RIVERSIDE MEDICAL CENTER, INC.

DR. PABLO O. TORRE MEMORIAL HOSPITAL

METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: **HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES**			
EFFECTIVE DATE: July 31, 2025	**REVISION DUE:** July 30, 2028	**REPLACES NUMBER:** N/A	**NO. OF PAGES:** 1 of 48
APPLIES TO: All Employees of DPOTMH		**POLICY TYPE:** Administrative	

PURPOSE:

1. To establish endemic healthcare-associated baseline infection rates to facilitate the identification of epidemic episodes and assessment of special study needs, intervention measures and policy decisions.
2. To reduce the risk of healthcare associated infections and to provide patients and personnel with optimum protection from the development of HAIs.
3. Involves physicians, nurses, IPC team and other HCP in coordination of the IPC activities hospital wide based on the size and complexity of the facility.
4. To evaluate the effectiveness of control measures.
5. To inform DPOTMH/RMCI staff about potential risks in the given patient population.
6. To detect and report notifiable diseases to the Department of Health (DOH).

DEFINITIONS:

Healthcare Associated Infection (HAI) - an infection is considered a HAI if all elements of a CDC/NHSN site-specific infection criterion were not present during the POA time period but were all present on or after the 3rd calendar day of admission to the facility (the day of hospital admission is calendar day 1). Infection window period, POA, HAI, and RIT and secondary bloodstream infection attribution period definitions do not apply to SSI, VAE, or Lab ID Events. (Secondary BSIs may be attributed to SSI events. Date of Event, as defined in this chapter, does not apply to VAE or Lab ID Events; however, it is used to identify SSI.

Date of Event (Event Date) - is the date the first element used to meet an NHSN site-specific infection criterion occurs for the first time within the 7 day infection window period. An infection is considered present on Admission (POA) if the date of event of the NHSN site-specific infection criterion occurs during the POA time period, which is defined as the day of admission to an inpatient location (calendar day 1), the 2 days before admission, and the calendar day after admission.

NHSN Infection Window Period - is defined as the 7 days during which all site-specific infection criteria must be met. For purposes of defining the Infection Window Period the following are considered diagnostic tests:

- Laboratory specimen collection
- Imaging test
- Procedure or exam
- Physician diagnosis
- Initiation of treatment

Repeat Infection Timeframe (RIT) - is a 14 day timeframe during which no new infections of the

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	REVISION DUE: July 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 2 of 48
APPLIES TO: All Employees of DPOTMH		POLICY TYPE: Administrative	

recovered during the RIT from the same type of infection is added to the event. The RIT will apply at the level of specific type of infection except for BSI, UTI, and PNEU where the RIT will apply at the major type of infection. In general, infections that occur more than 48 hours after admission and within 30 days after discharge are defined as healthcare associated.

- An infection which is acquired during hospitalization, and which was not present or incubating at the time of admission.
- An infection that is acquired in the hospital and becomes evident after discharge from the hospital.
- For the purposes of NHSN surveillance in the acute care setting, a healthcare-associated infection (HAI) is a localized or systemic condition resulting from an adverse reaction to the presence of an infectious agent(s) or its toxin(s) that was not present on admission to the acute care facility.
- Acceptable documentation includes patient-reported signs or symptoms documented in the chart by a healthcare professional.
- Physician diagnosis can be accepted as evidence of an infection only when physician diagnosis is an element of the specific infection definition.
- Infections occurring in newborns with date of event on hospital day 1 or day 2 are considered POA. Those with date of event on day 3 or later are HAI. This would include infections acquired transplacental.
- Reactivation of a latent infection (e.g., herpes zoster [shingles], herpes simplex, syphilis, or tuberculosis) is not considered to be HAI.

Surveillance - the systematic, active, ongoing observation of the occurrence and distribution of disease within a population, and the events or conditions.

Health Care-Associated Infection (HAI) - a localized or systemic condition resulting from an adverse reaction to the presence of an infectious agent(s) or its toxin(s). There must be no evidence that the infection was present or incubating at the time of admission to the acute care setting.

Endemic - usual presence of a disease or condition in a specific population or geographical area.

Endogenous Source - are body sites, such as the skin, nose, mouth, gastrointestinal tract, or vagina that are normally inhibited by microorganisms.

Exogenous Sources - are those external to the patient, such as patient care personnel, visitors, patient care equipment, medical devices, or the health care environment.

PCIN - Prevention & Control of Infection Nurse

SSI - Surgical Site Infection

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: **HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES**			
EFFECTIVE DATE: July 31, 2025	**REVISION DUE:** July 30, 2028	**REPLACES NUMBER:** N/A	**NO. OF PAGES:** 3 of 48
APPLIES TO: All Employees of DPOTMH		**POLICY TYPE:** Administrative	

CAUTI - Catheter-Associated Urinary Tract Infection
CLABSI - Central Line Associated Blood Stream Infection
VAE/VAP - Ventilator Associated Event/ Ventilator Associated Pneumonia
EMR - Electronic Medical Record
CDC - Centers for Disease Control & Prevention
HAI - Healthcare Associated Infection
MDRO - Multi-Drug-Resistant Organism
HCP - Healthcare Professionals
QPS - Quality and Patient Safety

RESPONSIBILITY:

Infection Preventionist (IP)/Infection Control Nurse, IPCU Head, Infectious Disease Doctors, Microbiology Laboratory Staff, Unit/Station Nurses, Physicians/Clinical Staff, Quality Improvement (QI) Team, Information Technology (IT)/Health Information Systems Personnel, Infection Prevention and Control Committee

POLICY:

The Healthcare-Associated Infection (HAI) Surveillance Program is laboratory-based, prospective, continuous, and hospital-wide, involving a multidisciplinary team that includes physicians (residents and PGIs), microbiology laboratory staff, and Infection Prevention and Control Nurses (IPCN). In addition, patient-based surveillance is conducted for all inpatients to ensure comprehensive monitoring.

1. The IPCU performs continuous, daily surveillance of healthcare-associated infections (HAIs) to monitor trends, identify cases early, and support effective infection prevention and control measures.

2. IPC nurse identifies VAE surveillance based on the algorithm of CDC: patient shall be on mechanical ventilator for at least 4 calendar days. The earliest day of VAE is day 3 on mechanical ventilator.

3. IPC nurse collates information of patient admitted with mechanical ventilator. Information shall include but not limited to FiO2, PEEP, body temperature, WBC count, antibiotics and culture results of sputum or endotracheal secretions (if any).

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	REVISION DUE: July 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 4 of 48
APPLIES TO: All Employees of DPOTMH		POLICY TYPE: Administrative	

4. Correctly classify the event based on the VAE algorithm hierarchy:
   4.1 If the patient meets criterion for VAC, IVAC – report as IVAC.
   4.2 If the patient meets criterion VAC, IVAC and PVAP -report as PVAP.

5. Do not upgrade an event using findings that occur outside the VAE window period.

6. This timely communication ensures prompt evaluation and appropriate infection control measures.

7. The IPCU nurse is responsible for gathering and assessing information related to positive culture results through the following sources:
   7.1 Patient's Electronic Medical Record (EMR) laboratory reports.
   7.2 Direct communication with the patient or healthcare staff when documentation is unclear or incomplete in the medical record.

8. The IPCN shall then evaluate the clinical findings using the Centers for Disease Control and Prevention (CDC) standard HAI definitions to determine whether the case qualifies as a Healthcare-Associated Infection (HAI).

9. Monthly Device-Associated Infection Surveillance and Reporting:
   9.1 A monthly device utilization data sheet is submitted by the Nursing Service Division (nursing care units) to the Infection Prevention and Control team. This data is used to calculate device-associated healthcare-associated infection (HAI) rates.
   9.2 Hospital-wide and unit-specific HAI rates are calculated monthly per 1,000 device days, as part of the patient safety bundle program.

   VAE Rate = no. of VAEs / no. of ventilator days x 1000.

10. Infection Rate Calculations Include:
    10.1 CentralLine-Associated Bloodstream Infection (CLABSI): Calculated per 1,000 central line days
    10.2 Ventilator-Associated Pneumonia (VAP): Calculated per 1,000 ventilator days
    10.3 Catheter-Associated Urinary Tract Infection (CAUTI):

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	REVISION DUE: July 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 5 of 48
APPLIES TO: All Employees of DPOTMH		POLICY TYPE: Administrative	

10.4 Catheter-Related Bloodstream Infection (CRBSI):
Calculated per 1,000 central line days

11. Feedback and Communication:
    11.1 Monthly surveillance and infection rate feedback results is provided and/ discussed to:
        11.1.1 Total Quality Division
        11.1.2 Head of NSD
        11.1.3 Infection Prevention and Control Committee members
        11.1.4 Management Committee (MANCOM)

12. Document findings in the HAI form.

13. HAI surveillance program is laboratory based, prospective, continuous, and hospital wide involving multidisciplinary team.

14. Patient based surveillance will be practiced in all inpatients.

15. IPCN evaluates patient as per CDC and NHSN HAI case definitions to decide if they harbor a healthcare associated infection.

16. Monthly device data sheet is received from the nursing administration to calculate the infection related to devices.

17. Hospital wide and ward specific healthcare associated infection rate is calculated monthly per 1000 device days as part of the patient safety bundles (e.g. CLABSI).
    17.1 Ventilator associated pneumonia is calculated monthly per 1000 ventilator days.
    17.2 Catheter associated urinary tract infection is calculated monthly per 1000 foley's days.
    17.3 Catheter related blood stream infection is calculated monthly per 1000 central line days.

18. Intensive care unit, VAP/VAE, CAUTI AND CLABSI rates will be bench marked with National Healthcare Safety Network (NHSN) and results will be trended and disseminated within different areas/units/departments every month.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: **HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES**			
EFFECTIVE DATE: July 31, 2025	**REVISION DUE:** July 30, 2028	**REPLACES NUMBER:** N/A	**NO. OF PAGES:** 6 of 48
APPLIES TO: All Employees of DPOTMH		**POLICY TYPE:** Administrative	

Surgical Site Infection (SSI) Surveillance

Data Collection Process

- A monthly surgical procedure list is obtained from Hospital Information System (HIS)
- Surveillance is conducted on patients undergoing procedures within the selected procedure categories. Clean cases are the priority.
- For each patient, data is collected on:
  - Procedure type
  - Duration of surgery (in minutes)
  - Wound classification
  - Other relevant risk factors for SSI

Post-Discharge Surveillance

- To ensure comprehensive detection of SSIs, post-discharge surveillance shall be conducted through the following methods:
  - Follow-up phone calls made by nurse managers or nursing staff
  - Outpatient clinic (OPD) follow-up visits
  - Emergency Department presentations
  - Re-admissions to inpatient wards

Patients presenting with signs of infection after discharge are assessed using standard SSI definitions.

Calculation and Benchmarking

- The SSI rate is calculated by operative procedure and risk index category, expressed per 100 surgical procedures.
- SSI rates are benchmarked monthly against:
  - National Healthcare Safety Network (NHSN) standards
  - Internal facility data
  - Comparable healthcare institutions, where applicable

Quality Improvement

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	REVISION DUE: July 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 7 of 48
APPLIES TO: All Employees of DPOTMH		POLICY TYPE: Administrative	

- These initiatives aim to analyze contributing factors, implement corrective actions, and reduce SSI rates to the lowest achievable levels.

Central Line-Associated Bloodstream Infection (CLABSI) Surveillance

- The target population are patients with central venous catheters (CVCs) admitted to intensive care units (ICUs) and other relevant units (e.g., oncology, dialysis, surgical units).
- Data collection will be done and monitored by the Infection Prevention and Control Nurse (IPCN) in collaboration with unit staff. Data is collected on:
  - Number of central line days
  - Positive blood culture results
  - Clinical signs and symptoms of infection
  - Relevant documentation in the Electronic Medical Records (EMR)

Catheter-Associated Urinary Tract Infection (CAUTI) Surveillance

- The target population are all inpatients with indwelling urinary catheters (foley catheters), particularly in high-risk areas such as intensive care units (ICUs), surgical wards, medical wards, and other catheter-using units.
- Data Collection - Surveillance is carried out daily by the Infection Prevention and Control Nurse (IPCN) in collaboration with unit nursing staff. Data includes:
  - Number of urinary catheter days
  - Positive urine culture results
  - Signs and symptoms of urinary tract infection
  - Documentation from the Electronic Medical Record (EMR)

Ventilator-Associated Pneumonia (VAP) and Ventilator-Associated Events (VAE) Surveillance

- The target population are all patients who are mechanically ventilated for more than 4 calendar days in Intensive Care Units (ICUs) or other critical care areas.
- Data Collection- Surveillance is conducted daily by the Infection Prevention and Control Nurse (IPCN) in coordination with ICU staff. Data includes:
  - Ventilator days
  - Clinical and radiological findings

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	**REVISION DUE:** July 30, 2028	**REPLACES NUMBER:** N/A	**NO. OF PAGES:** 8 of 48
APPLIES TO: All Employees of DPOTMH		**POLICY TYPE:** Administrative	

- Antibiotic use
- Culture results (sputum, tracheal aspirate, BAL, blood)
- Documentation from the Electronic Medical Record (EMR)

Please refer to details on HAI
APPENDIX I: SPECIFIC DEFINITIONS FOR HEALTH CARE ASSOCIATED INFECTION

Performance Indicators for Infection Prevention and Control

1. The following performance indicators are monitored regularly to evaluate the effectiveness of infection prevention strategies and ensure adherence to evidence-based clinical care bundles and surveillance protocols.
   - Compliance with Care Bundles
   - Monitoring of adherence to standardized care bundles is essential to reduce the risk of healthcare-associated infections (HAIs):
     - Urinary Catheter Care Bundle
       - Ensures proper insertion, maintenance, and timely removal of Foley catheters to prevent CAUTI.
     - Surgical Site Bundle
       - Monitors adherence to pre-, intra-, and post-operative infection prevention practices to reduce the risk of SSI.
     - Central Line Care Bundle
       - Tracks compliance with aseptic insertion and maintenance protocols to prevent CLABSI.
     - Ventilator Care Bundle
       - Includes practices such as head-of-bed elevation, oral care, sedation management, and suctioning to prevent VAP.

2. Infection Control Surveillance Indicators

- Ongoing surveillance is conducted for early detection, timely response, and continuous quality improvement:
  - Ventilator-Associated Pneumonia (VAP) Surveillance
    - Monitors VAP rates per 1,000 ventilator days in ICUs using CDC/NHSN definitions.
  - Surgical Site Infection (SSI) Surveillance

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	REVISION DUE: July 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 9 of 48
APPLIES TO: All Employees of DPOTMH		POLICY TYPE: Administrative	

- Central Line-Associated Bloodstream Infection (CLABSI) Surveillance
  - Evaluates CLABSI rates per 1,000 central line days in ICU and other units.
- Catheter-Associated Urinary Tract Infection (CAUTI) Surveillance
  - Monitors CAUTI rates per 1,000 urinary catheter days, with focus on device utilization and clinical outcomes.

APPENDIX I: SPECIFIC DEFINITIONS FOR HEALTH CARE ASSOCIATED INFECTION

A) PROCEDURE ASSOCIATED EVENT

- Surgical site infection-SSI
- An NHSN Operative Procedure is a Procedure:
  - That is included in Table 1 and takes place during an operation where at least one incision (including laparoscopic approach) is made through the skin or mucous membrane, or reoperation via an incision that was left open during a prior operative procedure And takes place in an operating room (OR), defined as a patient care area that met the Facilities Guidelines Institute's (FGI) or American Institute of Architects' (AIA) criteria for an operating room when it was constructed or renovated. This may include an operating room, C-section room, interventional radiology room, or a cardiac catheterization lab.
  - Infection presents at time of surgery (PATOS): PATOS denotes that there is evidence of an infection or abscess at the start of or during the index surgical procedure (in other words, it is present preoperatively).
- In recording the prevalence or incidence of wound infection within the hospital, the following information is useful:
  - The type of the operation whether it is clean, clean contaminated or contaminated/dirty.
  - Whether the wound is drained or not.
  - The presence or absence of pus.
  - The severity of wound infections.
  - Organisms and antibiotic sensitivity.
  - Probable place of infection

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: **HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES**			
EFFECTIVE DATE: July 31, 2025	**REVISION DUE:** July 30, 2028	**REPLACES NUMBER:** N/A	**NO. OF PAGES:** 10 of 48
APPLIES TO: All Employees of DPOTMH		**POLICY TYPE:** Administrative	

Table 1. Surgical Site Infection Criteria

Criterion	Surgical Site Infection (SSI)
	Superficial incisional SSI Must meet the following criteria:
	Date of event occurs within 30 days following the NHSN operative procedure (where day 1 = the procedure date) **AND** involves only skin and subcutaneous tissue of the incision **AND** patient has at least ***one*** of the following: a. purulent drainage from the superficial incision. b. organism(s) identified from an aseptically-obtained specimen from the superficial incision or subcutaneous tissue by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing [ASC/AST]) c. a superficial incision that is deliberately opened or re-accessed by a surgeon, physician* or physician designee and culture or non-culture based testing of the superficial incision or subcutaneous tissue is not performed **AND** patient has at least one of the following signs or symptoms: localized pain or tenderness; localized swelling; erythema; or heat d. diagnosis of a superficial incisional SSI by a physician* or physician designee * The term physician for the purpose of application of the NHSN SSI criteria may be interpreted to mean a surgeon, infectious disease physician, emergency physician, other physician on the case, or physician's designee (nurse practitioner or physician's assistant).

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: **HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES**			
EFFECTIVE DATE: July 31, 2025	**REVISION DUE:** July 30, 2028	**REPLACES NUMBER:** N/A	**NO. OF PAGES:** 11 of 48
APPLIES TO: All Employees of DPOTMH		**POLICY TYPE:** Administrative	

	Superficial incisional SSI
Comments	There are two specific types of superficial incisional SSIs: 1. Superficial Incisional Primary (SIP) – a superficial incisional SSI that is identified in the primary incision in a patient that has had an operation with one or more incisions (for example, C-section incision or chest incision for CBGB) 2. Superficial Incisional Secondary (SIS) – a superficial incisional SSI that is identified in the secondary incision in a patient that has had an operation with more than one incision (for example, donor site incision for CBGB) **Note:** Refer to SSI Event Reporting Instruction #7 for NHSN operative procedure categories with secondary incision sites available for SSI attribution.
Reporting Instructions for Superficial incisional SSI	**The following do not qualify as criteria for meeting the NHSN definition of superficial incisional SSI:** • Diagnosis/treatment of cellulitis does not meet superficial incisional SSI criterion 'd'. • A stitch abscess alone (minimal inflammation and discharge confined to the points of suture penetration). • A localized stab wound or pin site infection; depending on the depth, these infections might be considered either a skin (SKIN) or soft tissue (ST) infection. **Notes:** • For the purpose of NHSN surveillance, the term "incision" refers to the incision made for the primary surgical procedure and the term "stab wound" refers to an incision made at another site, generally to accommodate a drain. • For an NHSN operative procedure, a laparoscopic trocar site is considered a surgical incision and not a stab wound. If a surgeon uses a laparoscopic trocar site to place a drain at the end of a procedure this is considered a surgical incision.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: **HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES**			
EFFECTIVE DATE: July 31, 2025	**REVISION DUE:** July 30, 2028	**REPLACES NUMBER:** N/A	**NO. OF PAGES:** 12 of 48
APPLIES TO: All Employees of DPOTMH		**POLICY TYPE:** Administrative	

	Deep incisional SSI Must meet the following criteria:
	Date of event occurs within 30 or 90 days following the NHSN operative procedure (where day 1 = the procedure date) according to the list in Table 2 **AND** involves deep soft tissues of the incision (for example, fascial and muscle layers) **AND** patient has at least ***one*** of the following: a. purulent drainage from the deep incision b. a deep incision that is deliberately opened*, re-accessed, or aspirated by a surgeon, physician** or physician designee or spontaneously dehisces **AND** organism(s) identified from the deep soft tissues of the incision by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing [ASC/AST]) or culture or non-culture based microbiologic testing method is not performed. A culture or non-culture based test from the deep soft tissues of the incision that has a negative finding does not meet this criterion. **AND** patient has at least ***one*** of the following signs or symptoms: fever (>38°C); localized pain or tenderness c. an abscess or other evidence of infection involving the deep incision detected on gross anatomical exam, histopathologic exam, or imaging test **Excludes any known multi-part/multi-phase procedures that occur over more than one operative episode [during the same admission] that is documented in the medical record by a surgeon prior to first phase of the procedure.* **The term physician for the purpose of application of the NHSN SSI criteria may be interpreted to mean a surgeon, infectious disease physician, emergency physician, other physician on the case, or physician's designee (nurse practitioner or physician's assistant).

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	REVISION DUE: July 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 13 of 48
APPLIES TO: All Employees of DPOTMH		POLICY TYPE: Administrative	

Comments	Deep incisional SSI
	There are two specific types of deep incisional SSIs: 1. Deep Incisional Primary (DIP) – a deep incisional SSI that is identified in a primary incision in a patient that has had an operation with one or more incisions (for example, C-section incision or chest incision for CBGB) 2. Deep Incisional Secondary (DIS) – a deep incisional SSI that is identified in the secondary incision in a patient that has had an operation with more than one incision (for example, donor site incision for CBGB) **Note:** Refer to SSI Event Reporting Instruction #7 for NHSN operative procedure categories with secondary incision sites available for SSI attribution.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: **HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES**			
EFFECTIVE DATE: July 31, 2025	**REVISION DUE:** July 30, 2028	**REPLACES NUMBER:** N/A	**NO. OF PAGES:** 14 of 48
APPLIES TO: All Employees of DPOTMH		**POLICY TYPE:** Administrative	

	Organ/Space SSI Must meet the following criteria:
	Date of event occurs within 30 or 90 days following the NHSN operative procedure (where day 1 = the procedure date) according to the list in Table 2 **AND** involves the organ/space tissues (deeper than the fascia/muscle) **AND** patient has at least ***one*** of the following: a. purulent drainage from a drain placed into the organ/space (for example, closed suction drainage system, open drain, T-tube drain, CT-guided drainage) b. organism(s) identified from fluid or tissue in the organ/space by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing [ASC/AST]) c. an abscess or other evidence of infection involving the organ/space detected on: • gross anatomical exam or • histopathologic exam or • imaging test evidence definitive or equivocal for infection **AND** meets at least ***one*** criterion for a specific organ/space infection site listed in Table 3. These criteria are found in the Surveillance Definitions for Specific Types of Infections (Chapter 17).
Comments	Examples of gross anatomic evidence of organ/space infection: • An intraabdominal abscess will require an invasive procedure to actually visualize the abscess. • Visualization of pus or purulent drainage (includes from a drain). • Abdominal pain or tenderness **post Cesarean section (CSEC) or hysterectomy (HYST or VHYS)** is sufficient gross anatomic evidence of infection without an invasive procedure to meet general Organ/Space SSI criterion 'c' **when a Chapter 17 Reproductive Tract Infection criteria is met.** Allowing the documentation of abdominal pain or tenderness as gross anatomic evidence of infection to meet general Organ/Space SSI criterion 'c' enables the user to report an SSI-OREP, SSI-EMET or SSI-VCUF event. Abdominal pain or tenderness cannot be applied as 'other evidence of infection on gross anatomic exam' to meet Deep Incisional SSI criterion 'c' or to meet any Chapter 17 site-specific criterion (for example, OREP '2').

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: **HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES**			
EFFECTIVE DATE: July 31, 2025	**REVISION DUE:** July 30, 2028	**REPLACES NUMBER:** N/A	**NO. OF PAGES:** 15 of 48
APPLIES TO: All Employees of DPOTMH		**POLICY TYPE:** Administrative	

CLABSI SURVEILLANCE

Device associated event

A) Bloodstream Infection (BSI)

- Primary Bloodstream Infections (BSI): Laboratory-confirmed bloodstream infections (LCBI) that are not secondary to an infection at another body site.
- Secondary Bloodstream Infection: A BSI that is associated with an infection at another site is referred to as a Secondary BSI and never reported as an LCBI or CLABSI.
- Central Line-Associated BSI (CLABSI): A Laboratory-Confirmed Bloodstream Infection (LCBI) where Central Line (CL) or Umbilical Catheter (UC) was in place for > 2 calendar days on the date of event, with day of device placement being day 1 and a CL or UC was in place on the date of event or the day before. If a CL or UC was in place for > 2 calendar days and then removed, the date of event of the LCBI must be the day of discontinuation or the next day.

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	REVISION DUE: July 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 16 of 48
APPLIES TO: All Employees of DPOTMH		POLICY TYPE: Administrative	

Devices **Not** Considered Central Lines for NHSN Reporting Purposes:

- Arterial catheters unless in the pulmonary artery, aorta, or umbilical artery
- Arteriovenous fistula
- Arteriovenous graft
- Extracorporeal life support (ECMO)
- Hemodialysis reliable outflow (HERO) dialysis catheter
- Intra-aortic balloon pump (IABP) devices
- Peripheral IV or Midlines
- Ventricular Assist Device (VAD)

Table 1: Laboratory-Confirmed Bloodstream Infection Criteria:

Must meet **one** of the following LCBI criteria:

Criterion	*Comments and reporting instructions that follow the site-specific criteria provide further explanation and are integral to the correct application of the criteria.* Once an LCBI determination is made, proceed to the MBI-LCBI definitions, and determine if the corresponding MBI-LCBI criteria are also met (for example, after meeting LCBI 2, investigate for potential MBI-LCBI 2)
LCBI 1 If LCBI 1 criterion is met, consider MBI-LCBI 1	Patient of any age has a recognized bacterial or fungal pathogen, not included on the NHSN common commensal list: 1. Identified from one or more blood specimens obtained by a culture **OR** 2. Identified to the genus or species level by non-culture based microbiologic testing (NCT)* methods (for example, T2 Magnetic Resonance [T2MR] or next-generation sequencing [NGS]). ***Note:*** *If blood is collected for culture within 2 days before, or 1 day after the NCT, disregard the result of the NCT and use only the result of the CULTURE to make an LCBI surveillance determination. If no blood is collected for culture within this time period, use the result of the NCT for LCBI surveillance determination.* **AND** Organism(s) identified in blood is not related to an infection at another site (See Appendix: Secondary BSI Guide). *For the purposes of meeting LCBI 1, NCT is defined as a methodology that identifies an organism directly from a blood specimen without inoculation of the blood specimen to any culture media.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: **HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES**			
EFFECTIVE DATE: July 31, 2025	**REVISION DUE:** July 30, 2028	**REPLACES NUMBER:** N/A	**NO. OF PAGES:** 17 of 48
APPLIES TO: All Employees of DPOTMH		**POLICY TYPE:** Administrative	

	Notes: 1. If a patient meets both LCBI 1 and LCBI 2 or LCBI 3 criteria, report LCBI 1 with the recognized pathogen entered as pathogen #1 and the common commensal as pathogen #2. 2. An eligible organism in the blood specimen is the only element needed to meet LCBI 1 criterion; therefore, the LCBI 1 DOE will always be the collection date of the first positive blood specimen used to set the BSI IWP.
LCBI 2 If LCBI 2 criterion is met, consider MBI-LCBI 2	Patient of any age has at least ***one*** of the following signs or symptoms: fever (>38.0°C), chills, or hypotension **AND** Organism(s) identified in blood is not related to an infection at another site (See Appendix: Secondary BSI Guide). **AND** The same NHSN common commensal is identified by culture from two or more **blood specimens** collected on separate occasions (see Blood Specimen Collection). For common commensal organisms, refer to the NHSN Terminology Browser. **Notes:** 1. Criterion elements must occur within the 7-day IWP (as defined in Chapter 2) which includes the collection date of the positive blood specimen, the 3 calendar days before and the 3 calendar days after. 2. The two matching common commensal specimens represent a single element for use in meeting LCBI 2 criterion, and the collection date of the first specimen is used to determine the BSI IWP. 3. At least one element (specifically, a sign or symptom of fever, chills, or hypotension) is required to meet LCBI 2 criterion; the LCBI 2 DOE will always be the date the first element occurs for the first time during the BSI IWP, whether that be a sign or symptom or the positive blood specimen.

	6/1	Fever > 38.0 °C	**LCBI 2 DOE = 6/1**
	6/2	No LCBI element	
	6/3	No LCBI element	
Single element	6/4	*S. epidermidis* (1 of 2)	**Date of 1st diagnostic test = 6/4**
	6/5	*S. epidermidis* (2 of 2)	
	6/6	No LCBI element	
	6/7	No LCBI element	

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	REVISION DUE: July 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 18 of 48
APPLIES TO: All Employees of DPOTMH		POLICY TYPE: Administrative	

LCBI 3 If LCBI 3 criterion is met, consider MBI-LCBI 3	Patient ≤ 1 year of age has at least one of the following signs or symptoms: fever (>38.0°C), hypothermia (<36.0°C), apnea, or bradycardia **AND** Organism(s) identified in blood is not related to an infection at another site (See Appendix: Secondary BSI Guide). **AND** The same NHSN common commensal is identified by a culture from two or more blood specimens collected on separate occasions (see Blood Specimen Collection). For common commensal organisms, refer to the NHSN Terminology Browser. **Notes:** 1. Criterion elements must occur within the 7-day IWP (as defined in Chapter 2) which includes the collection date of the positive blood specimen, the 3 calendar days before and the 3 calendar days after. 2. The two matching common commensal specimens represent a single element for use in meeting LCBI 3 criterion, and the date of the first is used to determine the BSI IWP. At least one element (specifically, a sign or symptom of fever, hypothermia, apnea, or bradycardia) is required to meet LCBI 3 criterion; the LCBI 3 DOE will always be the date the ***first*** element occurs for the first time during the BSI IWP whether that be a sign or symptom or the positive blood specimen.

	5/31	No LCBI element	
	6/1	No LCBI element	
	6/2	No LCBI element	
Single element	6/3	*S. epidermidis* (1 of 2)	**Date of 1st diagnostic test = 6/3** **LCBI DOE = 6/3**
	6/4	*S. epidermidis* (2 of 2)	
	6/5	Apnea documented	
	6/6	No LCBI element	

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	REVISION DUE: July 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 19 of 48
APPLIES TO: All Employees of DPOTMH		POLICY TYPE: Administrative	

VAP/VAE SURVEILLANCE:

B) Pneumonia (Ventilator-Associated Pneumonia and Non-Ventilator-Associated Pneumonia) Event

- Ventilator-Associated Pneumonia (VAP): A pneumonia where the patient is on mechanical ventilation for > 2 calendar days on the date of event, with day of ventilator placement being day 1, and the ventilator was in place on the date of event or the day before. If the patient is admitted or transferred into a facility on a ventilator, the day of admission is considered day 1.
- Pneumonia is identified by using a combination of imaging, clinical and laboratory criteria.

Table 1: Specific Site Algorithms for Clinically Defined Pneumonia (PNU1)

NOTE: The PNEU Algorithms (PNU1,2,3) and Flowcharts include FOOTNOTE references. The interpretation and guidance provided in the FOOTNOTES are an important part of the algorithms and must be incorporated into the decision-making process when determining if a PNEU definition is met.

Imaging Test Evidence	Signs/Symptoms
Two or more serial chest imaging test results with at least *one* of the following (1,2,13): New and persistent or Progressive and persistent • Infiltrate • Consolidation • Cavitation • Pneumatoceles, in infants ≤1 year old **Note:** In patients *without* underlying pulmonary or cardiac disease (such as respiratory distress syndrome, bronchopulmonary dysplasia, pulmonary edema, or chronic obstructive pulmonary disease), at least one definitive imaging test result is acceptable. (1)	For ANY PATIENT, at least *one* of the following: • Fever (> 38.0°C or > 100.4°F) • Leukopenia (≤ 4000 WBC/mm³) or leukocytosis (≥ 12,000 WBC/mm³) • For adults ≥ 70 years old, altered mental status with no other recognized cause And at least *two* of the following (from separate bullets): • New onset of purulent sputum (3) or change in character of sputum (4), or increased respiratory secretions, or increased suctioning requirements • Dyspnea, or tachypnea (5), or new onset or worsening cough • Rales (6) or bronchial breath sounds • Worsening gas exchange (for example, O_2 desaturations [for example, PaO_2/FiO_2 ≤ 240] (7), increased oxygen requirements, or increased ventilator demand)
	ALTERNATE CRITERIA, for infants ≤ 1 year old: Worsening gas exchange (for example, O_2 desaturations [for example, pulse oximetry < 94%], increased oxygen requirements, or increased ventilator demand) And at least *three* of the following (from separate bullets): • Temperature instability • Leukopenia (≤ 4000 WBC/mm³) or leukocytosis (≥ 15,000 WBC/mm³) *and* left shift (≥ 10% band forms) • New onset of purulent sputum (3) or change in character of sputum (4), or increased respiratory secretions, or increased suctioning requirements • Apnea, tachypnea (5), nasal flaring with retraction of chest wall, or nasal flaring with grunting • Wheezing, rales (6), or rhonchi • Cough • Bradycardia (< 100 beats/min) or tachycardia (> 170 beats/min)
	ALTERNATE CRITERIA, for child > 1 year old or ≤ 12 years old, at least *three* of the following (from separate bullets): • Fever (> 38. 0°C or > 100. 4°F) or hypothermia (< 36. 0°C or < 96.8°F) • Leukopenia (≤ 4000 WBC/mm³) or leukocytosis (≥ 15,000 WBC/mm³) • New onset of purulent sputum (3) or change in character of sputum (4), or increased respiratory secretions, or increased suctioning requirements • Dyspnea, or apnea, or tachypnea (5), or new onset or worsening cough • Rales (6) or bronchial breath sounds • Worsening gas exchange (for example, O_2 desaturations [for example, pulse oximetry < 94%], increased oxygen requirements, or increased ventilator demand)

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	REVISION DUE: July 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 20 of 48
APPLIES TO: All Employees of DPOTMH		POLICY TYPE: Administrative	

Table 2: Specific Site Algorithm for Pneumonia with Common Bacterial or Filamentous Fungal Pathogens and Specific Laboratory Findings (PNU2)

NOTE: The PNEU Algorithms (PNU1,2,3) and Flowcharts include FOOTNOTE references. The interpretation and guidance provided in the **FOOTNOTES** are an important part of the algorithms and must be incorporated into the decision-making process when determining if a PNEU definition is met.

Imaging Test Evidence	Signs/Symptoms	Laboratory

Two or more serial chest imaging test results with at least ***one*** of the following (1,2,13):
 	
New and persistent
or
Progressive and persistent
 	
• Infiltrate
• Consolidation
• Cavitation
• Pneumatoceles, in infants ≤1 year old
 	
Note: In patients ***without*** underlying pulmonary or cardiac disease (such as respiratory distress syndrome, bronchopulmonary dysplasia, pulmonary edema, or chronic obstructive pulmonary disease), at least one definitive chest imaging test result is acceptable. (1)
	At least ***one*** of the following:
	
	• Fever (> 38.0°C or > 100.4°F)
	• Leukopenia (≤ 4000 WBC/mm^3) or leukocytosis (≥ 12,000 WBC/mm^3)
	• For adults ≥ 70 years old, altered mental status with no other recognized cause
	
	And at least ***one*** of the following:
	
	• New onset of purulent sputum (3) or change in character of sputum (4), or increased respiratory secretions, or increased suctioning requirements
	• Dyspnea, or tachypnea (5), or new onset or worsening cough
	• Rales (6) or bronchial breath sounds
	• Worsening gas exchange (for example, O_2 desaturations [for example, $PaO_2/FiO_2 \leq 240$] (7), increased oxygen requirements, or increased ventilator demand)
		At least ***one*** of the following:
		
		• Organism identified from blood (8,12)
		• Organism identified from pleural fluid (9,12)
		• Positive quantitative culture or corresponding semi-quantitative culture result (9) from minimally contaminated LRT specimen (***specifically, BAL, protected specimen brushing, or endotracheal aspirate***)
		• ≥ 5% BAL-obtained cells contain intracellular bacteria on direct microscopic exam (for example, Gram's stain)
		• Positive quantitative culture or corresponding semi-quantitative culture result (9) of lung tissue
		• Histopathologic exam shows at least ***one*** of the following evidences of pneumonia:
		  ○ Abscess formation or foci of consolidation with intense PMN accumulation in bronchioles and alveoli
		  ○ Evidence of lung parenchyma invasion by fungal hyphae or pseudohyphae

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	REVISION DUE: July 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 21 of 48
APPLIES TO: All Employees of DPOTMH		POLICY TYPE: Administrative	

Table 3: Specific Site Algorithm for Viral, Legionella, and other Bacterial Pneumonias with Definitive Laboratory Findings (PNU2)

NOTE: The PNEU Algorithms (PNU1,2,3) and Flowcharts include **FOOTNOTE** references. The interpretation and guidance provided in the **FOOTNOTES** are an important part of the algorithms and must be incorporated into the decision-making process when determining if a PNEU definition is met.

Imaging Test Evidence	Signs/Symptoms	Laboratory
Two or more serial chest imaging test results with at least ***one*** of the following (1,2,13): New and persistent or Progressive and persistent • Infiltrate • Consolidation • Cavitation • Pneumatoceles, in infants ≤1 year old **Note:** In patients ***without*** underlying pulmonary or cardiac disease (such as respiratory distress syndrome, bronchopulmonary dysplasia, pulmonary edema, or chronic obstructive pulmonary disease), at least one definitive chest imaging test result is acceptable. (1)	At least ***one*** of the following: • Fever (> 38.0°C or > 100.4°F) • Leukopenia (≤ 4000 WBC/mm^3) or leukocytosis (≥ 12,000 WBC/mm^3) • For adults ≥ 70 years old, altered mental status with no other recognized cause And at least ***one*** of the following: • New onset of purulent sputum (3) or change in character of sputum (4), or increased respiratory secretions, or increased suctioning requirements • Dyspnea, or tachypnea (5), or new onset or worsening cough • Rales (6) or bronchial breath sounds • Worsening gas exchange (for example, O2 desaturations [for example, PaO2/FiO2 ≤ 240] (7), increased oxygen requirements, or increased ventilator demand)	At least ***one*** of the following: • Virus, *Bordetella, Legionella, Chlamydia, or Mycoplasma* identified from respiratory secretions or tissue by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST) • Fourfold rise in paired sera (IgG) for pathogen (for example, influenza viruses, *Chlamydia*) • Fourfold rise in *Legionella pneumophila* serogroup 1 antibody titer to ≥ 1:128 in paired acute and convalescent sera by indirect IFA • Detection of *Legionella pneumophila* serogroup 1 antigens in urine by RIA or EIA

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: **HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES**			
EFFECTIVE DATE: July 31, 2025	**REVISION DUE:** July 30, 2028	**REPLACES NUMBER:** N/A	**NO. OF PAGES:** 22 of 48
APPLIES TO: All Employees of DPOTMH		**POLICY TYPE:** Administrative	

VAE SURVEILLANCE
Ventilator-Associated Event (VAE)

- VAEs are identified by using a combination of objective criteria: deterioration in respiratory status after a period of stability or improvement on the ventilator, evidence of infection or inflammation, and laboratory evidence of respiratory infection. Inpatient locations eligible to participate in VAE surveillance are those adult locations in acute care hospitals.

Figure 1: Ventilator-Associated Events (VAE) Surveillance Algorithm

Patient has a baseline period of stability or improvement on the ventilator, defined by ≥ 2 calendar days of stable or decreasing daily minimum* FiO_2 or PEEP values. The baseline period is defined as the 2 calendar days immediately preceding the first day of increased daily minimum PEEP or FiO_2.
*Daily minimum defined by lowest value of FiO_2 or PEEP during a calendar day that is maintained for > 1 hour.

↓

After a period of stability or improvement on the ventilator, the patient has at least one of the following indicators of worsening oxygenation:
1) Increase in daily minimum* FiO_2 of ≥ 0.20 (20 points) over the daily minimum FiO_2 of the first day in the baseline period, sustained for ≥ 2 calendar days
2) Increase in daily minimum* PEEP values of ≥ 3 cmH_2O over the daily minimum PEEP of the first day in the baseline period†, sustained for ≥ 2 calendar days.
*Daily minimum defined by lowest value of FiO_2 or PEEP during a calendar day that is maintained for > 1 hour.
†Daily minimum PEEP values of 0-5 cmH_2O are considered equivalent for the purposes of VAE surveillance.

↓

Ventilator-Associated Condition (VAC)

↓

On or after calendar day 3 of mechanical ventilation and within 2 calendar days before or after the onset of worsening oxygenation, the patient meets both of the following criteria:
1) Temperature > 38 °C or < 36°C, OR white blood cell count ≥ 12,000 cells/mm^3 or ≤ 4,000 cells/mm^3.
AND
2) A new antimicrobial agent(s) (see Appendix for eligible antimicrobial agents) is started and is continued for ≥ 4 qualifying antimicrobial days (QAD).

↓

Infection-related Ventilator-Associated Complication (IVAC)

↓

On or after calendar day 3 of mechanical ventilation and within 2 calendar days before or after the onset of worsening oxygenation, ONE of the following criteria is met (**taking into account organism exclusions specified in the protocol**):

1) Criterion 1: Positive culture of one of the following specimens, meeting quantitative or semi-quantitative thresholds[#] as outlined in protocol, without requirement for purulent respiratory secretions:
   - Endotracheal aspirate, ≥ 10^5 CFU/ml or corresponding semi-quantitative result
   - Bronchoalveolar lavage, ≥ 10^4 CFU/ml or corresponding semi-quantitative result
   - Lung tissue, ≥ 10^4 CFU/g or corresponding semi-quantitative result
   - Protected specimen brush, ≥ 10^3 CFU/ml or corresponding semi-quantitative result
2) Criterion 2: Purulent respiratory secretions (defined as secretions from the lungs, bronchi, or trachea that contain ≥ 25 neutrophils and ≤ 10 squamous epithelial cells per low power field (lpf, x100))[#] **PLUS** organism identified from one of the following specimens (to include qualitative culture, or quantitative/semi-quantitative culture without sufficient growth to meet Criterion #1):
   - Sputum
   - Endotracheal aspirate
   - Bronchoalveolar lavage
   - Lung tissue
   - Protected specimen brush
3) Criterion 3: One of the following positive tests:
   - Organism identified from pleural fluid (where specimen was obtained during thoracentesis or within 24 hours of chest tube placement; pleural fluid specimens collected after a chest tube is repositioned or from a chest tube in place > 24 hours are not eligible for PVAP)
   - Lung histopathology, defined as: 1) abscess formation or foci of consolidation with intense neutrophil accumulation in bronchioles and alveoli; 2) evidence of lung parenchyma invasion by fungi (hyphae, pseudohyphae, or yeast forms); 3) evidence of infection with the viral pathogens listed below based on results of immunohistochemical assays, cytology, or microscopy performed on lung tissue
   - Diagnostic test for *Legionella* species
   - Diagnostic test on respiratory secretions for influenza virus, respiratory syncytial virus, adenovirus, parainfluenza virus, rhinovirus, human metapneumovirus, coronavirus

[#] If the laboratory reports semi-quantitative results, those results must correspond to the quantitative thresholds. Refer to Table 2 and 3.

↓

Possible Ventilator-Associated Pneumonia (PVAP)

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	REVISION DUE: July 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 23 of 48
APPLIES TO: All Employees of DPOTMH		POLICY TYPE: Administrative	

CATHETER ASSOCIATED INFECTION (CAUTI)

- Catheter-Associated UTI (CAUTI): A UTI where an indwelling urinary catheter was in place for >2 calendar days on the date of event, with day of device placement being Day 1, AND an indwelling urinary catheter was in place on the date of event or the day before. If an indwelling urinary catheter was in place for > 2 calendar days and then removed, the date of event for the UTI must be the day of discontinuation or the next day for the UTI to be catheter-associated.

Criterion	Urinary Tract Infection (UTI)
SUTI 1b **Non-Catheter-associated Urinary Tract Infection (Non-CAUTI) in any age patient**	Patient must meet 1, 2, and 3 below: 1. One of the following is true: • Patient has/had an indwelling urinary catheter, but it has/had not been in place for more than two consecutive days in an inpatient location on the date of event† **OR** • Patient did not have an indwelling urinary catheter in place on the date of event nor the day before the date of event† 2. Patient has at least ***one*** of the following signs or symptoms: • fever (>38°C) • suprapubic tenderness* • costovertebral angle pain or tenderness* • urinary frequency ^ • urinary urgency ^ • dysuria ^ 3. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of ≥10^5 CFU/ml. (See Comments) All elements of the SUTI criterion must occur during the IWP (See IWP Definition Chapter 2 Identifying HAIs in NHSN). † When entering event into NHSN choose "NEITHER" for Risk Factor for IUC *See Comments for additional information. ^These symptoms cannot be used when an indwelling urinary catheter (IUC) is in place. An IUC in place could cause patient complaints of "frequency" "urgency" or "dysuria". **Note:** • Fever is a non-specific symptom of infection and cannot be excluded from UTI determination because it is clinically deemed due to another recognized cause.

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	REVISION DUE: July 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 24 of 48
APPLIES TO: All Employees of DPOTMH		POLICY TYPE: Administrative	

Criterion	Urinary Tract Infection (UTI)
SUTI 2 CAUTI or Non-CAUTI in patients 1 year of age or less	Patient must meet 1, 2, and 3 below: 1. Patient is ≤ 1 year of age (with[ǂ] or without an indwelling urinary catheter) 2. Patient has at least ***one*** of the following signs or symptoms: • fever (>38.0°C) • hypothermia (<36.0°C) • apnea^ • bradycardia^ • lethargy^ • vomiting^ • suprapubic tenderness*^ 3. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of ≥10^5 CFU/ml. (See Comments) All elements of the SUTI criterion must occur during the IWP (See IWP Definition Chapter 2 Identifying HAIs in NHSN). [ǂ] If patient had an indwelling urinary catheter (IUC) in place for more than two consecutive days in an inpatient location and the IUC was in place on the date of event or the previous day, the CAUTI criterion is met. If no such IUC was in place, UTI (non-catheter associated) criterion is met. *See Comments for additional information. ^With no other recognized cause **Note:** Fever and hypothermia are non-specific symptoms of infection and cannot be excluded from UTI determination because they are clinically deemed due to another recognized cause.
Comments	"Mixed flora" cannot be reported as a pathogen for a UTI event. Additionally, "mixed flora" represents at least two species of organisms and cannot be used to meet the NHSN UTI criteria. Any additional organisms recovered from the same culture would be in addition to the mixed flora, meaning there are at least three organisms present making the culture ineligible for use to meet NHSN UTI criteria. The following excluded organisms cannot be used to meet the UTI definition: ➢ Any yeast or yeast species yeast ➢ mold ➢ dimorphic fungi or ➢ parasites

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	REVISION DUE: July 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 25 of 48
APPLIES TO: All Employees of DPOTMH		POLICY TYPE: Administrative	

Comments	An acceptable urine specimen may include the above organisms if no more than one bacterium with ≥ 100,000 CFU/ml is also present. Additionally, these non-bacterial organisms identified from a blood culture cannot be deemed secondary to a UTI since the above non-bacterial organisms are excluded as organisms in the UTI definition. ➢ Suprapubic tenderness documentation - whether elicited by palpation (tenderness-sign) or provided as a subjective complaint of suprapubic pain (pain-symptom) - found in the medical record is acceptable to meet SUTI criterion if documented in the medical record during the Infection Window Period. ➢ Lower abdominal pain or bladder or pelvic discomfort are examples of symptoms that can be used as suprapubic tenderness. Generalized "abdominal pain" in the medical record is too general and not to be interpreted as suprapubic tenderness as there are many causes of abdominal pain. ➢ Lower back pain (left, right, or bilateral) or flank pain (left, right, or bilateral) are examples of symptoms that can be used as costovertebral angle pain or tenderness. Generalized "low back pain" is not to be interpreted as costovertebral angle pain or tenderness.

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	REVISION DUE: July 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 26 of 48
APPLIES TO: All Employees of DPOTMH		POLICY TYPE: Administrative	

APPENDIX II: CDC/NHSN SURVEILLANCE DEFINITIONS FOR SPECIFIC TYPES OF INFECTIONS

BJ - BONE AND JOINT INFECTION

BONE - Osteomyelitis

- Osteomyelitis shall meet at least one of the following criteria:
  1. Patient has organisms cultured from bone.
  2. Patient has evidence of osteomyelitis on gross anatomic or histopathologic exam.
  3. Patient has at least two of the following localized signs or symptoms: fever (>38.0°C±), swelling*, pain or tenderness*, heat*, or drainage*
- And at least one of the following:
  a) Organisms cultured from blood in a patient with imaging test evidence suggestive of infection (e.g., x-ray, CT scan, MRI, radiolabel scan [gallium, technetium, etc.]), which if equivocal is supported by clinical correlation.
  b) Positive non-culture diagnostic lab test on blood (e.g., antigen test, PCR).
  c) Imaging test evidence suggestive of infection (e.g., x-ray, CT scan, MRI, radiolabel scan [gallium, technetium, etc.]), which if equivocal is supported by clinical correlation.
- Reporting instruction
  - Report mediastinitis following cardiac surgery that is accompanied by osteomyelitis as SSI-MED rather than SSI-BONE.

DISC - Disc Space Infection

- Vertebral disc space infection shall meet at least one of the following criteria:
  1. Patient has organisms cultured from vertebral disc space.
  2. Patient has evidence of vertebral disc space infection on gross anatomic or histopathologic exam.
  3. Patient has at least one of the following: fever (>38.0°C±), pain at the involved vertebral disc space*
- And at least one of the following:
  a) Organisms cultured from blood in a patient with imaging test evidence suggestive of infection (e.g., x-ray, CT scan, MRI, radiolabel scan [gallium, technetium, etc.]), which if equivocal is supported by clinical correlation.
  b) Positive non-culture diagnostic lab test on blood or urine (e.g., antigen test, PCR).
  c) Imaging test evidence suggestive of infection (e.g., x-ray, CT scan, MRI, radiolabel scan

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	REVISION DUE: July 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 27 of 48
APPLIES TO: All Employees of DPOTMH		POLICY TYPE: Administrative	

JNT - Joint or Bursa Infection (not for use after HPRO or KPRO procedures)

- Joint or bursa infections shall meet at least one of the following criteria:

1. Patient has organisms cultured from joint fluid or synovial biopsy.
2. Patient has evidence of joint or bursa infection on gross anatomic or histopathologic exam.
3. Patient has at least two of the following signs or symptoms with no other recognized cause: swelling, pain or tenderness, heat, evidence of effusion, or limitation of motion.

- And at least one of the following:

a) Elevated joint fluid white blood cell count (per reporting laboratory's reference range) or positive leukocyte esterase test strip of joint fluid.
b) Organisms and white blood cells seen on Gram stain of joint fluid.
c) Organisms cultured from blood.
d) Positive non-culture diagnostic lab test on blood, urine, or joint fluid (e.g., antigen test, PCR).
e) Imaging test evidence suggestive of infection (e.g., x-ray, CT scan, MRI, radiolabel scan [gallium, technetium, etc.]), which if equivocal is supported by clinical correlation.

PJI - Periprosthetic Joint Infection (following HPRO and KPRO only)

- Joint or bursa infections shall meet at least one of the following criteria:

1. Two positive periprosthetic (tissue or fluid) cultures with matching organisms.
2. A sinus tract communicating with the joint.

- Having three of the following minor criteria:

a) Elevated serum C-reactive protein (CRP; >100 mg/L) and erythrocyte sedimentation rate (ESR; >30 mm/hr).
b) Elevated synovial fluid white blood cell (WBC; >10,000 cells/µL) count or ++ (or greater) change on leukocyte esterase test strip of synovial fluid
c) Elevated synovial fluid polymorphonuclear neutrophil percentage (PMN% >90%)
d) Positive histological analysis of periprosthetic tissue (>5 neutrophils (PMNs) per high power field)
e) A single positive periprosthetic (tissue or fluid) culture

CNS - CENTRAL NERVOUS SYSTEM INFECTION

- IC-Intracranial infection (brain abscess, subdural or epidural infection, encephalitis).
- Intracranial infection shall meet at least one of the following criteria:

1. Patient has organisms cultured from brain tissue or dura.
2. Patient has an abscess or evidence of intracranial infection on gross anatomic or histopathologic exam.

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	REVISION DUE: July 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 28 of 48
APPLIES TO: All Employees of DPOTMH		POLICY TYPE: Administrative	

(>38.0°C), localizing neurologic signs*, changing level of consciousness*, or confusion*.

- And at least one of the following:

a) Organisms seen on microscopic examination of brain or abscess tissue obtained by needle aspiration or during an invasive procedure or autopsy.
b) Positive non culture diagnostic laboratory test on blood or urine (e.g., antigen test, PCR).
c) Imaging test evidence suggestive of infection, (e.g., ultrasound, CT scan MRI, radionuclide brain scan, or arteriogram), which if equivocal is supported by clinical correlation.
d) Diagnostic single antibody titer (IgM) or 4-fold increase in paired sera (IgG) for organism.
e) Patient ≤1 year of age has at least two of the following signs or symptoms: fever (>38.0°C), hypothermia (<36.0°C), apnea*, bradycardia*, localizing neurologic signs*, or changing level of consciousness* (e.g., irritability, poor feeding, lethargy).

- And at least one of the following:

a) Organisms seen on microscopic examination of brain or abscess tissue obtained by needle aspiration or during an invasive procedure or autopsy.
b) Positive non culture diagnostic laboratory test on blood or urine (e.g., antigen test, PCR).
c) Imaging test evidence suggestive of infection, (e.g., ultrasound, CT scan, MRI, radionuclide brain scan, or arteriogram), which if equivocal is supported by clinical correlation.
d) Diagnostic single antibody titer (IgM) or 4-fold increase in paired sera (IgG) for organism.

MEN - Meningitis or Ventriculitis

- Meningitis or ventriculitis shall meet at least one of the following criteria:

1. Patient has organisms cultured from cerebrospinal fluid (CSF).

- Patient has at least two of the following:

a) Fever (>38.0°C±) or headache (Note: Elements of "i" alone may not be used to meet the two required elements)
b) Meningeal sign(s)*
c) Cranial nerve sign(s)*

- And at least one of the following:

a) Increased white cells, elevated protein, and decreased glucose in CSF (per reporting laboratory's reference range).
b) Organisms seen on Gram stain of CSF.
c) Organisms cultured from blood.
d) Positive nonculture diagnostic laboratory test of CSF, blood, or urine.
e) Diagnostic single antibody titer (IgM) or 4-fold increase in paired sera (IgG) for organism.

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	REVISION DUE: July 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 29 of 48
APPLIES TO: All Employees of DPOTMH		POLICY TYPE: Administrative	

a) Fever (>38.0°C±), hypothermia (<36.0°C±), apnea, bradycardia, or irritability (Note: Elements of "i" alone may not be used to meet the required two elements).
b) Meningeal signs*
c) Cranial nerve signs*

- And at least one of the following:

a) Increased white cells, elevated protein, and decreased glucose in CSF (per reporting laboratory's reference range).
b) Organisms seen on Gram stain of CSF.
c) Organisms cultured from blood.
d) Positive nonculture diagnostic laboratory test of CSF, blood, or urine.
e) Diagnostic single antibody titer (IgM) or 4-fold increase in paired sera (IgG) for organism.

CVS - CARDIOVASCULAR SYSTEM INFECTION

CARD - Myocarditis or Pericarditis

- Myocarditis or pericarditis shall meet at least one of the following criteria:

1. Patient has organisms cultured from pericardial tissue or fluid.
2. Patient has at least two of the following signs or symptoms: fever (>38.0°C), chest pain*, paradoxical pulse*, or increased heart size*.

- And at least one of the following:

a) Abnormal EKG consistent with myocarditis or pericarditis.
b) Positive non-culture diagnostic lab test on blood (e.g., antigen test, PCR).
c) Evidence of myocarditis or pericarditis on histologic exam of heart tissue.
d) 4-fold rise in paired sera from IgG antibody titer.
e) Pericardial effusion identified by echocardiogram, CT scan, MRI, or angiography.
f) Patient ≤1 year of age has at least two of the following signs or symptoms: fever (>38.0°C), hypothermia (<36.0°C), apnea*, bradycardia*, paradoxical pulse*, or increased heart size*.

- And at least one of the following:

a) Abnormal EKG consistent with myocarditis or pericarditis.
b) Positive non-culture lab test on blood (e.g., antigen test, PCR).
c) Histologic examination of heart tissue shows evidence of myocarditis or pericarditis.
d) 4-fold rise in paired sera from IgG antibody titer.
e) Pericardial effusion identified by echocardiogram, CT scan, MRI, or angiography.

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	REVISION DUE: July 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 30 of 48
APPLIES TO: All Employees of DPOTMH		POLICY TYPE: Administrative	

ENDO - Endocarditis

- Endocarditis of a natural or prosthetic heart valve shall meet at least one of the following criteria:

1. Organisms cultured from cardiac vegetation*, embolized vegetation (e.g., solid organ abscess) documented as originating from cardiac source, or intracardiac abscess.
2. Organisms seen on histopathologic examination of cardiac vegetation, embolized vegetation (e.g., solid organ abscess) documented as originating from cardiac source, or intracardiac abscess.
3. Endocarditis seen on histopathologic examination of cardiac vegetation or intracardiac abscess.

- At least one of the following echocardiographic evidence of endocarditis:

a) Vegetation on cardiac valve or supporting structures.
b) Intracardiac abscess.
c) New partial dehiscence of prosthetic valve.

- And at least one of the following:

a) Typical infectious endocarditis organisms (i.e., Viridans group streptococci, Streptococcus bovis, Haemophilus spp., Actinobacillus actinomycetemcomitans, Cardiobacterium hominis, Eikenella corrodens, Kingella spp., Staphylococcus aureus) from ≥2 blood cultures drawn on separate occasions (on same or consecutive days).
b) Coxiella burnetii cultured from blood or identified by anti-phase I IgG antibody titer >1:800.

- At least three of the following:

a) Prior endocarditis, prosthetic valve, uncorrected congenital heart disease, history of rheumatic heart disease, hypertrophic obstructive cardiomyopathy, or known IV drug use.
b) Fever (>38.0°C)
c) Vascular phenomena: major arterial emboli (i.e., embolic stroke, renal infarct, splenic infarct or abscess, digital ischemic/gangrene from embolic source), septic pulmonary infarcts, mycotic aneurysm (documented by imaging, seen in surgery, or described in gross pathological specimen), intracranial hemorrhage, conjunctival hemorrhages, or Janeway's lesions documented.
d) Immunologic phenomena: glomuleronephritis (documented or chart, or white cell or red blood cell casts on urinalysis), Osler's nodes, Roth's spots, or positive rheumatoid factor.

- And at least one of the following:

a) Typical infectious endocarditis organisms (i.e., Viridans group streptococci, Streptococcus bovis, Haemophilus spp., Actinobacillus actinomycetemcomitans, Cardiobacterium hominis, Eikenella corrodens, Kingella spp., Staphylococcus aureus) from ≥2 blood cultures drawn on separate occasions (on same or consecutive days).

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	REVISION DUE: July 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 31 of 48
APPLIES TO: All Employees of DPOTMH		POLICY TYPE: Administrative	

VASC - Arterial or Venous Infection

Note: If a patient meets the criteria for an LCBI in the presence of an intravascular infection report as an LCBI not as a VASC.

- Arterial or venous infection shall meet at least one of the following criteria:

1. Patient has organisms cultured from extracted arteries or veins.
2. Patient has evidence of arterial or venous infection on gross anatomic or histopathologic exam.
3. Patient has at least one of the following signs or symptoms: fever (>38.0°C), pain*, erythema*, or heat at involved vascular site*.
4. More than 15 colonies cultured from intravascular cannula tip using semiquantitative culture method.
5. Patient has purulent drainage at involved vascular site.
6. Patient ≤1 year of age has at least one of the following signs or symptoms: fever (>38.0°C), hypothermia (<36.0°C), apnea*, bradycardia*, lethargy*, pain*, erythema*, or heat at involved vascular site*
7. More than 15 colonies cultured from intravascular cannula tip using semiquantitative culture method.

CONJ - Conjunctivitis

- Conjunctivitis shall meet at least one of the following criteria:

1. Patient has organism(s) cultured from purulent exudate obtained from the conjunctiva or contiguous tissues, (e.g., eyelid, cornea, meibomian glands, or lacrimal glands).
2. Patient has pain or redness of conjunctiva or around eye.

- And at least one of the following:

a) WBCs and organisms seen on Gram stain of exudate.
b) Purulent exudate.
c) Positive nonculture diagnostic laboratory test on exudate or conjunctival scraping (e.g., antigen tests such as ELISA or IF for Chlamydia trachomatis, herpes simplex virus, adenovirus).
d) Multinucleated giant cells seen on microscopic examination of conjunctival exudate or scrapings.
e) Positive viral culture on exudate or conjunctival scraping.
f) Diagnostic single antibody titer (IgM) or 4-fold increase in paired sera (IgG) for organism.

- Reporting instructions

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	**REVISION DUE:** July 30, 2028	**REPLACES NUMBER:** N/A	**NO. OF PAGES:** 32 of 48
APPLIES TO: All Employees of DPOTMH		**POLICY TYPE:** Administrative	

2. Do not report chemical conjunctivitis, caused by silver nitrate (AgNO3), as a healthcare–associated infection.
3. Do not report a separate case of conjunctivitis that occurs as a part of another viral illness (e.g., URI).

EAR - Ear, Mastoid Infection

- Ear and mastoid infections shall meet at least one of the following criteria:
  - Otitis externa must meet at least one of the following criteria:

1. Patient has organism(s) cultured from purulent drainage from ear canal.
2. Patient has at least one of the following localized signs or symptoms: fever (>38.0°C), pain*, erythema*.
3. Organism(s) seen on Gram stain of purulent drainage from ear canal.

- Otitis media must meet at least one of the following criteria:

a) Patient has organism(s) cultured from fluid from middle ear obtained during an invasive procedure, e.g., tympanocentesis.

EYE - Eye infection, other than conjunctivitis

- An infection of the eye, other than conjunctivitis, must meet at least one of the following criteria:

1. Patient has organisms cultured from anterior or posterior chamber or vitreous fluid.
2. Patient has at least two of the following signs or symptoms with no other recognized cause: eye pain, visual disturbance, or hypopyon.

- And at least one of the following:

a) Physician initiates antimicrobial therapy within two days of onset or worsening of symptoms.
b) Positive non-culture diagnostic laboratory test on blood (e.g., antigen test, PCR).
c) ORAL-Oral cavity infection (mouth, tongue, or gums)

- Oral cavity infections must meet at least one of the following criteria:

1. Patient has organisms cultured from either abscess or purulent material from tissues of oral cavity.
2. Patient has an abscess or other evidence of oral cavity infection found on invasive procedure, gross anatomic exam, or histopathologic exam.
3. Patient has at least one of the following signs or symptoms with no other recognized cause: ulceration, raised white patches on inflamed mucosa, or plaques on oral mucosa.

- And at least one of the following:

a) Positive non-culture diagnostic laboratory test on mucosal scrapings or exudate (e.g., antigen

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	REVISION DUE: July 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 33 of 48
APPLIES TO: All Employees of DPOTMH		POLICY TYPE: Administrative	

b) Multinucleated giant cells seen on microscopic examination of mucosal scrapings or exudate.
c) Positive viral culture on mucosal scrapings or exudate.
d) Diagnostic single antibody titer (IgM) or 4-fold increase in paired sera (IgG) for organism.

UR - Upper Respiratory Tract Infection, Pharyngitis, Laryngitis, Epiglottitis

- Upper respiratory tract infections must meet at least one of the following criteria:

1. Patient has at least two of the following signs or symptoms: fever (>38.0°C), erythema of pharynx*, sore throat*, cough*, hoarseness*, or purulent exudate in throat*.

- And at least one of the following:

a) Organisms cultured from upper respiratory site [i.e. larynx, pharynx, and epiglottis] (Note: excludes sputum because sputum is not an upper respiratory specimen).
b) Positive non-culture diagnostic laboratory test from upper respiratory site [i.e. larynx, pharynx, and epiglottis] (Note: excludes sputum because sputum is not an upper respiratory specimen).
c) Diagnostic single antibody titer (IgM) or 4-fold increase in paired sera (IgG) for organism.
d) Physician diagnosis of an upper respiratory infection.
e) Patient has an abscess on gross anatomical or histopathologic exam or imaging test.
f) Patient ≤1 year of age has at least two of the following signs or symptoms: fever (>38.0°C), hypothermia (<36.0°C), apnea*, bradycardia*, nasal discharge*, or purulent exudate in throat*

- And at least one of the following:

a) Organisms cultured from upper respiratory site [i.e. larynx, pharynx, and epiglottis] (Note: excludes sputum because sputum is not an upper respiratory specimen).
b) Positive non-culture diagnostic laboratory test from upper respiratory site [i.e. larynx, pharynx, and epiglottis] (Note: excludes sputum because sputum is not an upper respiratory specimen).
c) Diagnostic single antibody titer (IgM) or 4-fold increase in paired sera (IgG) for organism.
d) Physician diagnosis of an upper respiratory infection.

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	REVISION DUE: July 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 34 of 48
APPLIES TO: All Employees of DPOTMH		POLICY TYPE: Administrative	

GI - GASTROINTESTINAL SYSTEM INFECTION

CDI - Clostridium Difficile Infection

- Clostridium difficile infection shall meet at least one of the following criteria:

1. Positive test for toxin-producing C. difficile on an unformed stool specimen (conforms to the shape of the container).
2. Patient has evidence of pseudomembranous colitis on gross anatomic (includes endoscopic exams) or histopathologic exam.

- Reporting instructions:

a) Report the CDI and the GE or GIT if additional enteric organisms are identified and criteria are met for GE or GIT.
b) Report each new GI-CDI according to the Repeat Infection Timeframe (RIT) rule for HAIs (see NHSN HAI definitions in Chapter 2 for further details and guidance).
c) CDI laboratory-identified event (LabID Event) categorizations (e.g., recurrent CDI assay, incident CDI assay, healthcare facility-onset, community-onset, community-onset healthcare facility-associated) do not apply to HAIs; including C. difficile associated gastrointestinal infections (GI-CDI).

GE - Gastroenteritis (excluding C. Difficile Infections)

- Gastroenteritis shall meet at least one of the following criteria:

1. Patient has an acute onset of diarrhea (liquid stools for > 12 hours) and no likely noninfectious cause (e.g., diagnostic tests, therapeutic regimen other than antimicrobial agents, acute exacerbation of a chronic condition, or psychological stress information).
2. Patient has at least two of the following signs or symptoms: nausea*, vomiting*, abdominal pain*, fever (>38.0°C), or headache*.

- And at least one of the following:

a) An enteric pathogen is cultured from stool or rectal swab.
b) An enteric pathogen is detected by microscopy.
c) An enteric pathogen is detected by antigen or antibody assay on blood or feces.
d) Evidence of an enteric pathogen is detected by cytopathic changes in tissue culture.
e) Diagnostic single antibody titer (IgM) or 4-fold increase in paired sera (IgG).

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	REVISION DUE: July 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 35 of 48
APPLIES TO: All Employees of DPOTMH		POLICY TYPE: Administrative	

GIT - Gastrointestinal Tract Infection (esophagus, stomach, small and large bowel, and rectum) excluding gastroenteritis, appendicitis, and C. difficile infection

- Gastrointestinal tract infections, excluding gastroenteritis and appendicitis, shall meet at least one of the following criteria:

1. Patient has an abscess or other evidence of infection on gross anatomic or histopathologic exam of gastrointestinal tract.
2. Patient has at least two of the following localized signs or symptoms compatible with infection of the organ or tissue involved: fever (>38.0°C), nausea*, vomiting*, pain*or tenderness*, odynophagia*, or dysphagia*.

- And at least one of the following:

a) Organisms cultured from drainage or tissue obtained during an invasive procedure or from drainage from an aseptically placed drain
b) Organisms seen on gram stain or fungal elements seen on KOH stain or multinucleated giant cells seen on microscopic examination of drainage or tissue obtained during an invasive procedure or from drainage from an aseptically placed drain.
c) Organisms cultured from blood in a patient with imaging test evidence suggestive of gastrointestinal infection (e.g., MRI, CT scan), which if equivocal is supported by clinical correlation.
d) Imaging test evidence suggestive of infection (e.g., MRI, CT scan), which if equivocal is supported by clinical correlation.
e) Evidence of infection on endoscopic examination (e.g., Candida esophagitis, proctitis, etc.).

HEP - Hepatitis (Acute)

- Hepatitis shall meet the following criterion:

1. Patient has at least two of the following signs or symptoms: fever (>38.0°C), anorexia*, nausea*, vomiting*, abdominal pain*, jaundice*, or history of transfusion within the previous three months.

- And at least one of the following:

a) Positive laboratory test for acute hepatitis A, hepatitis B, hepatitis C, or delta hepatitis and duration of hospital stay consistent with healthcare acquisition.
b) Cytomegalovirus (CMV) detected in urine or oropharyngeal secretions.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: **HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES**			
EFFECTIVE DATE: July 31, 2025	**REVISION DUE:** July 30, 2028	**REPLACES NUMBER:** N/A	**NO. OF PAGES:** 36 of 48
APPLIES TO: All Employees of DPOTMH		**POLICY TYPE:** Administrative	

IAB - Intraabdominal infection, not specified elsewhere including gallbladder, bile ducts, liver (excluding viral hepatitis), spleen, pancreas, peritoneum, subphrenic or subdiaphragmatic space, or other intraabdominal tissue or area not specified elsewhere

- Intraabdominal infections shall meet at least one of the following criteria:

1. Patient has organisms cultured from abscess and/or purulent material from intraabdominal space.
2. Patient has abscess or other evidence of intraabdominal infection on gross anatomic or histopathologic exam.
3. Patient has at least two of the following signs or symptoms: fever (>38.0°C), nausea*, vomiting*, abdominal pain*, or jaundice*

- And at least one of the following:

a) Organisms seen on culture or gram stain of drainage or tissue obtained during invasive procedure or from an aseptically placed drain (e.g., closed suction drainage system, open drain, T-tube drain, CT guided drainage).

b) Organisms cultured from blood and imaging test evidence suggestive of infection (e.g., ultrasound, CT scan, MRI, radiolabel scans [gallium, technetium, etc.] or on abdominal x-ray), which if equivocal is supported by clinical correlation.

NEC - Necrotizing Enterocolitis

- Necrotizing enterocolitis in infants (≤1 year of age) shall meet the following criteria:

1. Infant has at least one of the clinical and one of the imaging test findings from the lists below:

- At least one clinical sign:

a) Bilious aspirate**
b) Vomiting
c) Abdominal distention
d) Occult or gross blood in stools (with no rectal fissure)

- And at least one imaging test finding:

a) Pneumatosis intestinalis
b) Portal venous gas (Hepatobiliary gas)
c) Pneumoperitoneum

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	REVISION DUE: July 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 37 of 48
APPLIES TO: All Employees of DPOTMH		POLICY TYPE: Administrative	

LRI - LOWER RESPIRATORY INFECTION, OTHER THAN PNEUMONIA

LUNG-Other infection of the lower respiratory tract

- Other infections of the lower respiratory tract shall meet at least one of the following criteria:

1. Patient has organisms seen on smear or cultured from lung tissue or pleural fluid (when pleural fluid was obtained during thoracentesis or initial placement of chest tube and NOT from an indwelling chest tube).
2. Patient has a lung abscess or other evidence of infection (e.g., empyema) on gross anatomic or histopathologic exam.
3. Patient has imaging test evidence of abscess or infection.

- Reporting instruction:

a) If patient meets LUNG and PNEU report as PNEU only, unless the LUNG is a surgical site organ/space infection, in which case, report both PNEU and SSI-LUNG.

REPR - REPRODUCTIVE TRACT INFECTION

EMET - Endometritis

- Endometritis shall meet at least one of the following criteria:

1. Patient has organisms cultured from endometrial fluid or tissue (including amniotic fluid).
2. Patient has at least two of the following signs or symptoms: fever (>38.0°C), pain or tenderness (uterine or abdominal) *, or purulent drainage from uterus.

EPIS - Episiotomy Infection

- Episiotomy infections shall meet at least one of the following criteria:

a) Post-vaginal delivery patient has purulent drainage from the episiotomy.
b) Post-vaginal delivery patient has an episiotomy abscess.
c) Comment: Episiotomy is not considered an operative procedure in NHSN.

OREP - Other infection of the male or female reproductive tract (epididymis, testes, prostate, vagina, ovaries, uterus, chorioamnionitis, or other deep pelvic tissues, excluding endometritis or vaginal cuff infections)

- Other infections of the male or female reproductive tract shall meet at least one of the following criteria:

1. Patient has organisms cultured from tissue or fluid from affected site (excludes urine).

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	REVISION DUE: July 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 38 of 48
APPLIES TO: All Employees of DPOTMH		POLICY TYPE: Administrative	

histopathologic exam.

3. Patient has two of the following localized signs or symptoms: fever (>38.0°C), nausea*, vomiting*, pain or tenderness*, or dysuria*.

- And at least one of the following:

1. Organisms cultured from blood.
2. Physician initiates antimicrobial therapy within two days of onset or worsening of symptoms.

SST - SKIN AND SOFT TISSUE INFECTION

BRST-Breast abscess or Mastitis

- A breast abscess or mastitis shall meet at least one of the following criteria:

1. Patient has a positive culture of affected breast tissue or fluid obtained by invasive procedure.
2. Patient has a breast abscess or other evidence of infection on gross anatomic or histopathologic exam.
3. Patient has fever (>38.0°C) and local inflammation of the breast.
4. Physician initiate antimicrobial therapy within 2 days of onset or worsening of symptoms.

- Reporting instruction:

a) For SSI after a BRST procedure: if the infection is in the subcutaneous region report as a superficial incisional SSI, and if the infection involves the muscle/fascial level report as a deep incisional SSI.

CIRC - Newborn Circumcision Infection

- Circumcision infection in a newborn (≤30 days old) shall meet at least one of the following criteria:

a) Newborn has purulent drainage from circumcision site.
b) Newborn has at least one of the following signs or symptoms with no other recognized cause at circumcision site: erythema, swelling, or tenderness.
c) Pathogen cultured from circumcision site.
d) Newborn has at least one of the following signs or symptoms with no other recognized cause at circumcision site: erythema, swelling, or tenderness.
e) Common commensal is cultured from circumcision site.
f) Physician initiate antimicrobial therapy within two days on onset or worsening of symptoms.

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	REVISION DUE: July 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 39 of 48
APPLIES TO: All Employees of DPOTMH		POLICY TYPE: Administrative	

SKIN - Skin Infection (skin and /or subcutaneous)

- Skin infections shall meet at least one of the following criteria:

1. Patient has purulent drainage, pustules, vesicles, or boils (excluding acne).
2. Patient has at least two of the following localized signs or symptoms with no other recognized cause: pain or tenderness, swelling, erythema, or heat.

- And at least one of the following:

a) Organisms cultured from aspirate or drainage from affected site (not a common commensal); if only organism is a common commensal (i.e., diphtheroids [Corynebacterium spp], Bacillus [not B anthracis] spp, Propionibacterium spp, coagulase-negative staphylococci [including S epidermidis], viridans group streptococci, Aerococcus spp, Micrococcus spp), it must be a pure culture (single organism identified).
b) Positive non-culture diagnostic lab test performed on infected tissue or blood (e.g., antigen test, PCR).
c) Multinucleated giant cells seen on microscopic examination of affected tissue.
d) Diagnostic single antibody titer (IgM) or 4-fold increase in paired sera (IgG) for organism.

ST - Soft tissue infection (muscle and/or fascia [e.g., necrotizing fasciitis, infectious gangrene, necrotizing cellulitis, infectious myositis, lymphadenitis, or lymphangitis])

- Soft tissue infections shall meet at least one of the following criteria:

1. Patient has organisms cultured from tissue or drainage from affected site.
2. Patient has purulent drainage at affected site.
3. Patient has an abscess or other evidence of infection on gross anatomic or histopathologic exam.

UMB - Omphalitis

- Omphalitis in a newborn (≤30 days old) shall meet at least one of the following criteria:

1. Patient has erythema or serous drainage from umbilicus.

- And at least one of the following:

a) Organisms cultured from drainage or needle aspirate.
b) Organisms cultured from blood.
2. Patient has erythema and purulence at the umbilicus.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	**REVISION DUE:** July 30, 2028	**REPLACES NUMBER:** N/A	**NO. OF PAGES:** 40 of 48
APPLIES TO: All Employees of DPOTMH		**POLICY TYPE:** Administrative	

USI – Urinary System Infection [formerly OUTI] (kidney, ureter, bladder, urethra, or tissue surrounding the retroperitoneal or perinephric space)

- Urinary system infection infections shall meet at least one of the following criteria:

1. Patient has microorganisms isolated from culture of fluid (not urine) or tissue from affected site.
2. Patient has an abscess or other evidence of infection on gross anatomical exam, during invasive procedure, or on histopathologic exam.
3. Patient has one of the following signs or symptoms: fever (>38.0°C), localized pain or tenderness*.

- And at least one of the following:

a) Purulent drainage from affected site.
b) Organisms cultured from blood and imaging test evidence suggestive of infection (e.g., ultrasound, CT scan, magnetic resonance imaging [MRI], or radiolabel scan [gallium, technetium]), which if equivocal is supported by clinical correlation.
c) Patient <1 year of age has at least one of the following signs or symptoms: fever (>38.0°C), hypothermia (<36.0°C), apnea*, bradycardia*, lethargy*, or vomiting*.

- And at least one of the following:

a) Purulent drainage from affected site.
b) Organisms cultured from blood and imaging test evidence suggestive of infection, (e.g., ultrasound, CT scans, magnetic resonance imaging [MRI], or radiolabel scan [gallium, technetium]), which if equivocal is supported by clinical correlation.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: **HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES**			
EFFECTIVE DATE: July 31, 2025	**REVISION DUE:** July 30, 2028	**REPLACES NUMBER:** N/A	**NO. OF PAGES:** 41 of 48
APPLIES TO: All Employees of DPOTMH		**POLICY TYPE:** Administrative	

PROCEDURE (SOP):

VAP/VAE, CAUTI AND CLABSI SURVEILLANCE

1. Physicians (ROD and PGIs) and IPCN conducts continuous surveillance for healthcare associated infection.
   - 1.1 IPCN receives assessment form from the NOD endorsed by the Physicians (ROD AND PGIs).
   - 1.2 IPCN collects info on all positive culture: (critical care units only).
     - 1.2.1 From patients EMR lab reports.
     - 1.2.2 From patient and healthcare workers.
2. IPCN records daily reports of infection rates and compile for monthly feedback to be given to the following:
   - 2.1 Heads of the departments
   - 2.2 Members of ICC
   - 2.3 Administration
   - 2.4 Wards
3. IPCN records surveillance results and prepares presentation to be discussed with the members in IPC committee meetings, with the admin and concerned department in QMPS meeting.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	**REVISION DUE:** July 30, 2028	**REPLACES NUMBER:** N/A	**NO. OF PAGES:** 42 of 48
APPLIES TO: All Employees of DPOTMH		**POLICY TYPE:** Administrative	

SSI SURVEILLANCE

1. Physicians (ROD and PGIs) and IPCN conducts continuous surveillance for healthcare associated infection.
2. IPCN extracts monthly surgical procedure list from EMR.
3. IPCN collects data of every patient undergoing surgical procedure within the selected category, including info on risk factors for SSI such as duration of procedures in minutes, and wound class. Initially started in critical areas (Intensive Care Unit, Neonatal Intensive Care Unit and Pediatric Intensive Care Unit).
4. IPCN calculates SSI rate by operative procedure and risk index category per 100 operations.
5. IPCN benchmarks SSI rate with NHSN, Metro Pacific Health (MPH) Hospitals with our own facility or with other equal facility on a monthly report.
6. IPCN prepares performance improvement projects to address relatively high rates & bring them down least.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: **HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES**			
EFFECTIVE DATE: July 31, 2025	**REVISION DUE:** July 30, 2028	**REPLACES NUMBER:** N/A	**NO. OF PAGES:** 43 of 48
APPLIES TO: All Employees of DPOTMH		**POLICY TYPE:** Administrative	

WORK INSTRUCTION:

VAP/VAE, CAUTI AND CLABSI SURVEILLANCE

KEY TASK	PERSON RESPONSIBLE
1. Conducts continuous surveillance for healthcare associated infection.	Physicians (ROD and PGIs)
2. Receives assessment form from the NOD endorsed by the Physicians (ROD AND PGIs).	IPCN
3. Collects info on all positive culture: (critical care units only).	
4. Records daily reports of infection rates and compile for monthly feedback.	
5. Records surveillance results and prepares presentation to be discussed with the members in IPC committee meetings, with the admin and concerned department in QMPS meeting.	

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: **HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES**			
EFFECTIVE DATE: July 31, 2025	**REVISION DUE:** July 30, 2028	**REPLACES NUMBER:** N/A	**NO. OF PAGES:** 44 of 48
APPLIES TO: All Employees of DPOTMH		**POLICY TYPE:** Administrative	

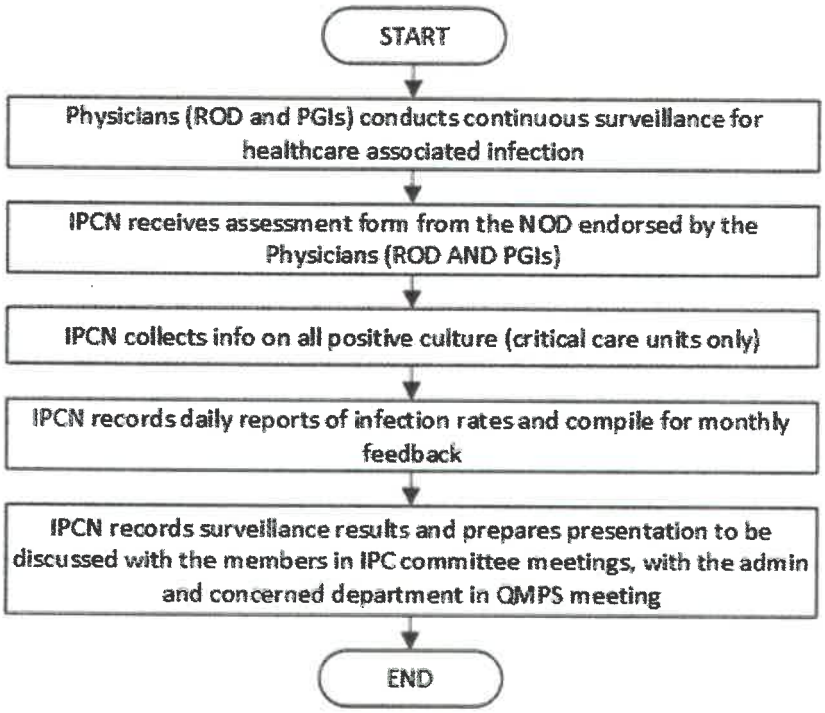
SSI SURVEILLANCE

KEY TASK	PERSON RESPONSIBLE
1. Conducts continuous surveillance for healthcare associated infection.	Physicians (ROD and PGIs) and IPCN
2. Extracts monthly surgical procedure list from EMR.	IPCN
3. Collects data of every patient undergoing surgical procedure within the selected category, including info on risk factors for SSI such as duration of procedures in minutes, and wound class. Initially started in critical areas (Intensive Care Unit, Neonatal Intensive Care Unit and Pediatric Intensive Care Unit).	
4. Calculates SSI rate by operative procedure and risk index category per 100 operations.	
5. Benchmarks SSI rate with NHSN, Metro Pacific Health (MPH) Hospitals with our own facility or with other equal facility on a monthly report.	
6. Prepares performance improvement projects to address relatively high rates & bring them down least.	

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	**REVISION DUE:** July 30, 2028	**REPLACES NUMBER:** N/A	**NO. OF PAGES:** 45 of 48
APPLIES TO: All Employees of DPOTMH		**POLICY TYPE:** Administrative	

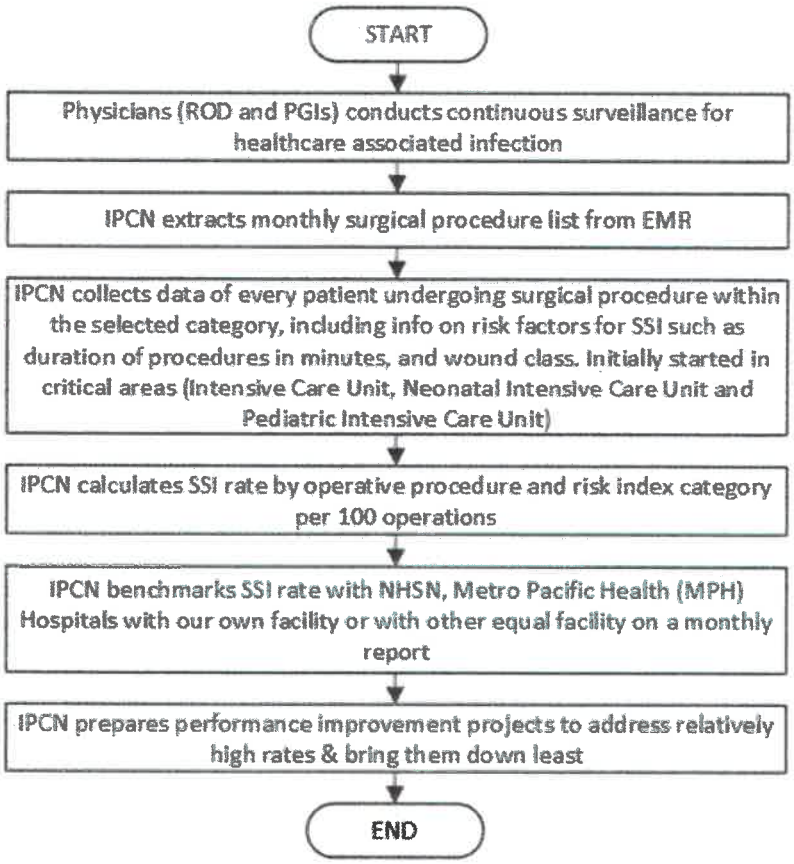
WORK FLOW:

VAP/VAE, CAUTI AND CLABSI SURVEILLANCE



DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES			
EFFECTIVE DATE: July 31, 2025	**REVISION DUE:** July 30, 2028	**REPLACES NUMBER:** N/A	**NO. OF PAGES:** 46 of 48
APPLIES TO: All Employees of DPOTMH		**POLICY TYPE:** Administrative	

SSI SURVEILLANCE



DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: **HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES**			
EFFECTIVE DATE: July 31, 2025	**REVISION DUE:** July 30, 2028	**REPLACES NUMBER:** N/A	**NO. OF PAGES:** 47 of 48
APPLIES TO: All Employees of DPOTMH		**POLICY TYPE:** Administrative	

FORMS:

1. DPOTMH-IPCU-F002-IPCU-Ventilator Bundle Form
2. DPOTMH-IPCU-F004-IPCU- Urinary Catheter Care Bundle
3. DPOTMH-IPCU-F005-IPCU- Central Line Bundle Form
4. DPOTMH-IPCU-F018-IPCU- SSI Prevention Bundle
5. ICD-F006-VAE Surveillance Tool
6. ICD-F010-CAUTI Surveillance Tool
7. ICD-F011-CLABSI Surveillance Tool
8. IPCU-F018-Surgical Site Infection-Surveillance Tool
9. F038-HAI Screening Form

EQUIPMENT: N/A

REFERENCES:

1. SSI | PSC | NHSN, January 2025, Surgical Site Infection Event (SSI), CDC US Centers for Disease Control and Prevention, from https://www.cdc.gov/nhsn/pdfs/pscmanual/9pscssicurrent.pdf
2. National Healthcare Safety Network (NHSN), January 2025, Bloodstream Infection Event (Central Line-Associated Bloodstream Infection and Non-central Line Associated Bloodstream Infection), CDC US Centers for Disease Control and Prevention, from https://www.cdc.gov/nhsn/pdfs/pscmanual/4psc_clabscurrent.pdf
3. VAE | PSC | NHSN, January 1, 2025, Ventilator-Associated Event (VAE) For use in adult locations only, CDC US Centers for Disease Control and Prevention, from https://www.cdc.gov/nhsn/pdfs/pscmanual/10-vae_final.pdf
4. National Healthcare Safety Network (NHSN) Patient Safety Component Manual, January 2025, Pneumonia (Ventilator-associated [VAP] and non-ventilator associated Pneumonia [PNEU]) Event, CDC US Centers for Disease Control and Prevention, from https://www.cdc.gov/nhsn/pdfs/pscmanual/6pscvapcurrent.pdf
5. VAE | PSC | NHSN, January 1, 2025, Pediatric Ventilator-Associated Event (PedVAE) For use in neonatal and pediatric locations only, CDC US Centers for Disease Control and Prevention, from https://www.cdc.gov/nhsn/pdfs/pscmanual/pedvae-current-508.pdf
6. National Healthcare Safety Network (NHSN) Patient Safety Component (PSC) Protocol for CAUTI, January 2025, Urinary Tract Infection (Catheter-Associated Urinary Tract Infection [CAUTI] and Non-Catheter-Associated Urinary Tract Infection [UTI]) Events, from https://www.cdc.gov/nhsn/pdfs/pscmanual/7psccauticurrent.pdf

RIVERSIDE MEDICAL CENTER, INC.

DR. PABLO O. TORRE MEMORIAL HOSPITAL

METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P025-(01)	
TITLE/DESCRIPTION: **HEALTHCARE ASSOCIATED INFECTION (HAI) SURVEILLANCE GUIDELINES**			
EFFECTIVE DATE: July 31, 2025	**REVISION DUE:** July 30, 2028	**REPLACES NUMBER:** N/A	**NO. OF PAGES:** 48 of 48
APPLIES TO: All Employees of DPOTMH		**POLICY TYPE:** Administrative	

APPROVAL:

	Name/Title	Signature	Date	TQM Stamp
Prepared by:	**MA. CHARMAINE A. MALONES** Infection Prevention and Control Nurse		07/02/25	
	GERLYN J. DE LA CRUZ Infection Prevention and Control Supervisor		07/02/25	
Reviewed by:	**WENDY MAE D. GOMEZ** Accreditation and Documentation Manager		07/03/25	
Approved by:	**DOLORES ROMMELA T. RUIZ, MD** Infection Prevention and Control Head		07/07/25	
	JOASH B. TUMALA Logistics Division Head		07/07/25	
	GERONIMO TEOFISTO P. ESTRELLA Client Relations & Corporate Communication Manager		07/08/25	
	NANCY B. DIZON Human Resources Division Head		07/10/25	
	HANNAH KHAY S. TREYES Chief Nursing Officer		07/11/25	
	JULIE ANNE CHRISTINE J. KO Chief Finance Officer		07/14/25	
	NOEL P. GARBO Engineering and General Services Head		07/15/25	
	ROSARIO D. ABARING Ancillary Division Head		07/17/25	
	NANCY B. HIZON Human Resources Division Head		07/18/25	
	JOSE PEPITO B. MALAPITAN, MD Medical Director		07/21/25	
	MA. ANTONIA S. GENSOLI, MD VP/ Chief Medical Officer		07/23/25	
	SOCORRO VICTORIA L. DE LEON VP/ Chief Operating Officer		07/25/25	
Final	**GENESIS GOLDLD GOLINGAN**			

TQD

CONTROLLED DOCUMENT