COVID-19 Pandemic Infection Prevention and Control Clinical Advisory Group – Terms of Reference

The COVID-19 Pandemic Infection Prevention & Control Clinical Advisory Group provides oversight to WA Health System to ensure adequate guidance is provided to Health Service Providers (HSPs), other clinical and community services in the preparedness during the COVID-19 pandemic.

Name
The Group will be known as the COVID-19 Pandemic Infection Prevention & Control Clinical Advisory Group (the COVID-19 IPC Clinical Advisory Group).

Purpose
To advise the COVID-19 Chief Executive Health Operations on Infection, Prevention and Control issues related to COVID-19 including, but not limited to;

1. Provide clinical advice and oversight of the Infection Prevention & Control (IP&C) activities of the WA health system;
2. Provide clinical advice on Infection Prevention & Control (IP&C) recommendations for providers outside the WA health system;
3. Support consistent and coordinated IP&C preparedness across the WA health system;
4. Support consistent IP&C activities of the Public Health Emergency Operations Centre, Metropolitan Disease Control, Regional Public Health Units and HSPs.

Scope
The scope of issues the Group would be requested to oversee may include:
- COVID-19 Pandemic IP&C guideline development;
- Provision of advice regarding product selection, management of state stockpiles and coordination of the distribution of Personal Protective Equipment (PPE) within the WA Health System;
- Engagement with key stakeholder groups including local and regional IP&C teams as well as other specialised clinical groups.

Accountability
The Group is accountable to the COVID-19 Chief Executive Health Operations.

Code of Conduct
The Group will observe and comply with the Western Australian Public Sector Code of Ethics. A copy of this document can be accessed at: http://www.publicsector.wa.gov.au/document/commissioners-instruction-no-7-%E2%80%93-code-ethics

Function and Responsibilities
1. To identify and prioritise IP&C issues relevant to clinical services for consideration.
2. To oversee the development and promulgation of IP&C guidance material to clinical services in relation to pandemic response.
3. To identify and respond to emerging issues within clinical service areas.

**Membership**
The Group is to compromise:

**WA Health Medical Lead of Personal Protective Equipment:**
- Chris Blyth, WA health Medical Lead of Personal Protective Equipment

**Public Health Emergency Operations Centre Infection Prevention & Control Representative:**
- Rebecca McCann, Program Manager, HealthCare Associated Infection Unit
- Danielle Engelbrecht, Clinical Nurse Consultant, Infection Prevention and Control, Public Health Emergency Operations Centre (PHEOC)

Multidisciplinary representatives from system manager, public and private hospitals and community:
- Helen Cadwallader, Infection Prevention & Control Practitioner, QEII Medical Centre
- Jenny Campbell, Chief Allied Health Officer, WA Department of Health
- Jonathan Chambers, ID Physician and Microbiologist, Joondalup Health Campus
- Sophie Davison, Deputy Chief Psychiatrist, WA Department of Health
- Cyrus Edibam, ICU Physician, Fiona Stanley Hospital
- Briony Hazelton, ID Physician and Microbiologist, Perth Children’s Hospital
- Fiona Lake, Respiratory Physician, QEII Medical Centre
- Mark Monaghan, ED Physician, WA Country Health Service
- Ed O’Loughlin, Anaesthetist, Fiona Stanley Hospital
- Lynette Pereira, ID Physician and Microbiologist, Royal Perth Hospital
- Kristie Popkiss, Infection Prevention & Control Practitioner, SJOG Health Care
- Michelle Porter, ID Physician and Microbiologist, King Edward Memorial Hospital
- Ed Raby, ID Physician and Microbiologist, Fiona Stanley Hospital
- Shital Amin, Acute Medical Consultant, Royal Perth Hospital
- Matthew Skinner, General and ID Physician, QEII Medical Centre
- Helen van Gessel, ID Physician, WA Country Health Service
- Dieter Weber, General Surgeon, Royal Perth Hospital

Membership will be reviewed and amended by the group as required.

If a member of the Group is not able to attend, a proxy may be sent. Quorum will consist of 50% plus one of the membership.

**Invitees**
The chair may nominate subject matter experts to attend meetings as required.

**Chair**
The Chair is the WA Health Medical Lead of Personal Protective Equipment.

**Secretariat**
WA Department of Health is to provide secretariat support to meetings. The Secretariat is responsible for distribution of the agenda and related papers, recording minutes of meetings and storing documents arising from the Group’s activities.
Frequency
Meetings will be held fortnightly, with regular review of frequency by the Group and at the discretion of the Chair.

Method of meeting
Meetings will occur in the form of Teleconference, Video Conference or face to face meetings.

Decision Making
In making recommendations to the COVID-19 Chief Executive Health Operations, the Group will aim for a consensus view. Overall decision approval resides with the Chair.

Records and Reporting
Draft minutes including key actions and decisions will be distributed to the group within 3 working days. The Group reports to the COVID-19 Chief Executive Health Operations via the Chair.

Communications
The Secretariat will promulgate information to the WA health system through established communications networks.

Review and Amendment of the Terms of Reference.
The terms of reference are only to be amended with the approval of the COVID-19 Chief Executive Health Operations, with the exception of changes to membership agreed by the Group. The Group will remain active as required during the WA health system response to the COVID-19 pandemic. The requirement for the Group will be reviewed by the Chair and COVID-19 Chief Executive Health Operations every 3 months.

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This document can be made available in alternative formats on request for a person with a disability.

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