



Healthcare-associated infections and antimicrobial use  
in European long-term care facilities (HALT-4)

INSTITUTIONAL QUESTIONNAIRE

**Remark:** It is **essential** that each facility enrolled in HALT-4 completes this questionnaire as it collects vital data. We recommend that the person completing this questionnaire is the person in charge of the facility. If this person cannot answer some of the questions or locate the relevant information, they should request assistance from persons who are able to answer those questions. **This is especially relevant for questions relating to antimicrobial policy.**

A – GENERAL INFORMATION

DATE OF THE SURVEY IN YOUR FACILITY (dd/mm/yyyy) |\_|\_| |\_|\_| |\_|\_|\_|\_|

FACILITY STUDY NUMBER (*allotted by your national HALT-4 coordinator*) |\_|\_|\_|\_|\_|\_|\_|

LTCF TYPE:

- General nursing home*
- Residential home*
- Mixed LTCF*
- Palliative care facility*
- LTCF for physically disabled*
- LTCF for mentally disabled*
- Psychiatric LTCF*
- Rehabilitation*
- Sanatorium*
- Other*

IN THE FACILITY:

*Total number of RESIDENT ROOMS* |\_|\_|\_|\_| Rooms

*Total number of SINGLE-OCCUPANCY RESIDENT ROOMS* |\_|\_|\_|\_| Single-occupancy rooms

## B – DENOMINATOR DATA

*This table, when completed, will summarise the data collected in each ward (ward list) for the total population.*

### IN YOUR FACILITY, ON THE DAY OF THE SURVEY, THE TOTAL NUMBER OF:

|   |       |
|---|-------|
| BEDS IN THE FACILITY ( <i>both occupied and non-occupied beds</i> ) | _____ |
| OCCUPIED BEDS   | _____ |
| ELIGIBLE RESIDENTS:   |       |
| PRESENT AT 8:00 AM AND NOT DISCHARGED AT THE TIME OF THE SURVEY     | _____ |
| AGE OVER 85 YEARS   | _____ |
| MALE RESIDENTS  | _____ |
| RESIDENTS WITH ANY URINARY CATHETER                                 | _____ |
| RESIDENTS WITH ANY VASCULAR CATHETER                                | _____ |
| RESIDENTS WITH PRESSURE SORES                                       | _____ |
| RESIDENTS WITH OTHER WOUNDS   | _____ |
| RESIDENTS DISORIENTED IN TIME AND/OR SPACE                          | _____ |
| RESIDENTS USING A WHEELCHAIR OR BEDRIDDEN                           | _____ |
| RESIDENTS WITH SURGERY IN THE PREVIOUS 30 DAYS                      | _____ |
| RESIDENTS WITH URINARY AND/OR FAECAL INCONTINENCE                   | _____ |
| RESIDENTS RECEIVING AT LEAST ONE SYSTEMIC ANTIMICROBIAL AGENT       | _____ |
| RESIDENTS WITH AT LEAST ONE ACTIVE HEALTHCARE-ASSOCIATED INFECTION  | _____ |

## C – MEDICAL CARE AND COORDINATION

1. Is medical care for residents in the facility, including antimicrobial prescribing, provided by the:

- Personal general practitioners (GPs) or group practice(s) only.*
- Medical staff, employed by the facility only.*
- Both personal GPs/group practice(s) and medical doctor(s) employed by the facility.*

2. Are medical activities in the facility coordinated by a coordinating medical physician (CP)?

- No, there is no internal or external coordination of the medical activities.*
- Yes, there is a physician from inside the facility (internal) who coordinates the medical activities.*
- Yes, there is a physician from outside the facility (external) who coordinates the medical activities.*
- Yes, there is both a physician from inside and outside the facility (internal and external) who coordinates the medical activities.*

3. What percentage of the residents in the facility are fully vaccinated against COVID-19?

*Estimated percentage (%)* |\_|\_|\_| %

4. What percentage of the healthcare workers in the facility are fully vaccinated against COVID-19?

*Estimated percentage (%)* |\_|\_|\_| %

5. What percentage of the residents in the facility are vaccinated against seasonal influenza?

*Estimated percentage (%)* |\_|\_|\_| %

6. What percentage of the healthcare workers in the facility are vaccinated against seasonal influenza?

*Estimated percentage (%)* |\_|\_|\_| %

## D – INFECTION PREVENTION AND CONTROL PRACTICE

1. Are there (internal and/or external) persons with training in infection prevention and control available to the staff of the facility?

- Yes                       No

2. If a person with training in infection control/prevention is available, is this person:

- A nurse                       A doctor                       Both a nurse and a doctor are available.

3. In the facility, is/are there:

**(Please complete this question even if there is no person with training in infection prevention and control available in the facility.)**

- Infection prevention and control training of the nursing and paramedical staff
- Appropriate training of general practitioners and medical staff in infection prevention and control
- Development of care protocols
- Registration of residents colonised/infected with multi-resistant microorganisms
- Designation of a person responsible for the reporting and management of outbreaks
- Feedback on surveillance results to the nursing/medical staff of the facility
- Supervision of disinfection and sterilisation of medical and care material
- Decisions on isolation and additional precautions for residents colonised with resistant microorganisms
- Offer of annual immunisation for flu to all residents
- Offer of (booster) immunisation for COVID-19 to all residents
- Organisation, control, feedback on hand hygiene in the facility on a regular basis
- Organisation, control, feedback of a process surveillance/audit of infection policies and procedures (on a regular basis)
- None of the above.

4. In the facility, is there an infection control committee (internal or external)?     Yes                       No

5. How many infection control committee meetings were organised in the previous year?

Total number of meetings last year                       meetings previous year

6. Can the facility ask for help and expertise from an external infection control (IC) team on a formal basis (e.g. IC team from a local hospital)?

- Yes                       No

7. In the facility, is a written protocol available for:

- *the management of MRSA and/or other multidrug-resistant microorganisms*  Yes  No
- *hand hygiene*  Yes  No
- *the management of urinary catheters*  Yes  No
- *the management of vascular catheters/lines*  Yes  No
- *the management of enteral feeding*  Yes  No
- *the management of local outbreaks of:*
  - o *gastrointestinal infections*  Yes  No
  - o *respiratory tract infections*  Yes  No

8. Is a surveillance programme of healthcare-associated infections in place in the facility? (*annual summary report of number of urinary tract infections, respiratory tract infections, etc.*)

- Yes  No

9. Which hand hygiene method is most frequently used in your facility when hands are not soiled? (only **one answer** is possible)

- Hand disinfection with an alcohol rub solution*
- Hand washing with water and a non-antiseptic soap*
- Hand washing with water and an antiseptic soap*

10. How many litres of alcohol rub solution for hand hygiene were used in the previous year?

Total annual consumption in litres

□□□□ litres used in previous year

11. In the previous year, was a hand-hygiene training session organised for healthcare professionals of the facility?

- Yes  No

12. Is there currently a policy of universal masking in place in the facility?

- No*
- Yes, for routine care only.*
- Yes, for routine care and in all common areas (e.g. lunch/dining room, physiotherapy room).*

## E – ANTIMICROBIAL POLICY

1. Which of following elements of antimicrobial stewardship are present in the facility?

- An antimicrobial committee*
- Regular annual training on appropriate antimicrobial prescribing*
- Written guidelines for appropriate antimicrobial use (good practice) in the facility*
- Availability of data on annual antimicrobial consumption by antimicrobial class*
- A system to remind healthcare workers of the importance of microbiological samples to inform the best antimicrobial choice*
- Local (i.e. for that region/locality, or national, if small country) antimicrobial resistance profile summaries available in the LTCF or in the local general practitioner surgeries*
- A system that requires permission from a designated person(s) for prescribing of restricted antimicrobials, not included in local formulary*
- Advice from a pharmacist for antimicrobials not included in the formulary*
- A therapeutic formulary, comprising a list of antibiotics*
- Feedback to the local general practitioner on antimicrobial consumption in the facility*
- None of the above.*

2. If written therapeutic guidelines are present in the facility, are they on?

- |   |                                     |                                    |
|---|-------------------------------------|------------------------------------|
| - <i>Respiratory tract infections</i>     | <input type="checkbox"/> <i>Yes</i> | <input type="checkbox"/> <i>No</i> |
| - <i>Urinary tract infections</i>         | <input type="checkbox"/> <i>Yes</i> | <input type="checkbox"/> <i>No</i> |
| - <i>Wound and soft tissue infections</i> | <input type="checkbox"/> <i>Yes</i> | <input type="checkbox"/> <i>No</i> |

3. Is a programme for surveillance of antimicrobial consumption in place in the facility?

- Yes*       *No*

4. Is a programme for surveillance of resistant microorganisms in place in the facility?  
(for example, annual summary report for MRSA, *Clostridioides (Clostridium) difficile*, etc.)

- Yes*       *No*

**The HALT-4 team thanks you for your participation!**