



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: 3.3

DEPARTMENT: *Infection Control*

SUBJECT: *Surveillance – Daily and Monthly System for Reporting Infections*

APPROVAL DATE: April 2004

REVISION DATE: April 2007; March 2016;

REVISION DATE: March 2017; Dec. 2020, November 2022

REVIEW DATE: Nov. 2018; Dec. 2019

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PURPOSE:

1. To provide the Home with a system for the early detection, analysis, and management of infections.
2. To provide an overview of infections at any time in the Home

PROCEDURE:

1. All residents and staff infections and communicable diseases will be reported as per guidelines in policy 3.4 “Reports of Communicable Diseases”
2. Staff information will be added to staff line listing as required, and Public Health and Ministry of Labour (MOL) will be notified as per reporting guidelines in policy 3.4 “Reports of Communicable Diseases”.
3. Resident infections/symptoms will be recorded on the daily (see 3.3 a) (if applicable) and monthly infection and prevention control surveillance tools, and documented in the resident chart.
4. The IPAC Program Manager will regularly monitor these lists for trends and report any findings to the Medical Team/Health Unit, and IPAC Committee. They will also complete follow-up and any investigation required. IPAC Program Manager will monitor symptoms and note if the resident meets case definition for certain infections based on the IPAC tool Kit definitions below (and see 3.3b).
5. Resident Infections will be referred to the Resident Physician for treatment and/or follow-up and any investigation required; and reported to Public Health and/or MOHLTC as per reporting guidelines. The IPAC Program Manager will collect these Daily Infection Tracking form each month, and provide a new copy for the new month.
6. The monthly reports will be referred to the Infection Control Committee and Professional Advisory Committee every third month and more often as necessary for investigation and recommendations.



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7. The IPAC Program Manager will use these monthly tracking forms to enter data into the excel Data Base and Reporting Tool (see 3.3 c).

8. Education is available for front line staff regarding surveillance (see example 3.3d).



Daily Infection Signs and Symptoms Tracking Form
LTC Surveillance Toolkit

Daily Infection Signs and Symptoms Tracking Form

Unit:												Month:																					
Staff Initials and Shift that Assessment was Completed																																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
D																																	
E																																	
N																																	

		Signs and Symptoms Tracking																																
		Respiratory				Urinary				Skin				GI																				
Date	Resident Name	Room No.	Temp.	Runny nose/sneezing	Stuffy nose or congestion	Sore throat	New or worsening cough	Increased Sputum production	Myalgia, body aches	Chills	Chest pain	Increase in frequency	Acute dysuria/acute pain	Hematuria	Increase urinary incontinence	Acute costovertebral pain/tenderness	Suprapubic pain	Increased urgency	Indwelling catheter	Wound/tissue drainage	Pus at wound site	Rash/lesion	Redness or swelling at site	Nausea	≥3 liquid/watery stools in 24hrs	≥2 vomiting episodes in 24hrs	Abdominal pain	Specimen submitted to lab	Infection resolved	Other				

9.



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Eye and Fungal Oral Infections

Unit:		Resident Name:	
Date:		Date of Birth:	Infection Onset Date:

Signs and Symptoms of Infection	
Conjunctivitis	Fungal Oral Infection
At least 1 of the following criteria must be met: <input type="checkbox"/> Pus appearing from 1 or both eyes, present for at least 24 hours <input type="checkbox"/> New or increased conjunctival erythema, with or without itching <input type="checkbox"/> New or increased conjunctival pain, present for at least 24 hours	Both of the following criteria must be met: <input type="checkbox"/> Presence of raised white patches on inflamed mucosa or plaques on oral mucosa <input type="checkbox"/> Diagnosis by a medical or dental provider

Healthcare Associated Infection (HAI) Attribution to the LTC Facility
Both of the following criteria must be met: <input type="checkbox"/> No evidence the infection was incubating on admission to the LTC facility <input type="checkbox"/> Infection onset occurred >2 calendar days after admission to the LTC facility

Summary

1. Does this case meet the infection case definition?
 Yes: Conjunctivitis Fungal Oral Infection



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Gastrointestinal (GI) Tract Infection

Unit:		Resident Name:	
Date:		Date of Birth:	
		Physician Name:	
		Infection Onset Date:	

Signs and Symptoms of Infection		
Gastroenteritis	Norovirus Gastroenteritis	Clostridium difficile Infection (CDI)
<p>At least 1 of the following criteria must be met:</p> <p><input type="checkbox"/> Diarrhea: 3 or more loose or watery stools above what is normal for the resident within a 24 hour period</p> <p><input type="checkbox"/> Vomiting: 2 or more episodes in a 24 hour period</p> <p><input type="checkbox"/> All of the following</p> <p style="margin-left: 20px;">a. A stool specimen testing positive for a pathogen (e.g. <i>Salmonella</i>, <i>Shigella</i>, <i>Escherichia coli</i> O157:H7, <i>Campylobacter</i> species, rotavirus)</p> <p style="margin-left: 20px;">b. At least 1 of the following</p> <p style="margin-left: 40px;">i. Nausea</p> <p style="margin-left: 40px;">ii. Vomiting</p> <p style="margin-left: 40px;">iii. Abdominal pain or tenderness</p> <p style="margin-left: 40px;">iv. Diarrhea</p> <p style="margin-left: 40px;">v. Mucous in stool</p> <p>Name of pathogen: _____</p>	<p>Both of the following criteria must be met:</p> <p><input type="checkbox"/> At least 1 of the following</p> <p style="margin-left: 20px;">a. Diarrhea: 3 or more loose or watery stools above what is normal for the resident within a 24 hour period</p> <p style="margin-left: 20px;">b. Vomiting: 2 or more episodes in a 24 hour period</p> <p><input type="checkbox"/> A stool specimen for which norovirus is positively detected by electron microscopy, enzyme immunoassay, or molecular diagnostic testing such as polymerase chain reaction (PCR)</p>	<p>Both of the following criteria must be met:</p> <p><input type="checkbox"/> One of the following GI subcriteria</p> <p style="margin-left: 20px;">a. Diarrhea: 3 or more loose or watery stools above what is normal for the resident within a 24 hour period</p> <p style="margin-left: 20px;">b. Presence of toxic megacolon (abnormal dilatation of the large bowel, documented radiologically)</p> <p><input type="checkbox"/> One of the following diagnostic subcriteria</p> <p style="margin-left: 20px;">a. A stool sample yields a positive laboratory test result for <i>C. difficile</i> toxin A or B, or a toxin-producing <i>C. difficile</i> organism is identified from a stool sample culture or by a molecular diagnostic test such as PCR</p> <p style="margin-left: 20px;">b. Pseudomembranous colitis identified during endoscopic examination or surgery or in histopathologic examination of a biopsy specimen</p>



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GI Tract Infection
Infection Case Validation Form
LTC Surveillance Toolkit

Healthcare Associated Infection (HAI) Attribution to the LTC Facility

Both of the following criteria must be met:

- No evidence the infection was incubating on admission to the LTC facility
- Infection onset occurred >2 calendar days after admission to the LTC facility, or > 3 calendars days in the case of CDI

Summary

1. Does this case meet the infection case definition?
 Yes: Gastroenteritis Norovirus gastroenteritis CDI
 No

- 2a. If yes, is this an HAI case?
 Yes
 No

- 2b. If yes, does the case involve an ARO?
 Yes: MRSA VRE ESBL CPE
 No



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Respiratory Tract Infection
Infection Case Validation Form
LTC Surveillance Toolkit

Respiratory Tract Infection (RTI)

Unit:		Resident Name:	
Date:		Date of Birth:	
		Physician Name:	
		Infection Onset Date:	

Signs and Symptoms of Infection			
Common Cold/Pharyngitis	Influenza-like Illness	Pneumonia	Lower RTI
At least 2 of the following criteria must be present that are new and cannot be attributed to allergies: <input type="checkbox"/> Runny nose or sneezing <input type="checkbox"/> Stuffy nose (i.e., congestion) <input type="checkbox"/> Sore throat or hoarseness or difficulty in swallowing <input type="checkbox"/> Dry cough <input type="checkbox"/> Swollen or tender glands in the neck (cervical lymphadenopathy) <input type="checkbox"/> N/P swab positive for a respiratory pathogen Name of pathogen: _____	At least 1 of the following criteria must be met: <input type="checkbox"/> Fever <input type="checkbox"/> New and or increased cough AND at least 1 of the following: <input type="checkbox"/> At least 2 of the following a. Chills b. New headache or eye pain c. Myalgia or body aches d. Malaise or loss of appetite e. Sore throat f. Arthralgia (joint pain) <input type="checkbox"/> N/P swab positive for Influenza virus	The following criteria must be met: <input type="checkbox"/> Interpretation of a chest radiograph as demonstrating pneumonia or the presence of a new infiltrate AND at least 1 of the following: <input type="checkbox"/> At least 1 of the constitutional criteria* <input type="checkbox"/> At least 1 of the following a. New or increased cough b. New or increased sputum production c. O2 saturation <94% on room air or a reduction in O2 saturation of >3% from baseline d. New or changed lung examination abnormalities e. Pleuritic chest pain f. Respiratory rate of ≥25 breaths/min	All 3 criteria must be met: <input type="checkbox"/> Chest radiograph not performed or negative results for pneumonia or new infiltrate <input type="checkbox"/> At least 1 of the constitutional criteria* <input type="checkbox"/> At least 2 of the following a. New or increased cough b. New or increased sputum production c. O2 saturation <94% on room air or a reduction in O2 saturation of >3% from baseline d. New or changed lung examination abnormalities e. Pleuritic chest pain f. Respiratory rate of ≥25 breaths/min

*see Constitutional Criteria below



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Respiratory Tract Infection
Infection Case Validation Form
LTC Surveillance Toolkit

Constitutional Criteria			
Fever	Leukocytosis	Change in mental status	Acute functional decline
<input type="checkbox"/> Single oral temperature >37.8°C OR <input type="checkbox"/> Repeated oral temperatures >37.2°C or rectal temperatures >37.5°C OR <input type="checkbox"/> Single temperature >1.1°C increase over baseline from any site (oral, tympanic, auxiliary)	<input type="checkbox"/> > 10 x 10 ⁹ leukocytes/L	All criteria must be met: <input type="checkbox"/> Acute onset <input type="checkbox"/> Fluctuating course <input type="checkbox"/> Inattention <input type="checkbox"/> Either disorganized thinking or altered level of consciousness	<input type="checkbox"/> A new 3-point increase in total activities of daily living (ADL) score (range, 0–28) from baseline, based on the following 7 ADL items, each scored from 0 (independent) to 4 (total dependence) 1. Bed mobility 2. Transfer 3. Locomotion within LTC facility 4. Dressing 5. Toilet use 6. Personal hygiene 7. Eating

Healthcare Associated Infection (HAI) Attribution to the LTC Facility
Both of the following criteria must be met: <input type="checkbox"/> No evidence the infection was incubating on admission to the LTC facility <input type="checkbox"/> Infection onset occurred >2 calendar days after admission to the LTC facility

Summary

1. Does this case meet the infection case definition?
 Yes: Cold/Pharyngitis Influenza-like Illness Pneumonia Lower RTI
 No

- 2a. If yes, is this an HAI case?
 Yes No

- 2b. If yes, does the case involve an ARO?
 Yes: MRSA VRE ESBL CPE
 No



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Skin Infections
Infection Case Validation Form
LTC Surveillance Toolkit

Skin Infections

Unit:		Resident Name:		Physician Name:	
Date:		Date of Birth:		Infection Onset Date:	

Signs and Symptoms of Infection			
Cellulitis, Soft Tissue, Wound	Scabies	Herpesvirus	Fungal Infection
At least 1 of the following criteria must be met: <input type="checkbox"/> Pus present at a wound, skin, or soft tissue site <input type="checkbox"/> New or increasing presence of at least 4 of the following a. Heat at the affected site b. Redness at the affected site c. Swelling at the affected site d. Tenderness or pain at the affected site e. Serous drainage at the affected site f. One constitutional criterion* <input type="checkbox"/> Non-commensal organism* isolated with at least 1 or the following a. Heat at the affected site b. Redness at the affected site c. Swelling at the affected site d. Tenderness or pain at the affected site e. Serous drainage at the affected site f. One constitutional criterion* Name of organism:	Both of the following criteria must be met: <input type="checkbox"/> A maculopapular and/or itching rash characteristic of scabies <input type="checkbox"/> At least 1 of the following a. Physician diagnosis b. Laboratory confirmation (scraping or biopsy) c. Epidemiologic linkage to a case of scabies with laboratory confirmation	For herpes simplex, both of the following criteria must be met: <input type="checkbox"/> A vesicular rash <input type="checkbox"/> Either physician diagnosis or laboratory confirmation For herpes zoster, both of the following criteria must be met; <input type="checkbox"/> A vesicular rash <input type="checkbox"/> Either physician diagnosis or laboratory confirmation	Both of the following criteria must be met: <input type="checkbox"/> Characteristic rash or lesions <input type="checkbox"/> Either a diagnosis by a medical provider or a laboratory confirmed fungal pathogen from a scraping or a medical biopsy

*see Constitutional Criteria below



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Skin Infections
Infection Case Validation Form
LTC Surveillance Toolkit

Constitutional Criteria			
Fever	Leukocytosis	Change in mental status	Acute functional decline
<input type="checkbox"/> Single oral temperature >37.8°C OR <input type="checkbox"/> Repeated oral temperatures >37.2°C or rectal temperatures >37.5°C OR <input type="checkbox"/> Single temperature >1.1°C increase over baseline from any site (oral, tympanic, auxiliary)	<input type="checkbox"/> > 10 x 10 ⁹ leukocytes/L	All criteria must be met: <input type="checkbox"/> Acute onset <input type="checkbox"/> Fluctuating course <input type="checkbox"/> Inattention <input type="checkbox"/> Either disorganized thinking or altered level of consciousness	<input type="checkbox"/> A new 3-point increase in total activities of daily living (ADL) score (range, 0–28) from baseline, based on the following 7 ADL items, each scored from 0 (independent) to 4 (total dependence) 1. Bed mobility 2. Transfer 3. Locomotion within LTC facility 4. Dressing 5. Toilet use 6. Personal hygiene 7. Eating
Healthcare Associated Infection (HAI) Attribution to the LTC Facility Both of the following criteria must be met: <input type="checkbox"/> No evidence the infection was incubating on admission to the LTC facility <input type="checkbox"/> Infection onset occurred >2 calendar days after admission to the LTC facility			

Summary

1. Does this case meet the infection case definition?
 Yes: Cellulitis, Soft Tissue, Wound Scabies Herpesvirus Fungal Infection
 No

- 2a. If yes, is this an HAI case?
 Yes No

- 2b. If yes, does the case involve an ARO?
 Yes MRSA VRE ESBL CPE
 No



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Systemic Infections
Infection Case Validation Form
LTC Surveillance Toolkit

Systemic Infections

Unit:		Resident Name:		Physician Name:	
Date:		Date of Birth:		Infection Onset Date:	

Signs and Symptoms of Infection	
Primary Blood Stream Infection (BSI)	Unexplained Febrile Episode
<p>For infections with a pathogen, both of the following criteria must be met:</p> <p><input type="checkbox"/> 1 of the following</p> <ul style="list-style-type: none"> a. Pathogen identified from 1 or more blood specimens obtained by culture b. Pathogen identified to the genus level by non-culture based microbiologic testing methods (e.g., T2MR or Karius Test) <p><input type="checkbox"/> Organism identified in the blood is not related to an infection at another body site</p> <p>Name of organism:</p>	<p><input type="checkbox"/> Fever* on two or more occasions at least 12 hours apart in any 3-day period, with no known infectious or non-infectious cause.</p>
<p>For infections with a common commensal organism, all of the following criteria must be met:</p> <p><input type="checkbox"/> Fever*, chills or hypotension</p> <p><input type="checkbox"/> A common commensal organisms is identified by culture from two or more blood specimens collected on separate occasions</p> <p><input type="checkbox"/> Organism identified in the blood is not related to an infection at another body site</p> <p>Name of organism:</p>	

*see Fever Criteria below



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Fever Criteria
<input type="checkbox"/> Single oral temperature >37.8°C OR <input type="checkbox"/> Repeated oral temperatures >37.2°C or rectal temperatures >37.5°C OR <input type="checkbox"/> Single temperature >1.1°C increase over baseline from any site (oral, tympanic, auxiliary)

Healthcare Associated Infection (HAI) Attribution to the LTC Facility
Both of the following criteria must be met: <input type="checkbox"/> No evidence the infection was incubating on admission to the LTC facility <input type="checkbox"/> Infection onset occurred >2 calendar days after admission to the LTC facility

Summary

1. Does this case meet the infection case definition?
 Yes: BSI Unexplained Febrile Episode
 No

- 2a. If yes, is this an HAI case?
 Yes
 No

- 2b. If yes, does the case involve an ARO?
 Yes: MRSA VRE ESBL CPE
 No



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UTI with an Indwelling Catheter
Infection Case Validation Form
LTC Surveillance Toolkit

Urinary Tract Infection (UTI) with an Indwelling Catheter

Unit:		Resident Name:		Physician Name:	
Date:		Date of Birth:		Infection Onset Date:	

Catheter

Patient has an indwelling catheter
Date catheter inserted or last changed:

Microbiological Testing

The following criterion must be met using urine from a catheter specimen or a midstream voided urine from a resident whose catheter has been removed within the previous 48 hours:

A urine culture with $\geq 10^6$ cfu/L of any organism(s)
Name of organism(s) cultured:

Signs and Symptoms of Infection

At least 1 of the following criteria must be met:

- At least 1 of the following sign or symptom subcriteria
- Fever*, rigors, or new-onset hypotension, with no alternate site of infection
 - Either acute change in mental status* or acute functional decline,*with no alternate diagnosis and leukocytosis
 - New-onset suprapubic pain or costovertebral angle pain or tenderness
 - Purulent discharge from around the catheter
 - Acute pain, swelling, or tenderness of the testes, epididymis, or prostate in males

A blood culture grows the same organism, with the same resistance pattern, as the urine culture and there is no alternate site of infection

*see Constitutional Criteria below



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UTI with an Indwelling Catheter
Infection Case Validation Form
LTC Surveillance Toolkit

Constitutional Criteria			
Fever	Leukocytosis	Change in mental status	Acute functional decline
<input type="checkbox"/> Single oral temperature >37.8°C OR <input type="checkbox"/> Repeated oral temperatures >37.2°C or rectal temperatures >37.5°C OR <input type="checkbox"/> Single temperature >1.1°C increase over baseline from any site (oral, tympanic, auxiliary)	<input type="checkbox"/> > 10 x 10 ⁹ leukocytes/L	All criteria must be met: <input type="checkbox"/> Acute onset <input type="checkbox"/> Fluctuating course <input type="checkbox"/> Inattention <input type="checkbox"/> Either disorganized thinking or altered level of consciousness	<input type="checkbox"/> A new 3-point increase in total activities of daily living (ADL) score (range, 0–28) from baseline, based on the following 7 ADL items, each scored from 0 (independent) to 4 (total dependence) 1. Bed mobility 2. Transfer 3. Locomotion within LTC facility 4. Dressing 5. Toilet use 6. Personal hygiene 7. Eating

Healthcare Associated Infection (HAI) Attribution to the LTC Facility
Both of the following criteria must be met: <input type="checkbox"/> No evidence the infection was incubating on admission to the LTC facility <input type="checkbox"/> Infection onset occurred >2 calendar days after admission to the LTC facility

Summary

1. Does this case meet the infection case definition?
 Yes No

- 2a. If yes, is this an HAI case?
 Yes No

- 2b. If yes, does the case involve an ARO?
 Yes: MRSA VRE ESBL CPE
 No



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UTI without an Indwelling Catheter
Infection Case Validation Form
LTC Surveillance Toolkit

Urinary Tract Infection (UTI) without an Indwelling Catheter

Unit:		Resident Name:		Physician Name:	
Date:		Date of Birth:		Infection Onset Date:	

Microbiological Testing

At least 1 of the following criteria must be met:

- A urine culture with $\geq 10^6$ cfu/L of no more than 2 species of microorganisms from a midstream urine
- A urine culture with $\geq 10^5$ cfu/L of any number of organisms in a specimen collected by in-and-out catheter

Name of organism(s) culture:

Signs and Symptoms of Infection

At least 1 of the following criteria must be met:

- Acute pain, swelling, or tenderness of the testes, epididymis, or prostate in males
- Fever* OR leukocytosis* AND at least 1 of the following localizing urinary tract subcriteria
 - a. Acute dysuria
 - b. Acute costovertebral angle pain or tenderness
 - c. Suprapubic pain
 - d. Gross hematuria
 - e. New or marked increase in incontinence
 - f. New or marked increase in urgency
 - g. New or marked increase in frequency
- In the absence of fever* or leukocytosis*, then 2 or more of the following localizing urinary tract subcriteria
 - a. Acute dysuria
 - b. Suprapubic pain
 - c. Gross hematuria
 - d. New or marked increase in incontinence
 - e. New or marked increase in urgency
 - f. New or marked increase in frequency

*see Constitutional Criteria below



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UTI without an Indwelling Catheter
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Alternatively, if none of the above criteria are met, the following criterion must be met: <input type="checkbox"/> A blood culture grows the same organism, with the same resistance pattern, as the urine culture and there is no alternate site of infection	
Constitutional Criteria	
Fever	Leukocytosis
<input type="checkbox"/> Single oral temperature >37.8°C OR <input type="checkbox"/> Repeated oral temperatures >37.2°C or rectal temperatures >37.5°C OR <input type="checkbox"/> Single temperature >1.1°C increase over baseline from any site (oral, tympanic, auxiliary)	<input type="checkbox"/> > 10 x 10 ⁹ leukocytes/L
Healthcare Associated Infection (HAI) Attribution to the LTC Facility	
Both of the following criteria must be met: <input type="checkbox"/> No evidence the infection was incubating on admission to the LTC facility <input type="checkbox"/> Infection onset occurred >2 calendar days after admission to the LTC facility	

Summary

1. Does this case meet the infection case definition?
 Yes No

- 2a. If yes, is this an HAI case?
 Yes No

- 2b. If yes, does the case involve an ARO?
 Yes: MRSA VRE ESBL CPE
 No

Excel Document IPAC Program Manager will be entering all Resident infections into: This will assist with data collection, surveillance and early detection of outbreaks.

