



INFECTION CONTROL MANUAL

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| Subject | Surveillance Program |
| Policy NO: | IC103 |
| Department: | Infection Control |
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| Regulatory | TJC: IC.01.01.01; IC.01.05.01; IC.02.01.01 |

PURPOSE:

- A. The primary purpose of Infection Control surveillance is to determine baseline information about the frequency and type of endemic healthcare associated infections (HAIs) in order to rapidly identify deviations from the baseline. The Infection Control Professional and the Infection Control Committee use this information to determine:
 1. Where special studies may need to be performed.
 2. Control measures (long term and emergency).
- B. To develop and evaluate strategies to prevent, detect, and control HAIs.

POLICY:

Weisman Children's Rehabilitation Hospital Infection Control Professional will utilize standard criteria set forth by the CDC as a guideline for the purpose of determining and classifying HAIs and community-acquired infections. In the absence of culture or antigen testing, clinical evidence of infection along with a physician's diagnosis will be accepted as a definition of a hospital acquired infection. Cultures and/or antigen testing will be performed in the event that any problems are noted.

SCOPE AND RESPONSIBILITY:

It is the responsibility of the Infection Control Professional to conduct ongoing surveillance on a routine basis for the purpose of determining and classifying HAIs and community-acquired infections. A surveillance plan will be established each year to outline surveillance activities for that year. This plan is outlined in the departmental plan after discussion and approval by the Infection Control Committee. The surveillance process is based on, but limited to, the following elements: identification of the issue to be studied; definition of the population at risk; selection of measuring methods, identification of data sources and data collection personnel and methods; definitions of numerators and denominators; preparation and distribution of reports to appropriate groups; and selection of events to be monitored, guided by benchmarks and adjusted appropriately for risk

OTHER PURPOSES OF SURVEILLANCE INCLUDE:

1. Providing a basis for evaluating effects of new control measures or policies.
2. Providing the patients and personnel with all possible protection from the development of healthcare associated epidemics.

3. Insuring the implementation and evaluation of standards in accordance with state regulations and accreditation standards.
4. Providing staff with meaningful data concerning the level of HAIs within the hospital.

REPORTING SYSTEM:

Information about HAIs is compiled on a specific surveillance tool for the particular surveillance activity. Complete data retrieval is obtained from this form to be used to compile a monthly report.

A report is prepared by the Infection Control Professional and presented to the Infection Control and Performance Improvement Committees.

COMMUNICATION OF INFECTION-RELATED CONCERNS:

The Infection Control Professional will review with the Nurse Executive, and any service or department directors as appropriate to the situation, any problems concerning patients with communicable disease or infections.

In the event of an outbreak of a communicable disease or cluster of infections, the Administrator as well as the Medical Director and the Nurse Executive will be notified.

SOURCES OF INFORMATION MAY INCLUDE THE FOLLOWING:

1. Microbiology reports
2. Unit rounds
3. Admission reports
4. Radiology reports
5. Patient charts
6. Verbal and written reports (ie. Sick Log)
7. Changes in patient status
8. Medical rounds

PROCEDURE FOR SURVEILLANCE:

- A. A positive culture reported 48 hours after admission will be evaluated as a HAI except where otherwise indicated in the CDC criteria.
- B. Infections must be distinguished from colonization in the diagnosis of a HAI.
- C. Data will be collected and evaluated according to the CDC/NSHN Definitions for Nosocomial Infections.
- D. Once surveillance data is compiled, statistics will be reported bi-monthly.

OUTLINE OF PROCEDURE IN INVESTIGATION AND ANALYSIS OF AN EPIDEMIC:

The study of an epidemic will ordinarily serve no useful purpose unless the investigator is able to assemble the same conclusion in the minds of others. The only rules of general application for such presentations are that they must be correct, honest, logical, and as simple as may be

consistent with convincing proof. The following outline illustrates a sequence that will ordinarily lead up to a conclusion by easy steps. That sequence itself will not necessarily be followed rigidly, for in the investigation of an outbreak several components will, out of necessity, be dealt with concurrently.

1. Establish the existence of an Epidemic
 - a. Verifying the diagnosis is essential. This may require only a brief review of the clinical findings or may necessitate getting laboratory tests under way. Consider the reliability of the reporting source.
 - b. Laboratory vs. clinical data: Some diseases have no laboratory tests applicable, some are verifiable only by laboratory findings, and some have complex tests performed only by highly specialized laboratories. Encourage immediate reporting to the Health Department. Search for additional cases which may not have been recognized or reported.
 - c. Divide group involved into definite, probable, and suspected cases.
 - d. Incidence as compared with “normal.”
 - e. Significance of distinct departure from normal incidence or previous experience.
2. Orient the epidemic as to time, place, and person by:
 - a. Chronological distribution of onset of cases: by days, weeks, or months (in some diseases, hours).
 - b. Geographical distribution in the area affected.
 - c. Make rapid preliminary analysis of available information on population and reported cases and deaths, according to race, sex, age, occupation, residence, to discover what groups have been selected or attacked. This analysis involves specific attack rates.
 - d. Attempt to clarify the epidemic as to mode of transmission – common vehicle: single exposure? Continued exposure? Propagated: person-to-person spread? Arthropod vector? Animal reservoir of infection?
 - e. Determine the character of the epidemic curve, to ascertain whether it suggests that a group of people were infected at or about the same time – and, upon the basis of the incubation period of the disease in question, fix the probable time of this occurrence.
3. Formulate tentative hypothesis of the most probable source of infection as a basis of investigation.
4. Draw up plans for:
 - a. Administrative measures to care for the sick and to prevent spread.
 - b. Detailed investigation of all cases or an unbiased sample of cases.
 - c. Special investigations needed to establish collateral circumstances, using laboratory facilities, engineering, and other expert consultation.

5. Analyze detailed data derived from case investigation as rapidly as they can be assembled, comparing the attack rates among various pertinent groupings. Try to identify the group selected for attack and discover the common source or sources to which the members were exposed.
 - a. Individual epidemiologic histories to classify exposed persons as to: Exposure to specific potential vehicles, ill or not? and if ill, clinical data and bacteriologic findings to substantiate diagnosis.
 - b. Investigation of source and method of preparation and preservation of suspected foods.
 - c. Environmental conditions (collateral study), i.e., sanitary status of food, water, milk supply, examination of food residues.
 - d. Demonstrate significant variations of incidence in contrast population groups.
 - i. From simple data: in sections of the area and population concerned (city wards, sanitary districts).
 - ii. From more detailed records: in groups according to sources of water supply, milk supply, ice cream supply, character or residence, particular events or habits, etc.
 - iii. Attack rates for those exposed and those not exposed to suspected vehicle, or the reverse: frequency of exposure to suspected vehicle, among those attacked and those not attacked
 - e. Assemble results of (non-statistical) collateral investigations.
6. Search for human or animal source of infections.
7. Test various hypotheses suggested or tentatively established, to ascertain which are consistent with all the known facts. There may be more than one hypothesis which fits all known facts. One must then seek further facts until an array is found which matches all deductions from one hypothesis and is inconsistent with all others.
8. Base conclusions upon all pertinent evidence, not relying upon any single distribution or circumstance by itself.
9. The most important factor in handling an epidemic is to get source information and assistance from agencies such as the Centers for Disease Control and/or the Public Health Department.

POST DISCHARGE INFECTIONS:

In the interest of accurate reporting, HAIs identified post discharge, should be included when determining the infection rate.

1. Re-admissions are screened to identify any possibility of post discharge infection.
2. Identifying post discharge infections is facilitated by communication with social workers, case management and other support services.

ENVIRONMENTAL MONITORING:

Weisman Children's Rehabilitation Hospital does not engage in routine indiscriminate sampling of the environment without a specific purpose and/or meaningful results.

Any environmental culturing activity must be coordinated by the Infection Control Professional.

Any environmental culturing activity must be reviewed and acted upon by the Infection Control Committee.

Environmental rounds are conducted on all nursing units and ancillary departments quarterly, to evaluate the application of infection control policies.

REFERENCES:

National Healthcare Safety Network. (January 2024). *National Healthcare Safety Network (NHSN) Patient Safety Component Manual*.

https://www.cdc.gov/nhsn/pdfs/pscmanual/pcsmanual_current.pdf