program. <input type="checkbox"/> Identifies roles and responsibilities of team members. <input type="checkbox"/> There is a restricted formulary of antimicrobials. (Smaller agencies – there may be existing controls on stock and imprest of some antimicrobials and this could be the foundation of a restricted formulary with approval required to order non stock antimicrobials).	/2
2.15.	<input type="checkbox"/> There is a system to monitor antimicrobial prescribing (examples include: point prevalence survey, or the <i>Quality Use of Medicines (QUM): indicator 2.1 targeted antimicrobial usage analysis</i> [3 rd & 4 th generation cephalosporins, fluoroquinolones or gentamicin], cost of antimicrobials or monitoring of resistant organisms). ^{1, 12, 13} <input type="checkbox"/> Antimicrobial monitoring results are fed back to prescribers and clinical units. ^{1, 12, 13} <input type="checkbox"/> The format of laboratory reporting of Multi-Resistant Organisms (MRO's) supports the surveillance program ^{1, 12, 13}	/2

Total Section 2: General Principles

Section 2 Total

/30

3. Section 3: Occupational Health & Safety and Risk Management Strategies		
3.1.	<input type="checkbox"/> There is a policy that refers to specific clinical waste segregation including blood and body fluids, human tissue and suspected or known communicable disease. ^{1: (B 1.8), 14, 15 16.} <input type="checkbox"/> Sharps management policy provides instruction for the transport and storage of the sharps container including mobile and offsite services (where stored, instruction to keep the lids locked) <input type="checkbox"/> Waste audits are conducted randomly to confirm the correct segregation of clinical and related waste and audit results are fed back to appropriate staff. ^{2:(3.1.2) &7}	/2
3.2.	<input type="checkbox"/> Sharps containers meet the Australian Standards (4031 non-reusable containers, AS 4261 re-usable containers): ^{14, 17, 18} <input type="checkbox"/> Yellow rigid walled containers/ bins are available for the transport of clinical waste within the facility ^{14, 17, 18} <input type="checkbox"/> Cytotoxic sharps waste is deposited into a purple container with cytotoxic waste symbol. ⁷	/2
3.3.	<input type="checkbox"/> There is a comprehensive policy to manage HCW's following exposure to infectious diseases. ^{1:(C2.3)} <input type="checkbox"/> Staff health policy includes detail on risk management of HCW's with infectious diseases including exclusion periods and work restrictions of HCW's who develop infectious diseases. <input type="checkbox"/> Specific reference to return to work after diarrhoea and vomiting (Gastroenteritis).	/2
3.4.	<input type="checkbox"/> There is a policy and procedure for managing blood and body substance spills. ^{1:(B 1.4.3)} <input type="checkbox"/> The policy identifies processes specific to size of spill. <input type="checkbox"/> The policy includes instruction on the use of PPE while cleaning the spill.	/2

3.5.	<p><i>NB: All elements for criteria 3.5-3.8 are referenced to ¹:(B 1.3.5, B 2.6 & C2.6)</i></p> <p>Occupational exposure to blood and body fluids (e.g. needle stick and splash incidents)</p> <ul style="list-style-type: none"> <input type="checkbox"/> There is an Occupational Exposure Policy which is referenced to NHMRC Infection Control Guidelines <input type="checkbox"/> The policy is readily available for staff reference. <input type="checkbox"/> The policy provides direction for OH&S incident reporting requirements. 	/2
3.6.	<ul style="list-style-type: none"> <input type="checkbox"/> The recipient is directed to the appropriate department (i.e. ED, LMO, ICP) for risk assessment and management. <input type="checkbox"/> The recipient has a risk assessment that evaluates the Hepatitis immunity status (review health record or serology test). <input type="checkbox"/> Risk assessment includes evaluation of the exposure risks (including the nature of the item that caused the injury e.g. the bore size of the needle, nature of the body substance and volume of the substance). 	/2
3.7.	<ul style="list-style-type: none"> <input type="checkbox"/> The source has a risk assessment completed by a health professional (Medical officer or a person of a 'prescribed class') including serology screening for Hepatitis B, Hepatitis C, and HIV. <input type="checkbox"/> Screening results are reviewed in the risk assessment and management of the recipient. <input type="checkbox"/> Policy provides instruction on the action to be taken if the source is either unknown or refuses screening tests. 	/2
3.8.	<ul style="list-style-type: none"> <input type="checkbox"/> The policy instructs on action to be taken following Hepatitis B exposure. <input type="checkbox"/> The policy instructs on action to be taken following Hepatitis C exposure. <input type="checkbox"/> The policy instructs on action to be taken for HIV exposure and identifies the location of HIV (PEP) starter packs (on site or at the nearest facility). 	/2
3.9.	<p>Vaccine Preventable Diseases (VPD's) – the organisational vaccination program</p> <ul style="list-style-type: none"> <input type="checkbox"/> There is a HCW vaccination policy. ^{1:C2.2.2 & 2: (3.6)} <input type="checkbox"/> A system to manage vaccine refusal including a documented record of refusals. ^{1: (C2.2.2)} <input type="checkbox"/> HCW's are informed and educated on the organisations immunisation program at appointment/orientation (including the importance and how to access services) ^{1:C2.2} 	/2
3.10.	<ul style="list-style-type: none"> <input type="checkbox"/> There is a register which includes a record of VPD history, screening results, vaccines refused; and vaccines administered. When vaccines have been administered, detail includes date given, batch number and brand name. ^{1: (C2.2.2)} <input type="checkbox"/> The register is secure (in accordance with confidential and privacy laws) and details are current. ^{1: (C2.2.3)} <input type="checkbox"/> This register can be accessed by authorised persons as required for the protection and risk management of employees during incidents and outbreaks. ^{1: (C2.2.3), and 20} 	/2
3.11.	<ul style="list-style-type: none"> <input type="checkbox"/> There is a system to evaluate HCW immunity and vaccination history prior to commencing employment. ^{1: (C2.1) and 20} <input type="checkbox"/> HCW's are categorised according to occupational risk of exposure to VPD. ^{1: (table C2.1)} Non immune HCW's are offered vaccinations appropriate to the occupation risk category (as recommended in the vaccination schedules for HCW's in the current version of the Australian Immunisation handbook) prior to being allowed to work in high risk areas. ^{1: (C2.2.2 & C2.2.2) and 24} <input type="checkbox"/> There is a system to manage the work placements, work adjustments and work restrictions of non immune HCW's (and students on placement) including vaccine refusal, contraindications to vaccination and non responders. ^{1: (C2.2.2) & 2: (3.7)} 	/2

3.12.	<p>Tuberculosis (TB) risk management <small>all criteria in this section 19 (pages 24-25), 25</small></p> <ul style="list-style-type: none"> <input type="checkbox"/> The facility has completed a risk assessment to identify the organisational risk (low risk, medium risk or high risk). <input type="checkbox"/> Education on TB and monitoring of HCW's is based on the organizational risk category. <input type="checkbox"/> There is a documented policy for the management of a patient presenting with TB. Ongoing risk management of the inpatient (facilities with negative pressure rooms) and or risk management of the patient until transfer (facilities without negative pressure rooms). 	/2
3.13.	<p>Legionella Risk Management – Cooling Towers</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Not applicable (no cooling towers at this agency – Score 2).</i> <input type="checkbox"/> The facility has documented risk management plan for all cooling towers ^{23: (r51 page 32)}. (This plan includes the action to be taken when Legionella is detected and/or when the heterotrophic colony count exceeds 200,000 CFU per millilitre). <input type="checkbox"/> There is documented evidence that each cooling tower system is inspected/ serviced at least once each month and operating without defects ^{22: (r11 page6) and 23 (r56page 35)}. <input type="checkbox"/> There is documented evidence that the recirculating water from each cooling tower system is microbiologically sampled. A heterotrophic colony count is taken monthly and a Legionella sample is taken 3 monthly (<i>must have evidence of both</i>) ^{22(r11) and.23 (r56).} 	/2
3.14.	<p>Legionella Risk Management – Water Delivery Systems with a high risk temperature range between 30°C to 60°C.</p> <ul style="list-style-type: none"> <input type="checkbox"/> There is a risk management plan ¹¹ (This plan includes the action to be taken when Legionella is detected). Water sampling (from different outlets of the system) is undertaken as part of a risk management approach. ^{11 and 22: (r18 and r19 page 11)} <input type="checkbox"/> A system is established to clean and maintain all the thermostatic mixing valves in warm water systems annually. ^{22: (r21 page 13)} <input type="checkbox"/> The warm water system has routine disinfection via one of the following methods ^{22: (r17d pages 10- 11)}: <ul style="list-style-type: none"> <input type="checkbox"/> Monthly heat/ chlorination <input type="checkbox"/> Continuous UV treatment OR; <input type="checkbox"/> Continuous low level chlorination OR; <input type="checkbox"/> A method approved in writing. 	/2
Total Section 3: Occupational Health & Safety and Risk management strategies		Section 3 Total
		/28

Results Table

Section	Actual Score	Possible Score	Compliance Rate
1. Governance and Systems for infection Prevention, Control and Surveillance.		28	%
2. General Principles		30	%
3. Occupational Health & Safety and Risk Management Strategies		28	%
Total Overall Compliance			
Actual Score:	Possible Score: 86	Compliance	%

References

1. Australian Government National Health and Medical Research Council (NHMRC) and Australian Commission on Quality and Safety in Health Care (2010) *Australian Guidelines for the Prevention and Control of Infection in Healthcare* <http://www.nhmrc.gov.au/node/30290>
2. NSQHS: *National Safety and Quality Health Service Standards* September 2011 <http://www.safetyandquality.gov.au/wp-content/uploads/2011/01/NSQHS-Standards-Sept2011.pdf>
3. Commonwealth of Australia, Australian Commission on Quality and Safety in Health Care (2010) *The OSSIE Toolkit for the implementation of The Australian Guidelines for the Prevention of Infection in Health Care*.
4. Australia New Zealand Food Authority Safe Food Australia 2nd Edition, January 2001 *A Guide to the Food Safety Standards* Chapter 3 of the Australia New Zealand Food Standards Code
5. Food Standards Australia New Zealand:
Food safety Programs a guide to Standard 3.2.1 Food Safety Programs 2007 [http://www.foodstandards.gov.au/Food Safety Programs for Food Service to Vulnerable Persons A guide to Standard 3.3.1 – Food Safety Programs for Food Service to Vulnerable Persons Chapter 3 of the Australia New Zealand Food Standards Code \(Australia Only\) February 2008 \[http://www.foodstandards.gov.au/scienceandeducation/publications/safefoodaustralia2nd519.cfm\]\(http://www.foodstandards.gov.au/Safe%20Food%20Australia%202nd%20Edition%20January%202001%20A%20Guide%20to%20the%20Food%20Safety%20Standards%20Chapter%203%20of%20the%20Australia%20New%20Zealand%20Food%20Standards%20Code\)](http://www.foodstandards.gov.au/Food%20Safety%20Programs%20for%20Food%20Service%20to%20Vulnerable%20Persons%20A%20guide%20to%20Standard%203.3.1%20Food%20Safety%20Programs%20for%20Food%20Service%20to%20Vulnerable%20Persons%20Chapter%203%20of%20the%20Australia%20New%20Zealand%20Food%20Standards%20Code%20(Australia%20Only).pdf)
6. Victoria Government Gazette No S 232 Tuesday 22 June 2010, retrieved on 13/9/11 from http://www.health.vic.gov.au/foodsafety/downloads/gazette_s232.pdf
7. Biohazard Waste Industry Group (BWI 2010). *Industry Code of Practice for the Management of Clinical and Related Wastes – 6th Ed*
8. Victorian Government Department of Human Services [DHS], *Design guidelines for hospitals and day procedure centres* http://www.healthdesign.com.au/vic_dghdp/guidelines.htm
9. Australasian Health Infrastructure Alliance (AHIA), Australasian HFG, *Australasian Health Facility Guidelines (HFG) version 4*, Revision V4.0, 16-Dec-10 (Last accessed on 21/11/13) http://www.healthfacilityguidelines.com.au/AusHFG_Documents/Guidelines/Archive/AusHFG%20Complete%20Version%204.pdf
10. Victorian Government Department of Human Services [DHS], 2007, *Guidelines for the Classification and Design of Isolation Rooms in Health Care Facilities*. Victorian Advisory Committee on Infection Control 2007.
11. Victorian Government April 2010, *Public Health and Wellbeing Act 2008 News Bulletin – Information for aged care, health services, health service establishments, registered funded agencies, correctional services and commercial vehicle washes* http://www.health.vic.gov.au/phwa/downloads/business/water_bulletin.pdf
12. NSQHS: *Standard 3 Preventing and Controlling Healthcare Associated Infections Safety and Quality Improvement guide* 2012.
13. Australian Commission on Safety and Quality in Health Care (2010), *Antimicrobial Stewardship in Australian Hospitals*, Biotext, Canberra.
14. Standards Australia / Standards New Zealand 3816: 1998 *Standards for the management of clinical and related waste*
15. EPA Victoria Industrial Waste Resource Guidelines *Clinical and Related Waste Operational Guidance* 2009
16. Biohazard Waste Industry Group (BWI). *Industry Code of Practice for the Management of Clinical and Related Wastes – 6th Edition* (2010)
17. Standards Australia / Standards New Zealand 4261: *Reusable containers for the collection of sharp items used in human and animal medical applications*
18. Standards Australia / Standards New Zealand 4031: *Non-reusable containers for the collection of sharp medical items used in healthcare areas* 1992
19. Victorian Government Department of Human Services [DHS] (2002), *Management, Control and Prevention of Tuberculosis Guidelines for Health Care Providers (2002-2005)* http://www.health.vic.gov.au/ideas/diseases/tb_mgmt_guide
20. Victorian Government Department of Human Services [DHS] (2006), *Immunisation for Health Care Workers*. Revised 2007
21. Victorian government, Department of Health, *Patient centered risk management strategy for multi resistant organisms*, 2011. [http://docs.health.vic.gov.au/docs/doc/3171D8DCA0AD98EDCA2579AA0002E80F/\\$FILE/MRO%20guideline%202011.pdf](http://docs.health.vic.gov.au/docs/doc/3171D8DCA0AD98EDCA2579AA0002E80F/$FILE/MRO%20guideline%202011.pdf)
22. Victorian Government (2008), *Health (Legionella) Regulations 2001*, Version No. 002, S.R. No. 13/2001, Version: 7 March 2008. [http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/LTObject_Store/LTObjSt4.nsf/DDE300B846EED9C7CA257616000A3571/B98B1FAEEC2B6AEDCA2577610035C650/\\$FILE/01-13sr002.pdf](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/LTObject_Store/LTObjSt4.nsf/DDE300B846EED9C7CA257616000A3571/B98B1FAEEC2B6AEDCA2577610035C650/$FILE/01-13sr002.pdf)
23. Public Health and Wellbeing Regulations 2009 S.R. No. 178/2009 [http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/93eb987ebadd283dca256e92000e4069/A3B0A9845FD0980ACA25768D002AB0B5/\\$FILE/09-178sr.pdf](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/93eb987ebadd283dca256e92000e4069/A3B0A9845FD0980ACA25768D002AB0B5/$FILE/09-178sr.pdf)
24. Australian Government Department of Health and Ageing, National Health and Medical Research Council. *The Australian Immunisation Handbook. 10th Edition*. (2013)
25. Victorian Infectious Diseases Service, *Management of Tuberculosis – A Hand book for clinicians*. 2012, Australia
26. Commonwealth of Australia, Australian Commission on Safety and Quality in Healthcare (ACSQHC) (2011), *National Safety and Quality Health Services Standards. Standard 1 Governance and quality improvement systems. Criterion 1*.
27. Victorian Government Department of Health 2010, *Maintenance standards for critical areas in Victorian health facilities*.
28. International Standard ISO 15883-1 *Washer-disinfectors General requirements, terms and definitions and tests* 2006.
29. International Standard ISO 1588-6 *Washers-disinfectors Requirements and tests for washer-disinfectors employing thermal disinfection for non invasive, non critical medical devices and healthcare equipment*. 2011
30. Vic Govt Gazette S 232 June 2010. http://www.health.vic.gov.au/foodsafety/downloads/gazette_s232.pdf (last accessed on 28/09/2014)