Infection Prevention & Control Assessment Tool for Multi Drug Resistant Organism outbreak readiness

October 2024

29/10/24: Updates from August version

- Updated numbering
- Review of shower head cleaning expectation

Introduction

Infection Prevention and Control (IPC) is a practical, evidence-based approach preventing patients and health workers from being harmed by avoidable infections. Effective IPC requires constant action at all levels of the health system, including policymakers, facility managers, health workers and those who access health services.

Outbreaks can be caused by poor IPC practices as well as new emerging infectious diseases, requiring an urgent response. IPC practice can be reviewed using an outbreak assessment tool. The tool can offer guidance to executive and senior leaders on identified risks and recommended actions. This tool is specifically targeted at multi-drug resistant organisms (MDROs) controls.

An outbreak is defined as the occurrence of cases of a disease in excess of what would normally be expected in a defined community, geographical area and or season. For example, two genomically linked Carbapenemase-producing Enterobacterales (CPE) cases in the same ward.

This tool references the Health and Disability Sector standard, <u>CORE IPC activities in VRE outbreak</u> and expert commentary.

It can also be used as a preparedness tool to measure IPC practice currently in place. The results support IPC teams, IPC Committee's and management in directing interventions and understanding areas of risk.

This is an interim tool. Feedback is welcome.

Using the Infection Prevention & Control Assessment Tool

Each section of the tool is scored. It is envisaged that 1-2 wards in the hospital would be audited if an external auditor is used. The wards chosen would represent a cross section of the hospital.

When scored the higher the score, the safer the environment and systems are to prevent cross contamination. A low score in a section will indicate that these components should be prioritised for remediation.

Site:	Date:	Time:	
Assessor/Advisor:			
Site Contact during assessment	ent:	IPC practice score	
List of staff who contributed to	this assessment:		

Number	Core Components	Yes / Confirmed	No / Unknown	Not applicable	Comments/Action
Governar	nce structures, personnel and policies				
1.1	Will the FTE available for IPC activities (in the outbreak area) be sufficient to manage increased IPC activities and BAU?				
1.2	Is there an outbreak management policy available/ being followed?				
1.3	During an outbreak: Is there an outbreak management team with relevant leads (as required for outbreak) and associated documents eg meeting minutes, action plans, risk register, with clear roles and responsibilities and comms plan, including notification of HNZ IPC team and other hospitals.				
1.4	Is an MDRO screening plan being followed / updated during outbreak?				
1.5	Are significant MDRO results communicated to IPC committee/ personnel within 24 hours of laboratory confirmation?				
1.6	Have relevant ward staff completed IPC orientation/ induction training; or training about the specific outbreak organism, IPC controls and hand hygiene during the outbreak?				

1.7	Do IPC teams have access to peer and pastoral support during outbreaks?			
	OVERALL SECTION SCORE 0-7	/7		Section score /7
Hand h	nygiene			
2.1	 Are the five moments of hand hygiene being audited? Note if extra auditing required and the plan to achieve this Note results of area 			
2.2	Is there alcohol-based hand rub (ABHR) available at each patient room's entry, bedside and available for patient/visitor use? (Note if ABHR is not suitable in this area for safety reasons)			(Review 5)
2.3	Is approved pump bottle moisturiser available in staff rooms and nursing station only?			
2.4	Do staff know how to seek support for hand skin breakdown?			(Ask 5 staff PRN)
2.5	Is patient hand hygiene available in toileting/ dressing, meal routines for patients as required?			
2.6	Are visitors asked to clean their hands? (note signage, information, observation, ask visitors)			

	OVERALL SECTION SCORE 0-6	/6		Section score /6
Transmis	sion-based precautions or outbreak safety sig			
3.1	Are there clear and visible posters stating restrictions or precautions in place on entry to: 1) site or 2) isolation rooms			
3.2	Is there appropriate PPE for contact precautions available on trolley/ wall mounts at: outbreak area or room entrance.			
3.3	Are waste bins available			
3.4	Is policy and signage in place for cleaning any reusable PPE			
	OVERALL SECTION SCORE 0-4	/4		Section score /4
Hand hyg	iene sinks			
4.1	Is soap, hand towels and waste bins available at hand hygiene sinks?			

4.2	Are hand hygiene sinks used for hand hygiene only. Do staff know how to dispose of body fluids appropriately? (question 5 staff)			
4.3	Are hand hygiene sinks free from clutter and accessible			
	OVERALL SECTION SCORE 0-3	/3		Section score /3
Patient, p	atient rooms and bathrooms			
5.1	Are patient water jugs cleaned appropriately. (Through contracted service or ward dishwasher)			
5.2	Are shared patient bathrooms cleaned on a schedule which considers the number of people using the bathroom			
5.3	Do patients have information about their precautions they are in?			
5.4	Are patients supplied with disposable cups and denture bowls for teeth cleaning, or other processes to protect patients from contamination.			
	OVERALL SECTION SCORE 0-4		Section score /4	

	Recommended: Are shower heads on a cleaning schedule- (for example removed and soaked in a chlorine solution), in areas where gross contamination of shower heads occurs.			
Patient	alerts, national warning system and contact tra	cing c	apacity	
6.1	Do patients who have MDRO have local and national alerts or national warnings placed?			
6.2	Does the hospital have an electronic IT system that captures the alerts/ warnings?			
6.3	Does the hospital have an electronic IT system that supports contact tracing?			
	OVERALL SECTION SCORE 0-3	/3		Section score /3
Staff ro	oms / break areas during outbreak			
7.1	Do staff understand why not to share food during an outbreak			
7.2	Is the cleaning schedule fridge/room/microwave present and completed			
7.3	Are hand hygiene products available for staff at meal breaks?			

7.4	Is the break room cleanable and not cluttered (no magazines in an outbreak)			
	OVERALL SECTION SCORE 0-4 (5 INDICATES ALL COMPONENTS MET)	/4		Section score /4
Staff obs	ervation (5 staff)			
8.1	When observing 5 clinical staff do they have: - Short fingernails & no nail varnish/false nails as per policy			
8.2	When observing 5 clinical staff are they: - Bare below the elbows (No wrist watches/jewellery/long sleeves)			
	OVERALL SECTION SCORE 0-2	/2		Section score /2

Clean, hygienic environment, IPC and cleaner manager input

			1	T
9.1	Are there documented cleaning processes which include the			
	-methods (including 2-step disinfection methods),			
	-frequency including weekends,			
	-materials used for cleaning that have established action against outbreak organisms.			
	-discharge/ terminal clean			
	Include technologies e.g Bioquel, automated UV units, Deprox.			
	Is the cleaning FTE sufficient in this area?			
9.2	Are there documented cleaning quality audits and feedback on routine and terminal/discharge cleaning			
9.3	Is the cleaning trolley clean with a process for cleaning the trolley and equipment			
9.4	Is the dedicated cleaning cupboard clean, organised and secure			
9.5	In an outbreak is there an <u>agreement to</u> increase cleaning of high touch points/ bathrooms / sluice cleaning (at least twice daily.			
9.6	Are patients/resident's rooms visibly clean (check ledges, equipment, surfaces, plumbed facilities)			

	OVERALL SECTION SCORE 0-6	/6		Section score /6
	(6 INDICATES ALL COMPONENTS MET)			
Shared pa	atient equipment			
10.1	Are there documented cleaning processes which include professional responsibilities, methods, frequency, and materials used for cleaning shared patient equipment. This includes discharge responsibility.			
10.2	Is there equipment and an area available to clean, store and identify clean patient equipment. Eg wipes			
10.3	Does shared equipment appear visually clean			
10.4	In the sluice room are the sanitisers – pans/urinals and/or wash bowls			
	Visually clean			
	2) Loaded correctly			
	Evidence of regular servicing/maintenance			
10.5	Is the dirty utility room:			
	Tidy with appropriate storage			
	Visually clean			
	Included in daily high touch cleans (i.e during norovirus/ MDRO outbreak)			

Is there a clean to dirty flow in dirty utility room				
Is patient equipment made from material that is intact and easily cleaned. - Has spot audit of five patient tables been completed? - Has spot audit of five mattresses been completed?				
OVERALL SECTION SCORE 0-7 (7 INDICATES ALL COMPONENTS MET)	/7			Section score /7
nd disposal of waste				
Rubbish bags for general and controlled waste are available and differentiated, as per policy				
Yellow bags are available for expressible clinical waste				
OVERALL SECTION SCORE 0-2	/2			Section score /2
ices				
During an outbreak will/ have staff communicated with the food service provider about the outbreak. If necessary, has the meal service delivery been changed to				
accommodate the outbreak.				
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12.2	Catering trolley & trays: Is there is a process to ensure trays and trolleys are not cross contaminated during reprocessing.	/2		
12.3	Are staff trained on how to access room/department to provide menu service and to deliver and collect trays/trolleys using IPC controls like PPE			
	OVERALL SECTION SCORE 0-3	/3		Section score /3
Laundry s	services			
13.1	Personal laundry is generally laundered by family/ support. However, where in- ward facility exists, there must be: - A cleaning schedule (including wiping the outside of the machines, cleaning the inside of the machines and removing lint from dryer) - Visibly clean area with dirty to clean flow - Instructions for cleaning between use apparent Cleaning wipes for benchtops and outside of machines			
13.2	Is ABHR available for use			
13.3	Is there a process for managing soiled clothing (i.e taken process in place for maintenance of machine			
	OVERALL SECTION SCORE 3	/3		Section score /3

14.1	Number of patients sharing bathrooms		
14.2	Number of shared rooms		
14.3	Is there a specific area such as dementia ward		
14.4	Number of patients/residents at risk of wandering or on patient watch		
14.5	Is there a patient admission screening document?		
14.6	Has an audit of compliance with admission or outbreak screening been undertaken? Give dates, attach details		
	NB. Section not scored.		
	OVERALL AUDIT SCORE		
	1) Governance		Section score /7
	2) Hand hygiene		Section score /6
	3) Standard outbreak		Section score /4
	4) Hand hygiene sinks		Section score /3

5) Patient and patient rooms		Section score /4
6) Patient alerts and national warning		Section score /3
7) Staff rooms		Section score /4
8) Staff observations		Section score /2
9) Clean hygienic environment		Section score /6
10) Shared patient equipment		Section score /7
11) Storage and disposal of waste		Section score /2
12) Food services		Section score /3
13) Laundry services		Section score /3
OVERALL AUDIT SCORE		Total score / 54 (if all components counted)

Appendix 1: Actions Required

Number Gap	Action	By whom	By when
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References

Infection Prevention and Control (2024) World Health Organization overview https://www.who.int/health-topics/infection-prevention-and-control/#tab=tab_1