

Terms of Reference

May 2023

Name

The group shall be known as the South Australian Infection Reference Group (SAIRG).

Purpose

Expertise in infectious disease (ID) management and infection prevention and control (IP&C) are integral to patient and staff safety. Preventing and controlling infections are a mandatory requirement as part of the Australian Commission for Safety and Quality in Health Care (ACSQHC), National Safety and Quality Health Service Standards (NSQHS).

SAIRG provides an advisory function to various SA Health stakeholders and others as appropriate. The governance for decision making is the remit of the relevant SA Health Committee and operational coordination and implementation of advice provided occurs within local health networks (LHN) .

SAIRG advice is guided by relevant legislation, standards and ID and IP&C guidelines and evidence-based practice. SAIRG aims to:

1. Meet to discuss and where applicable provide timely expert advice relating to current and emerging topics and risks, relating to ID and IP&C, which may impact on SA Health and the broader South Australian community
2. To provide ID and IP&C expert advice and leadership in accordance with relevant evidenced based practice standard and guidelines.
3. To facilitate informed decision-making regarding strategies to improve IP&C, ID management and optimise patient outcomes.
4. To provide expert advice on the development and review of SA Health state-based ID and IP&C policies, guidelines and evidence-based instructions in accordance with relevant legislation, standards, state, national and international best practice guidelines.
5. To provide advice regarding ID and IP&C staff resources to inform what is considered appropriate clinician capacity to enable key risks to be managed appropriately.
6. To review and discuss the agreed national and state ID and IP&C key performance indicators (KPIs), including those related to hospital acquired infections and hand hygiene. SAIRG members will review these KPIs as part of the broader SA Health Clinical Governance Unit structures responsible for the reporting and monitoring of SA Health KPIs and other related metrics.
7. In response to relevant KPI results that are outside the expected range, SAIRG will discuss, and provide advice to the to the relevant stakeholder/governing body as required.
8. Foster professional and clinical collaborative relationships involving various stakeholders, including, ID, IP&C, clinical and non-clinical groups.

Chair

Chairperson and deputy chairperson will be chosen from within the membership, this should be a senior representative from the Communicable Disease Control Branch (CDCB), or LHN.

The SAIRG chairperson and deputy will be elected from the membership, for a term of up to two years. The appointment will take place at the first scheduled meeting of the year usually held in March. The Chair and deputy chair may be re-elected following the end of the two-year term.

OFFICIAL

The primary role of the Chair (or deputy in the absence of the Chair) is to support and facilitate discussion of SAIRG during the meeting, assist with setting the direction of SAIRG, and the coordination of out of session activity. The Chair will be involved in decisions regarding calling extraordinary meetings.

The Chair will provide final approval of the agenda and minutes.

If the chairperson is absent from a meeting, the Deputy Chair (or nominated delegate) will preside.

Membership

SAIRG will have a membership that includes relevant SA Health leadership:

- > Director, Disease Prevention and Control, CDCB or delegate
- > Nursing Director, Infection Control Service ICS, CDCB
- > Infection Control Nurse Advisor, ICS, CDCB
- > State Coordinator, Sterilisation and Reprocessing, ICS, CDCB
- > Healthcare Associated Infection Surveillance Coordinator, ICS, CDCB
- > Representative from SA Pathology
- > ID or other medical representative and IPC representative from each Local Health Network (LHN):
 - Central Adelaide Local Health Network
 - Southern Adelaide Local Health Network
 - Northern Adelaide Local Health Network
 - Women's and Children's Local Health Network
 - Barossa Hills Fleurieu Local Health Network
 - Eyre and Far North Local Health Network
 - Flinders and Upper North Local Health Network
 - Limestone Coast Local Health Network
 - Riverland Mallee Coorong Local Health Network
 - Yorke and Northern Local Health Network
- > ID or other medical representative and IPC representative from the Rural Support Service
- > Representative from South Australian Ambulance Service
- > Representative from South Australian Expert Advisory Group and Antimicrobials (SAAGAR)
- > Representative from National Antimicrobial Utilisation Program (NAUSP)
- > Representative from the Safety and Quality, Clinical Support & Improvement
- > Other statewide services as required.

SAIRG will be supported by:

- > Secretariat from the Infection Control Service, CDCB (ex-officio member).

Appointment of members

Appointments will be made by the Chair seeking nomination from the head of the department/agency from which representation is sought.

SAIRG may co-opt additional members at the discretion of the Chairperson. Proxies for meeting attendance will be accepted with prior arrangement with the Chairperson and SAIRG executive.

Term of membership

Members will be expected to attend the majority of meetings and if unable, should organise for a proxy to attend. The Chair may ask a member to step down if attendances are consistently poor. Attendance at meetings will automatically be taken as confirmation of continuation in the role.

Resignation from the committee

Members not wishing to continue in their role need to advise the Chair in writing of their resignation before the next scheduled meeting and may nominate an alternative candidate via the ICS mailbox:

HealthICS@sa.gov.au to be considered by the Chair.

In the absence of a subsequent nomination, further discussions can occur with the Chair to fill the vacancy.

Member responsibilities

Members have an allocated portfolio responsibility requiring them to liaise with their networks relevant to their field of expertise and bring emerging topics and information to the meetings through agenda nominations and submission of agenda papers.

Members are expected to be actively involved, including reading material between meetings, providing timely apologies, where appropriate, and be available for other meetings as required.

Working groups

Working groups will provide advice to SAIRG on all aspects relevant to the remit of SAIRG. The membership of working groups will include representatives from SAIRG as relevant to the function of the Working Group.

SAIRG will have the ability to convene outcome-focused, time-limited working groups to achieve particular tasks, such as preparing strategic discussion papers or reviewing strategic documents. No more than two working groups should be active at any time.

SAIRG will have the ability to invite additional expertise to its meetings or working groups as necessary.

Governance and Accountability

SAIRG will report to the relevant SA Health committee seeking SAIRG advice or recommendations. If required reporting and advice may also be provided to the SA Health Clinical Governance Unit.

Confidentiality

Each member of SAIRG shall abide by the Code of Ethics for South Australian Public Sector and declare any potential conflict or duality of interest in matters of concern to the committee at the commencement of each meeting.

The responsibility to maintain confidentiality during the course of SAIRG's work sits with the Members. Due regard should be given to this by the Members when submitting or discussing agenda items.

Non-ratified working documents or papers marked 'confidential' are for the exclusive use of the SAIRG members and are not to be copied or circulated unless authorisation is provided by the secretariat. Ratified SAIRG minutes shall be noted and accepted by the Chairperson each meeting.

Conflicts of interest

A member should not take part in a discussion and or the decision on an issue where a member has a pecuniary or conflict of interest in a matter. Any perceived or apparent conflicts of interest must be declared to the chairperson when the member becomes aware, and relevant actions recorded in the minutes.

Note: Each member of SAIRG shall sign a deed of confidentiality and conflict of interest document at the first meeting each year. Invited guests or attendees shall complete and sign a Declaration of Potential Conflicts of Interest at the commencement of any meeting attended.

Consultation

Decisions will be made by member consensus; the quorum is >50% of members plus one including the occupant of the Chair.

The Chair must consider whether the representation of attendees at any particular meeting is adequate to deal with the issues on the agenda and make a determination. If a meeting of members does not have a quorum, the meeting may proceed informally or be adjourned to a date and time determined by the Chair.

During meetings

If a consensus is not reached the Chair will negotiate with SAIRG members until an agreement or outcome is reached. Alternatively, out of session consultation may be considered.

Out of session

Consultation invitations sent by email out of session

Consultation period:	<ul style="list-style-type: none"> > 4 weeks > Secretariat will circulate a reminder 1 week prior the due date > If a quorum plus one has not been reached after the 4-week consultation period, a final reminder email will be sent with a one-week deadline. If after this time a quorum plus one still has not been reached, the Chair will decide if further consultation is required based on the representation of attendee responses.
----------------------	--

Operating procedures

Meeting frequency:	Four times a year or otherwise at the discretion of the Chair. The Chair may call extraordinary meetings as required
Meeting schedule:	March, June, September, December or otherwise at the discretion of the Chair.
Meeting venue:	Microsoft Teams
Notification of apologies:	Notification sent to the Secretariat, where possible at least three working days prior to meeting.
Meeting duration:	2 hours (extension will occur at the discretion of the Chair).
Minutes and agenda preparation:	<p>Chair is responsible for the agenda; Secretariat is responsible for the minutes.</p> <p>For routine meetings, agenda is to be distributed to Members at least five working days prior to meeting.</p> <p>All meeting papers including a written agenda will be prepared in consultation with the Chair. Members can contribute to the agenda; items must be within the scope of SAIRG and accepted by the Chair.</p> <p>Minutes are to be distributed to Members within at least 15 working days of meeting. Minutes can be circulated to others with the approval of the Chair.</p> <p>The Secretariat shall keep electronic records of all documents associated with the SAIRG meetings. Files will be preserved as per the <i>State Records Act 1997</i> and the <i>Freedom of Information Act 1991</i>.</p>
Funding	SAIRG does not have allocated funding; meeting expenses and secretariat are provided by the ICS, CDCB.

Standing agenda items will include:

- > Welcome and introductions (including apologies and conflict of interest)
- > Sterilisation and reprocessing update
- > Hospital-acquired Infection update, including antimicrobial resistant organisms
- > Hand hygiene update
- > Antimicrobial resistance surveillance update
- > Antimicrobial stewardship update (SAAGAR, NAUSP and AURA)
- > Notifiable conditions report
- > Outbreaks of significance update, including COVID-19
- > Laboratory update (SA Pathology)
- > Communicable Disease Control Branch update
- > Local Health Network round table key issues update
- > Safety and Quality update
- > Policies and resources for review
- > New business
- > Confirmation of previous minutes
- > Business arising from previous meeting
- > Date and location for next meeting.

Review and amendment of the Terms of Reference

The Terms of Reference will be reviewed annually by the Secretariat. Significant changes to the Terms of Reference are to be endorsed by the majority of Members.

Revisions:

Version	Nature of change(s)	Date updated / endorsed
v8.0	Revision of purpose and membership section, including the Chair, frequency of meetings, consultation and standing agenda item topics	May 2023
v7.3	Revision of membership to include CSSD representative on behalf of the South Australian Infection Reference Group (SAIRG)	Dec 2021
v7.2	Addition of Regional LHNs as part of membership	Dec 2020
v7.1	Approved version and minor wording to the conflict-of-interest statement	Dec 2019
v7.0	Revision of terms of reference by CDCB Director on behalf of South Australian Infection Reference Group (SAIRG)	Nov 2019
v6.0	Revision of terms of reference by SA Health Infection Control Service and M Juraja (CSC CALHN)	Jan 2017
v5.0	Revision of terms of reference by M Juraja (CSC CALHN) on behalf of South Australian Infection Reference Group (SIRG)	July 2016
v4.0	Revision of terms of reference by S Butenko (CSC RAH IPCU) on behalf of South Australian Infection Reference Group (SIRG)	Jan 2014
v3.0	Revision of terms of reference by Adelaide Metropolitan Health Networks. Change of name to South Australian Infection Reference Group (SIRG)	Apr 2012
v2.0	Revision of terms of reference by Infection Prevention and Disease Management Committee	Nov 2010
v1.0	Development of terms of reference	