



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

Health Care Associated Infections

Effective Date: January 12, 2016

Policy #: IC-13

Page 1 of 3

- I. PURPOSE:** To specify infection surveillance procedures.
- II. POLICY:** The tracking of health care associated infection is necessary to monitor overall effectiveness of Infection Prevention practices.
- III. DEFINITIONS:**
 - A. Health care associated infections or “nosocomial” and “hospital” infections, affect patients in a hospital or health-care facility, and are not present or incubating at the time of admission. They also include infections acquired by patients in the hospital or facility but appearing after discharge, and occupational infections amongst staff.
- IV. RESPONSIBILITIES:**
 - A. Nursing staff are often the first to observe changes related to possible failure of Infection Prevention Standards. Communication of concerns to the Infection Preventionist are crucial and need to follow guidelines detailed in the Infection Report policy to ensure that accurate timely reporting of diagnosed infections is achieved.
 - B. Staff Licensed Independent Practitioners (LIPs) will order cultures of infectious materials when indicated and will be active participants in Infection Surveillance.
 - C. Infection Preventionist will maintain surveillance records and utilize data gathered to make recommendations to the Infection Prevention Coordinating Group.
 - D. Infection Prevention Coordinating Group will monitor surveillance data and coordinate corrective action activities when indicated to ensure quality care and to maintain a safe working and treatment environment.
- V. PROCEDURE:**
 - A. All infections must be reported to the Infection Preventionist using the Infection Report form (see hospital policy – Infection Report). Upon receipt, the Infection

Preventionist will review and compare them to prior reports to evaluate for trends or areas of concern. Nursing staff on the treatment units will be contacted to evaluate effectiveness of treatment.

- B. Reports collected are reviewed to determine if there is a health care-associated infection.
- C. The Infection Prevention Group will review and evaluate all suspected health care-associated infections. The diagnosis and appropriateness of treatment will be reviewed by a staff physician. Attempts will be made to prevent reoccurrence.
- D. Copies of the Infection Surveillance Reports will be made available to all members of the Infection Prevention Group, all nursing supervisors, Medical Director, Medical Clinic Physicians, Director of Nursing, Hospital Administrator, and any other interested parties.
- E. While infections of all kinds are reportable the following are the major classifications that are considered hospital associated infection:
 - central line-associated bloodstream infections
 - catheter-associated urinary tract infections
 - surgical site infection
 - Clostridium difficile Infection (CDI)
 - MRSA Infection

VI. Prevention of healthcare associated infections

- Remove unnecessary central lines
- Follow proper insertion practices
- Facilitate proper insertion practices
- Comply with hand hygiene recommendations
- Use appropriate agent for skin antisepsis
- Perform adequate hub/access port disinfection practices
- Provide staff education on central line maintenance practices

VII. REFERENCES: Surveillance Prevention and Control of Infection; Medical Consultants Network, Inc., Hospital Policy – Infection Report. World Health Organization. (n.d.). Health care-associated infections Fact Sheet. CDC. (2014) Healthcare-associated Infections (HAIs).

VIII. COLLABORATED WITH: Medical Clinic Physicians

