

POLICY: Surveillance of Healthcare Associated Infections
in Acute Care and Personal Care Homes

Program Area: Infection Prevention & Control

Section: Infection Prevention & Control

Reference Number: CLI.8011.PL.018

Approved by: Regional Lead – Acute Care & Chief Nursing
Officer

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PURPOSE:

To perform surveillance within acute care facilities and personal care homes in Southern Health-Santé Sud in order to implement quality improvement measures to reduce healthcare associated infections (HAI).

To detect clusters of infection, outbreaks, and emerging trends in infection transmission.

To meet reporting requirements for Accreditation Canada, Manitoba Health, Seniors and Active Living (MHSAL), and Long-Term Care Standards.

BOARD POLICY REFERENCE:

Executive Limitation (EL-2) Treatment of Clients

Executive Limitation (EL-3) Treatment of Staff

Executive Limitation (EL-7) Asset Protection & Risk Management

POLICY:

Southern Health-Santé Sud is committed to monitoring and reducing healthcare associated infections (HAI) within acute care and personal care home settings. A large percentage of HAIs are preventable and the scientific literature has established that incorporating surveillance systems into infection prevention and control (IP&C) activities will reduce infection rates.

DEFINITIONS:

Healthcare Associated Infection (HAI): Infections that are transmitted within a health care setting during the provision of care (48 hours after admission). The infection must not be present or incubating at the time of admission to the facility.

HAI Rate: An expression of the frequency with which an event occurs in a defined population over a period of time. Three elements are required to generate HAI rates:

- Number of new cases detected (i.e. persons developing a particular infection);
- Number of persons at risk (i.e. population at risk for development of that infection); and
- The time period involved (i.e. monthly or quarterly).

HAI Rate Calculation:

- Acute Care: The equation used to generate HAI rates to align with MHSAL reporting
$$\frac{\text{Total number of cases}}{\text{Total number of client days}} \times 10,000$$
- Personal Care Home: The equation used to generate HAI rates to align with IPAC Canada
$$\frac{\text{Total number of cases}}{\text{Total number of resident days}} \times 1,000$$

Surveillance: The continuous and systematic process of collecting, analyzing, interpreting and disseminating descriptive information to monitor the health status of a community or population to ensure timely interventions to reduce morbidity and mortality. Southern Health-Santé Sud IP&C program will collect targeted surveillance data.

- Targeted Surveillance: Surveillance that is implemented only in specific areas or is targeted at specific infections or procedures that are more common/relevant to an area or that are required by governing bodies (i.e., MHSAL and Accreditation Canada).
 - Acute Care targeted HAI surveillance will include the following:
 - Methicillin Resistant *Staphylococcus aureus* (MRSA) colonizations and infections,
 - Carbapenemase Producing *Enterobacteriaceae* (CPE) colonizations and infections,
 - Vancomycin Resistant Enterococci (VRE) bacteremia (bloodstream infection),
 - *Clostridioides difficile* infections (CDI), and
 - Catheter-Associated Urinary Tract Infections (CAUTI).
 - Personal Care Home targeted HAI surveillance will include the following:
 - MRSA colonizations and infections,
 - CPE colonizations and infections,
 - VRE bacteremia (bloodstream infection),
 - CDI,
 - Symptomatic Urinary Tract Infections (UTI) excluding CAUTI,
 - Respiratory tract infections, and
 - Gastrointestinal tract infections.

PROCEDURE:

All interdisciplinary team members play a valuable role in the prevention, detection, reporting and management of HAIs.

Manager/Designate (responsibilities may be delegated to the Clinical Resource Nurse or Unit Charge Nurse)

- Communicate and display quarterly HAI reports for all staff to review.
- In consultation with site Infection Control Practitioner (ICP)/Infection Control Support Associate (ICSA), work collaboratively with staff to develop strategies to reduce infection rates.
- Ensure that facility nursing staff report HAIs to site ICP/ICSA.

Facility Nursing Staff

- Assess and document any signs and symptoms of infection in the client's health record.
- Report all suspected and confirmed HAIs to site ICP/ICSA using appropriate Healthcare Associated Infection Surveillance Report.

- Refer to the Healthcare Associated Infection Surveillance Form Acute Care (CLI.8011.PL.018.FORM.01) or the Healthcare Associated Infection Surveillance Forms Personal Care Homes (CLI.8011.PL.018.FORM.02).
- Any nurse can complete this report.
- The original Healthcare Associated Infection Surveillance Report remains part of the client's health record.
- Immediately forward a copy of the Healthcare Associated Infection Surveillance Report to site ICP/ICSA.
- Inform site ICP/ICSA of any unusual events/trends (e.g. multiple cases of respiratory/gastrointestinal illness, etc.).
- Contact site ICP/ICSA when unsure whether to initiate additional precautions.
- Review quarterly HAI rate reports, and participate in strategies that may reduce HAI rates.

Infection Control Practitioner (ICP) – Acute Care

- Receive Healthcare Associated Infection Surveillance Report from facility nursing staff on clients who have a suspected or confirmed HAI.
- Review Healthcare Associated Infection Surveillance Report with the Healthcare Associated Infection Surveillance Definitions to validate that an infection is present by determining if the approved definition is met.
- Complete chart audits to identify suspected HAIs and to collect infection data.
 - Acute Care – weekly chart audits
- Receive and review lab reports (i.e. microbiology, AROs) to determine if approved definitions are met.
- Upon consultation, review requirement for additional precautions and provide direction.
- Maintain a heightened awareness for any cluster of illness and identify promptly.
 - If outbreak suspected, contact Regional Coordinator, Infection Prevention & Control
- Identify areas where improvements to IP&C practices can be implemented to lower the risk of HAIs and evaluate same, i.e., increasing hand hygiene, use of personal protective equipment.
- Consult with Regional Coordinator, Infection Prevention & Control when faced with new or difficult infection situations.
- Complete site-specific Infection Control Indicator Report on a monthly basis, listing all targeted HAIs meeting definition.
 - Report due on 15th of each month for prior month
- Forward Infection Control Indicator Report to Staff Development email: staffdevelopment@southernhealth.ca

Infection Control Support Associate (ICSA) – Personal Care Home

- Receive and review Healthcare Associated Infection Surveillance Report from facility nursing staff on residents who have a suspected or confirmed HAI.
- In consultation with the Regional LTC IP&C Nurse and/or appropriate member of the care team, review Healthcare Associated Infection Surveillance Report with the Healthcare Associated Infection Surveillance Definitions to validate that an infection is present by determining if the approved definition is met.
- In consultation with the Regional LTC IP&C Nurse and/or appropriate member of the care team, complete chart audits to identify suspected HAIs and to collect infection data.
 - PCH – monthly chart audits

- In consultation with the Regional LTC IP&C Nurse and/or appropriate member of the care team, receive and review lab reports (i.e. microbiology, AROs) to determine if approved definitions are met.
- Upon consultation, review requirement for additional precautions and provide direction.
- Maintain a heightened awareness for any cluster of illness and identify promptly.
 - If outbreak suspected, contact Regional LTC IP&C Nurse.
- Identify areas where improvements to IP&C practices can be implemented to lower the risk of HAIs and evaluate same, i.e., increasing hand hygiene, use of personal protective equipment.
- Consult with Regional LTC IP&C Nurse when faced with new or difficult infection situations.
- In consultation with the Regional LTC IP&C Nurse, complete site-specific Infection Control Indicator Report on a monthly basis, listing all targeted HAIs meeting definition.
 - Report due on 15th of each month for prior month
- Forward Infection Control Indicator Report to Staff Development email: staffdevelopment@southernhealth.ca

Regional Coordinator, Infection Prevention and Control/Regional LTC IP&C Nurse

- Determine which infections will be targeted and establish priorities for the surveillance program annually with the Regional IP&C Team.
- Provide feedback and ongoing training and support on infection surveillance to facilities and site ICPs/ICSAs within Southern Health-Santé Sud as required.
- Provide a system (e.g. spreadsheet, database) to facilitate the collection and analysis of surveillance data.
- Create and distribute site specific quarterly HAI reports to all acute care and personal care home facilities in Southern Health-Santé Sud.
- Prepare and distribute the Regional IP&C Annual Report to the Southern Health-Santé Sud Regional Leadership Team, Executive Management Team and Regional Board of Directors.

SUPPORTING DOCUMENTS:

[CLI.8011.PL.018.FORM.01](#) Healthcare Associated Infection Surveillance Form – Acute Care

[CLI.8011.PL.018.FORM.02](#) Healthcare Associated Infection Surveillance Forms – Personal Care Homes

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