



## INFECTION PREVENTION & CONTROL/ TB SERVICE SURVEILLANCE POLICY

### 1 INTRODUCTION

- 1.1 Infections acquired in hospital are recognised as being associated with significant morbidity. They result in extended length of stay, pain, discomfort and sometimes prolonged or permanent disability. Active surveillance and feedback to clinicians has been associated with significant reductions in infections
- 1.2 Surveillance consists of the routine collection of data on infections among patients or staff, its analysis and the dissemination of the resulting information to those who need to know so that the appropriate action may result.
- 1.3 A **Healthcare Associated Infection (HAI)** is an infection that develops in a healthcare setting which was not present, nor incubating at the time of admission (usually defined as an infection presenting more than 48 hours after admission, 72 hours in the case of *C difficile* infections). Within community settings an HAI is one, which develops 10 days after discharge from hospital.

### 2 POLICY STATEMENT

- 2.1 The value of surveillance in hospital infection control programmes was demonstrated in a study in the United States (Haley *et al.*, 1985A), in which those hospitals with active surveillance and control programmes substantially reduced the incidence of healthcare associated infection. (Cooke Report, 1995)

### 3 MAIN OBJECTIVES OF SURVEILLANCE

- 3.1 The main objectives of surveillance are:
  - The prevention and early detection of outbreaks in order to allow timely investigation and control
  - The assessment of infection levels over time in order to determine the need for and to measure the effect of preventive or control measures
  - Compliance with infection control policies and procedures, e.g. good hand hygiene techniques, by all healthcare staff.

### 4 MANDATORY SURVEILLANCE

The Trust participates in the DOH national mandatory surveillance programmes for;

- Meticillin Resistant Staphylococcus Aureus (MRSA) Bacteraemia
- Meticillin Sensitive Staphylococcus Aureus (MSSA) Bacteraemia
- E coli Bacteraemia

- Clostridium difficile (C difficile)
- Orthopaedic Surgical Site
- Tuberculosis

The Infection Prevention & Control / TB service Team review all patients whom fall into these categories in accordance with the DOH/ HPA definitions and submit data to the relevant bodies.

Results of surveillance activity are feedback to the Strategic Infection Prevention & Control Committee / TB Board and clinicians via each directorate clinical governance groups for action.

## **5 NON MANDATORY HOSPITAL-WIDE SURVEILLANCE**

- 5.1 Preventing outbreaks depends largely on the prompt recognition of a single case of infection associated with an “alert condition” or “alert organism” likely to give rise to an outbreak and on taking appropriate measures to prevent the spread of infection to other patients or staff.

For a list of alert conditions / organisms see Appendix 1.

## **6 ALERT ORGANISMS**

- 6.1 Alert organisms are reported daily to the Infection Control Team by the laboratory staff.
- 6.2 The infection control software ICNet links the patient administration and laboratory systems and provides the Infection Control team with positive microbiology results 3 times per day at 07.20, 11.20 and 15.20 hours, ensuring prompt intervention and treatment is initiated.
- 6.3 Outbreaks are suspected when two or more indistinguishable organisms are isolated from different patients on the same ward or unit.
- 6.4 When an outbreak is suspected additional screening samples may be required from other patients and from members of staff to assist in epidemiological investigations to ascertain the extent of the spread.

## **7 ALERT CONDITIONS**

- 7.1 The incidence of infection cannot be calculated from laboratory reports alone; not all infections will be sampled bacteriologically.
- 7.2 The laboratory method must be supported by ward/department staff reporting potential outbreaks, e.g. several cases of diarrhoea, by telephone to the Infection-Control Team.
- 7.3 Similarly, managers of departments, i.e. Sterile Services, Catering or Occupational Health, should contact the Infection-Control Team if a member of staff develops an infection which might spread in the hospital.

## **8 KEYWORDS**

Infection control, surveillance, TB.

## **9 IDENTIFICATION OF PATIENTS WITH HAI's**

- 9.1 It is local policy to identify on the Patient Administration System (PAS), patients who have

previously been colonised or infected with organisms known to be problematic in healthcare settings. This enables healthcare staff to initiate effective infection control precautions and appropriate medical and non medical management.

- 9.2 Organisms currently identified on the PAS are MRSA, **ESBL and Clostridium difficile**.
- 9.3 ICNet alerts the Infection Control team when patients who are known to have had MRSA, ESBL or C difficile are re-admitted, ensuring correct placement and clinical management are initiated and monitored.

## 9 REFERENCES

- 9.1 *Control of Hospital Infection, A Practical Handbook*, Ayliffe, G. A. J., Fraise, A. P., Geddes, A. M., Mitchell, K.; 4<sup>th</sup> edn.; 2000; Oxford University Press
- 9.2 *Communicable Disease Control and Major Outbreak Policy*, No. 1.6; Infection Control Policy Manual
- 9.3 *Hospital Infection Control, Guidance on the Control of Infection in Hospitals*; PHLS; 1995: (Cooke Report)
- 9.4 National Clostridium Standards Group (2003) A report to the Department of Health. DoH publications
- 9.5 Department of Health (2002) Getting Ahead of the Curve: A strategy of combating infectious diseases. DoH Publications
- 9.6 Protocol for the Surgical Site Infection, Surgical Site Infection Surveillance Service. Version 5 2010
- 9.7 Tuberculosis Clinical diagnosis and management of tuberculosis and measures for its prevention and control NICE March 2010.

Date ratified:

First issued: August 2002

Version number: 1.0

Date reviewed: December 2015 (One Year's Extension)

Date to be reviewed: December 2016

To be reviewed by: Senior Matron Infection Prevention & Control

Director responsible: Director of Nursing and Patient Care/IP&C

**INFECTION CONTROL DAILY REFERRALS**

Please note that the conditions listed below must be reported to the Infection-Control Team. If you suspect that a patient has any of the following infections, please notify the Infection-Control Team on Extension 3083/3183 or bleep 107/108.

Campylobacter*	Rotavirus
Chickenpox	Rubella*
Clostridium difficile	RSV
Diarrhoea and vomiting	SARS
E Coli 0157*	Salmonella*
Gentamicin Resistant Organisms	Scabies
MRSA	VRE
Hepatitis A*	Infestations (e.g. scabies, body lice, etc)
Hepatitis B*	Shigella*
Hepatitis C*	Shingles
Food Poisoning*	Streptococcus Group A
HIV	Streptococcus Group B
Legionella	Pulmonary TB*
Malaria*	TB (other forms)*
Measles*	Whooping Cough*
Bacterial Meningitis*	Influenza
Viral Meningitis*	ESBL
Mumps*	

**\*THESE ARE NOTIFIABLE DISEASES**

**NB** Any patient requiring isolation precautions must be referred to the Infection-Control Team

See Isolation Policy in the Infection-Control Manual for a complete list