

SA Health

Policy

Infection Prevention and Control and Healthcare Associated Infection (HAI) Surveillance and Reporting

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Version 1.0

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Government
of South Australia

SA Health

1. Name of Policy

Infection Prevention and Control and Healthcare Associated Infection (HAI) Surveillance and Reporting

2. Policy statement

This policy sets out the mandatory requirements that apply across SA Health in relation to infection prevention and control (IPC) and healthcare associated infections (HAI) through SA Health's adoption of the [National Safety and Quality Health Service \(NSQHS\) Standard on Preventing and Controlling Infections](#). Implementation of the NSQHS Standards is mandated by the Australian Commission on Safety and Quality in Health Care (ACSQHC) in all hospitals, day procedure services and public dental services across Australia.

3. Applicability

This policy applies to all employees and contracted staff of SA Health; that is all employees and contracted staff of the Department for Health and Wellbeing (DHW), Local Health Networks (LHN) (including statewide clinical services aligned with those Networks) and SA Ambulance Service (SAAS).

Surveillance and data reporting requirements for healthcare associated infections and hand hygiene apply to the applicable LHNs/hospitals in accordance with national and state key performance indicators (KPI) and surveillance programs.

Out of scope for this policy is:

- > Notifiable disease reporting, as this must occur in accordance with the [South Australian Public Health Act 2011](#).
- > Antimicrobial stewardship, for requirements refer to the SA Health [Antimicrobial Stewardship](#) webpage including the [Antimicrobial Stewardship Policy](#).

4. Policy principles

- > We aim to prevent and control healthcare associated infections (HAI) through compliance with the [National Safety and Quality Health Service Standard on Preventing and Controlling Infections](#).
- > We comply with the relevant state and national surveillance, monitoring and reporting requirements.
- > We ensure that a patient's infectious status does not compromise or interfere with the provision of appropriate, high-quality care.

5. Policy requirements

- > All SA Health facilities, services, employees and contractors must comply with the relevant national and state legislative requirements, including the [South Australian Public Health Act 2011](#) as well as the [NSQHS Standard on Preventing and Controlling Infections](#) in accordance with the [SA Health Accreditation Policy](#).
- > All SA Health facilities and services must have an infection prevention and control program implemented in every part of the healthcare facility as per the [Australian Guidelines for the Prevention and Control of Infection in Healthcare](#).
- > In addition to the requirements of the NSQHS Standards, each LHN and statewide service must comply with the relevant [SA Health Governance Structures and Frameworks](#) that guide the management of the South Australian health care system. This includes the [Commissioning Framework](#), [Policy Governance Framework](#), [Planning Framework](#), [Service Agreements](#), [Performance Framework](#), and SA Health Performance Framework key performance indicators as well as ensure there are local instructions, procedures, and programs in place for all relevant HAI elements.
- > All potential risks and hazards associated with IPC requirements and surveillance must be identified, actioned, documented and reported as required, including the requirements as per the [SA Health Safety Learning System](#).

- > Specimens must be collected, managed, and transported as per relevant pathology service requirements and in accordance with relevant standards and guidelines.
- > All SA Health facilities must have a process in place to ensure all patients are managed with [Standard Precautions](#) and where applicable, are risk assessed to identify when [Transmission Based Precautions](#) are indicated such as for infectious diseases and [multidrug-resistant organisms](#).

Surveillance and Reporting Requirements

- > As required by the [NSQHS Standard on Preventing and Controlling Infections](#), a local hand hygiene program (and associated reporting requirements) must be in place which is consistent with the ACSQHC [National Hand Hygiene Initiative](#) and in line with national and state requirements as below:
 - National:
 - [Australian Institute for Health and Welfare \(AIHW\)](#), and
 - [ACSQHC National Hand Hygiene Initiative](#).
 - State:
 - Relevant annual [Service Agreement](#) requirements for public health services in South Australia where applicable.
- > Surveillance and reporting of healthcare associated bloodstream infections, including healthcare associated *Staphylococcus aureus* bloodstream infection (HA-SABSI), must be reported at state and national level in accordance with the relevant requirements including agreed definitions:
 - National:
 - LHNs must report data on HA-SABSI in Australia to the [AIHW](#). HA-SABSI data for public hospitals must be submitted to AIHW by states and territories as part of the [National Staphylococcus aureus Bacteraemia Data Collection \(NSABDC\)](#). Reporting must be consistent with:
 - [Australia's Health Performance Framework \(AHPF\)](#)
 - [Australian Institute for Health and Welfare \(AIHW\)](#), and
 - [ACSQHC Standardised national requirements for healthcare-associated Staphylococcus aureus bloodstream infections \(SABSI\)](#).
 - State:
 - LHNs must report all healthcare associated bloodstream infections (all infecting organisms) as per the [SA Health Commissioning and Performance Key Performance Indicators – Master Definition Document](#) and the [SA Health ICS HAI Surveillance Program](#).
- > Surveillance and reporting of selected multidrug-resistant organisms (MRO) must occur at both state and national levels.
 - National:
 - There is no requirement to report MRO at a national level however HA-SABSI reporting includes a breakdown of MRSA and MSSA episodes.
 - State:
 - It is mandatory to notify selected MROs within South Australia, refer to SA Health [Notifiable Disease Reporting requirements](#).
 - LHN must report in accordance with the required indicators, as outlined in the:
 - [SA Health Commissioning and Performance Key Performance Indicators – Master Definition Document](#) , and
 - [SA Health ICS HAI Surveillance Program](#).

- > Surveillance and reporting of Clostridioides difficile infection (CDI) must occur:
 - National:
 - The [ACSQHC](#) must report on national CDI surveillance utilising coding data.
 - State:
 - LHNs must report CDI surveillance as per the SA Health ICS HAI Surveillance Program.
- > Surveillance and reporting of surgical site infections (SSI) must occur at state level.
 - State:
 - LHNs must report in accordance with the required indicators, as outline in the:
 - [SA Health Commissioning and Performance Key Performance Indicators – Master Definition Document](#) and
 - [SA Health ICS HAI Surveillance Program](#).
- > DHW must ensure:
 - That DHW governance and quality assurance related frameworks regarding infection prevention and control, and HAI surveillance, align with national and state requirements.
 - Nationally required HAI surveillance data in relation to [healthcare associated SABSIs in public hospitals](#), is to be reported to the AIHW in accordance with national annual reporting requirements. Note: Nationally required hand hygiene data is provided by contributing LHNs directly to the [ACSQHC National Hand Hygiene Initiative](#).
 - State required HAI surveillance data is as per the SA Health annual [Service Agreements](#), the [SA Health Performance Framework and Key Performance Indicators](#) requirements for public health services in South Australia where applicable.
 - Additional state HAI surveillance data is to be provided to the SA Health Infection Control Service by contributing LHNs and statewide clinical support services, as per the SA Health ICS HAI Surveillance Program.
 - State required HAI surveillance reporting requirements will occur as per the [SA Health Performance Framework and Key Performance Indicators](#) and also as per the ICS HAI Surveillance Program. .

6. Mandatory related documents

The following documents must be complied with under this Policy, to the extent that they are relevant:

- > [Addressing Vaccine Preventable Disease: Occupational Assessment, Screening and Vaccination Policy](#)
- > [Accreditation to National Safety and Quality Health Services Standards Policy](#)
- > [ACSQHC Clinical care standards, including:](#)
 - [Sepsis Clinical Care Standard](#)
 - [Management of Peripheral Intravenous Catheters Clinical Care Standard](#)
- > [ACSQHC Surveillance for Staphylococcus aureus bloodstream infection \(SABSIs\) – Implementation and validation guides](#)
- > [ACSQHC Hospital-acquired Complications \(HAC\)](#)
- > [Antimicrobial Stewardship Policy](#)
- > [AS 5369:2023 Reprocessing of reusable medical devices in health service organisations](#)
- > [AS/NZS4146: 2000 Laundry practice](#)

- > [Australian Guidelines for the Prevention and Control of Infection in Healthcare](#)
- > [Australasian Health Facility Guidelines: Appropriate applicable sections including Part D: Infection Prevention and Control \(2020\)](#)
- > [Biosecurity Act 2015 \(Cth\)](#)
- > [Environment Protection Act 1993 \(SA\) including Environment Protection Regulations 2023](#)
- > [Gastroenterological Society of Australia and Gastroenterological Nurses College of Australia Guideline](#)
- > [General Disposal Schedule 28 \(SA\)](#)
- > [Health Care Act 2008 \(SA\)](#)
- > [National Safety and Quality Health Service Standards \(Australian Commission on Safety and Quality in Health Care\)](#)
- > [Preventing and Controlling Infection – National Safety and Quality Health Service Standard \(Australian Commission on Safety and Quality in Health Care\)](#)
- > [Privacy Act \(Cth\) 1998](#)
- > [SA Health Carbapenemase-producing Enterobacterales \(CPE\) infection control](#)
- > [SA Health Commissioning and Performance Framework and Key Performance Indicators – Master Definition Document](#)
- > [SA Health Infection Control Service \(ICS\) Healthcare Associated Infection \(HAI\) Surveillance Program](#)
- > [South Australian Public Health Act 2011](#)
- > [The New Australian College of Perioperative Nurses \(ACORN\) Standards \(2023\)](#)
- > [Therapeutic Goods Act 1989 \(Cth\)](#)
- > [Work Health and Safety Act 2011 \(Cth\)](#)
- > [Work Health and Safety Act 2012 \(SA\)](#)

7. Supporting information

National

- > [Australian Creutzfeldt-Jakob disease \(CJD\) Guidelines](#)
- > [Australian Commission on Safety and Quality in Healthcare \(ACSQHC\) Surveillance for Clostridioides difficile infection – Implementation Guide](#)
- > [Australian Commission on Safety and Quality in Healthcare \(ACSQHC\) Hierarchy of controls in infection prevention and control fact sheet](#)
- > [Australia's Health Performance Framework \(AHPF\)](#)
- > [Australia New Zealand Food Safety Standards – Chapter 3](#)
- > [Australian Government Department of Health and Aged Care List of Declared Hospitals](#)
- > [Communicable Disease Network Australia – Series of National Guidelines](#)
- > [Healthcare-associated infections NBEDS 2021– \(aihw.gov.au\).](#)
- > [NSQHS Standards Implementation guide for Action 3.11 Aseptic Technique](#)
- > [Reducing Harm to Patients from Healthcare Associated Infection: The Role of Surveillance \(2008\)](#)

SA Health state-based guidelines (exemplars)

Clinical governance and quality improvement systems are in place to prevent and control infections, and support antimicrobial stewardship and sustainable use of infection prevention and control resources

- > [SA Health Infection Control Service \(ICS\) Healthcare Associated Infection \(HAI\) Surveillance Program](#)
- > [SA Health Governance](#)
- > [SA Health Planning Framework](#)

Infection prevention and control systems

- > [SA Health Construction and Renovation at Existing Health Care Facilities Toolkit](#)
- > [SA Health Aseptic Technique webpage](#)
- > [SA Health Cystic Fibrosis Guideline Infection and Prevention and Control Clinical Guideline](#)
- > [SA Health Cleaning Standard and Toolkit for South Australian Healthcare Facilities](#)
- > [SA Health Hand Hygiene Clinical Guideline](#)
- > [SA Health Infection Prevention and Control Management of Infectious Diseases – Summary Table](#)
- > [SA Health Methicillin-resistant Staphylococcus aureus \(MRSA\) Infection Prevention and Control Clinical Guideline](#)
- > [SA Health Multi-resistant Gram-negative Micro-organisms \(MRGN\) Infection Prevention and Control Clinical Guideline](#)
- > [SA Health Infection Prevention and Control: Exemplar Audits](#) to support the [National Safety and Quality Health Commission resources](#)
- > [SA Health Peripherally Inserted Central Catheter \(PICC\) Dressing Management Clinical Guideline](#)
- > [SA Health Viral respiratory infections webpage](#)
- > [SA Health Vancomycin-resistant Enterococci \(VRE\) Infection Prevention and Control Clinical Guideline](#)
- > [SA Health Prevention and Management of infection in healthcare settings webpage](#)
- > [SA Health Hospital Infections webpage \(Consumer resources\)](#)
- > [SA Health Healthcare Associated Infections webpage](#)
- > [SA Health Reprocessing of reusable medical devices webpage](#)
- > [SA Health Microbiological Testing of Endoscopes Clinical Guideline](#)
- > [World Health Organization: Global Strategy on infection prevention and control \(2023\)](#)

8. Definitions

- > **Bloodstream infections:** means the presence of live pathogens in the blood, causing an infection.
- > **Hand hygiene:** means the general term applying to processes aiming to reduce the number of microorganisms on hands. This includes application of a waterless antimicrobial agent (e.g. alcohol-based hand rub) to the surface of the hands; and use of soap/solution (plain or antimicrobial) and water (if hands are visibly soiled), followed by patting dry with single-use towels.
- > **Hazards and risks:** means that risk is the possibility that harm (death, injury or illness) might occur when people are exposed to a hazard. Identifying hazards involves finding all of the things and situations that could potentially cause harm to people (Safe Work SA).
- > **Healthcare Associated Infection (HAI):** means infections acquired in healthcare facilities ('nosocomial' infections) and infections that occur as a result of healthcare interventions ('iatrogenic' infections), and which may manifest after people leave the healthcare facility.

- > **Hospital Acquired Complication (HAC):** means a [hospital-acquired complication](#) (HAC) refers to a complication for which clinical risk mitigation strategies may reduce (but not necessarily eliminate) the risk of that complication occurring.
- > **Multidrug-resistant organisms (MRO):** means, in general, bacteria that are resistant to one or more classes of antimicrobial agents and are usually resistant to all but one or two commercially available antimicrobial agents.
- > **Statewide services:** means Statewide Clinical Support Services, Prison Health, SA Dental Service, Breast Screen SA and any other statewide services that fall under the governance of the LHNs.
- > **Surveillance:** means disease surveillance which is an epidemiological practice by which the spread of disease is monitored in order to establish patterns of progression. The main role of disease surveillance is to predict, observe and minimise the harm caused by outbreak, epidemic and pandemic situations, as well as increase knowledge as to what factors might contribute to such circumstances.

9. Compliance

This policy is binding on those to whom it applies or relates. Implementation at a local level may be subject to audit/assessment. The Domain Custodian must work towards the establishment of systems which demonstrate compliance with this policy, in accordance with the requirements of the [Risk Management, Integrated Compliance and Internal Audit Policy](#).

Any instance of non-compliance with this policy must be reported to the Domain Custodian for the Clinical Governance, Safety and Quality and the Domain Custodian for the Risk, Compliance and Audit Policy Domain.

10. Document ownership

Policy owner: Domain Custodian for the Clinical Governance, Safety and Quality Policy Domain

Title: Healthcare Associated Infection: Infection Prevention and Control and Surveillance and Reporting

Objective reference number: A5735584

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11. Document history

Version	Date approved	Approved by	Amendment notes
1.0	18/06/2024	Chief Executive, DHW	<p>Developed in line with the SA Health Policy Framework. This Policy will replace the following Clinical and Policy Directives, noting that clinical guidelines will exist where required:</p> <ul style="list-style-type: none"> • Aseptic Technique Clinical Directive (For retirement, refer to the existing Aseptic Technique Staff training, self-assessment and competency workbook) • Environmental Management in Healthcare Policy Directive (For retirement, refer to the existing Infection prevention and control during construction and renovation: toolkit) • Construction and Renovation at Existing Healthcare Facilities Policy Guideline (For retirement, refer to the existing Infection prevention and control during construction and renovation: toolkit) • Healthcare Associated Infection Prevention Policy Directive (Replaced by this Policy) • Healthcare Associated Infection Surveillance Clinical Directive (For retirement, replaced by this policy and HAI Surveillance Guideline – in development) • Hand Hygiene Policy Directive (For retirement, refer to the Hand Hygiene Guideline) • Peripherally Intravenous Cannula (PIVC) Infection Prevention Clinical Directive (For retirement, refer to the ACSQHC PIVC Clinical Care Standard)

			<ul style="list-style-type: none">Reprocessing of Reusable Medical Devices Policy Directive (For retirement, to be replaced with a clinical guideline – in development).
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12. Appendices

Nil

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