HEALTHCARE ASSOCIATED INFECTION SURVEILLANCE

THE FACTS

- All new infections that have developed whilst the patient is at COHD must be reported
- There are approved forms that the staff must use to communicate with other staff by placing a copy in the chart on the actions taken
- Also send a copy of the form to Angela Coram Infection Control CNC for data analysis and collection
- Alerts are also provided by AUSLAB, but this is not sufficient, therefore Infection Control CNC must be informed by ward staff
- Timely surveillance can substantially reduce healthcare associated infections and associated morbidity and mortality
- Surveillance of multi-resistant organisms and Clostridium difficile are mandatory for facilities within MNHHS
- Mandatory significant organisms to be included in surveillance programs include:
  - Clostridium difficile
  - Methicillin resistant Staphylococcus aureus (mMRSA/ nmMRSA/UK 15 MRSA)
  - Vancomycin resistant enterococci (VRE)
  - Extended-spectrum beta-lactamase (ESBL) producing Klebsiella pneumonia and Klebsiella oxytoca
  - Carbapenem-resistant Acinetobacter species
  - Carbapenem-resistant Enterobacteriaceae
  - Carbapenem-resistant Pseudomonas aeruginosa
- Occupational exposures will be classified as either percutaneous or non-percutaneous
- All reported occupational exposures will be followed up by the Infection Control Department
- COHD 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
- 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
- Refer to MNHHS Procedure 141 and CISS Procedure 0065

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