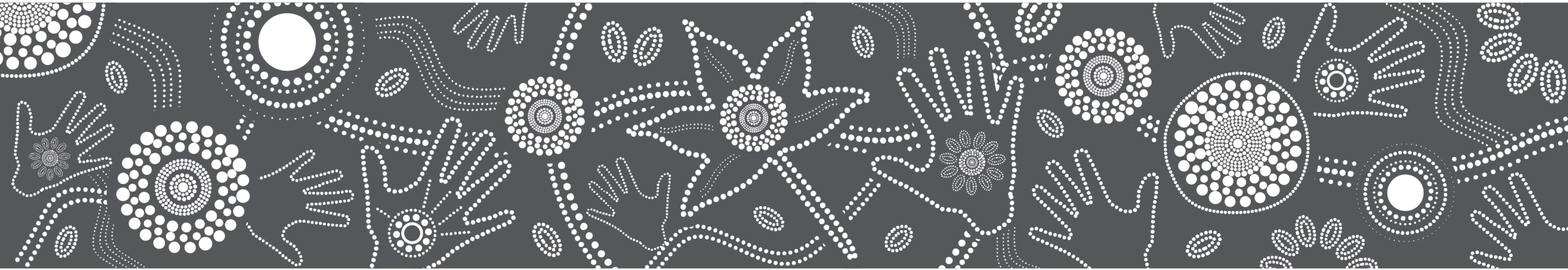


Surveillance in Aged Care

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Diversity and Inclusion



Alpine Health acknowledges the many Traditional Owners of the Alpine region and their connection to the mountains, rivers and valleys. We pay our respect to these groups, their history and culture, and their Elders past and present.

We strive to create a health service and a community that is respectful and inclusive for people of all backgrounds, cultures, genders and abilities.



What is surveillance?

To keep a close watch kept over someone or something

- Also known as audits or surveillance audits
- Its not just bugs!
- Audits can be powerful.
- Failing is not always a bad thing.

Developing a IPC Surveillance Program



- **You don't need to re-invent the wheel.**
- There are audits already out there. Use tools that are made for the purpose.

- Measure your progress
- Set up a auditing schedule
- Set a frequency that make sense for your organisation/your role
- Set yourself up for success!
 - Choose audits that are doable
 - Make sure the audit suits your facility
 - Make it less daunting.



Example

- Update annually
 - Things change
 - Show accreditors that you are doing a horizon scan of the changing RAC space
 - Not onerous
 - Can submit to IPC/like committee for approval
- Important to tailor to your specific facilities

<i>Monthly</i>	<ul style="list-style-type: none"> • Check x3 occupational exposure packs in Occupational exposure folder. • Hand Hygiene Audits- 20mins first up. • Posters laminated & hung with blue tack or adhesive squares (no sticky tape) in clinical areas • Check CPE Transmission Risk Areas are up to date & available on the ward. • Review & comment on any procedure/work practices sent for consultation • Audit: Urinary Catheter (if there are any) • Audit: masks & bare below elbow. • New Admissions – has immunisation history been obtained? • Are all residents up to date with vaccination & entered into MANAD in the vaccination section? • Ensure resident infections are entered into MANAD & review. • Encourage staff to complete COVID on line learning
<i>January</i>	<ul style="list-style-type: none"> • Audit: Sharps • Audit: Donning & Doffing Station • acNAPS point prevalence + 1 month look back
<i>February</i>	<ul style="list-style-type: none"> • Audit: TBP
<i>March</i>	<ul style="list-style-type: none"> • Audit: Linen • Audit: Sterile Store • Attend IPAC Network Meeting • acNAPS point prevalence + 1 month look back (inhouse)
<i>April</i>	<ul style="list-style-type: none"> • Audit: Donning & Doffing Station • World Immunisation Week
<i>May</i>	<ul style="list-style-type: none"> • International Hand Hygiene Day 5th May • Promote Staff Flu Vax campaign (could include COVID-19) • acNAPS point prevalence + 1 month look back (inhouse)
<i>June</i>	<ul style="list-style-type: none"> • Audit: Sharps • Attend IPAC Network Meeting • Promote Staff Flu Vax campaign • VICNISS Resident Vaccination Audit due 31st * Victoria – includes shingles, pnemovax & influenza.
<i>July</i>	<ul style="list-style-type: none"> • acNAPS point prevalence + 1 month look back (national audit)
<i>August</i>	<ul style="list-style-type: none"> • Audit: Sterile Store • Audit: TBP
<i>September</i>	<ul style="list-style-type: none"> • Attend IPAC Network Meeting • acNAPS point prevalence + 1 month look back • Audit: Linen
<i>October</i>	<ul style="list-style-type: none"> • Infection Prevention & Control Week. (3rd week) • Audit: Donning & Doffing Station
<i>November</i>	<ul style="list-style-type: none"> • ACIPC Annual Conference. • Annual Infection Control Compliance Audit – • World Antibiotic Awareness Week (3rd week).
<i>December</i>	<ul style="list-style-type: none"> • Attend IPAC Network Meeting • Annual Laundry Audit • acNAPS point prevalence + 1 month look back (inhouse)

Make the audit powerful!

- Link it to standards!
- [Australian Guidelines for the Prevention and Control of Infection in Healthcare](#)
- Standard 3 Personal care and clinical care – Infection Control and AMS (3g)
<https://www.agedcarequality.gov.au/providers/quality-standards/personal-care-and-clinical-care>
- Standard 5 Service Environment – Safe Clean environment (3c)
<https://www.agedcarequality.gov.au/providers/quality-standards/service-environment>
- Standard 8 Organisation Governance (3a, b, c, d, e)
<https://www.agedcarequality.gov.au/providers/quality-standards/organisational-governance>
- AS/NZS 4146:2000 Laundry Practice *
- [Australian Health Facility Guidelines 0350 – Small Rural Hospitals / Multipurpose Services \(MPS\)](#)
- AS/NZS 5369: 2023 (formally AS4187). Reprocessing of reusable medical devices and other devices in health and non-health related facilities. *
- * These are not free and on the Standards Australia website.

Possible things you can audit

- Transmission-Based Precautions
- Sharps
- Laundry
- Linen
- Sterile Stores
- Bare Below Elbows
- Mask compliance
- Catheter Care
- Staff vaccination status
- Resident vaccination status
- Antibiotic Use
- ABHR Use
- Antimicrobial Stewardship*
- Infections~
- Multi-resistant organisms~

You don't need to re-invent the wheel



- [Aged-Care-Home-IPC-Operational-Compliance-Audit---August-2019-V8.pdf \(grampianshealth.org.au\)](https://www.grampianshealth.org.au/Aged-Care-Home-IPC-Operational-Compliance-Audit---August-2019-V8.pdf)
- Google: Grampians aged care facility infection control audit
 - Do once a year – measure your progress
 - Create an action plan - pick non-compliant items to focus on.
- [Infection Prevention and Control: Exemplar Audits to support the National Safety and Quality Health Service \(NSQHS\) Standards Tool Kit \(sahealth.sa.gov.au\)](https://www.sahealth.sa.gov.au/infection-prevention-and-control/exemplar-audits-to-support-the-national-safety-and-quality-health-service-nsqhs-standards-tool-kit)
- [Aseptic-Technique-Standard-AT-Procedure-Audit-Tool.doc \(live.com\)](https://www.live.com/Aseptic-Technique-Standard-AT-Procedure-Audit-Tool.doc) ACIPC

Spot Audit: Handling, Transporting and Storing linen.

2021 Preventing and Controlling Infection Standard: 3.14.d (Acute)

2021 Personal & Clinical Care Standard 3.g.i (Aged care)



Click or tap to enter a date.

Site:

Clean linen:		Yes ✓	No ✗	Site:	ACUTE	RACF
1	Is delivered with a protective covering					
2	Is stored in a clean, dry place					
3	Is not stored on the floor					
4	Is distinctly separated from soiled linen					
5	Is protected from contamination (e.g.; aerosols, dust, moisture and vermin).					
6	Has a system of stock rotation (oldest is used first).					
7	Linen bags are intact with no tears, frays or holes					
8	Linen bags have suitable fasteners or ties for effective closure					
9	Clean linen is free from stains					
10	Clean linen store storage shelves are clean.					
11	Storage area is free from inappropriate items (there is no staff personal belongings, food or reusable patient equipment in the store)					
12	Mobile trolleys are clean & have covering to protect clean linen for transport to clinical areas					
13	Staff do not carry clean linen against their clothing					
14	Staff do not carry soiled linen bags against their clothing					
15	Soiled linen bags are not overfilled (2/3 full)					
16	Has a documented cleaning policy (frequency, cleaning products). Date last cleaned:					
17	Vents in ceiling are clean and free of dust					
18	White paper wipe of high horizontal edges (e.g. door architraves) is clean.					
19	Is not stored in the same room as clean linen.					
20	Room is clean and dry.					
21	Soiled linen is not stored on the floor.					
22	Door is kept closed					
23	There is no evidence of vermin					
24	Hand hygiene facility (<input type="checkbox"/> clinical sink or <input type="checkbox"/> ABHR) is near door.					
25	Soiled linen is contained (bags are closed, no contamination leakage to the environment)					
% score for compliance -		$\frac{\text{total number of yes answers}}{\text{total number of yes and no answers}} \times 100 =$		<input type="text"/>		

Audits

- Paper based
- Spreadsheets
- Digital e.g. survey monkey, Microsoft forms

NAPS



- Free
- Anyone can sign up
- Provides consistency
- Education module for auditors on the site.
- Benchmarks nationally
- Reporting function gives instant reports.
- Uses McGeer definitions.

Infection Surveillance

- Consistency
- Clear definitions of infection:
 - McGeer Definitions.
- Care software – if you have it.
 - May have ability to monitor and track infections.

Gastrointestinal	Respiratory	Skin/soft tissue/mucosal	Systemic	Urinary	Constitutional criteria
<p>Gastroenteritis Must have at least <u>one</u> criteria</p> <ol style="list-style-type: none"> Diarrhea Vomiting <u>Both</u> sub-criteria: <ol style="list-style-type: none"> A stool specimen positive for a pathogen (eg: <i>E.coli</i>) At least <u>one</u> sub-criteria: Nausea, Vomiting, Abdominal pain or tenderness +/- diarrhea <p>Norovirus Must have <u>both</u> criteria</p> <ol style="list-style-type: none"> Diarrhea +/- vomiting Stool specimen for which norovirus is detected. <p>Clostridium difficile Must have <u>both</u> criteria:</p> <ol style="list-style-type: none"> Diarrhoea +/- presence of toxic mega-colon At least <u>one</u> sub-criteria <ol style="list-style-type: none"> A +ve stool sample for <i>C.difficile</i> toxin A or B, or a toxin producing <i>C.difficile</i> organism is identified from a stool sample culture or by a molecular diagnostic test such as PCR. Pseudomembranous colitis is identified during endoscopic examination or surgery or in histo-pathologic examination of a biopsy specimen. <p>Diarrhea Three or more liquid or watery stools above what is normal for the resident within a 24 hour period</p> <p>Vomiting Two or more episodes of in a 24 hour period</p>	<p>Common cold/pharyngitis Must have at least <u>two</u> criteria:</p> <ol style="list-style-type: none"> Runny nose or sneezing Stuffy nose Sore throat/hoarseness/dysphagia Dry cough Swollen or tender glands- neck <p>Influenza Must have <u>both</u> criteria:</p> <ol style="list-style-type: none"> Fever At least three sub-criteria: <ol style="list-style-type: none"> Chills New headache or eye pain Myalgia Malaise or loss of appetite Sore throat New or increased dry cough <p>Pneumonia Must have <u>all</u> criteria</p> <ol style="list-style-type: none"> Recent CXR showing pneumonia or new infiltrate At least <u>one</u> resp sub-criteria: At least <u>one</u> constitutional criteria. <p>Lower resp. tract infection Must have <u>all</u> criteria</p> <ol style="list-style-type: none"> No recent CXR At least <u>two</u> resp sub-criteria: At least <u>one</u> constitutional criteria <p>Respiratory (resp) criteria</p> <ol style="list-style-type: none"> Increased cough Increased sputum production O2 saturation <94% on room air or a reduction of >3% from baseline New or changed lung examination abnormalities Pleuritic chest pain Resp rate \geq25 breaths/min 	<p>Cellulitis/soft tissue wound infection Must have <u>both</u> criteria:</p> <ol style="list-style-type: none"> Pus present at wound, skin or soft tissue site Four or more sub-criteria <ol style="list-style-type: none"> Heat Redness Swelling Tenderness or pain Serious discharge One constitutional criteria <p>Scabies Must have <u>both</u> criteria:</p> <ol style="list-style-type: none"> Maculo-papular rash At least one sub-criteria <ol style="list-style-type: none"> Dr or lab confirmation Epidemiologic linkage to lab confirmed scabies <p>Oral candidiasis Must have <u>both</u> criteria:</p> <ol style="list-style-type: none"> Presence of raised white patches on inflamed mucosa or plaques on oral mucosa Doctor. or dental provider confirmation <p>Fungal skin infection Must have <u>both</u> criteria:</p> <ol style="list-style-type: none"> Characteristic rash or lesions Dr or laboratory confirmation <p>Herpes simplex or zoster Must have <u>both</u> criteria:</p> <ol style="list-style-type: none"> Vesicular rash Dr or laboratory confirmation <p>Conjunctivitis Must have <u>one</u> criteria:</p> <ol style="list-style-type: none"> Pus appearing from one or both eyes, present for >24 hrs New or increased conjunctival redness +/- itching or pain for > 24 hrs 	<p>Primary bloodstream infection Must have <u>one</u> criteria</p> <ol style="list-style-type: none"> Two or more positive blood cultures (same organism) A single blood culture and at least one of the following: <ol style="list-style-type: none"> Fever New hypothermia (<34.5°C or does not register) Drop in systolic BP of >30 mmHg from baseline Worsening mental or functional status <p>Unexplained febrile episode Must have documented record of fever on two or more occasions at least 12 hours apart in any 3 day period with no known infectious or non-infectious cause.</p>	<p>UTI - Without IDC Must have at least <u>one</u> criteria:</p> <ol style="list-style-type: none"> Acute dysuria or acute pain, swelling or tenderness of the testes, epididymis or prostate Fever or leucocytosis and one localised urinary tract sub-criteria In the absence of fever or leucocytosis, two or more localised urinary tract sub-criteria <p>UTI - With IDC Must have at least <u>one</u> criteria</p> <ol style="list-style-type: none"> Fever, rigors or new onset hypotension, with no alternate site of infection Either acute change in mental status or acute functional decline with no alternate diagnosis and leucocytosis New onset supra-pubic pain or costo-vertebral angle pain or tenderness Purulent discharge from around the catheter or acute pain, swelling or tenderness of the testes, epididymis or prostate <p>Localised urinary tract criteria</p> <ol style="list-style-type: none"> IF fever or leucocytosis present, Acute costo-vertebral angle pain or tenderness Supra-pubic pain Gross hematuria New or marked increase in incontinence New or marked increase in urgency New or marked increase in frequency 	<p>Fever</p> <ol style="list-style-type: none"> Single oral temperature >37.8°C Repeated oral temperatures >37.2°C or rectal temperatures >37.5°C, OR Single temperature >1.1°C over baseline from <u>any</u> site (oral, tympanic, axillary) <p>Leucocytosis As according to full blood examination (FBE) results</p> <ol style="list-style-type: none"> Neutrophilia (>14,000 leukocytes/mm³), OR Left shift (>6% bands or \geq1,500 bands/mm³) <p>Acute change in mental status from baseline Must meet all criteria:</p> <ol style="list-style-type: none"> Acute onset Fluctuating Course Inattention Either disorganised thinking or altered level of consciousness <p>Acute functional decline</p> <ol style="list-style-type: none"> An increase in daily living activity score Bed mobility Transfer Locomotion within facility Dressing Toilet use Personal hygiene Eating <p>Neutrophils Common type of leucocyte.</p> <p>Left shift Increase in no. of immature leukocytes in the peripheral blood.</p>

So.... now that you've done the audit, what next?

- Benchmark
 - Floors/ wings / sites.
 - Partner with like facilities
 - Create healthy competition
- Feedback
 - Staff
 - Committee
 - Handover
 - Education Boards
- Action Plans

Healthy
COMPETITION
WINNING AND LOSING IS GOOD FOR YOU, EXPERTS SAY



Celebrate Successes!

- Even the small success.
- Create an annual report
- Tie surveillance to a promotional day/event:
 - World Immunisation Week – April
 - World Hand Hygiene Day 5th May
 - Aged Care Employee Day 7th August
 - Infection Prevention Week - October
 - Thank your cleaner day – 16th October
 - AMS Week - November

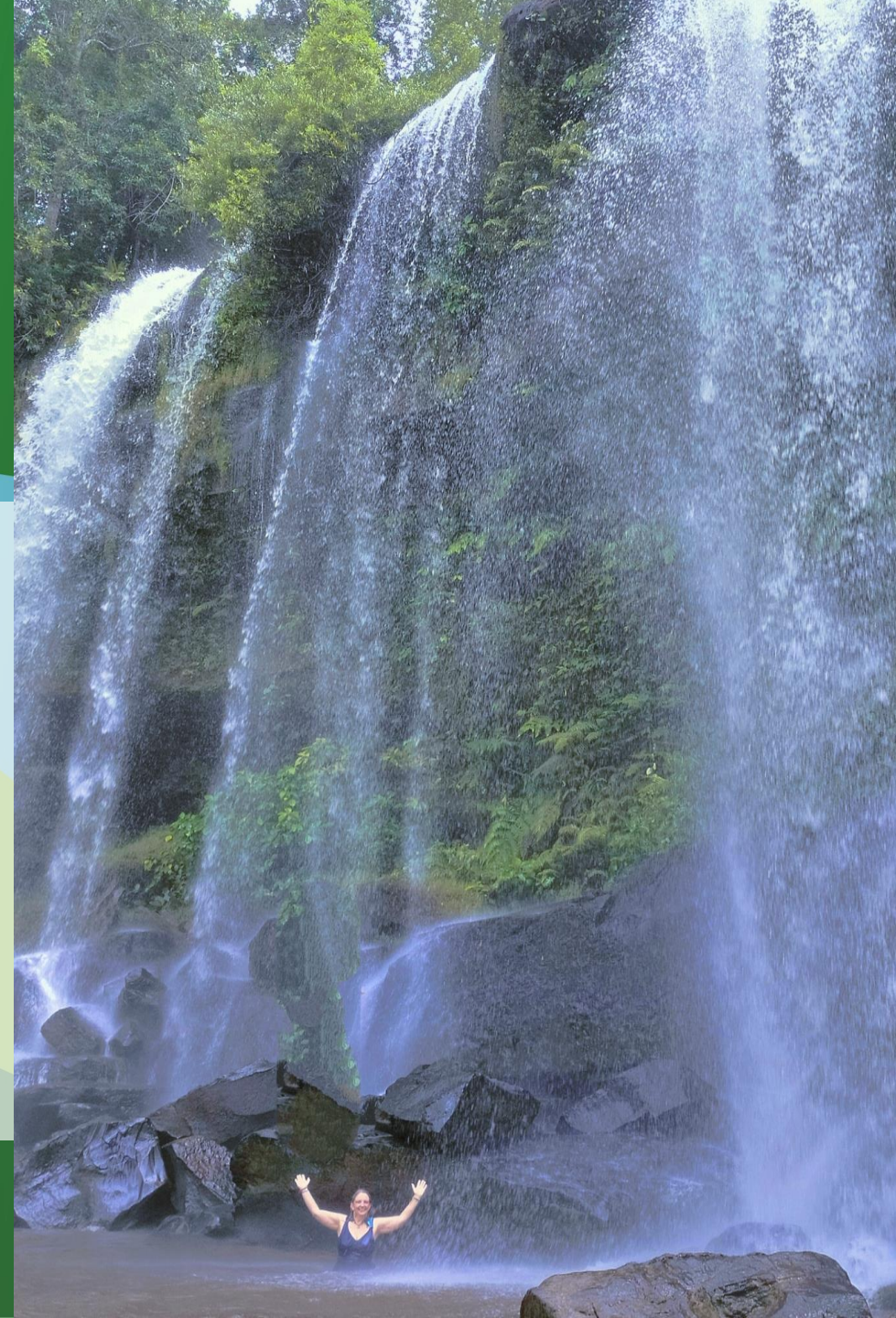


Tap into available resources!

- ACIPC- aged care connexion
- ACIPC - IPC Resources for Australasian Aged Care & Home Care
- Ask Questions
- Mentor
- Colleagues – you are not alone
- National Center for Antimicrobial Stewardship - NCAS
- National Antimicrobial Prescribing Survey - NAPS
- CDC
- info@agedcarequality.gov.au
- MVEC
- Australian Immunisation Handbook

Where?
When?
Why?
How?

a waterfall begins
from only one
drop of water.....





THANK YOU!

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