Healthcare Associated Infection Surveillance

Background
Surveillance of healthcare associated infections is monitored by the Infection Control departments within Metro North Hospital and Health Services (MNHHS). Timely surveillance can substantially reduce healthcare associated infections and associated morbidity and mortality. Identifying infections and analysing possible cause enables Infection Control to design and implement effective prevention strategies to reduce further infections.

Purpose and Intent
The purpose of this procedure is to outline the requirements of Infection Surveillance within Community, Indigenous and Subacute Services (CISS).

Scope and Target Audience
This procedure relates to all CISS clinical staff (permanent, temporary and casual), and all organisations and individuals acting as its agents, including visiting medical officers and other clinical partners, contractors, consultants and volunteers.

Principles
All CISS staff to adhere to the MNHHS procedure Infection Control – Surveillance of Healthcare Associated Infections.
CISS facilities and services use a variety of pathology systems including AUSLAB, QML and S&N pathology.

Procedure / process

Only new infections that have developed whilst the patient/resident/client (consumer) has been within CISS should be reported.

If the consumer was admitted to CISS undergoing treatment of an existing infection from another facility, no reporting needs to occur.

Healthcare associated infections are those that have developed whilst under the care of a healthcare service or due to intervention by a healthcare professional.

Surveillance Data Collection
All clinical staff within CISS are responsible for completing an Infection Surveillance Data Form when a consumer displays new symptoms of a possible infection.
CISS will collect healthcare associated infection surveillance on:

- Urinary tract infections
- Gastroenteritis, including Norovirus, Rotavirus and Clostridium Difficile (C.DIFF)
- Respiratory Tract Infections including Multi-resistant organisms (MROs)
- Significant Organisms including Multi resistant Organisms
- Bloodstream infections
- Occupational Exposures (Refer to CISS procedure: Occupational Exposures)

Infection Surveillance Data Forms are found on the forms register and are available for order through OrderMax with the following information: (A smaller example is shown on Appendix 2)

- Surveillance Data Form - Urinary Tract Infection (4345614)
- Surveillance Data Form - Respiratory Tract Infection (4345622)
- Surveillance Data Form – Gastroenteritis (4345649)
- Surveillance Data Form - Other Infection (4345630)

Infection Management Process

Please refer to Appendix 1: Infection Management Process.

**Symptoms of possible infection**

Consumer symptoms of possible infection may include but are not limited to:

- Fever, sweating, chills
- Urinary symptoms: Increased frequency, burning, urgency, pain
- Episodes of loose or watery stools or different to normal stool for consumer
- Wound discharge, pus, ooze
- Sore throat, dry cough, increased sputum production, changes in respiratory rate
- Changes in behaviour, increased confusion, malaise
- Area that is hot to touch, red, painful and/or swollen

**Process**

Staff member to alert shift co-ordinator and/or Nurse Unit Manager (NUM).

Treating medical officer to be notified and a specimen collected.

Only “confirmed” infections are recorded by the Infection Control CNC. An infection is “confirmed” by growth from a specimen. If a specimen is not sent, no infection is recorded, even if treatment is given.

Staff member is to then complete Infection Surveillance Data Form for the specified site of infection.
The surveillance data forms are as follows:

- Urinary Tract Infection (UTI)
- Gastroenteritis
- Respiratory Infection
- Other Infection (anything not covered by others above, wounds etc)

Original copy of the above form is placed in the chart under assessments section and a copy is sent to Infection Control CNC via email, fax or internal mail, once outcome is identified within 7 days.

If Infection Control CNC and the Line Manager determine a clinical incident has occurred, then it will be reported in the clinical incident reporting system (RiskMan).

Routinely, infections are not to be entered into RiskMan.

Due to the consumer population of CISS and the services CISS provides, surgical site surveillance is not relevant. If a wound infection developed from a surgical site whilst in CISS the information will be passed on to Infection Control CNC who will forward information onto the referring facility, where applicable.

All identified healthcare associated infections must be reported to the Infection Control CNC. Infection Control CNC will correlate report with pathology test. Infection Control CNC will analyse results, collate data and produce reports for the service lines and raise any themes/trends/possible outbreaks to the Line Managers for intervention.

Monthly Infection reports are tabled at the service line meetings and it is recommended to display results for consumers.

Infection Control CNC reports infections rates monthly to the Infection Control Committee and MNHH Board.

Each service line is to determine where the forms may be kept in their area to ensure easy access for staff. It is recommended a copy of the form is given to the NUM for noting once symptoms identified.

**Legislation and other authority**

ACSQHC – NSQHS Standard 3

**References and Benchmarking**

ACSQHC – NSQHS Standard 3

**Related Documents**


**Relevant Standards**

ACSQHC - NSQHS Standard 3 – 3.1.1, 3.1.4, 3.2.1, 3.2.2, 3.3.2, 3.4.1
Appendix 1 – Infection Management Process

Infection Management

Staff Member suspects patient/resident/client could have an infection

Immediately notify RN, CN or NUM and Doctor

- Fever/Chills
- Confusion
- Diarrhoea
- Urinary changes
- Coughing/Sore throat/Increased Resp rate
- Pain
- Wound exuding

Collect specimen Faeces/Urine/Sputum/Swab

Call Infection Control (After Hrs NUM) Is Isolation required?

Complete Infection Surveillance Data Form for specified site

Original copy in chart and copy sent to Infection Control

FAX: 36317676

CISS-InfectionMgt@health.qld.gov.au
### Appendix 2 – Example Surveillance Data Forms

**Urinary Tract Infection Surveillance Data Form**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>/ /</td>
</tr>
<tr>
<td>Definiton</td>
<td>Does the patient exhibit 3 or more of the following:</td>
</tr>
<tr>
<td></td>
<td>- Fever &gt;38°C chills</td>
</tr>
<tr>
<td></td>
<td>- Increased frequency of urination</td>
</tr>
<tr>
<td></td>
<td>- Burning during urination</td>
</tr>
<tr>
<td></td>
<td>- Urgency to urinate</td>
</tr>
<tr>
<td></td>
<td>- New flank or supra pubic pain or tenderness</td>
</tr>
<tr>
<td></td>
<td>- Change in character of urine</td>
</tr>
<tr>
<td></td>
<td>- Worsening of mental or functional status</td>
</tr>
<tr>
<td></td>
<td>- Positive urine culture</td>
</tr>
<tr>
<td>Pathology tests</td>
<td>Specimen date: / /</td>
</tr>
<tr>
<td></td>
<td>Pathology used: OML, SAN, Path QLD – AUSLAB</td>
</tr>
<tr>
<td>Result (Organism) if known</td>
<td>/ /</td>
</tr>
</tbody>
</table>

#### Possibility of *cause* in detail

- Patient health/nutritional status
- Infection issues
- Policy/Procedure breaches
- Equipment/Environment
- Other

#### Interventions

- Antibiotic ordered: [ ] Yes [ ] No Type: ____________________________
- Other interventions:

#### Strategies to prevent re-infection

- Date identified: / / 7 day post review date: / / 11
- Resolving Hospitalisation Caused death Persisting Contributed to death Death due to other cause

### Gastroenteritis Surveillance Data Form

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Date</td>
<td>/ /</td>
</tr>
<tr>
<td>Definiton</td>
<td>Does patient exhibit 1 of the following:</td>
</tr>
<tr>
<td></td>
<td>- 2 or more loose or watery stools above what is normal within a 24 hour period</td>
</tr>
<tr>
<td></td>
<td>- 2 or more episodes of vomiting in a 24 hour period</td>
</tr>
<tr>
<td></td>
<td>- Stool culture positive for:</td>
</tr>
<tr>
<td></td>
<td>- Salmonella (or Shigella, Campylobacter)</td>
</tr>
<tr>
<td></td>
<td>- Adenovirus</td>
</tr>
<tr>
<td></td>
<td>- Rotavirus</td>
</tr>
<tr>
<td></td>
<td>- Norovirus</td>
</tr>
<tr>
<td></td>
<td>- Isolated office stool</td>
</tr>
<tr>
<td>Pathology tests</td>
<td>Specimen date: / /</td>
</tr>
<tr>
<td></td>
<td>Pathology used: OML, SAN, Path QLD – AUSLAB</td>
</tr>
<tr>
<td>Result (Organism) if known</td>
<td>/ /</td>
</tr>
</tbody>
</table>

#### Possibility of *cause* in detail

- Patient health/nutritional status
- Infection issues
- Policy/Procedure breaches
- Equipment/Environment
- Other

#### Interventions

- Antibiotic ordered: [ ] Yes [ ] No Type: ____________________________
- Other interventions:

#### Strategies to prevent re-infection

- Date identified: / / 7 day post review date: / / 11
- Resolving Hospitalisation Caused death Persisting Contributed to death Death due to other cause

### Notes

- Original to chart, send a copy to INFECTION CONTROL一旦outcome is completed – CSS:
  info@health.qld.gov.au
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  info@health.qld.gov.au
Document History

<table>
<thead>
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<tr>
<td>Risk rating</td>
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<tr>
<td>Compliance evaluation</td>
<td>Infection Control CNC will report surveillance data as to service lines, Infection Control Committee and the MNHH Board.</td>
</tr>
<tr>
<td>and audit</td>
<td></td>
</tr>
<tr>
<td>Replaces Document/s</td>
<td>New document</td>
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<tr>
<td>Document replaced</td>
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| Key stakeholders       | All Nurse Unit Managers of bedded facilities  
                          | All Nursing Directors within CISS       |
|                        | CISS Director of Nursing              |
| Marketing Strategy     | Marketing through regular email to all line managers of new and updated procedures.  
                          | Noted at Infection Control Champion meetings and service line safety and quality meetings. |
| Key words              | Healthcare, associated, infection, surveillance, urinary, tract, reporting, UTI, HAI |

AUTHORISATION

Signature: [Signed]          Date

Executive Director, CISS

The signed version is retained by the CISS Safety & Quality Unit, Metro North Hospital and Health Service.