

# Healthcare-associated infection surveillance register

Register | IPC-REG-001

|                                  |                                                                                                                             |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Document type                    | Register                                                                                                                    |
| Title                            | Healthcare-associated infection surveillance register                                                                       |
| Document ID                      | {{facility.code}}-IPC-REG-001                                                                                               |
| Version and status               | 1.0   Issued for use. Pending ASF Expert Committee ratification                                                             |
| Prepared by                      | {{roles.quality_lead.name}}, Quality lead                                                                                   |
| Reviewed by                      | {{roles.clinical_director.name}}, Clinical director      Date: _____                                                        |
| Approver and signature           | {{roles.clinical_director.name}}, Clinical director<br>Signature: _____      Date: _____                                    |
| Effective date                   | {{document.effective_date}}                                                                                                 |
| Next review                      | {{document.review_date}} (12 months, or sooner after any incident or change)                                                |
| Replaces                         | None (new document)                                                                                                         |
| Standards and criteria supported | Basis B1.15 (Infection Is Prevented Through a Written Programme)                                                            |
| 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. |

## Use this form when

Records each healthcare-associated infection, each cluster and its investigation, and the quarterly surveillance summary. It is the evidence that infections are counted and acted on.

## 1. How to complete

- Record each healthcare-associated infection within 48 hours of it being identified: patient, area, infection type, date of onset and date of identification.
- Record each cluster when it is identified, the investigation started within 24 hours, and the measures agreed.
- Summarise the counts each quarter and record that the summary was reviewed by the IPC lead and the clinical director.

## 2. Items to check

| # | Item                                                                  | Standard or evidence | Yes                      | No                       | N/A                      | Action if No           |
|---|-----------------------------------------------------------------------|----------------------|--------------------------|--------------------------|--------------------------|------------------------|
| 1 | Infection recorded within 48 hours (yes or no)                        | Yes                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Action and who to tell |
| 2 | Area, infection type, dates of onset and identification               | Yes                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Action and who to tell |
| 3 | Cluster identified, investigation started within 24 hours (yes or no) | Yes                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Action and who to tell |
| 4 | Measures agreed, owner and outcome                                    | Yes                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Action and who to tell |
| 5 | Quarterly summary reviewed by IPC lead and clinical director (date)   | Yes                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Action and who to tell |

Completed by (name and role): \_\_\_\_\_ Date/time: \_\_\_\_\_ Signature: \_\_\_\_\_

### 3. Evidence

| ID    | Source and status                   |
|-------|-------------------------------------|
| E-006 | ASF Policy Framework v1.2. Adapted. |
| E-009 | ASF Expert Committee consensus.     |

*EC = ASF Expert Committee consensus.*

### 4. Change history

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