



## **2016 e Infection Control newsletter # 9 - October**

### **Your Surveillance Policy**

In each of the 10 e newsletters for 2016, I preview a policy template. There are 14 policy templates available for purchase for you to complete yourself or with my assistance - see website. Policy includes procedures and resources.

#### **1. PREAMBLE**

- 1.1 Due to the nature of general practice where patients do not stay long, data on transmission of infection that occurs within the practice is difficult to determine.
- 1.2 When practices do record an outbreak, surveillance is the correct terminology used to capture transmission and includes events e.g. sharps injury, suspect measles etc.
- 1.3 Surveillance in practices also includes preventative actions taken to minimise transmission of infection, e.g. percentage of staff immunised with annual influenza vaccine, competency in hand hygiene and compliance.

#### **2. POLICY**

- 2.1 Any infection in an attending patient or one acquired by a staff member required to be notifiable is recorded & forwarded to local Health department per *Public Health Act*.
- 2.2 Events, such as possible body fluid exposures e.g. sharps injury, and those with potential for transmission of infection e.g. gastroenteritis where a suspect patient has vomited within close range of others, are recorded.
- 2.3 Staff are familiar with the protocol for managing suspect measles, gastro and influenza etc. They are alert to current circulating serious infections and from time to time, in line with signage are asked to prompt patients.
- 2.4 Records of patients known/suspected to be colonised/infected with Multi Resistant Organisms (MROs) are kept. Staff know how to decontaminate post patient visit.
- 2.5 As part of surveillance, a record of staff protection is kept for Influenza, Hepatitis B, Measles and Pertussis.
- 2.6 Surveillance includes keeping a record of staff attendance at Infection Control education/competency sessions.

**In this practice the following are recorded (see templates on following pages)**

1. RECORDING AN OUTBREAK WITHIN THE PRACTICE e.g. Gastro developing in staff or patients who were linked to a presenting case or each other. The Department of Health is notified as required.

2. RECORDING SHARPS' INJURIES - And other similar adverse events.

3. RECORDING THOSE WITH MULTI RESISTANT ORGANISMS

4. PROCESS SURVEILLANCE - includes preventative actions taken to minimise transmission of infection.