

Healthcare-associated infection surveillance and response

Standard operating procedure (SOP) | HOS-SOP-014

Document type	Standard operating procedure (SOP)
Title	Healthcare-associated infection surveillance and response
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Prepared by	{{roles.quality_lead.name}}, Quality lead
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Replaces	None (new document)
Standards and criteria supported	System S1 (Hospital), criterion S1.18
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Count healthcare-associated infections every month by type and ward.
2. Review the rates every quarter.
3. Act on any rise with an investigation and an action.
4. Report the results to the governance meeting.

Stop and get help straight away if: no monthly infection count has been recorded for two months.

1. Purpose

To track healthcare-associated infections over time and act when they rise (S1.18). Based on WHO core components of IPC programmes.

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

Healthcare-associated infections are common and often preventable. Tracking the rate over time shows whether prevention works.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Infection prevention and control lead	Runs surveillance and reports	Infection control
Ward manager	Reports infections; acts on rises	Nurse manager

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Surveillance register (HOS-REG-005)	Current	Updated monthly

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Count.	Record each infection with type, ward and date, using the agreed definitions.	Same definitions every month.
2	Review.	Calculate the rates each quarter and compare with the previous year.	Trends matter more than single months.
3	Respond to a rise.	- Investigate the cause. - Agree an action with an owner and a date.	A rise without an action is not acted on.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Monthly counts recorded	100%	Monthly	Infection prevention lead	Escalate to chief executive
Rises with an action	100%	Quarterly	Infection prevention lead	Escalate to governance

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
HOS-REG-005	Healthcare-associated infection surveillance register	Register

16. Evidence

ID	Source and status
E-002	WHO Core components of IPC programmes (2016).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval