OBA NURSING ACADEMY · INFECTION PREVENTION & CONTROL · OBA-IPC-2026

Course Syllabus

Infection Prevention and Control: the ACSQHC Standards · OBA-IPC-2026 · 10.0 CPD hours · fully self-directed online

DOCUMENT CONTROL

- Programme: Infection Prevention and Control: the ACSQHC Standards (OBA-IPC-2026)
- Audience: Student and Facilitator
- Version 1.0 | Issued 19/09/2026 | Review due 19/09/2027
- Provider: OBA Nursing Academy

SCOPE OF PRACTICE AND CURRENCY

- This programme is professional development. It is not a qualification, it does not authorise any learner to perform any procedure, and it does not make an organisation compliant with the Preventing and Controlling Infections Standard. The Standard binds the ORGANISATION, and it is assessed by accreditation assessors against evidence the organisation produces. What this course gives an individual is the ability to read the Standard accurately, recognise what evidences each action, and contribute to the system rather than only comply with it. Completing it does not credential a hand hygiene auditor, does not substitute for fit testing, and does not qualify anyone as an infection prevention and control practitioner or as an accreditation assessor.
- Action numbers, wording and the criteria structure are quoted from the Preventing and Controlling Infections Standard as published by the Commission and retrieved 19/09/2026. The Australian Guidelines for the Prevention and Control of Infection in Healthcare remain the 2019 edition - check the document's own title page rather than the URL it is served from. Jurisdictional requirements - exclusion periods, immunisation requirements, notification thresholds and surveillance definitions - differ between states and territories and are NOT stated in this course. Your health department, public health unit and organisational policy are the authority for those, and where local policy is more restrictive it governs.

1. Programme overview

Infection Prevention and Control: the ACSQHC Standards is a fully self-directed, entirely online professional development programme delivered through the OBA Nursing Academy learning management system. There are no scheduled classes, no live sessions and no clinical placement. Learners complete eleven modules at their own pace, followed by a case study assessment and a single summative assessment.

Who it is for

- Registered and enrolled nurses in any setting, and particularly anyone who has been given an infection prevention and control portfolio, a link nurse role, or a share of accreditation preparation
- Infection prevention and control practitioners new to the role, and clinicians stepping into it from a clinical background rather than a governance one

- Nurse unit managers, educators, quality managers and clinical governance staff who have to produce evidence against the Standard rather than only comply with it
- Medical and procedural clinicians, particularly for the antimicrobial stewardship and invasive device layers
- Internationally qualified nurses, for whom the Australian accreditation architecture - the Commission, the Standards, the Guidelines and the surveillance systems - is usually entirely new
- Student nurses, who meet the Standard as a list to be memorised and rarely as a system
- Aged care, disability, primary care and day procedure staff, whose obligations come from a different instrument but whose content is largely the same

How it is delivered

- Fully self-directed. No scheduled classes, no live sessions, no clinical placement.
- Eleven modules, each with a narrated video, a student learner guide, a reflective workbook activity and a knowledge check.
- A case study assessment of five unfolding scenarios, and a 60-item summative assessment.
- Five optional interactive practice tools, excluded from the claimable CPD figure.
- Three fillable workplace instruments: a gap analysis against all 19 actions, an outbreak readiness check, and an evidence portfolio index.

Programme outcomes

On completion, learners will be able to:

1. Name the three criteria, thirteen items and 19 actions of the Preventing and Controlling Infections Standard, and locate any action by subject
2. Read an action, separate its limbs, and say what would evidence each one
3. Apply the hierarchy of controls to an infection risk, and explain why an improvement plan made only of education is a weak plan
4. State what Action 3.05 requires beyond collecting data, and read a surveillance figure critically - numerator, denominator, period, ascertainment and comparability
5. Apply the system layer of standard and transmission-based precautions: risk assessment and re-assessment, placement, the documented harms of isolation, and what must be communicated
6. Describe what Actions 3.10 and 3.11 require of an organisation, and distinguish training completion from assessed competence
7. Describe the invasive device life cycle and explain why ongoing need is the highest-yield question
8. State what Action 3.13 requires of cleaning products and audit, and name Action 3.14's five risk domains
9. Explain what a reprocessing traceability process must identify, and why that makes a recall possible
10. Describe what Actions 3.15 and 3.16 require of workforce immunisation, exclusion, movement, support and outbreak management
11. Name the eight quality statements of the Antimicrobial Stewardship Clinical Care Standard, and identify the six with a direct nursing contribution
12. Complete a gap analysis against all 19 actions, and propose a control that is not education

2. Module structure

Module	Title	CPD hours	Knowledge check items
00	Orientation: How This Course Works	0.50	5
01	The Standard: Nineteen Actions, Three Criteria, One System	0.50	6
02	Governance, Risk and the Hierarchy of Controls	0.75	6
03	Surveillance: What the Numbers Are For	0.50	6
04	Precautions as a System: Assessment, Placement and Isolation	0.75	6
05	Hand Hygiene and Aseptic Technique as Programmes	0.50	5
06	Invasive Medical Devices	0.50	5
07	A Clean and Safe Environment	0.75	6
08	Reprocessing and Traceability	0.75	6
09	The Workforce: Immunisation, Exclusion, Exposure and Outbreaks	0.75	6
10	Antimicrobial Stewardship	0.75	6
	Module subtotal	7.00	63
	Programme information documents	1.68	-
	Case study assessment (5 unfolding cases)	0.53	-
	Summative assessment	0.97	60
	CLAIMABLE CPD TOTAL	10.0	

Module hours are the measured time for that module's video, learner guide, knowledge check and workbook activity. Section 2 below shows how every figure in this table was measured.

Indicative workload, and how the CPD hours were arrived at

The CPD figure for this programme is not asserted. It is measured from the content: narration at 135 words per minute, reading at 130 words per minute for dense clinical prose, knowledge checks timed to include reading every rationale, and the assessments timed as measured

reading plus a stated decision allowance. Individual learners vary, and a learner who claims a different figure should claim their actual time.

Component	Measured time	How it was measured
Module videos (11)	86 min	Narration word count at 135 wpm
Student learner guides (11)	134 min	Guide word count at 130 wpm
Module knowledge checks (11)	106 min	Stem, options and every rationale, read and answered
Reflective workbook activities (11)	88 min	Writing time for the five prompts in each module
Programme information documents	101 min	Rendered page word counts at 130 wpm
Case study assessment	32 min	19 minutes measured reading plus 30 seconds per decision across 25 steps
Summative assessment	58 min	28 minutes measured reading plus 30 seconds per item across 60 items
MEASURED TOTAL	605 min (10.08 h)	Sum of the above
CLAIMABLE CPD	10.0 hours	The measured total, to the nearest half hour

The five optional practice tools - the action finder, the hierarchy of controls sorter, evidence or intention, the surveillance reader and the scope of practice self-check - add approximately a further 85 minutes. They are deliberately excluded from the claimable figure, because they are optional. A learner who completes them may claim that time as additional self-directed CPD.

Module 00 - Orientation: How This Course Works

How the programme is structured and assessed. Why this is the system course and what that means in practice. How it relates to the hand hygiene and aseptic technique programmes, so nobody buys the same content twice. The four things completing this course does not establish. And the nine questions only your own organisation can answer.

Learning outcomes

- Describe the structure of the programme and how it is assessed
- Explain the difference between a system course and a practice course, and which you need
- State what the Standard binds, and what an individual can and cannot satisfy
- State the four things completing this course does not establish
- Identify the questions that only your own organisation can answer
- Locate the documents and data you will need from your own workplace

Key terms: NSQHS; Preventing and Controlling Infections Standard; accreditation; evidence; system versus practice; jurisdictional requirements; scope

Module 01 - The Standard: Nineteen Actions, Three Criteria, One System

The Preventing and Controlling Infections Standard end to end - its stated intention, its three criteria, its thirteen items and all nineteen actions, and which module of this course carries each

one. How to read an action so that you can tell what would evidence it. Why the precautionary clause matters. And what applies to services that are not accredited to NSQHS at all.

Learning outcomes

- State the five elements of the Standard's stated intention
- Name the three criteria and say which actions sit under each
- Locate any action by subject, and say which module of this course carries it
- Read an action and separate its limbs, so you can say what would evidence each
- Explain what a precautionary approach means where evidence is emerging or rapidly evolving
- Describe the equivalent obligations for aged care and disability services

Key terms: NSQHS Standard 3; criteria; items; actions; limbs; precautionary approach; evidence; accreditation

Module 02 - Governance, Risk and the Hierarchy of Controls

The four governance actions. How infection risk reaches a risk register and what happens to it there. The hierarchy of controls, which the Standard names three separate times and which explains why 'more education' is almost always the weakest available answer. What quality improvement actually requires, including the reporting limb that names consumers. And what Action 3.04 asks clinicians to do with patients.

Learning outcomes

- State what Actions 3.01 to 3.04 require, and which other Standards they point back into
- Apply the hierarchy of controls to an infection risk and classify a proposed control
- Explain why an improvement plan made only of education is a weak plan
- Describe what Action 3.03 requires beyond monitoring, including who must be reported to
- Get an infection risk onto a risk register in a form that can be acted on
- Explain what Action 3.04 requires of clinicians in relation to patients and consumers

Key terms: hierarchy of controls; risk register; clinical governance; quality improvement; partnering with consumers; multidisciplinary teams; pandemic planning

Module 03 - Surveillance: What the Numbers Are For

What Action 3.05 actually requires, which is considerably more than collecting data. The national systems - the National Hand Hygiene Initiative, AURA, CARAlert, hospital-acquired complications and the notifiable diseases system - and what each is for. Process, outcome and balancing measures. Why a rate is only comparable within its own program. And how to read a number your service has been given.

Learning outcomes

- State the eight limbs of Action 3.05 and what each requires
- Name the major Australian surveillance systems and say what each is for
- Distinguish process, outcome and balancing measures and say what each is good for
- Explain why an infection rate is only comparable within its own surveillance program
- Read a surveillance figure critically - numerator, denominator, period, ascertainment
- Explain what a CARAlert notification requires of an organisation

Key terms: surveillance; AURA; CARAlert; hospital-acquired complications; NNDSS; process measure; outcome measure; denominator; ascertainment bias

Module 04 - Precautions as a System: Assessment, Placement and Isolation

The four precautions actions read as a system rather than as a technique. When an infection risk assessment happens and why 're-evaluated during care' is the clause that matters. Placement, cohorting and what to do when there are not enough single rooms. The harms of isolation, which Action 3.08 names in its own right. And what must be communicated, to whom, including the duration nobody explains.

Learning outcomes

- State what Actions 3.06 to 3.09 require, and which of them name the workforce directly
- Describe the three points at which a patient's infection risk must be assessed
- Apply the factors Action 3.08 requires the workforce to consider when placing a patient
- Describe the documented harms of isolation and explain why the Standard names them
- State what must be communicated about infectious status, to whom, and when
- Explain how work health and safety law sits inside Action 3.06

Key terms: standard precautions; transmission-based precautions; risk assessment; placement; cohorting; isolation; transitions of care; work health and safety

Module 05 - Hand Hygiene and Aseptic Technique as Programmes

The two actions whose practice is taught in separate OBA programmes, read here as organisational requirements. Action 3.10's four limbs, three of which concern what happens after the audit. Action 3.11's four limbs, starting with the one most services have never done - identifying which procedures aseptic technique applies to. Training versus competence. And the assessor who has never been assessed.

Learning outcomes

- State the four limbs of Action 3.10 and say which concern what happens after an audit
- Explain what consistency with the National Hand Hygiene Initiative requires
- State the four limbs of Action 3.11, beginning with identifying the procedures
- Distinguish training completion from assessed competence, and say which action requires which
- Explain the assessor rule and why an unassessed assessor breaks two actions
- Describe what evidence satisfies each limb of both actions

Key terms: Action 3.10; Action 3.11; National Hand Hygiene Initiative; compliance audit; competence assessment; assessor rule; procedure identification

Module 06 - Invasive Medical Devices

The shortest action in the Standard, and why its brevity is misleading. The device life cycle - need, insertion, maintenance, daily review, prompt removal - and where infections actually come from. Why the highest-yield question is whether the device is still needed. Peripheral intravenous catheters as the largest single opportunity in Australian hospitals. And what evidences this action when the action itself says almost nothing.

Learning outcomes

- State what Action 3.12 requires and what it imports by reference
- Describe the device life cycle and identify where most device infections are acquired
- Explain why ongoing need is the highest-yield question and where it stops being asked
- Describe what a documented daily device review contains

- Explain how Action 3.12 relates to Actions 3.11, 3.17 and 3.05
- Identify what evidences Action 3.12 in a service

Key terms: invasive medical devices; peripheral intravenous catheter; device days; daily review; prompt removal; bundles; maintenance

Module 07 - A Clean and Safe Environment

Cleaning as an accreditation requirement rather than a housekeeping task. The five limbs of Action 3.13, including the one that requires products listed on the Australian Register of Therapeutic Goods. Cleaning versus disinfection versus sterilisation. How cleaning is audited and what each method actually measures. Then Action 3.14's five risk domains - equipment, amenity areas, construction, linen and novel infections - and why staff tea rooms are named.

Learning outcomes

- State the five limbs of Action 3.13 and what evidences each
- Explain the ARTG requirement and why the course prints no contact times
- Distinguish cleaning, disinfection and sterilisation and say where each belongs
- Describe how cleaning is audited and what each method measures
- State Action 3.14's five risk domains, including workplace amenity areas and linen
- Explain why construction and refurbishment need an infection risk assessment first

Key terms: environmental cleaning; ARTG; disinfection; cleaning audit; fluorescent marker; amenity areas; construction; linen; water systems; ventilation

Module 08 - Reprocessing and Traceability

Reprocessing as a governance requirement rather than a back-of-house process. The Spaulding classification and what each category requires. AS/NZS 4187 and 4815, and where the manufacturer's instructions for use sit beside them. Traceability - the limb that links the patient, the procedure and the items, and the only thing that makes a recall possible. Single-use devices, loan sets, and planning for novel infections.

Learning outcomes

- State the three limbs of Action 3.17 and what evidences each
- Apply the Spaulding classification and say what each category requires
- Explain how AS/NZS 4187, AS/NZS 4815 and manufacturers' instructions relate
- Explain what a traceability process must be able to identify, and why
- State the rule on single-use devices and who may vary it
- Describe the specific risks of loan sets and of novel infections

Key terms: reprocessing; AS/NZS 4187; AS/NZS 4815; Spaulding; critical; semi-critical; traceability; single-use; loan sets; instructions for use

Module 09 - The Workforce: Immunisation, Exclusion, Exposure and Outbreaks

The two workforce actions. Risk-based immunisation under the Australian Immunisation Handbook plus jurisdictional requirements. Then Action 3.16's eight limbs - exclusion periods, promoting non-attendance, movement between areas and organisations, supporting workers in isolation, and outbreak management, which lives here rather than in an action of its own. Why exclusion periods are not stated in this course. And the six stages of an outbreak response.

Learning outcomes

- State what Action 3.15 requires and why it is risk-based rather than universal
- State the eight limbs of Action 3.16
- Explain why exclusion periods and immunisation requirements are not given in this course
- Describe the six stages of an outbreak response and who does what
- Explain what 'promote non-attendance at work' requires of an organisation
- Describe what support a worker required to isolate is entitled to

Key terms: workforce immunisation; Australian Immunisation Handbook; exclusion periods; presenteeism; outbreak management; case definition; staff movement; isolation support

Module 10 - Antimicrobial Stewardship

The third criterion, in two actions. What an antimicrobial stewardship programme must contain, including a formulary with restriction rules and approval processes. The eight quality statements of the Antimicrobial Stewardship Clinical Care Standard, quoted. What stewardship is not - and why quality statement 1 requires immediate treatment of a life-threatening infection. And the six places where a nurse changes a prescribing outcome without prescribing anything.

Learning outcomes

- State what Actions 3.18 and 3.19 require of an antimicrobial stewardship programme
- Name the eight quality statements of the AMS Clinical Care Standard
- Explain what stewardship is not, and why quality statement 1 comes first
- Identify the points at which a nurse changes a prescribing outcome
- Explain why an allergy label with no reaction detail is a clinical problem
- Describe what a documented antimicrobial order must contain

Key terms: antimicrobial stewardship; formulary; restriction; Therapeutic Guidelines; quality statements; allergy label; IV to oral switch; surgical prophylaxis; review of therapy; resistance

3. Assessment

Component	Type	Weighting	Attempts
Module knowledge checks (11)	Formative, immediate feedback with rationales	Not graded	Unlimited
Reflective workbook	Formative, self-directed	Completion required	n/a
Case study assessment	Formative, branching decisions with feedback	Completion required	Unlimited
Summative assessment	60 single-best-answer items	100% - pass mark 80%	2

Summative assessment blueprint

Module	Items
00	2
01	6
02	6
03	6
04	6
05	5
06	5
07	6
08	6
09	6
10	6
TOTAL	60

Pass mark is 80 per cent (48 of 60). Learners have 2 attempts. The certificate of completion is issued automatically on a pass.

4. Standards and regulatory mapping

Framework	Elements addressed	Where
NSQHS Preventing and Controlling Infections Standard (2nd ed)	All 19 actions, three criteria, thirteen items	Modules 01-10; Module 01 maps the whole
NSQHS Clinical Governance Standard	The safety and quality systems and the quality improvement system that Actions 3.01 and 3.03 point back to	Module 02
NSQHS Partnering with Consumers Standard	The processes Action 3.04 requires clinicians to use	Module 02
Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)	The source Actions 3.06, 3.12, 3.13 and 3.16 point to for precautions, invasive devices, the environment and workforce	Modules 04, 06, 07, 09

	infections	
National Hand Hygiene Initiative	The programme Action 3.10 requires consistency with	Module 05
Antimicrobial Stewardship Clinical Care Standard (2020)	The eight quality statements Action 3.18 requires the programme to incorporate	Module 10
AS/NZS 4187 and AS/NZS 4815	The reprocessing standards Action 3.17 points to, with manufacturers' instructions for use	Module 08
Australian Immunisation Handbook	The source Action 3.15 requires the workforce immunisation policy to be consistent with	Module 09
Work health and safety legislation (state and territory)	Named inside Actions 3.06 and 3.16. The duty to provide, maintain and train sits with the employer	Modules 02, 04, 09
Australian Register of Therapeutic Goods	Cleaning and disinfectant products must be listed on it - Action 3.13	Module 07
NMBA standards for practice and Decision-making framework	The scope layer, applied to assigning work under precautions and to competency assessment	Module 09 and the scope documents
Aged Care Quality Standards; NDIS Practice Standards	The equivalent obligations for services not accredited to NSQHS	Module 01

5. Scope of practice

This programme is written for a mixed audience. Every module identifies what each role may and may not do. The full activity-by-role matrix is published separately as the Scope of Practice Mapping document (facilitator) and the Student Scope of Practice Card.

THE RULE THAT GOVERNS THE PROGRAMME

- Completing this course does not authorise any learner to perform any procedure described in it.
- Knowledge is one of three requirements. The others are assessed competence and authority from the employer, or - for a family carer - individual instruction from a clinician for the person they care for.
- Where an organisation's policy is more restrictive than this course, the organisation's policy applies.

6. Resources and further reading

A full directory of Australian organisations, with live links and a currency note, is published as the Further Reading and Organisation Directory. Four sources matter more than the rest and all four are free. The Commission's own page for the Preventing and Controlling Infections Standard, which carries every action with its intent, reflective questions and EXAMPLES OF EVIDENCE - that last list is the best free accreditation preparation material available. The Australian Guidelines for the Prevention and Control of Infection in Healthcare, which four separate actions point to, and which remains the 2019 edition whatever the URL suggests - check the document's own title page. The Antimicrobial Stewardship Clinical Care Standard, whose eight quality statements Action 3.18 requires the programme to incorporate. And your own organisation's infection prevention and control policy, risk register and last accreditation report, which are the operative documents where you work. Nurse & Midwife Support (1800 667 877) is free, confidential and available 24 hours to nurses, midwives and students, including after an exposure or during an outbreak.

7. Completion and CPD

13. Complete all eleven module knowledge checks.
14. Complete the case study assessment.
15. Achieve 80 per cent or above in the summative assessment within 2 attempts.
16. The certificate of completion is then issued automatically, carrying the learner's name, the completion date, 10.0 CPD hours and a unique certificate identifier.
17. Registered and enrolled nurses should retain the certificate together with their reflective workbook as CPD evidence, as required by the NMBA registration standard.