

TYPE 1 ANNUAL SURVEILLANCE PLAN FORM
Please fax to VICNISS – 03 9342 2633

If you have any queries regarding the completion of this sheet please contact VICNISS
Please note the Surveillance Plan is to be completed from July to June to match the financial year like Performance Indicators

Hospital Code Number: _____ Hospital Name: _____

IC Coordinator: _____ Signed: _____ Date: _____

Executive Sponsor: _____ Signed: _____ Date: _____

| MODULES | Financial Year: _____ / _____ <i>(Please mark Months as appropriate below)</i> | | | | | | | | | | | |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|
| | J | A | S | O | N | D | J | F | M | A | M | J |
| HH ⁵ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| SAB ⁶ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| CDI ⁷ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| ICU - CLABSI | | | | | | | | | | | | |
| ICU – VAP | | | | | | | | | | | | |
| NNL | | | | | | | | | | | | |
| CLIP | | | | | | | | | | | | |
| HDE | | | | | | | | | | | | |
| SSI Procedures | | | | | | | | | | | | |
| AAA | | | | | | | | | | | | |
| APPY | | | | | | | | | | | | |
| BRST | | | | | | | | | | | | |
| CARD | | | | | | | | | | | | |
| CBGB | | | | | | | | | | | | |
| CBGC | | | | | | | | | | | | |
| CEA | | | | | | | | | | | | |
| CHOL | | | | | | | | | | | | |
| COLO | | | | | | | | | | | | |
| CRAN | | | | | | | | | | | | |
| CSEC | | | | | | | | | | | | |
| FPOP | | | | | | | | | | | | |
| FUSN | | | | | | | | | | | | |
| GAST | | | | | | | | | | | | |
| HERN | | | | | | | | | | | | |
| HPRO | | | | | | | | | | | | |
| HYST | | | | | | | | | | | | |
| KPRO | | | | | | | | | | | | |
| LAM | | | | | | | | | | | | |
| RFUSN | | | | | | | | | | | | |
| SB | | | | | | | | | | | | |
| THOR | | | | | | | | | | | | |
| VHYS | | | | | | | | | | | | |
| VSHN | | | | | | | | | | | | |

1. Refer to Type 1 Hospital [Performance Indicators](#) on the VICNISS website for requirements.
2. Surveillance components are collected for a minimum of 3 consecutive months, preferably within the same quarter.
3. Refer to the [VICNISS Type 1 Surveillance Manual](#) (section 4.2, Table 4.1) on the VICNISS website for further information and sample plan.
4. If required, see form [Notice of Inability to Undertake VICNISS Surveillance Activities](#) on the VICNISS website.
5. HH = Hand Hygiene Compliance Audit. HH data must be submitted three times per year (see [Key Dates for Data and Reports](#) on the VICNISS website).
6. SAB = Staphylococcus aureus Bacteraemia. SAB data must be continuously collected as indicated.
7. CDI = Clostridium difficile Infection. CDI data must be continuously collected as indicated