



Infection Control Surveillance Procedure

Procedure Number
WCDHB-IC-0020

Version Nos:
5

1. Purpose

This Procedure outlines the Infection Control Surveillance programme to be undertaken throughout West Coast District Health Board (WCDHB) by the Clinical Nurse Specialist (CNS) Infection Control.

2. Application

This Procedure is to be followed by all clinical staff throughout (WCDHB).

3. Definitions

For the purposes of this Procedure:

Surveillance is taken to mean the regular collection, collation and analysis of information on infection events and rates, and the timely reporting of this information.

4. Responsibilities

For the purposes of this Procedure:

Infection Control Coordinator is required to:

- oversee all aspects of this Procedure
- monitor the performance of WCDHB staff members in relation to this Procedure;

Staff Members are required to:

- ensure they abide by the requirements of this Procedure;
- abide by all WCDHB Infection Control Policy and Procedures;
- abide by all WCDHB Health and Safety Policy and Procedure.

5. Resources Required

This Procedure requires no specific resources.

6. Process

- 1.00 As part of the WCDHB Infection Control Programme, the Clinical Nurse Specialist (CNS) will undertake surveillance activities which will provide information that, in conjunction with information obtained from audits, and the WCDHB Accident/Incident Reporting System, are to be used to evaluate and support infection control practices and activities throughout WCDHB.
- 1.01 The CNS Infection Control will on an annual basis develop a yearly surveillance plan that is to be presented to and agreed upon by the WCDHB Infection Control Committee.
- 1.02 Activities that can be included within the surveillance plan from which data is to be collected include:
 - i) Ward rounds
 - ii) Clinical Record reviews
 - iii) Laboratory report reviews
 - iv) Medication/Pharmacy report reviews
 - v) Notifications by medical staff.
 - vi) Surveillance forms returned by medical and nursing staff



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vii) Post surgical surveillance letters from patients

1.03 Types of events that are to be monitored include:

- i) Surgical site infections (SSI)
- ii) Bloodstream infections (BSI)
- iii) Pneumonias
- iv) Device-related infections (e.g. Catheters)
- v) Multi-resistant micro-organisms
- vi) Urinary tract infections
- vii) Staff occupational exposures
- viii) MRSA data collection – (continuous)

1.04 Data will be collected on a weekly basis, or more frequently where an acute event occurs.

1.05 The data collected will be analysed and reported using a standardised format:

- i) for hospital-wide surveillance, the number of infections per 100 patient admission or discharges.

1.06 Data is to be reported on a monthly basis to the Infection Control Committee and the WCDHB Clinical Quality Improvement Committee, and then to the Hospital Advisory Committee. Any important or unusual trends are to be investigated by the CNS Infection Control to determine the cause and that suitable action is taken to rectify the trends(s).

1.07 At the completion of the annual surveillance plan, the CHC Infection Control Committee will evaluate the effectiveness of the plan, and make recommendations for the next years plan.

7. Precautions And Considerations

- ➔ CNS Infection Control will on an annual basis develop a yearly surveillance plan that is to be presented to and agreed upon by the WCDHB Infection Control Committee.
- ➔ Data collected as part of the surveillance plan will be analysed and reported using a standardised format
- ➔ Any important or unusual trends are to be investigated by the CNS Infection Control to determine the cause and that suitable action is taken to rectify the trends(s).

8. References

New Zealand Standard – Infection Control (NZS 8142:2000)

9. Related Documents

WCDHB Infection Control Procedure Manual

WCDHB Health and Safety Policy and Procedure Manual



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| | Developed By: | Infection Control Coordinator |
| | Authorised By: | General Manager - Operations |
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