



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

August 2024

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, [CORE IPC activities in VRE outbreak](#) 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:

IPC practice score _____

List of staff who contributed to this assessment:

Number	Core Components	Yes / Confirmed	No / Unknown	Not applicable	Comments/Action
Governance 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.				
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?				
1.8	Is the Health New Zealand – Te Whatu Ora IPC team aware of the outbreak?				
1.9	OVERALL SECTION SCORE 0-8	/8			Section score /8
Hand hygiene					
2.1	<p>Are the five moments of hand hygiene being audited?</p> <ul style="list-style-type: none"> Note if extra auditing required and the plan to achieve this Note results of area 				
2.2	<p>Is there alcohol-based hand rub (ABHR) available at each patient room's entry, bedside and available for patient/visitor use?</p> <p>(Note if ABHR is not suitable in this area for safety reasons)</p>				(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
Transmission-based precautions or outbreak safety signage					
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: 1) outbreak area or 2) 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 hygiene sinks					

4.1	Are soap, hand towels and waste bins available at hand hygiene sinks?				
4.2	Are hand hygiene sinks which are 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, patient 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	Are shower heads on a cleaning schedule if indicated in water plan				
5.4	Are patients are supplied with (named) disposable cups and denture bowls for teeth cleaning, or other process to protect patients				

5.5	Do patients have information about their precautions they are in?				
5.6	Is water on a testing schedule in high-risk settings, if indicated by water hospital testing plan				
OVERALL SECTION SCORE 0-5		/6			Section score /6
Patient alerts, national warning system and contact tracing capacity					
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 0-5		/3			Section score /3
Staff rooms / break areas during outbreak					
7.2	Do staff understand why not to share food during an outbreak				
7.3	Is the cleaning schedule fridge/room/microwave present and completed				

7.4	Are hand hygiene products available for staff at meal breaks?				
7.6	Is the break room cleanable and not cluttered (no magazines in an outbreak)				
	OVERALL SECTION SCORE 0-5 (5 INDICATES ALL COMPONENTS MET)	/6			Section score /6

Staff observation (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

9.1	<p>Are there documented cleaning processes which include the</p> <ul style="list-style-type: none"> -methods (including 2-step disinfection methods), -frequency including weekends, -materials used for cleaning that have established action against outbreak organisms. -discharge/ terminal clean <p>Include technologies e.g Bioquel, automated UV units, Deprox.</p> <p>Is the cleaning FTE sufficient in this area?</p>				
9.2	<p>Are there documented cleaning quality audits and feedback on routine and terminal cleaning</p>				
9.3	<p>Is the cleaning trolley clean with a process for cleaning the trolley and equipment</p>				
9.4	<p>Is the dedicated cleaning cupboard clean, organised and secure</p>				
9.6	<p>In an outbreak is there an agreement to increase cleaning of high touch points/ bathrooms / sluice cleaning (at least twice daily, but this may be more frequent where many patients share the bathroom)</p>				
9.7	<p>Are patients/residents rooms visibly clean (check ledges, equipment, surfaces, plumbed facilities)</p>				

9.8	<p>Staff areas visibly clean</p> <p>Appropriate storage for belongings</p> <p>Alcohol-based hand gel is available</p>				
	<p>OVERALL SECTION SCORE 0-5</p> <p>(5 INDICATES ALL COMPONENTS MET)</p>	/8			Section score /8
Shared patient equipment					
10.1	<p>Are there documented cleaning processes which include professional responsibilities, methods, frequency, and materials used for cleaning shared patient equipment.</p> <p>This includes discharge responsibility.</p>				
10.2	<p>Is there equipment and an area available to clean, store and identify clean patient equipment. Eg wipes</p>				
10.3	<p>Does shared equipment appear visually clean</p>				
10.4	<p>In the sluice room are the sanitisers – pans/urinals and/or wash bowls</p> <ol style="list-style-type: none"> 1) Visually clean 2) Loaded correctly 3) Evidence of regular servicing/maintenance 				

10.5	<p>Is the dirty utility room:</p> <p>Tidy with appropriate storage</p> <p>Visually clean</p> <p>Included in daily high touch cleans (i.e during norovirus/ MDRO outbreak)</p>				
10.6	Is there a clean to dirty flow in dirty utility room				
10.7	<p>Is patient equipment made from material that is intact and easily cleaned.</p> <ul style="list-style-type: none"> - Has spot audit of five patient tables been completed? - Has spot audit of five mattresses been completed? 				
	<p>OVERALL SECTION SCORE 0-8</p> <p>(8 INDICATES ALL COMPONENTS MET)</p>				Section score /8
Storage and disposal of waste					
11.1	Rubbish bags for general and controlled waste are available and differentiated, as per policy				
11.2	Yellow bags are available for expressible clinical waste				
	OVERALL SECTION SCORE 0-2				Section score /2

Food services					
12.1	<p>During an outbreak will/ have staff communicated with the food service provider about the outbreak.</p> <p>If necessary, has the meal service delivery been changed to accommodate the outbreak.</p>				
12.2	Catering trolley & trays: Is there is a process to ensure trays and trolleys are not cross contaminated during reprocessing.				
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 services					
13.1	<p>Personal laundry is generally laundered by family/ support.</p> <p>However, where in- ward facility exists, there must be:</p> <ul style="list-style-type: none"> - 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 0-3	/3			Section score /3
Geographical site challenges					
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 /8

	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 /6
	6) Patient alerts and national warning				Section score /3
	7) Staff rooms				Section score /6
	8) Staff observations				Section score /2
	9) Clean hygienic environment				Section score /8
	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 / 61 (if all components counted)

Appendix 1: Actions Required

Number	Gap	Action	By whom	By when

References

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