



Procedure of Surveillance of Healthcare Associated Infection

Infection Control Department



Document Title	Procedure of surveillance of health care associated infection
Document Type	Procedure
Directorate/Institution	Al Masarra Hospital
Targeted Group	All health care workers
Document Author	Siham Mohammed AL Zadjali
Designation	Infection Prevention & Control Staff
Document Reviewer	Wafa Al Balushi
Designation	Infection Prevention and Control Staff
Release Date	May 2024
Review Frequency	3 Years

Validated by		Approved by	
Name	Kunooz Al Balushi	Name	Dr. Bader Al Habsi
Designation	Document Manager, QMPSD	Designation	Hospital Director
Signature		Signature	
Date	May 2024	Date	May 2024

Acknowledgment:

We would like to acknowledge the first team who has written this document, all the members participated in it and as well as all the members and individual that contributed in the revision of this document. After new updated requirements and procedures from the headquarters in the directorate general of infection prevention & control department, it was needed to review this document and to update it accordingly. We would like to acknowledge the new member who has written this document and updated it to fulfill the new requirements.

Table of Contents:

Acknowledgments	3
Acronyms	5
Purpose	5
Scope	5
Definitions	5
Details: Procedure	6
Responsibilities	7
Document History & Version Control Table	8
References	8
Annexes	9
Appendix 1: Antibiotics Resistant Organism Worksheet	9
Appendix 2: Surveillance of Hospital-acquired Infection Form	10
Appendix 3: Audit Tool	11
Appendix 4: Document Request Form	12
Appendix 5: Document Validation Checklist	13

Acronyms:

AMRH	Al Masarra Hospital
CSSD	Central Sterile Supply Department
HCW	Health Care Worker
HOD	Head of Department
ICP	Infection Control Practitioner
MRSA	Methicillin-resistant Staphylococcus aureus
P&P	Policy and Procedure

Purpose:

1. To prevent the transmission and outbreak of infections in AMRH.
2. To get a statistical data on hospital acquired infections among admitted patients in AMRH.
3. To effectively and efficiently identify and manage patients at risk for infection.

Scope

This document is applicable to all Nursing Staff in Al Masarra Hospital (AMRH).

Definitions

1. **Isolation precaution:** precautions applied by the health care workers and visitors to patients who are suspected of being infected or colonized with epidemiologically important or highly transmissible pathogens.
2. **Surveillance:** systematic ongoing collection, and analysis of data and the timely dissemination of information to those who need to know so that actions can be taken.
3. **MRSA:** is methicillin-resistant Staphylococcus aureus.
4. **Outbreak:** is an increase in the incidence of a particular infection or colonization over the expected rate.

Procedure:

1. The concerned patient care unit staff or assigned Staff /laboratory technician shall notify the infection control practitioner if there is any of the following observations:
 - Case of fever
 - Wound
 - Patient with antibiotic
 - Patient with urinary catheter
 - Scabies
 - Head lice
 - Diarrhea
 - Eye infection
 - Chicken pox
 - Mumps
 - Respiratory infection
 - Any case admitted from other hospitals for last Three (3) months.
 - Any case with a previous history of Methicillin-resistant Staphylococcus aureus(MRSA).
 - Any patient with MDRO infection or colonization is admitted.
2. The infection prevention and control team shall fill the form of antibiotic resistant organism worksheet daily basis for the MDRO /MRSA cases (referred to anix1).
3. The infection prevention and control team shall fill the MDRO surveillance form (referred to anix2)
4. The infection prevention and control team shall calculate and analyze prevalence and incidence rate of the MDRO infections yearly basis.
5. The surveillance reports and analysis shall be shared with concerned wards and administration.
6. The transferred cases shall be informed to the transferred wards /hospital prior going there by the assigned staff or doctor.

Responsibilities:

1. Infection Control Practitioner (ICP)

- Collect and analyze the data in a daily basis related to infection prevention and control in the surveillance form from all wards and departments.
- Liaise with the wards and departments on the interpretation of the results by visiting the concerned department and doing investigations.
- Report on the occurrence and nature of any outbreak of infection when it occurs.
- Share significant findings with the assigned staff nurse.
- Provide education on infection control matters relating to the prevention and management of hospital acquired infections.
- Conduct services area environmental audits to review infection control compliance against best practice standards.

2. Infection Prevention & Control Committee Shall

- Review infection Control Surveillance Findings every three month and make recommendations regarding infection Control intervention.

3. Staff Nurses Shall:

- Report to infection control practitioner for any case of suspected or confirmed infection.
- Receive any updated implementations to be done for the case from the Infection Control Practitioner.

Document History and Version Control Table

Version	Description	Review Date
1	Initial Release	July 2023
2	Version Two	July 2026

References:

Title of book/journal/articles/ Website	Author	Year of Publication	Page
Reporting infection control concerns	GCC centre for infection control	2014	24

Appendices

Appendix 1. Antibiotics Resistant Organism Worksheet

Name :	Organisms: <ul style="list-style-type: none"> ■ MRSA ■ MDRO ■ MDRP ■ CRE ■ Candida A 	Diagnosis:
DOA:		DOD:
Ward:		Transferred out:

Culture results:

Date	Body screen	wound	Urine	Blood	CSF	Fluid	Cath Tip	Antibiotic	Remarks

Appendix 2. Surveillance of Hospital-acquired Infection Form

Ward: _____

Date of Admission: _____

Infection Control Related Diagnosis: _____

Clinical Summary: _____

Patient sticker

Investigations	
Type Of Investigation	Results

Treatment/Antibiotic		
Name Of The Antibiotic/Medication	Date Started	Date Discontinued/Stopped

Name of Assigned Staff Nurse: _____

Date: _____

Time: _____

Follow-up Report and Recommendations by Infection Control Practitioner:

Name:

Signature:


Appendix 3. Audit Tool

Department: _____

Date: _____

S.N.	Audit Process	Standard / Criteria	Yes	Partial	No	N/A	Comment
		ASSIGNED STAFF					
1.	Observation/ Document review	Does the surveillance of hospital squired infection form available and filled?					
2.	Observation/ Document review	Does the antibiotic resistant organism worksheet available and filed?					
3.	Observation Interview Document review	Does the MDRO infectious rate calculated by the infection prevention and control team yearly basis?					
4.	Observation Interview	Does the final surveillance reports and analysis shared with the concerned wards and the administration?					
5.	Observation Interview Document review	Does infection prevention and control team conduct environmental audits to review infection control compliance against best practice standards?					

Appendix 4: Document Request Form

Document Request Form			
Section A: To be completed by Document Writer			
Writer Details			
Name	Siham Mohammed AL Zadjali	Date of Request	April 2024
Institution	Al Masarra Hospital	Contact information	-----
Department	Infection Control Department		
Purpose of Request:			
<input type="checkbox"/> Develop new document <input checked="" type="checkbox"/> Modify existing document <input type="checkbox"/> Cancel existing document			
Document Information			
Document title (for new & existing documents)	Procedure of Surveillance of Health Care Associated Infection		
Document code (for existing documents)	AMRH/IC/SOP/016/Vers.03		
Required Amendments	For update new information		
Reasons	For update new information		
Section B: To be completed by			
Document Section of Quality Management and Patient Safety			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Cancelled			
Comment and Recommendation: Approved and waiting for the final document			
Name and Title	Kunooz Al Balushi 	Date	May 2024

Appendix 5: Document Validation Checklist

Document Validation Checklist					
Document Title:			Document Code:		
No	Criteria	Meets the Criteria			Comments
		Yes	No	N/A	
1.	Approved format used				
1.1	Clear title – Clear Applicability	✓			
1.2	Footer complete	✓			
1.3	Involved departments contributed	✓			
2.	Document Content				
2.1	Clear purpose and scope	✓			
2.2	Clear definitions	✓			
3.	Well defined procedures and steps				
3.1	Procedures in orderly manner	✓			
3.2	Procedures define personnel to carry out step	✓			
3.3	Procedures/methods define the use of relevant forms	✓			
3.4	Procedures to define flowchart		✓		Can be added in next version
3.5	Responsibilities are clearly defined	✓			
3.6	Necessary forms/checklist and equipment are listed	✓			
3.7	Forms are numbered	✓			
3.8	References are clearly stated	✓			
4.	General Criteria				
4.1	Procedures are adherent to MOH rules and regulations	✓			
4.2	Procedures are within hospital/department scope	✓			
4.3	Relevant central policies are reviewed	✓			
4.4	Used of approved font type and size	✓			
4.5	Language is clear, understood and well structured	✓			
Reviewed by : Kunooz Al Balushi 