SKILLSIQ

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# Draft 1 – Infection Prevention and Control Consultation Guide

April 2022

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# Introduction

SkillsIQ is a not-for-profit Skills Service Organisation (SSO) supporting industry in developing standards to equip the people-facing workforce with the right skills for jobs now and into the future. SkillsIQ is funded by the Department of Education, Skills and Employment to support the Industry Reference Committees (IRCs) responsible for the development and maintenance of Training Packages in the following sectors:

- Community Services
- Health
- Local Government
- Public Sector
- Floristry
- Hairdressing and Beauty Services
- Funeral Services
- Retail Services
- Sport, Fitness and Recreation
- Tourism, Travel and Hospitality.

IRCs drive the process of Training Package development and are made up of people with experience, skills and knowledge of their particular industry sectors. IRCs are responsible for the provision of strategic input and advice that represent the needs of their workforce, and for ensuring Training Package Products reflect those needs.

# Project Background

Infection Prevention and Control (IPC) Practices have come under increasing focus in recent times and particularly in aged care during the period of the COVID-19 pandemic.

Strong stakeholder support for a review of the units of competency relating to IPC implementation was noted during the review of the individual support, aged care and disability support training package products, however, they were not within the scope of that project.

The **National Nursing and Midwifery Education Advisory Network** (NNMEAN), Chaired by Professor (Practice) Alison McMillan, Chief Nursing and Midwifery Officer, asked the Department of Health and the Department of Education, Skills and Employment (DESE) to establish a mechanism to review the:

- quality of the training in IPC units within the VET nursing education packages; and
- ensure that the IPC unit content remains contemporary, and evidence based.

SkillsIQ under the direction of the **Direct Client Care and Support Industry Reference Committee**, coordinated the development of a Case for Change which was approved by the AISC at the February 2022 meeting.

The Case for Change highlighted many issues to support the need for the review.

### Technical Advisory Committee

This project is being overseen by the Direct Client Care and Support Industry Reference Committee (IRC). An **Infection Control Technical Advisory Committee (TAC)** has also been formed to guide the project. The membership of this committee includes representatives from other IRCs with a direct interest in the infection control units as well as representatives from the health sectors with expertise in the operating contexts where the units apply.

### Units of Competency to be Updated:

The following **two Units of Competency** in the HLT Health Training Package are being reviewed and updated:

- HLTINF001- Comply with infection prevention and control policies and procedures
- HLTINF003- Implement and monitor infection prevention and control policies and procedures

*Changing units does not automatically update qualifications and skill sets with the updated units.*

## Consultation Activities and Timelines

National consultation for Draft 1 will be open from **Thursday, 28 April 2022 to Thursday, 26 May 2022**. During this period input will be sought on the following Training Package Products:

SkillsIQ will be undertaking a number of key activities to engage stakeholders from a range of sectors and VET professionals. Further details are posted on the SkillsIQ website here:

Infection Control Current Projects Page

Feedback can also be provided **online** via the SkillsIQ Online Feedback Forum, accessed at:
https://www.skillsiq.com.au/FeedbackForum/TrainingPackages1/HLTHealth/InfectionPreventionandControlDraft1

When accessing the Feedback Forum, please first refer to the 'How To' guide located on the page. It will provide directions for leaving and submitting comments.

Following the close of the consultation period, feedback received will be collated and evaluated. This feedback will inform the development of the Validation Draft.

To remain up to date with project developments, please subscribe to SkillsIQ at:

https://www.skillsiq.com.au/Subscribetoournewsletter.aspx

# About this Consultation Guide

This Guide, which should be read in conjunction with the applicable Draft Training Package Products, provides:

- A list of Draft 1 Training Package Products (Two Units of Competency and associated Assessment Requirements)
- Mapping of Units
- Key consultation questions on which SkillsIQ seeks feedback to provide information to the IRC and TAC.

## Contact details

For more information, please contact:

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# List of Infection Control Units and Prerequisites

| Unit Code | Unit Title | Prerequisite(s) |
|---|---|---|
| HLTINF006 | Apply basic principles and practices of infection prevention and control | Nil |
| HLTINF007 | Implement and monitor infection prevention and control standards, policies and procedures | HLTINF006 Apply basic principles and practices of infection prevention and control |

# Unit of Competency Mapping

A Unit of Competency is mapped as Equivalent (E) when:

- It provides the same skill and knowledge outcomes
- Elements and associated Performance Criteria have remained the same, but are better expressed
- Knowledge Requirements have remained the same but are better expressed.

A Unit of Competency is mapped as Not Equivalent (N) when:

- It provides different skill and knowledge outcomes
- Elements and/or Performance Criteria have been added or removed
- Performance Evidence or Knowledge Requirements have been added or removed.

| Previous Unit Code and Title | New Unit Code and Title | Comment in Relation to Unit<br>E = Equivalent<br>N = Not Equivalent |
|---|---|---|
| HLTINF001 Comply with infection prevention and control policies and procedures | HLTINF006 Apply basic principles and practices of infection prevention and control | N<br>Changes to Title, Elements, Performance Criteria and Knowledge Evidence.<br>Updated unit code. |
| HLTINF002 Implement and monitor infection prevention and control policies and procedures | HLTINF007 Implement and monitor infection prevention and control standards, policies and procedures | N<br>Prerequisite unit added.<br>Changes to Title, Elements, Performance Criteria and Knowledge Evidence.<br>Updated unit code. |
| | | |

*The following is a general summary of the proposed changes to assist in the review of changes proposed in Draft 1:*

| Unit Section | Changes to HLT INF 001 Comply with infection prevention and control policies and procedures included in Draft 1 | Changes to HLT INF 003 Implement and monitor infection prevention and control policies and procedures included in Draft 1 |
|---|---|---|
| Title and code changes | ***INF006 Apply basic principles and practices of infection prevention and control***<br><br>In general, the content of this unit has been updated to provide a strong foundation in understanding IPC in a range of work settings. | ***INF007 Implement and monitor infection prevention and control standards, policies and procedures.***<br><br>In general the content of this unit has been updated to clearly focus on the role of an on the job supervisor with an emphasis on understanding risk control aspects of IPC, in addition to the basic principles and practices in INF006.<br><br>In Draft 1 INF006 is proposed as a prerequisite for INF007. |
| Application | Health and direct client care settings replaced with *"…a range of industry and workplace contexts*". | Health and direct client care settings replaced with *"…a range of industry and workplace contexts*". |
| Prerequisite unit | Nil | INF006 Apply basic principles and practices of infection prevention and control<br><br>*If INF006 is not accepted as a prerequisite following draft 1 consultation and INF007 is to continue to "standalone" the IPC knowledge and skills in HLTINF006 will need to be incorporated in INF007 to ensure that the unit enables people to meet the requirements and responsibilities of their role in implementation and monitoring.* |
| Elements and PCs | The changes in elements and PCs relate to updating terminology and levels of responsibility in a range of contexts. References to organisational policies and procedures have been removed and the emphasis is | The changes in elements and PCs relate to updating terminology to include standards, and consistency in reference to risks.<br><br>Recognition that in some work settings referral processes may not be a "straight |

| Unit Section | Changes to HLT INF 001 Comply with infection prevention and control policies and procedures included in Draft 1 | Changes to HLT INF 003 Implement and monitor infection prevention and control policies and procedures included in Draft 1 |
|---|---|---|
| | on National standards and guidelines. | line"/traditional hierarchy and wording is used to accommodate this.<br><br>Element 3 and PCs reviewed to align with level of responsibility. |
| Performance Evidence | More specific requirements in relation to tasks and frequency added | More specific requirements in relation to tasks that relate to the interaction with the work group, monitoring of risk controls and review functions in the PCs, and frequency added |
| Knowledge Evidence | Content updated to cover the essential minimums of understanding IPC and why it is important.<br><br>Terminology updated and requirements are set out in a more logical sequence – *National standards, types of infectious risks, causes of infection, transmission of infectious agents, and the chain of infection, personal hygiene practices, principles of hand hygiene, PPE, references to procedures relating to cleaning, waste management and specific aspects of organisation procedures.* | Changes based on INF006 being a prerequisite so some content removed.<br><br>KE includes standards and statutory requirements, terminology updates. |
| Assessment Conditions | Wording updated for clarification | Wording updated for clarification |

# Questions for Consideration

1. Does the content align with revised national documents, and reflect changes to ensure currency and the safety of people in their work settings, and the clients, patients and members of communities they interact with in this capacity?
2. Should INF001 be a prerequisite for INF003 OR can IPC core knowledge and skills be incorporated in INF003?

   *In Draft 1, HLTINF006 Apply basic principles and practices of infection prevention and control* has been proposed as a prerequisite for *HLTINF007 Implement and monitor infection prevention and control standards, policies, and procedures*.
3. Does the wording in the units accommodate a range of work settings?
4. Should the units also be packaged as a skill set?
5. Does the following list appropriately reference agreed national principles, standards and practices?

   Is there anything that should be added to this list which will be included in the Companion Volume Implementation Guide?

| Reference type | Links |
|---|---|
| **Legislation** | Federal and State or Territory statutory requirements<br>Federal and State Workplace Health and safety legislation<br>• For example the Commonwealth workplace health and safety legislation (Work Health and Safety Act 2011)<br>Federal and state whistleblower legislation |
| **National infection and prevention control standards and guidelines including:** | Australian Guidelines for the Prevention and Control of Infection in Healthcare<br>Infection Control Expert Group<br>Management of clinical and related waste –<br>for example in NSW - https://www.health.nsw.gov.au/environment/clinicalwaste/Pages/default.aspx<br>Standard AS/NZS 3816 2018 (Management of clinical and related wastes), Standard AS/NZS 4146: 2000 (Laundry Practice).<br>National Hand Hygiene Initiative |
| **Industry standards** | Aged Care Quality and Safety Commission – the Aged Care Quality Standards<br>- *Standard 3. Personal care and clinical care, Requirement 3*.<br>Australian Commission on Safety and Quality in Healthcare<br>National Safety and Quality Primary and Community Healthcare Standards Standard 3: Preventing and Controlling Infections |

| | |
|---|---|
| | National Safety and Quality Health Service (NSQHS) Standards<br>Standard 3: Preventing and Controlling Infections<br>National Hand Hygiene Initiative |
| **Reports** | Australian Government Response to the Final Report of the Royal Commission into Aged Care and Safety. |
| | |

***The following general questions have been developed to guide feedback for Draft 1 of the Infection Control Training Package Products.***

## Titles and Application Statements - Units of Competency

- Do the Titles reflect the skills being described? Could any be changed to better indicate what the Units cover?
- Does the Application Statement provide a clear and accurate description of the skills being described?

## Elements and Performance Criteria

- Do the Elements and Performance Criteria accurately describe what people do in their job roles? If not, what could be added?
- Do the Performance Criteria adequately describe the level of proficiency?

## Performance Evidence

- Would the types of evidence prove that a person is competent in all the Unit outcomes, including Performance Criteria, Foundation Skills and Knowledge?
- Is the suggested volume (sufficiency) of evidence appropriate? Too little, too much?
- Are the statements clear? Would assessors understand exactly what they must do?

## Knowledge Evidence

- What is the essential knowledge required of an individual in order to perform the tasks described in the Performance Criteria? Is the Knowledge Evidence requirement specific enough?
- Is there anything which should be added or deleted?
- What is the breadth and depth of knowledge required? Is this described well enough to assist assessors understand the scope?

## Assessment Conditions

- Are the nominated environments appropriate?
- Are the statements clear? Would assessors understand what they must provide for assessment?

# Appendix A: Training Package Unit of Competency Terminology Guide

Units of Competency specify the skills and knowledge a learner needs in order to complete a work task. Each Unit of Competency has associated Assessment Requirements, which detail what a learner must demonstrate and know in order to be deemed competent, along with any special conditions which apply to the assessment of competency.

| | |
|---|---|
| **UNIT CODE** | Unique code which identifies the Unit of Competency |
| **UNIT TITLE** | The Unit Title is a brief statement of the outcome of the Unit of Competency, i.e. what the task is that learners will be able to complete once they are deemed competent |
| **APPLICATION** | The application summarises:<br>• the content of the Unit of Competency and the skill area it addresses<br>• any relationship with other Units of Competency<br>• any licensing requirements or relevant legislation<br>• the Unit of Competency's scope, purpose and operation in different contexts, for example, by showing how it applies in the workplace. |
| **PREREQUISITE UNIT** | Prerequisites are other Units of Competency or in some cases licences, etc. that a learner must complete before undertaking this Unit of Competency.<br><br>This may be in order to provide underpinning skills or knowledge that is essential for a learner to undertake this Unit. |
| **ELEMENTS** | The Elements are the basic themes of the Unit of Competency. They describe the significant functions that form part of the work task that the Unit of Competency covers. |
| **PERFORMANCE CRITERIA** | The Performance Criteria specify the required steps that enable the learner to undertake the work task. |
| **Assessment Requirements** | |
| **PERFORMANCE EVIDENCE** | Identifies what a learner must demonstrate in order to be deemed competent at the work task. |
| **KNOWLEDGE EVIDENCE** | Identifies what a learner needs to know to perform the work task effectively. |

| | |
|---|---|
| **ASSESSMENT CONDITIONS** | Assessment Conditions provide the context for the Unit of Competency, describing essential operating conditions that must be present for assessment, depending on the work situation, needs of the candidate, accessibility of the items required, and local industry and regional contexts.<br><br>They may specify any of the following:<br>• The conditions under which competency must be assessed including variables such as the assessment environment or necessary equipment or tools<br>• Whether or not the Unit must be assessed in the workplace or may also be assessed via simulation<br>• Resource implications, for example access to particular equipment, infrastructure or situations<br>• Any required characteristics of the assessor, e.g. whether the assessor must hold a higher qualification in that field, etc. |