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## 1. PURPOSE:

- 1.1.This policy describes the Infection Control Program (ICP) of the Hospital
- 1.2.To identify potentially infectious patients or staff who may transmit disease to others.
- 1.3.To reduce the risk of disease transmission and to ensure maximum protection of patients, visitors, and health care workers against infection.
- 1.4.To recommend risk reduction practices by integrating infection control principles into all standards of practice.
- 1.5.To achieve and maintain compliance with standard infection control guidelines

## 2. SCOPE: Across the hospital

## 3. RESPONSIBILITY:

### 3.1.Infection Control Committee

#### 3.1.1. Infection control committee consists of -


- a) Medical Director
- b) Infection Control Officer
- c) Medical Consultants
- d) Nursing Superintendent
- e) Infection Control Nurse
- f) Manager - Operations
- g) Quality Manager
- h) CSSD In-Charge
- i) Housekeeping Supervisor

#### 3.1.2. The Hospital infection control committee meets once a month

#### 3.1.3. The functions of the infection control committee are to:

- a) Advice and support the infection control team.
- b) Review reports on occurrence of infections and problems associated with infection control.
- c) Discuss and endorse a plan for the management of outbreaks in the hospital and monitor its implementation.
- d) Discuss and endorse the annual infection prevention and control program, review the progress of the program, assist in its effective implementation and review the final results.
- e) Advise on the most effective use of resources available for implementation of the program and for contingency requirements.

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- f) Advise on the approved infection control policies and review their implementation.
- g) Promote and facilitate the education of all grades of hospital staff in infection control procedures.
- h) Encourage communication among the different disciplines involved. The minutes of infection control committee meetings should be widely circulated and made accessible to senior medical and nursing staff and appropriate committees.

### **3.2. Infection control team**

#### **3.2.1. Hospital has an infection control team comprising**

- a) Chairperson – Infection Control Committee – Medical Director
- b) Hospital Infection Control Officer
- c) Infection Control Nurse
- d) Medical Consultants
- e) CSSD In-charge
- f) Housekeeping In-charge
- g) Respective Area Infection Control Leaders


#### **3.2.2. The functions of the infection control team include:**

- a) The infection control team has the primary responsibility of reporting to Hospital Infection Control Committee on all aspects of surveillance, prevention and control of infection in the hospital and community.
- b) Infection Control Team has to conduct rounds in all areas once in 2 weeks and submit reports to HICC
- c) Identify and control of outbreaks.
- d) Education of staff in infection control procedures.
- e) Preparation of policy documents in liaison with other relevant staff.
- f) Formulation of an annual program of work including surveillance of infection and training program
- g) Implementation of this program in liaison with other staff.

#### **3.2.3. The functions of an Infection Control Nurse**

- a) As a member of the HICC participate in the planning, implementation, and evaluation of infection prevention and control measures and to reduce the level of avoidable infection
- b) He/she makes regular visit to the wards and high risk areas to make sure that the patients with particular infection receives an appropriate treatment with regard to the isolation procedures, and the type of treatment that the patient has to receive

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- c) To identify high- risk patients - He/she collects data of patients with infections that require isolation precaution and use of specific antibiotics.eg; MRSA, C-difficle etc
- d) Carries out surveillance of Nosocomial (Hospital Acquired Infection) infections and provides relevant information.
- e) To recognize, investigate, control any unusual level of incidence or outbreak in the hospital.
- f) To collect and analyse infection-control data & to provide feedback to HICC
- g) To help the HICC in the development and revision of infection control policies and procedures.
- h) He/she makes sure that the hospital staffs is educated and updated with the protocols in relation to the infection control.
- i) She may advise and supervise the work of staff
- j) He/ she also conducts clinical audit to make sure that, the high standard of care is in place in relation to the infection control and prevention.
- k) He/ she constantly update his/ her knowledge.

### **3.3. Hospitals Staff:**

- 3.3.1.** Comply with the policies in the Infection Control Manual.
- 3.3.2.** Attend the New Hire Orientation Program on infection control and participate in in-service infection control programs.
- 3.3.3.** Review, with their supervisor / designee, the current infection control policies and practices for their specific work area prior to commencing any working in that area.
- 3.3.4.** Be evaluated for job performance with respect to infection control practices based on assigned duties


### **3.4.Hospital Administrator**

- 3.4.1.** Appoint the chairperson and members of the ICC.
- 3.4.2.** Appoint a representative of the management to be a member of the ICC.
- 3.4.3.** Authorize the ICC to institute appropriate control measures and / or studies

### **3.5.Staff In-charge of Hospitals functional areas:**

- 3.5.1.** Develop, review, revise and propose infection control policies and procedures specific to their function, in consultation with the ICC and in accordance with our hospital's policy.
- 3.5.2.** Infection control policies and procedures are in the form of policies. Approval authority for Infection Control policies is as follows: Initiated by Infection Control Convener, Concurred by the Chairperson, ICC and approved by Managing Director.
- 3.5.3.** Implement infection control policies and procedures within their area of responsibility.

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**3.5.4.** Ensure that the personnel adhere to the guidelines in the Infection Control Manual:

**3.5.5.** Hospital Employee Health Program

**3.5.6.** Infection Control education (In-service)

**3.5.7.** Patient care practices, where necessary.

**3.5.8.** Inform the ICC members of any potential or identified infection control problems.

**3.5.9.** Provide infection control in-service education to their personnel, in conjunction with ICC members.

**3.5.10.** Report to government authority regarding communicable diseases. The report is filed with the infection control nurse

### **3.6. Physicians / Nurse in charge:**

**3.6.1.** Report immediately all **suspected or confirmed** cases of nosocomial infections (including those identified as post-discharge) to the ICC.

**3.6.2.** Report all communicable diseases diagnosed in the patient is to the HICC.

**3.6.3.** Complete form for all **suspected or confirmed** reportable diseases when first identified

### **3.7. Clinical Microbiology Laboratory should provide laboratory support for infection control activities, as follows:**

**3.7.1.** Identify organisms to species level.

**3.7.2.** Provide information to determine types of culture techniques and media to use in an outbreak investigation.

**3.7.3.** Alert HICC of all potentially significant isolates, e.g. MRSA, VRE. ESBL, GNB

## **4. POLICIES:**


**4.1.** There is an active Hospitals infection control program

**4.2.** All Hospital employees should be made aware of infection control policies and procedures and their responsibilities with regard to surveillance, prevention and control of HAI'S

**4.3.** Infection control policies and procedures is reviewed and revised once in a year, or more often if necessary to reflect current standards and practice.

**4.4.** The prevention and control methods and surveillance strategies is evaluated for their effectiveness throughout the Hospital

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## 5. PROCEDURE:

### 5.1.Infection Control Program

- 5.1.1. Hospital Infection Control Committee
- 5.1.2. Infection Control Team
- 5.1.3. Surveillance
- 5.1.4. Infection Control Rounds
- 5.1.5. Infection Control Training
- 5.1.6. Employee Health (Pre & Post Exposure Prophylaxis)
- 5.1.7. Monitoring of Hygiene

### 5.2.Staff education

- 5.2.1. All staff in the hospital will be trained on infection control measures once in a year.
- 5.2.2. Orientation program will be conducted for all staff joining in the hospital
- 5.2.3. An education program for all employees and students should be provided. Information should be readily available to them on effective measures to prevent and control infection to include new employees at Induction.
- 5.2.4. Advice should be provided by staff on appropriate precautions to be observed in managing patients with infection (including carriers) and to correct hazardous or ineffective procedures


### 5.3.Surveillance

- 5.3.1. Surveillance is done in all high risk areas in the hospital
- 5.3.2. Surveillance of hospital acquired infection should be carried out to detect outbreaks, to generate information on trends in sporadic infections, to inform decisions on and evaluations of changes in clinical practice and to assist in the targeting of preventive efforts

### 5.4.Monitoring of hygiene

In collaboration with the relevant staff, the implementation and effectiveness of the hospital's routine procedures on cleaning, housekeeping, disinfection or sterilization of instruments and equipment, production of sterile supplies, safe collection and disposal of biomedical waste, kitchen

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hygiene, control on insects and vermin, etc. should be monitored. Please refer (SOP, kitchen, CSSD, housekeeping practice

### 5.5.Other items

- 5.5.1. Suitable procedures should be established for transfer and discharge of patients with infection or colonization
- 5.5.2. Assessment and management of the risk of infection to other patients and staff must be undertaken


### 5.6.Quality Indicators

- 5.6.1. Infection Control Training
- 5.6.2. Hand washing compliance
- 5.6.3. Bio medical waste segregation compliance
- 5.6.4. Effectiveness of housekeeping

5.7. Infection control surveillance is monitored through the surveillance guidelines as defined below:

- 5.7.1. Operations theaters – once a month environmental surveillance
  - 5.7.1.1.Air sampling reports
  - 5.7.1.2.Floor sampling reports
  - 5.7.1.3.OT table sampling reports
- 5.7.2. ICU - once a month environmental surveillance
  - 5.7.2.1.Air sampling reports
  - 5.7.2.2.Swabs from high touch surfaces of the ICUs
- 5.7.3. Wards - once a month environmental surveillance
  - 5.7.3.1.Samples from high touch surfaces
- 5.7.4. Water – once every quarter (Microbiological examination)
  - 5.7.4.1.From drinking water
  - 5.7.4.2.From CSSD water
  - 5.7.4.3.From ICU water
- 5.7.5. CSSD – once every month

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## 6. RECORDS

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1	Infection Control Meeting Minutes Register	Infection Control Nurse	Every 3 Month	1 Year
2	Infection Control Rounds Register	Infection Control Nurse	Every Month	1 Year
3	OT surveillance reports	Infection Control Nurse	Every Month	1 Year

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