

Policy Frameworks Mandatory Policy

MP 0108/19

Effective from: 31 May 2019 Amended on: 11 August 2025

Healthcare Associated Infection Surveillance Policy

1. Purpose

The purpose of the *Healthcare Associated Infection Surveillance Policy* (policy) is to describe the mandatory healthcare associated infection (HAI) surveillance and reporting requirements.

Infections resulting from the provision of healthcare are one of the most common causes of unintended harm suffered by health consumers. They can cause patients' pain and suffering, often result in readmissions, re-operations, antibiotic use, prolong hospital admissions and are associated with significant morbidity and mortality. As such, HAIs require significant human and financial resources and can be associated with adverse publicity and litigation.

Undertaking HAI surveillance is an essential component of effective infection prevention and allows for evaluation of prevention programs, thereby improving patient outcomes.

The HAI surveillance indicators have been developed to enable standardised and meaningful surveillance to be performed. They have been selected by a process of review and consultation and are applicable to a variety of healthcare settings within Western Australia. The indicators incorporate the requirements of the National Safety and Quality Health Service Standards.

This policy is a mandatory requirement for Health Service Providers under the *Public Health Policy Framework* pursuant to section 26(2)(c) of the *Health Services Act 2016*.

This policy is in accordance with MP 0111/19 Performance Management Policy.

2. Applicability

This policy is applicable to Health Service Provider except Health Support Services, Quadriplegic Centre and PathWest Laboratory Medicine WA.

The requirements contained within this policy are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted health entity and the State of Western Australia or Health Service Provider. The State of Western Australia or Health Service Provider is responsible for ensuring that any obligation to comply with this policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

3. Policy Requirements

Health Service Providers must:

- 3.1 Ensure and enable staff who conduct HAI surveillance to complete the <u>Australian Commission on Safety and Quality in Healthcare Infection Prevention and Control Advanced Education Modules which has specified modules on HAI surveillance.</u>
- 3.2 Have a local HAI surveillance program that includes the mandatory reporting, the methodology, definitions and data validation processes as described in the current <u>Healthcare Infection Surveillance Western Australia (HISWA) Surveillance Manual</u> to ensure the validity of data submitted to HISWA.
- 3.3 Integrate HAI surveillance data into clinical governance structures, including reporting results to governing bodies, key stakeholders and consumers.
- 3.4 Report *Staphylococcus aureus* bloodstream infection and surgical site infection following primary hip and knee arthroplasty (when applicable) as part of the Health Service Performance Reporting.

4. Compliance Monitoring

The Infection Prevention Policy and Surveillance Unit (IPPSU), on behalf of the System Manager, will monitor compliance with this policy by reviewing Health Service Provider monthly data submissions, at the end of each reporting period.

The IPPSU will undertake monthly data validation to ensure reliable data are being submitted by the Health Service Provider. In addition, Health Service Providers will provide IPPSU with training outcomes on staff who completed the <u>Australian Commission on Safety and Quality in Healthcare Infection Prevention and Control Advanced Education Modules</u>

The System Manager may also request additional information from Health Service Providers which must be provided, on mandatory HAI surveillance indicators to ensure alignment with policy requirements. In addition, the System Manager may undertake an assessment or audit should a non-compliance issue be identified.

5. Related Documents

The following documents are mandatory pursuant to this policy:

• Healthcare Infection Surveillance in Western Australia – Surveillance Manual

6. Supporting Information

The following information is not mandatory but informs and/or supports the implementation of this policy:

- Guidelines for investigating and reporting healthcare associated Staphylococcus aureus
- Australian Commission on Safety and Quality in Healthcare: <u>Infection Prevention</u> and Control Workbook 2024
- Australian Commission on Safety and Quality in Healthcare: <u>Implementation Guide</u> for the Surveillance of Staphylococcus aureus Bloodstream Infection 2021

- Australian Commission on Safety and Quality in Healthcare: <u>Surveillance Validation</u> <u>Guide for Healthcare Associated Staphylococcus aureus Bloodstream Infection</u> 2014
- Australian Commission on Safety and Quality in Healthcare: <u>Implementation Guide</u> for Surveillance of Central-line Associated Bloodstream Infection 2019
- Australian Commission on Safety and Quality in Healthcare: <u>Approaches to Surgical</u> Site Infection Surveillance 2017
- National Healthcare Safety Network: Patient Safety Component Manual

7. Definitions

The following definition(s) are relevant to this policy.

Term	Definition
Healthcare associated infection	An infection acquired by a patient as a result of the provision of healthcare and there is no evidence it was present prior to the provision of the current episode of care.
Indicators	Indicators are variables that can be measured repeatedly (directly or indirectly) over time and provide measures of change in a system. For this policy they are as described in the HISWA Surveillance Manual
Infection prevention	Infection prevention refers to the strategies and practices used to reduce the risk of healthcare infections occurring.
Surveillance	The process of collecting and collating information about our patients, their risk factors, our practices, our environment and our compliance, from various sources to provide the impetus for change to improve patient safety and quality of care

8. Policy Contact

Enquiries relating to this Policy may be directed to:

Title: Program Manager, Infection Prevention Policy and Surveillance Unit

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9. Document Control

Version	Published date	Review date	Amendment(s)
MP 0108/19	10 June 2019	June 2022	Original version
MP 0108/19 v.2.0	13 May 2022	June 2025	Updated version

- Transferred to the new mandatory policy template.
- Updated purpose section to remove information contained in the related document.
- Updated policy requirements to link to the related document and to ensure they are measurable.

• Updated supporting information.

MP 0108/19	11 August 2025	August 2028	Policy review and amendments as
v.3.0			listed below.

- Purpose section refined.
- Applicability section amended to Health Service Providers except Health Support Services, Quadriplegic Centre and PathWest Laboratory Medicine WA.

- Policy requirements: updated to ensure consistency with the revised version of the HISWA surveillance manual, 2025.
- Compliance monitoring section refined and incorporated need for staff to complete an education module on HAI surveillance.
- Related document: Healthcare Infection Surveillance Manual updated.
- Supporting information: inclusion of: <u>Guidelines for investigating and reporting</u>
 <u>healthcare associated Staphylococcus aureus</u>; <u>Australian Commission on Safety and</u>
 <u>Quality in Healthcare</u>: Infection Prevention and Control Workbook 2024
- Minor grammatical wording changes throughout the policy.

10. Approval

Approval by	Angela Kelly, A/Director General, Department of Health	
Approval date	31 May 2019	

This document can be made available in alternative formats on request for a person with a disability.

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