



**HEALTHCARE ASSOCIATED  
INFECTION SURVEILLANCE FORM  
PERSONAL CARE HOME**

Client: \_\_\_\_\_

DOB (dd/mmm/yyyy): \_\_\_\_\_

MRN / MHSC: \_\_\_\_\_

PHIN #: \_\_\_\_\_

Addressograph/Place Label Here

**Infection Onset Date:** \_\_\_\_\_

**ADDITIONAL PRECAUTIONS**

**Required:**  No  Yes (circle): Droplet / Contact

If YES, date implemented: \_\_\_\_\_

**LABORATORY DATA**

Specimen(s) Taken:  No  Yes (attach results)

**TREATMENT**

Antibiotic(s):  No  Yes

- Original copy of form – place on patient record
- Copy of form – forwarded to site ICP

**Respiratory Tract Infections**

**\*DROPLET/CONTACT PRECAUTIONS required\***

**A. COVID-19**

- Positive viral test by PCR (polymerase chain reaction) for SARS-CoV-2 in the past 14 days

**B. Upper Respiratory Tract Infection (e.g., common cold pharyngitis)**

Either criteria **1** OR **2** must be present:

- 1) At least two** of the following sub-criteria:
  - a) Fever\*
  - b) New or increased cough
  - c) Runny nose or sneezing
  - d) Stuffy nose/congestion
  - e) Sore throat, hoarseness or difficulty swallowing
  - f) Swollen or tender glands in the neck
  - g) Shortness of breath or increased work of breathing
  - h) **One** of the following:
    - Chills
    - New headache or eye pain
    - Myalgia or body aches
    - Malaise or loss of appetite
    - Joint pain
- 2) Nasopharyngeal swab positive for a viral respiratory tract pathogen AND one respiratory sub-criteria (a-h) listed above**

**C. Influenza-Like Illness**

Acute onset of respiratory illness with:

- Fever\* AND**
- Cough AND**
- One or more** of the following:
  - Sore throat
  - Arthralgia (joint pain)
  - Myalgia (muscular pain)
  - Prostration (extreme exhaustion)

**D. Pneumonia – ALL 3 criteria must be present:**

- 1) Interpretation of a chest radiograph as demonstrating pneumonia or the presence of a new infiltrate or consolidation**
- 2) At least one** of the following sub criteria:
  - a) New or increased cough
  - b) New or increased sputum production
  - c) O<sub>2</sub> saturation less than 94% on room air or a reduction in O<sub>2</sub> saturation of greater than 3% from baseline
  - d) New or changed lung examination abnormalities, e.g., rales/crackles
  - e) Pleuritic chest pain
  - f) Respiratory rate of greater than or equal to 25 breaths per minute
- 3) At least one of the constitutional criteria\*** (determined by ICP)

**E. Lower Respiratory Tract Infection (e.g., bronchitis or tracheobronchitis; excludes pneumonia) - All 3 criteria must be present:**

- 1) Chest radiograph not performed, or negative results for pneumonia, or the presence of new infiltrate or consolidation**
- 2) At least two** of the respiratory sub criteria (a-f) listed in section D above
- 3) At least one** of the constitutional criteria\* (determined by ICP)



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**Symptomatic Urinary Tract Infection**

For residents **without an indwelling urinary catheter** (criteria 1 and 2 must be present)

- 1) At least one** of the following sub criteria:
  - Acute pain, swelling, or tenderness of the testes, epididymis, or prostate
  - Fever\* or Leukocytosis\* and at least **one** of the following localizing urinary tract sub criteria:
    - Acute dysuria
    - Acute costovertebral angle pain or tenderness
    - Suprapubic pain
    - Gross hematuria
    - New or marked increase in incontinence
    - New or marked increase in urgency
    - New or marked increase in frequency
- In the absence of fever\* or leukocytosis\*, then **two or more** of the following localizing urinary tract sub criteria:
  - Acute dysuria
  - Suprapubic pain
  - Gross hematuria
  - New or marked increase in incontinence
  - New or marked increase in urgency
  - New or marked increase in frequency
- 2) Greater than or equal 10<sup>8</sup> cfu/L** of no more than 2 species of bacteria from a midstream urine **OR** greater than or equal to 10<sup>5</sup> cfu/L from a specimen collected by in and out catheter

**Gastrointestinal Tract Infection**

**\*CONTACT PRECAUTIONS required\***

**(Diarrhea or Vomiting – Droplet/Contact/Airborne for AGMP precautions until COVID-19 ruled out)**

**Gastroenteritis** - At least **one** of the following criteria must be present:

- 1) Diarrhea: 3 or more loose or watery stools within a 24-hour period, above what is normal for the resident
- 2) Vomiting: 2 or more episodes in a 24-hour period
- 3) **Both** of the following sign or symptom sub criteria:
  - A stool specimen testing positive for an enteric pathogen
  - At least **one** of the following sub criteria:
    - Nausea
    - Vomiting
    - Abdominal pain or tenderness
    - Diarrhea (as defined above)

***Clostridioides difficile* Infection**

**\*CONTACT PRECAUTIONS required\***

A client is identified as having CDI if at least **one** of the following criteria is met:

- 1) The client has diarrhea\* or fever, abdominal pain and/or ileus AND a laboratory confirmation of a positive toxin assay or positive polymerase chain reaction (PCR) for *C. difficile* (without reasonable evidence of another cause of diarrhea)**
- 2) The client has a diagnosis of pseudomembranes on sigmoidoscopy or colonoscopy (or after colectomy) or histological/pathological diagnosis of CDI**
- 3) The client is diagnosed with toxic megacolon (in adult clients only)**

**\* Diarrhea is defined as one of the following:**

- a) 6 or more watery/unformed stools in a 36-hour period
- b) 3 or more watery/unformed stools in a 24-hour period and this is new or unusual for the client (in adult clients only)