



Australian  
Industry and  
Skills Committee

# INFECTION CONTROL

Case for Change

Name of allocated IRC: **Direct Client Care and Support**

Name of the SSO: **SkillsIQ**

## 1. Administrative information

*For a list of the products proposed to be reviewed as part of this project, please see Attachment A.*

Name of IRC(s):	Direct Client Care and Support IRC
Name of SSO:	SkillsIQ Limited

### 1.1 Name and code of Training Package(s) examined to determine change is required

The following two Units of Competency are proposed to be reviewed and updated:

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

Please refer to **Attachment A** for further details on the Training Package Products.

## 2. The Case for Change

*For information on the job roles to be supported through the proposed qualifications updates, enrolments data, completion rates, and the number of RTOs delivering these qualifications please see Attachment B.*

### 2.1 Rationale for change

#### Background

- Since early 2020, there has been a significant increase in focus and criticism on Infection Prevention and Control (IPC) practices in aged care by clients and their families, the public, health care professionals, the aged care and community sector, the media and the Royal Commission into Aged Care Quality and Safety (2021).
- On 30 April 2021, the new HLT training packages for the Diploma of Nursing (HLT54115) and the Advanced Diploma of Nursing (HLT64115) were released on the national register.
- Whilst the recent review of the individual support, aged care and disability support training package products changed the HLTINF001 unit from an elective to a core unit, the IPC units for these training package products, and the Diploma of Nursing, have not been reviewed nor updated since 2015.
- On 8 June 2021, 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:
  - o quality of the training in IPC units within the VET nursing education packages; and
  - o ensure that the IPC unit content remains contemporary and evidence based.

#### Issues

##### Quality of IPC Units

- Consumers, nursing, aged care, community care and education stakeholders have raised concerns regarding the standard of IPC practices in aged care during the period of the COVID-19 pandemic and through the consultation process of the Royal Commission into Aged Care Quality and Safety (2021). The Final Report – Volume 2: The current system (Royal Commission into Aged Care Quality and Safety 2021) noted:
- Our inquiry has shown that the routine needs of older people, particularly in residential aged care, are often substandard in areas including infection control.
- The independent review into the outbreak at Anglicare Sydney's Newmarch House facility found that 'imperfect' infection prevention and control practices led to transmission of the virus to staff members and other residents. Seventeen deaths 'were directly attributed to COVID-19' at

Newmarch House. The 'Newmarch House COVID-19 Outbreak Independent Review, Final Report' noted:

- Infection Prevention and Control (IPAC) was identified as a significant concern with shortcomings identified in the early, crucial phases. Routine IPAC practices needed to be significantly upgraded to meet the challenge of containing the spread of COVID-19.
- The understanding and practice of IPAC in healthcare and especially aged care is highly variable and often suboptimal, despite recently revised accreditation standards in both sectors.
- Health and aged care administrators and regulatory authorities often misunderstand or underestimate the infrastructure and training required to prevent microbial transmission, in environments where vulnerable patients or residents depend on hands-on care from busy, peripatetic workers.

#### Review mechanisms of IPC Units

- The IPC units (HLTINF001 & HLTINF003) were last updated in 2015 (Published 6 August 2015) under the responsibility of the former Community Services and Health Industry Skills Council.
- To ensure that HLTINF001 & HLTINF003 remain contemporary and evidence based, the units of competency and assessment requirements need to be linked to National guidelines and accreditation standards.
- An urgent update to be carried out by the Direct Client Care and Support Industry Reference Committee is required.

#### Consistency of IPC Units

- The purpose of the National Health Training Package is to ensure consistency with the Australian Qualification Framework requirements and national practice standards. The National Health Training Package is also sequenced to prepare students for workplace experience.
- Registered Training Organisations (RTOs) prepare their own training materials for each setting and are required to deliver training 'in context' - the performance/assessment requirements of all training must reflect the business/regulatory/other requirements of the relevant job role. ie. the course must reflect the contents of the units of competency and associated assessment requirements.
- It is understood that RTOs adapt unit content based on the education package it is contained in. For example, many RTOs believe that the content of HLTINF001 should be delivered at a higher level for Diploma of Nursing students than for Cert III in Individual Support students. However, this is not correct - units of competency must be delivered and assessed to the standards outlined in the unit and associated assessment requirements and this should not change dependent on the qualification that the unit is being delivered within.
- Inconsistency in delivery practices of RTOs for IPC units can also disadvantage students who are studying higher certificate and diploma courses but have previously undertaken the HLTINF001 unit in a lower certificate or diploma education package. In these circumstances, the student is prevented from repeating the unit at the higher level and therefore may not have all of the requisite skills and knowledge.

#### **Review of HLTINF001 and HLTIN003 IPC Units**

<b>HLTINF001</b> - Comply with infection prevention and control policies and procedures	<b>HLTINF003</b> - Implement and monitor infection prevention and control policies and procedures
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Examples of recent IPC developments and inclusions in national health sector guidance documents (see Resources section below) are:

- a focus on healthcare worker safety (infections in healthcare workers) as well as patient safety;
- the use of the hierarchy of controls, in conjunction with infection prevention and control systems, as an organisations infection prevention and control program;

- a precautionary approach to transmission-based precautions, aligned with the relevant clinical procedure and based on a risk assessment and consideration of the status of scientific evidence;
- consideration of ventilation and air management system issues;
- training requirements for preventing and controlling healthcare-associated infections, and antimicrobial stewardship; and
- plans for public health and pandemic risks.

### **Recommendations:**

1. Urgent review of IPC developments within national units of competency.
2. Map infection prevention and control content of HLTIN001 and HLTIN003 units against revised national documents, update units to reflect changes to ensure currency and to ensure the safety of the health workforce and the Australian community the health workforce will care for.
3. Consideration of whether to make HLTINF001 a prerequisite for HLTINF003 or continue to include the core IPC knowledge and skills in HLTINF003 unit as a standalone.

### **Resources**

#### **Key documents:**

- [Australian Guidelines for the Prevention and Control of Infection in Healthcare](#)
  - [Infection Control Expert Group](#)
  - *Statutory requirements.* For example, relevant Commonwealth, State, or Territory legislation.
    - o Management of clinical and related waste. E.g. NSW  
<https://www.health.nsw.gov.au/environment/clinicalwaste/Pages/default.aspx>
    - o Commonwealth workplace health and safety legislation ([Work Health and Safety Act 2011](#))
  - *Industry standards*
    - o E.g. [Standard AS/NZS 3816 2018](#) (Management of clinical and related wastes), [Standard AS/NZS 4146: 2000](#) (Laundry Practice).
  - [Aged Care Quality and Safety Commission – the Aged Care Quality Standards](#)
  - o [Standard 3. Personal care and clinical care, Requirement 3.](#)
  - [Australian Commission on Safety and Quality in Healthcare](#)
    - o National Safety and Quality Primary and Community Healthcare Standards ([Standard 3: Preventing and Controlling Infections](#))
    - o National Safety and Quality Health Service (NSQHS) Standards ([Standard 3: Preventing and Controlling Infections](#))
- [National Hand Hygiene Initiative](#)
- Reports*
- [Australian Government Response to the Final Report of the Royal Commission into Aged Care and Safety.](#)

See above.

It is further noted that during the review of the individual support, aged care and disability support training package products, there was strong stakeholder support for a review of these units, however, they were not within the scope of that project.

### 2.3 Consideration of existing products

This case for change proposes the update to two existing Units of Competency. There are no existing alternate units of competency that could be used to meet the skills and knowledge needs of these units.

### 2.4 Approach to streamlining and rationalisation of the training products being reviewed

This case for change proposes the update to two existing Units of Competency. There are no new training package products proposed in this Case for Change and none proposed for deletion.

### 3. Stakeholder consultation

#### 3.1 Stakeholder consultation undertaken in the development of Case for Change

*For a full list of industry-specific stakeholders that actively participated in the stakeholder consultation process undertaken to develop the Case for Change, please see **Attachment C**.*

Issues regarding the suitability of the training package products of focus were first raised by Professor (Practice) Alison McMillan PSM - Chief Nursing and Midwifery Officer in November 2021 on behalf of the Department of Health directly to the Department of Education, Skills and Employment and supported by the extensive network that the Department of Health support and works with.

It is further noted that during the review of the individual support, aged care and disability support training package products, there was strong stakeholder support for a review of these units, however, they were not within the scope of that project.

#### 3.2 Evidence of Industry Support

*For a list of the issues raised by stakeholders during consultation and the IRC's response to these, please see **Attachment D**.*

All feedback provided by stakeholders for this draft version of the Case for Change has been summarised in earlier sections and used to determine the key recommendations put forward regarding the update of two units of competency regarding IPC. Any issues raised during the draft Case for Change consultation period will be noted in the final version to be submitted.

#### 3.3 Proposed stakeholder consultation strategy for project

*Note: For a full list of industry-specific stakeholders who are planned to be contacted to participate in the stakeholder consultation process undertaken for this project, please see **Attachment E**.*

An extensive multi-channel consultation plan has been established to gather views and feedback from a range of stakeholders. These include interviews, workshops (subject to travel restrictions), webinars and the use of SkillsIQ's Online Feedback Forum. The Feedback Forum is a tool designed to capture stakeholder feedback on draft training package products. It also provides an opportunity for stakeholders to view feedback left by others. All proposed changes to the units of competency will be available on the Feedback Forum.

Whilst the preferred method for conducting consultation activities such as interviews and workshops is face to face, the restrictions still in place regarding COVID-19 mean telephone or Zoom discussions may be more suitable. The consultation will be promoted via various channels, including:

- direct email to SkillsIQ's national network of over 10,000 contacts in order to maximise reach to industry stakeholders
- members of the Direct Client Care and Support IRC and their respective networks
- State and Territory Industry Training Advisory Bodies (ITABs)
- Chief Nursing and Midwifery office and Department of Health, who will play an active role in promoting the consultation across their wider networks.

SkillsIQ will work with the above stakeholders to circulate consultation information to their wider networks in regional and rural areas across Australia to help ensure their feedback and experiences are incorporated via the consultation process.

#### 4. Licencing or regulatory linkages

N/A

#### 5. Project implementation

##### 5.1 Prioritisation category

It is proposed that this review be progressed as a fast track project. The pandemic has made the need for well-equipped workforces competent in infection control crucial and it is therefore essential that the training package products be updated as a matter of urgency.

##### 5.2 Project milestones

The anticipated timeframe for the project is 7 months. Key activities will be carried out according to the schedule below. Please note that this schedule is based on Case for Change approval at the February 2022 AISC meeting.

Activity	Proposed Timing
Review and approval of Case for Change by AISC	22 February 2022
Activity order issued by DESE	01 March 2022
Convene TAC and host initial Draft 1 development meeting	15 March – 5 April 2022
Develop Draft 1 training package products	7 April – 14 April 2022
Industry consultation on Draft 1	14 April-17 May 2022
Develop Draft 2 training package products based on Draft 1 consultation feedback	17 May – 12 June 2022
Validate Draft 2 training package products	19 June – 3 July 2022
Develop final draft Training Package Products, Case for Endorsement and Companion Volume	4 July – 7 Aug 2022
External Quality Assurance	7 Aug-21 Aug 2022
STA Consultation	22 Aug – 5 Sep 2022
Submission of final Case for Endorsement to AISC	9 September 2022

##### 5.3 Delivery or implementation issues

No issues or sensitivities have been raised to date. Any issues stated during the draft Case for Change consultation period will be included in the final version.

## 6. Implementing the Skills Minister's Priority reforms for Training Packages (2015 and October 2020)

The recommended review and potential outcomes of the project will address the priorities below in the following ways:

- National consultation processes involving engagement with industry will ensure that the final Units of Competency reflect current employer, patient regulatory and training provider needs; and
- The proposed changes will ensure individuals can access training which is current, relevant, and which can be applied in different industry contexts. The outcomes of this project will support the sector to meet demand for workers trained in IPC which is increasing significantly, particularly due to COVID-19.

This will be of particular importance in sectors such as aged care and disability support, as well as the community services.

This Case for Change was agreed to by the Direct Client Care and Support IRC

Name of Chair

Jodie Davis

Signature of Chair

Via email

Date

31 January 2022

## Attachment A: Training Package components to change

SkillsIQ Limited

Contact details: Melinda Brown

Date submitted: 31 Jan 2022

Project number	Project Name	Qualification/ Unit / Skillset	Code	Title	Details of last review (endorsement date, nature of this update transition, review, establishment)	Change Required
1	Infection Control	Unit	HLTINF001	Comply with infection prevention and control policies and procedures	Release date Aug 2015. Significant changes to the elements and performance criteria. New evidence requirements for assessment, including volume and frequency requirements. Significant change to knowledge evidence.	Update
1	Infection Control	Unit	HLTINF003	Implement and monitor infection prevention and control policies and procedures	Release date Aug 2015. Minimal changes to the elements and performance criteria. New evidence requirements for assessment, including volume and frequency requirements. Significant changes to knowledge evidence. Removed prerequisite.	Update

### Attachment B: Job role, enrolment information, the number of RTOs currently delivering these qualifications

Please set out the job roles to be supported through the updated qualifications, enrolment data over the past three years in which data is available for each qualification, completion rates for each qualification, and the number of RTOs delivering these qualifications.

Job role	Qualification to be updated to support the job role	Enrolment data (for the past three years)	Completion rates (for the past three years)	Number of RTOs delivering (for the past three years)
	Nil – the update includes no qualifications			

## Attachment C: List of stakeholders that actively participated in the consultation process of the Case for Change

Name of stakeholder	Title	Organisation	Organisation type (e.g. Employer, peak body, union, RTO, regulator)	Jurisdiction/town/city (e.g. NSW/Sydney)
Professor (Practice) Alison McMillan PSM	Chief Nursing and Midwifery Officer	Australian Government Department of Health	Government	ACT
Samantha Lavender	Program Officer, Managed Quarantine  Chief Nursing and Midwifery Officer Division	Chief Nursing and Midwifery Officer Division   Chief Medical Officer Group  Australian Government Department of Health	Government	ACT
Jodie Davis	Federal Education Officer	Australian Nursing and Midwifery Federation (ANMF)	Union	ACT
Richard Bowen	Head of School and Chair, University Teaching and Learning (VET)  D/Chair, University Academic Board	Charles Darwin University (CDU)	RTO	NT
Leigh Svendsen	Senior Industrial & Compliance Officer  Employee Representative	Health Services Union (HSU)	Union	VIC
Helen Westwood	Federal Education Officer	Australian Services Union (ASU)	Union	NSW

Paul Muenchow	A/Manager Training Curriculum Services, State Workforce Planning	Department of Training and Workforce Development	Government (STA)	WA
Bronwyn Bennett	Nursing Coordinator/Lecturer	Central Regional TAFE	RTO	WA
Dr Sharon Ross	Principal Lecturer	Central Regional TAFE	RTO	WA
Melinda Toze	Manager Industry Engagement	Department of Employment, Small Business and Training	Government (STA)	QLD
Jacqui Spencer	Manager, Training and Learning Products Unit	Department of Education and Training	Government (STA)	VIC

## Attachment D: Issues Raised by Stakeholders during consultation on the development of the Case for Change

Stakeholder Type	Issues Raised	IRC's Response to Issues Raised
<b>Industry Reference Committee (IRC) Representatives</b>		Strong support for immediate evaluation and upgrading of these two units of competency to reflect current National guidelines for the prevention and control of infection directly related to infection control knowledge and practices for direct care workers.
<b>Peak Industry Bodies</b>		Strong support for immediate evaluation and upgrading of these two units of competency to reflect current National guidelines for the prevention and control of infection directly related to infection control knowledge and practices for direct care workers.
<b>Employers (Non-IRC)</b>		
<b>Regulators</b>		
<b>Registered Training Organisations (RTOs)</b>	Detailed comments on HLTINF001 unit were provided by Central Regional TAFE, WA.	These comments will be taken into account when developing Draft 1 of the updated training package products.
<b>Training Boards/Other</b>		
<b>State and Territory Training Authorities (STAs)</b>	<p>WA STA raised the issue of making HLTINF001 a prerequisite for HLTINF003 and indicated it would not support this course of action, as it would impact the core of other qualifications that include only the HLTINF003 unit.</p> <p>VIC STA raised the issue of how the revised units would be incorporated into existing</p>	<p>Prerequisites will be considered as a part of the training package development process and if included will be consulted on at Draft 1 and Draft 2. However, the WA STA position is noted.</p> <p>This issue has been raised with DESE but is outside the scope of training package development. DESE will consider the most appropriate course of action during the period of</p>

	<p>qualifications, particularly where they are packages in the core of the qualification.</p> <p>The VIC STA also queries if the remaining HLTINF units should be included in the Case for Change and enquired as to the view of the Chief Nursing and Midwifery Officer as to whether additional HLTINF units should be included.</p> <p>The VIC STA also suggested that HLTINFCOV001 be reviewed at the same time as the units included in this Case for Change.</p> <p>The QLD STA also queried if HLTINFCOV001 would be reviewed at the same time.</p>	<p>the project taking place and advise accordingly on actions once the units are endorsed.</p> <p>The remaining units pertain to other sectors, which at this time have not identified a need to review the units. The Chief Nursing and Midwifery Officer specifically requested that HLTINF001 and HLTINF003 be included in the Case for Change. No mention was made of the remaining HLTINF units.</p> <p>DESE advised in December 2021 that the HLTINFCOV001 unit should not be included in this Case for Change.</p> <p>DESE advised in December 2021 that the HLTINFCOV001 unit should not be included in this Case for Change.</p>
<p><b>Unions</b></p>		<p>Strong support for immediate evaluation and upgrading of these two units of competency to reflect current National guidelines for the prevention and control of infection directly related to infection control knowledge and practices for direct care workers.</p>

## Attachment E: List of stakeholders to be contacted as part of the development of the Case for Endorsement

Name of Stakeholder	Title	Organisation	Organisation type (e.g. Employer, peak body, union, RTO, regulator)	Jurisdiction/town/city (e.g. NSW/Sydney)
Professor Allison McMillan	Chief Nursing and Midwifery Officer	Australian Government Department of Health	Government	ACT (National)
Jodie Davis	Federal ANMF Education Officer	Australian Nursing and Midwifery Federation	Union and peak body	ACT (National)
Leigh Svendsen	Senior Industrial & Compliance Officer Employee Representative	Health Services Union (HSU)	Union	VIC (National)
Referred by QLD STA		Australasian College for Infection Prevention and Control	Peak Body	TAS (National)
		Direct Client Care and Support IRC	Industry Representatives	National
		Aged Services IRC	Industry Representatives	National
		Disability Support IRC	Industry Representatives	National
		Enrolled Nursing IRC	Industry Representatives	National
		Aboriginal and Torres Strait Islander Health Worker IRC	Industry Representatives	National