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| **Infection Prevention and Control Policy and Procedure** | **Subject: Pandemic Plan** |
| **Approved by:** |  |
| **Effective:** | **Revised:** |

**POLICY:**

The infection Preventionist (IP) will conduct ongoing surveillance for Healthcare-Associated Infections (HAIs) and other epidemiologically significant infections that have substantial impact on potential resident outcome and that may require transmission-based precautions and other preventive interventions.

**INTERPRETATION AND IMPLEMENTATION**

1. The purpose of the surveillance of infections is to identify both individual cases and trends of epidemiologically significant organisms and HAIs, to guide appropriate interventions, and to prevent further infections.
2. Infections that will be included in routine surveillance include those with:
   1. Evidence of transmissibility in a healthcare environment;
   2. Available processes and procedures that prevent or reduce the spread of infection;
   3. Clinically significant morbidity or mortality associated with infections (e.g. PNA, UTIs, *C. difficile*);
   4. Pathogens associated with serious outbreaks (e.g. acute viral hepatitis, norovirus, influenza, COVID-19, other novel pandemic infections).
3. Nursing staff will monitor residents for signs and symptoms that may suggest infection (e.g. fever, chills and sweats, change in cough or new cough, sore throat, shortness of breath, nasal congestion, burning or pain with urination, redness/soreness/swelling in any area, vomiting, diarrhea, new onset of pain) and will document and report suspected infections to the RN Supervisor and/or Medical Doctor as soon as possible.
4. If a communicable disease outbreak is suspected, this information will be communicated to the RN Supervisor and/or IP as soon as possible.
   1. Staff at all levels and in all departments will be provided with education if an outbreak or novel pandemic infection is suspected. Education will include, but not be limited to risk factors, signs/symptoms and preventive measures associated with infection.
5. When infection or colonization with epidemiologically important organisms is suspected, cultures may be sent, if appropriate, to a contracted laboratory for identification or confirmation. Cultures will be further screened for sensitivity to antimicrobial medications to help determine treatment measures.
6. The Unit nurse will notify the medical doctor and the IP of suspected infections. Same will be discussed with interdisciplinary team (IDT).
   1. A determination will be made whether transmission-based precautions are necessary
   2. Treatment of plan will be determined by the medical doctor and the IDT.
   3. Report infection, if necessary via the HCS NORA reporting and/or NHSN.
7. If transmission-based precautions or other preventive measures are implemented to slow or stop the spread of infection, the IP will collect data to help determine the effectiveness of such measures.
8. When transmission of HAIs continues despite documented efforts to implement infection control and preventive measures, the appropriate State agency and/or specialist in infection control and epidemiology will be consulted for further instructions.
9. When deemed necessary, the DON/Designee will establish Quality Assurance Performance Improvement (QAPI) projects and Performance Improvement Personnel (PIP) teams will be designated to identify root cause(s) and develop action plans. PIPs will report findings/results to the Quality Assurance (QA) Committee.

**Gathering Surveillance Data**

1. The IP or RN designee is responsible for gathering and interpreting surveillance data.
2. The surveillance should include a review of any or all of the following information to help identify possible indicators of infections:
   1. Laboratory records;
   2. Skin care sheets;
   3. Infection control rounds or interviews;
   4. Verbal reports from staff;
   5. Infection documentation records;
   6. Temperature logs;
   7. Pharmacy records;
   8. Antibiotic review; and
   9. Transfer log/summaries.
3. If laboratory reports are used to identify relevant information, the following findings merit further evaluation:
   1. Positive blood cultures;
   2. Positive wound cultures that do not just represent surface colonization;
   3. Positive urine cultures (bacteriuria) with corresponding signs and symptoms that suggest infection;
   4. Other positive cultures (e.g. stool, sputum); and
   5. All cultures positive for Group A Streptococcus.
4. Prioritize reports as follows:
   1. Signs/symptoms associated with novel pandemic infections
   2. Multi-drug resistant reports:
      1. All multidrug-resistant reports require immediate attention
      2. Ensure appropriate precautions, if needed, are in place
      3. If this is a new or unexpected report, notify the DNS and medical director.
   3. Blood cultures
   4. Positive wound cultures if there are corresponding signs and symptoms that indicate infection
   5. Positive sputum cultures
   6. Bacteriuria with corresponding signs and symptoms of UTI;
   7. Other positive cultures

**Data Collection and Recording**

1. For residents with infections that meet the criteria for definition of infection surveillance, collect the following data as appropriate:
   1. Identifying information (e.g. resident’s name, unit, room #, attending physician);
   2. Diagnoses;
   3. Date of onset of infection (may list onset of symptoms, if known, or date of positive diagnostic test);
   4. Infection site (be as specific as possible, e.g. PNA, right upper lobe)
   5. Pathogen(s)
   6. Invasive procedures or risk factors (e.g. surgery, indwelling tubes, Foley, fractured hip, malnutrition, altered mental status, etc);
   7. Pertinent remarks (e.g. temperatures, WBC, etc). Also, record if the resident is admitted to the hospital or expires.
   8. Treatment measures and precautions (interventions and steps taken that may reduce risk).
2. Using the current suggested criteria for HAIs, determine if the resident has a HAI.
3. DAILY: record signs and symptoms of infection on infection tracking form.
4. MONTHLY: collect information from individual resident infection reports and create line listing of infections by resident for the entire month.
5. MONTHLY: summarize monthly data
6. QUARTERLY: Compare incidence of current infections to previous data to identify trends and patterns. Use an average infection rate over a previous time period (e.g. over the past 12 months) as a baseline. Compare subsequent rates to the average rate to identify possible increases in infection rates.

**Calculating Infection Rates**:

1. Calculate the month’s total resident days.
   1. Total resident days = daily census of each day in the designated time period added together.
2. To determine the incidence of infection per 1000 resident days, divide the # of new HAIs for the month by the total resident days for the month X 1000.

**Interpreting Surveillance Data**

1. Analyze the data to identify trends
   1. Compare the rates to previous months in the current year and to the same month in previous years to identify seasonal trends.
2. Surveillance data will be provided to the Infection Control Committee and Quality Assurance Performance Improvement Committee regularly.

**References**:

Infection Control Policy and Procedure Manual. July 2016.

Patterson Bursdall, D. & Schweon, S.J. (2019). Surveillance, Epidemiology and Reporting. Association for Professionals in Infection Control and Epidemiology (*2nd Ed*.)

All posted Policies and Procedures are current as of September 15, 2020 and are based on the current knowledge of COVID-19, CDC and NYS DOH guidelines, regulations, and NY Executive Orders as they exist.  The Policies and Procedures are subject to amendment in accordance with any change to regulations, guidance, and/or executive orders.