



## HOMES AND SENIORS SERVICES

### **POLICY & PROCEDURE NUMBER: 2.8**

**DEPARTMENT:** *Infection Control*

**SUBJECT:** *Surveillance Resident*

**APPROVAL DATE:** April 2004

**REVISION DATE:** March 2016

**REVIEW DATE:** March 2017; November 2018

**Page 1 of 6**

---

### **POLICY:**

A record of infection surveillance within the facility will be kept and made available to the Medical Director and/or Medical Officer of Health. The surveillance program will provide a system of early detection, reliable recording, analysis and control of infections within the Home. The Manager of Resident Care/delegate will regularly monitor for trends and report findings to the Medical Team/ Public Health Unit. Any further follow-up and/or any investigation required will be recorded. Separate lists will be kept for staff and residents.

### **PROCEDURE:**

#### **SURVEILLANCE – DEFINITIONS OF INFECTION**

The use of standardised definitions of infections is important. It ensures that data being interpreted is consistent and allows for comparison between residents and different areas of the facility as well as inter-facility.

The initial signs of infection in the elderly may be subtle. The following are some of the signs that may be exhibited by the resident.

- Change in appetite
- Change in mobility, transfer, locomotion (gait, speed, increased # of falls)
- Fever
- Change in behaviour or mental status (confusion, forgetfulness, lethargy)
- Change in ability to perform activities of daily living (eating, dressing, personal hygiene, toileting, transferring)
- Leucocytosis

A mechanism is in place to ensure that residents with potential infections are identified and reported to the Infection Control Team.

The following conditions are an essential part of using these definitions in surveillance.

1. Symptoms must be new or acutely worse.
2. The identification of infection should not be based on a single piece of evidence (e.g. laboratory report should be used in conjunction with presence or absence of symptoms in the resident).



## HOMES AND SENIORS SERVICES

### **POLICY & PROCEDURE NUMBER: 2.8**

**DEPARTMENT:** *Infection Control*

**SUBJECT:** *Surveillance Resident*

**APPROVAL DATE:** April 2004

**REVISION DATE:** March 2016

**REVIEW DATE:** March 2017; November 2018

**Page 2 of 6**

---

It is important to have a baseline set of vital signs for all residents.

Types of surveillance and specific process:

#### **Fever**

1. A single oral temperature at  $>37.8^{\circ}\text{C}$ ,
2. Repeated oral temperatures  $>37.2^{\circ}\text{C}$  or rectal temperature  $>37.2^{\circ}\text{C}$ , or
3. A single temperature greater than  $1.1^{\circ}\text{C}$  over baseline

#### **1. Respiratory Tract Infections**

Upper Respiratory Tract Infection (URTI)

The resident must have at least two of the following:

- Runny nose or sneezing
- Stuffy nose (congestion)
- Sore throat or hoarseness or difficulty swallowing
- Dry cough
- Swollen or tender glands in neck
- Fatigue, headache, sore muscles, increased shortness of breath
- Fever may or may not be present; symptoms must be new

Add resident's information to the 'Surveillance Form' and inform the Registered Nurse. The Registered Nurse will inform the Manager of Resident Care/delegate.

#### **PNEUMONIA**

The resident must have all of the following:

- Interpretation of a chest X-ray as pneumonia, probable pneumonia, or the presence of infiltrate.
- At least one of the signs and symptoms described under "Other Lower Respiratory Tract Infection."
- Other non-infectious causes of symptoms, in particular congestive heart failure, must be ruled out.



## HOMES AND SENIORS SERVICES

### **POLICY & PROCEDURE NUMBER: 2.8**

**DEPARTMENT:** *Infection Control*

**SUBJECT:** *Surveillance Resident*

**APPROVAL DATE:** April 2004

**REVISION DATE:** March 2016

**REVIEW DATE:** March 2017; November 2018

**Page 3 of 6**

---

Add resident's information to the 'Surveillance Form' and inform the Registered Nurse. The Registered Nurse will inform the Manager of Resident Care/delegate.

Other Lower Respiratory Tract Infection (bronchitis, tracheobronchitis)

The resident must have at least three of the following:

- New or increased cough
- New or increased sputum production
- Fever
- Pleuritic chest pain
- New physical finding on examination (rales, rhonchi, wheezes, bronchial breathing)
- One of the following to indicate change in status or breathing difficulty:
  - New/increased shortness of breath
  - Respiratory rate greater than 25 per minute
  - Worsening mental or functional status (deterioration in resident's ability to perform activities of daily living or lowering of their level of consciousness)

This diagnosis can only be made if chest X-ray is negative for pneumonia or no chest X-ray was taken.

Add resident's information to the 'Surveillance Form' and inform the Registered Nurse. The Registered Nurse will inform the Manager of Resident Care/delegate.

## **2. Symptomatic Urinary Tract Infection**

- a) The resident does not have an indwelling urinary catheter and has at least two of the following:
- Fever
  - New or increased burning pain on urination, frequency or urgency
  - New flank or suprapubic pain or tenderness
  - Gross haematuria
  - Worsening of mental or functional status
  - New/marked increase in incontinence and at least  $10^5$  cfu/mL of no more than 2 species of microorganisms in a voided urine sample *or*  $10^2$  cfu/mL of urine collected by in-and-out catheter



## HOMES AND SENIORS SERVICES

### POLICY & PROCEDURE NUMBER: 2.8

**DEPARTMENT:** *Infection Control*

**SUBJECT:** *Surveillance Resident*

**APPROVAL DATE:** April 2004

**REVISION DATE:** March 2016

**REVIEW DATE:** March 2017; November 2018

**Page 4 of 6**

---

- b) The resident has an indwelling catheter and has at least two of the following:
- Fever (>38°C) or chills
  - New flank or suprapubic pain or tenderness
  - Worsening of mental or functional status
  - Purulent discharge from around the catheter and urinary catheter specimen culture with at least 10<sup>5</sup> cfu/mL of any organism

The presence of a positive urine culture in the absence of new signs and symptoms of urinary tract infection (asymptomatic bacteriuria) is not an indicator of infection.

Add resident's information to the 'Surveillance Form' and inform the Registered Nurse. The Registered Nurse will inform the Manager of Resident Care/delegate.

### 3. **Eye Infection (Conjunctivitis)**

The resident must have one of the following:

- Pus appearing from one or both eyes, present for at least 24 hours
- New or increased conjunctival redness, with or without itching or pain, present for at least 24 hours.

Add resident's information to the 'Surveillance Form' and inform the Registered Nurse. The Registered Nurse will inform the Manager of Resident Care/delegate.

### 4. **Skin Infection**

Cellulitis/Soft Tissue/Wound Infection

The resident must have one of the following:

- Pus present at a wound, skin, or soft tissue site
- OR four or more of the following:
  - Fever
  - Worsening mental/functional status
  - Heat
  - Redness
  - Swelling
  - Tenderness or pain
  - Serous drainage



## HOMES AND SENIORS SERVICES

### POLICY & PROCEDURE NUMBER: 2.8

DEPARTMENT: *Infection Control*

SUBJECT: *Surveillance Resident*

APPROVAL DATE: April 2004

REVISION DATE: March 2016

REVIEW DATE: March 2017; November 2018

Page 5 of 6

---

Add resident's information to the 'Surveillance Form' and inform the Registered Nurse. The Registered Nurse will inform the Manager of Resident Care/delegate.

#### 5. **Bloodstream Infection (bacteraemia)**

The resident must have one of the following:

- Two or more blood cultures positive for the same organism
- A single blood culture documented with an organism thought not to be a contaminant and at least one of the following:
  - Fever
  - New hypothermia (< 34.5°C, or does not register on the thermometer being used)
  - A drop in systolic blood pressure of  $\geq 30$  mm Hg from baseline or worsening mental or functional status.

Add resident's information to the 'Surveillance Form' and inform the Registered Nurse. The Registered Nurse will inform the Manager of Resident Care/delegate.

#### 6. **Gastrointestinal Tract Infection**

The resident must have one of the following:

- Three or more liquid or watery stools above what is normal for the resident in a 24-hour period
- Two or more episodes of vomiting in a 24-hour period OR
- Both of the following:
  - A stool culture positive for a pathogen (Salmonella, Shigella, E. coli O157:H7, Campylobacter) or a toxin assay positive for C. difficile toxin
  - At least one symptom or sign compatible with gastrointestinal tract infection (nausea, vomiting, abdominal pain or tenderness, diarrhea)

Add resident's information to the 'Enteric Outbreak Line Listing Form' and inform the Registered Nurse. The Registered Nurse will inform the Manager of Resident Care/delegate.

#### 7. **Genito-urinary**

- Complaints of pain, itching
- Purulent drainage



## HOMES AND SENIORS SERVICES

### **POLICY & PROCEDURE NUMBER: 2.8**

**DEPARTMENT:** *Infection Control*

**SUBJECT:** *Surveillance Resident*

**APPROVAL DATE:** April 2004

**REVISION DATE:** March 2016

**REVIEW DATE:** March 2017; November 2018

**Page 6 of 6**

---

#### 8. **Dental**

- Swelling of face
- Redness of gums
- Loss of appetite
- Complaints of pain
- Refusal to wear dentures

#### 9. **Herpes Simplex**

- Cold sore
- Blister type rash
- Itchy

#### 10. **Herpes Zoster**

- Shingles
- Pain

#### 11. **Other Information**

The laboratory services will provide a monthly report summarising the following:

- Causative Organisms
- Source of culture
- Resident/Culture Results/Source of Infection and Location in Home in table format

This information will be provided to the Infection Control Team for analysis and trending; and, taken to PAC meetings for review.

Resources:

McGeer Criteria for Long-Term Care Surveillance Definitions, Updated 2012

Appendix:

[Daily Report of Infection](#)

[Monthly Infection Report](#)

[ICCC Report](#)