

Surveillance Policy (Infection Prevention and Control)

Purpose

This policy aims to ensure that the local health system has adequate and appropriate systematic collection, collation, analysis and interpretation of infection-related data to:

- Monitor the burden of infection
- Provide for early warning and investigation of problems
- Enable prompt interventions/control measures to reduce risk of transmission
- Monitor trends including the detection of outbreaks
- Provide feedback and timely dissemination of data to key stakeholders
- Facilitate use of comparative data in monitoring infection rates and benchmarking activities
- Ensure compliance with mandatory national surveillance programmes

Policy

Surveillance of infection is an essential component of infection prevention and control and is a requirement under Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) – Outcome 5 Te Kaupare Pokenga Me Te Kaitiakitanga Patu Huakita (Infection Prevention and Antimicrobial Stewardship).

Collection of accurate data on infectious diseases, healthcare associated infection and antimicrobial resistant organisms is essential for promoting patient safety, minimising healthcare associated infection and ensuring compliance with mandatory national surveillance programmes.

Applicability

Te Whatu Ora Health New Zealand Waitaha Canterbury and Te Tai o Poutini West Coast.

Vision

Healthcare-associated infections and the spread of harmful pathogens across the Canterbury and West Coast Healthcare System are minimised through excellence in IPC practice. There is a deeply embedded culture among all staff whereby best practice to minimise infection risk to patients, staff and visitors to healthcare facilities is the accepted norm.

Legislative Requirements and National Standards

The Infection Prevention and Control Service is obliged to comply with Health and Disability Services (Safety) Act 2001 in undertaking Surveillance activities and is mandated to ensure Te Whatu Ora Waitaha Canterbury and Te Tai o Poutini West Coast can demonstrate compliance with the Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) – Outcome 5 Te Kaupare Pokenga Me Te Kaitiakitanga Patu Huakita (Infection Prevention and Antimicrobial Stewardship).

Roles and Responsibilities

Executive Management Team

The role of the Executive Management Team is to ensure that there is a surveillance system and processes in place for the surveillance of infection that meets local and national requirements. They are responsible for ensuring effective, adequate and appropriate resources are in place for the implementation of the Surveillance Policy.

Infection Prevention and Control Advisory Committee

The role of Infection Prevention and Control Advisory Committee is to provide strategic guidance and direction for surveillance activities. They are responsible for:

- Reviewing the “Surveillance Overview” annually to establish surveillance objectives and frequency with which surveillance activities are to be undertaken
- Ensuring surveillance reflects changing international epidemiological trends for infectious diseases and antimicrobial resistant organisms and other categories of concern
- Using data from surveillance reports to inform strategic planning for future improvements

Infection Prevention and Control Operational Team

The role of the Infection Prevention and Control Operational Team is to carry out surveillance activities and ensure timely reporting to clinical areas and other key stakeholders. They are responsible for:

- Reviewing cases in the electronic surveillance system (ICNet) on a daily basis.
- Notifying clinical staff of alert organisms, infectious diseases and other conditions and advising clinical staff on appropriate containment measures and infection prevention and control precautions.
- Ensuring patients with positive isolates of key alert organisms are identified via ICNet and have an alert placed on patient information systems e.g. Health Connect South and SIPICS.
- Investigating suspected incidents of cross infection and outbreaks.
- Providing written surveillance reports to relevant clinical staff, IPC committees and other key stakeholders.
- Ensuring data required as part of HQSC’s mandatory national surveillance programmes are reported on the web-based health care associated infection data capture system.

Microbiology Department at Canterbury Health Laboratories

The role of the microbiology laboratory is to ensure appropriate tests are available to identify organisms causing infection. They are responsible for ensuring results are communicated promptly to clinical teams and the infection prevention and control team including any positive cultures, notifiable diseases, multi-resistant organisms, gastro-intestinal infections and bacteraemia.

Ward Managers / Co-ordinators / Nursing Staff

The role of ward managers / co-ordinators / nursing staff is to apply infection prevention and control policies, guidelines and procedures to ensure patient safety and minimise risk of healthcare associated infection. They are responsible for:

- Ensuring an MDRO admission risk assessment is completed on admission or upon transfer
- Ensuring patients are screened for MDRO based on admission (or pre-admission or upon transfer) risk assessment and on request e.g. contact tracing
- Ensuring other specimens are obtained in a timely fashion
- Ensuring electronic patient records are checked on admission e.g. Health Connect South / SIPIC for alert organisms or conditions
- Ensuring infection prevention and control precautions are carried out as detailed in Waitaha Canterbury and Te Tai o Poutini West Coast policies.

Consultants and Other Medical Staff

The role of consultants and other medical staff is to apply infection prevention and control policies, guidelines and procedures to ensure patient safety and minimise risk of healthcare associated infection. They are responsible for:

- Accessing and following up on any microbiology results for their patients
- Ensuring infection prevention and control precautions are carried out as detailed in Waitaha Canterbury and Te Tai o Poutini West Coast policies
- Reporting notifiable disease to the local Medical Officer of Health
- Engaging in quality improvements to minimise risk of healthcare associated infection
- Considering surveillance reports pertinent to their speciality

Other Clinical Staff and Employees

The role of other clinical staff and employees is to apply infection prevention and control policies, procedures and guidelines to ensure patient safety and minimise risk of healthcare associated infection. They are responsible for:

- Following guidance of Ward / Unit and Nursing / Medical staff when dealing with patients in transmission-based precautions
- Asking for guidance and clarification for any areas of concern or uncertainty

Mandatory HQSC Surveillance Reporting

The Infection Prevention and Control Operational Team will undertake reporting of mandatory surveillance data as required by the Health Quality and Safety Commission. This will be submitted via a dedicated secure website within nationally agreed time scales.

Continuous Surveillance

The Infection Prevention and Control Operational Team will undertake continuous surveillance of all positive blood culture isolates and review cases against standard definitions to identify healthcare associated blood stream infection (HABSI's). HABSI reports are to be generated for specialty areas e.g. ICU, CHOC, BMTU (and other 'high risk' areas as required).

In addition, continuous surveillance is undertaken for MDRO, Influenza and ILI as well as gastrointestinal infections.

Intermittent Targeted Surveillance

Targeted surveillance of other types of infection and alert organisms will be determined in response to local need and international epidemiological trends and will be detailed in the “Surveillance Overview” approved annually by the Infection Prevention and Control Advisory Committee.

Infection Prevention and Control Flagging System

Some patients identified with alert organisms e.g. MDROs will have a medical warning placed on Health Connect South and SIPICs by the Infection Prevention and Control team member managing the case.

Definitions

Alert Organisms or Conditions – are those which have the potential to be transmitted and may give rise to outbreaks.

Healthcare associated infection – is a localised or systemic condition resulting from an infectious agent not present at the time of admission to the healthcare facility.

Surveillance – is defined as the continuous and systematic process of collection, analysis, interpretation and dissemination of infection data to facilitate appropriate action.

Policy and Guidelines

The Infection Prevention and Control Service is responsible for reviewing and updating surveillance policies and guidelines for Canterbury DHB institutions.

IP&C policies and guidelines are to be found in the following locations:

- On the Intranet via the [Clinical Quick Links](#) section
- [On the organisational Internet site](#)

These policies and guidelines are updated every three years based on evidence and outcomes-based research to guide best practice.

Infection Prevention and Control Sharepoint Site

IPC resources and information related to surveillance activities are made accessible for staff on the IPC Sharepoint site and are maintained by the IPC Sharepoint Site Editor. These resources are maintained in accordance with the controlled documents policy.

Measurement/Evaluation

Surveillance reports will be reviewed by IPC Operational Team members and IPC Advisory Committee members to identify trends and plan for improvements.

Mandatory HQSC reporting will enable benchmarking against national data.

Associated material

- Surveillance Overview
- Infection Prevention and Control Annual Programme

References

- Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) – Outcome 5 Te Kaupare Pokenga Me Te Kaitiakitanga Patu Huakita (Infection Prevention and Antimicrobial Stewardship)