

LOGO CENTRE NAME CENTRE ADDRESS	Quality Operating Process	Document No :JSL/09
	Manual of Operation Infection Control Manual	Date of Issue : 23/06 /2021 Issue No. : JSL/I/09 Date of Revision: 22/06 /2022 Revision No. : 00

SERVICE NAME :	HOSPITAL INFECTION CONTROL
DATE CREATED :	23/06/2021
APPROVED BY :	DOCTOR NAME
RESPONSIBILITY OF UPDATING :	MALE THERAPIST NAME

LOGO CENTRE NAME CENTRE ADDRESS	Quality Operating Process	Document No :JSL/09
	Manual of Operation Infection Control Manual	Date of Issue : 23/06 /2021 Issue No. : JSL/I/09 Date of Revision: 22/06 /2022 Revision No. : 00

AMENDMENT SHEET

No.	Section and Page	Date	Amendment	Signature

LOGO CENTRE NAME CENTRE ADDRESS	Quality Operating Process	Document No :JSL/09
	Manual of Operation Infection Control Manual	Date of Issue : 23/06 /2021 Issue No. : JSL/I/09 Date of Revision: 22/06 /2022 Revision No. : 00

A. Purpose:

- To maintain standards in infection control measures and minimize hospital acquired infections in patients and staff
- To define policy and procedure regarding hospital acquired infections in the hospital

B. Scope: Hospital Wide

C. Hospital Infection Control Committee:

1. Members:

Medical Superintendent
Infection Control Officer
Infection Control Nurse

2. Objectives of the committee:

- To minimize the risk of infection to patients, staff and visitors.
- To identify the roles and responsibilities of key personnel involved in the prevention and control of infection.
- To maintain Surveillance over hospital acquired infections.
- To develop a system for identifying, reporting, analyzing, investigating and controlling hospital acquired infections.
- To develop and implement preventive and corrective programmes in specific situations where infection hazards exist.
- To review and update hospital infection control policies and procedures from time to time.
- To help to provide employee health education regarding matters related to hospital acquired infections.

3. Meetings

The infection control team meets once in a month and otherwise as necessary. Documentation of meetings and recommendations are kept by the Medical Superintendent.

D. Policy:

1. Infection control Team:

The infection control team consists of the:

- Infection Control Officer
- Infection Control Nurse

2. Responsibilities of the Infection Control Team:

- Advise staff on all aspects of infection control and maintain a safe environment for patients and staff
- Carry out targeted surveillance of hospital acquired infections and act upon data obtained e.g. investigates clusters of infection above expected levels.
- Investigate outbreaks of infection and take corrective measures.

LOGO CENTRE NAME CENTRE ADDRESS	Quality Operating Process	Document No :JSL/09
	Manual of Operation Infection Control Manual	Date of Issue : 23/06 /2021 Issue No. : JSL/I/09 Date of Revision: 22/06 /2022 Revision No. : 00

- Provide relevant information on infection problems to management.
- Assist in training of all new employees as to the importance of infection control and the relevant policies and procedures
- Have written procedures for maintenance of cleanliness
- Surveillance of infection, data analyses, and implementation of corrective steps. This is based on reviews of lab reports.
- Waste management
- Monitors employee health programme.
- Addresses all requirements of infection control and employee health as specified by NABH, state and local laws.

3. Infection Control Officer (ICO):

The Doctor serves as Infection Control Officer.

4. Duties of Infection Control Officer:

The ICO supervises the surveillance of hospital acquired infection as well as preventive and corrective programmes is conducted.

5. Review and revision of Infection control Manual:

Written policies and procedures shall be reviewed and updated at least every year by the Infection Control Committee.

6. Surveillance:

Surveillance of High risk areas:

High risk areas of the hospital are identified as:

- i. Panchkarma Theatres
- ii. Kitchen

i. Panchkarma Theatres

Swabs are sent from the Panchkarma Rooms quarterly.

ii. Kitchen

Swabs are sent from the kitchen six monthly. Medical health check up for the food handlers to be done six monthly. Samples of the food handlers include blood and stool samples. Records to be maintained by Kitchen Incharge.

LOGO CENTRE NAME CENTRE ADDRESS	Quality Operating Process	Document No :JSL/09
	Manual of Operation Infection Control Manual	Date of Issue : 23/06 /2021 Issue No. : JSL/I/09 Date of Revision: 22/06 /2022 Revision No. : 00

iii. Drinking Water

Bacteriological surveillance to be done six monthly from a water testing laboratory. Records maintained by Quality Department.

iv. Sample collection area

Swabs are sent from the Sample collection area Six Month.

7. Staff Health Programme

i. Health Evaluation:

A pre-employment medical check up is performed at the time of joining services for all staff.

An annual medical checkup will be done for all permanent staff of the hospital.

Records are maintained by the administrative office.

ii. Employee health programme:

Employee health education: Periodic classes are conducted for paramedical staff by the Head –of Infection Control. All employees are instructed in universal precautions, hand washing protocols and waste management. All infections including cutaneous and or other diagnosed communicable diseases e.g hepatitis,mumps, rubella, measles, chicken pox, diarrhea, productive cough more than three weeks,rashes etc. are to be reported by staff to their immediate supervisor at which time appropriate action to protect the patients in the hospital will be taken.

All staff is informed that they should report exposure to potentially infectious body fluid to their immediate supervisor who in turn informs the Infection Control Officer or concerned person in absence of ICO. Action is taken after assessment of risk at each situation.

Work restrictions may be imposed in situations which call for such action.

Personnel shall adhere to policies and practices to minimize the potential spread of diseases and /or infection.

Personnel shall adhere to existing employee health requirements.

8. Treatment of personnel

- All personnel with communicable illnesses shall report to their supervisors. Appropriate evaluation and therapy are the responsibility of the clinician.
- Personnel who develop infections shall be transferred to duties without direct patient contact or released from duty until no longer considered infectious , as decided by the head of the institution.
- It is the policy of this hospital that no personnel are penalized .This is to encourage reporting of infection by personnel.
- Prophylactic therapy is provided to employees following occupational injuries unless employee is already immunized.
- Passive immunization with immune globulin (gamma globulin) shall be considered for the following kinds of exposure.
 - Hepatitis

LOGO CENTRE NAME CENTRE ADDRESS	Quality Operating Process	Document No :JSL/09
	Manual of Operation Infection Control Manual	Date of Issue : 23/06 /2021 Issue No. : JSL/I/09 Date of Revision: 22/06 /2022 Revision No. : 00

- Varicella zoster
- Measles
- Rubella

- Outbreak of infections within the hospital due to organisms such as salmonella, shigella meningococci,

9. Guidelines for Special Situations

i. Pregnant Personnel

- Shall not be assigned to care for patients with known Hepatitis B or who are carriers unless they have received three doses of hepatitis vaccine and have been documented to have anti-HBs antibody.
- Shall not be assigned to care for patients with rubella, or infants with congenital rubella syndrome or rubella.
- Will be informed of risks associated with parvovirus and cytomegalovirus (CMV) infections, herpes simplex and of infection control procedures to prevent transmission when working with high risk patient groups.

10. Cleaning of Equipment and Articles

Contaminated disposable articles are bagged appropriately in leak proof bags and disposed.

Critical reusable medical equipment is disinfected or sterilized after use.

Non-critical equipment is cleaned, disinfected after use.

i. Eating Utensils

Routine cleaning with detergent and hot water is sufficient.

Features of universal precautions:

- Use of. Personal protective equipment and glove.

ii. Waste Disposal:

Non plastic items like Cotton, swabs, Bed sheets must be placed in the yellow biohazard plastic bags. Infected plastic items should be discarded into red bag.

iii. Linen

Linen soiled with oil sent to the laundry.

iv. Spill clean up

Cover spills of blood or body fluids with 1% of freshly prepared sodium hypochlorite for 10 minutes. Then mop dry. A second decontamination may be done if required. Wash the area with detergent and water. Gloves must be worn during cleanup and decontamination procedures.

11. Disinfection

i. Disinfection

LOGO CENTRE NAME CENTRE ADDRESS	Quality Operating Process	Document No :JSL/09
	Manual of Operation Infection Control Manual	Date of Issue : 23/06 /2021 Issue No. : JSL/I/09 Date of Revision: 22/06 /2022 Revision No. : 00

Disinfection is a process where most microbes are removed from defined object or surface. Sodium Hypochlorite is the most common disinfectant used in the hospital.

12. Hospital Waste Management

i. Objectives:

- To prevent infection by maintaining good hygiene and sanitation.
- To protect the patient, patient attendants and all health care personnel from avoidable exposure to infection.
- To prevent environmental pollution.
- To manage waste in a clean, healthy, economical and safe manner.
- To minimize waste

For further details please refer to the Biomedical Waste Management Policy of the hospital.

ii. Housekeeping

a) House Keeping in Rooms

- The floor is to be cleaned at least twice daily. Detergent and copious amounts of water should be used during one cleaning. Ecoshield may be used to mop the floor for the remaining times.
- Floor is cleaned with 1% Sodium Hypochlorite.
- The walls are to be washed with a brush, using detergent and water once a week
- High dusting is to be done with mop
- Fans and lights are cleaned with soap and water once a month.
- Cupboards, shelves, beds, lockers, stools and other fixtures are to be cleaned with detergent and water once a week.
- Curtains are to be changed once a month or whenever soiled. These curtains are to be sent for regular laundering.
- Patient's gown is to be cleaned daily with detergent and water. 1% hypochlorite to be used when soiled with body fluids.
- Store rooms are to be mopped once a day and high dusted once a week.
- The floor of bathrooms is to be cleaned with a mop and detergent once a day and then disinfected.
- Toilets are cleaned with a brush using a detergent twice a day (in the morning and evening). Disinfection and stain removal solution may be used.
- Wash basins are to be cleaned every morning

b) Patient linen

- Bed linen is to be changed daily.
- Dry dirty linen is to be sent to the laundry for regular wash.

LOGO CENTRE NAME CENTRE ADDRESS	Quality Operating Process	Document No :JSL/09
	Manual of Operation Infection Control Manual	Date of Issue : 23/06 /2021 Issue No. : JSL/I/09 Date of Revision: 22/06 /2022 Revision No. : 00

- The hospital provides patient gowns and the used Gowns are send to the laundry for regular wash.

c) House Keeping In The Panchkarma Theatre

Theatre complex should be absolutely clean at all items. Dust should not accumulate at any region in the theatre.

Panchkarma rooms are cleaned daily and the entire theatre complex is cleaned thoroughly once a week.

13. Food Handling / Handlers

i. Guidelines to ensure that food served to patients, visitors and employees is processed in a manner that avoids contamination:-

- All food is prepared and served in the dining area and food is self service.
- Housekeeping is done according to the set procedures of the department
- The arrangement of work stations in the kitchen should be such that there is no contamination of cooked food from raw food. There should be no interchange of personnel working on raw food and those on cooked food.
- Personnel handling and serving the food are trained to observe universal precautions to protect themselves.
- Personnel are also trained to protect food consumers from body substances of handling Personnel. Training should include the following aspects.
- Hand washing should cover exposed portions of arms and hands with special attention to fingernails and areas between fingers.
- Clothing should be free from obvious dirt and food spills.
- Hair nets should be used while on duty
- Food should not be consumed in preparation or serving areas.
- Utensils should be used to handle food.
- Clean gloves may be used.

14. Laundry and Linen Management

i. Transportation of soiled linen

Linen should be handled as little as possible and should be sent to the laundry in close transportation trolley .All soiled linen should be bagged or put into carts at the location where it was used; it should not be sorted or pre-rinsed in patient-care areas Linen soiled with oil or body fluids should be deposited and transported in bags that prevent leakage.

ii. Transportation of Clean Linen:

Clean linen should be transported and stored by methods that will ensure its cleanliness.

iii. Storage of clean linen:

The linen is stored in the Lenin Storage Room.

LOGO CENTRE NAME CENTRE ADDRESS	Quality Operating Process	Document No :JSL/09
	Manual of Operation Infection Control Manual	Date of Issue : 23/06 /2021 Issue No. : JSL/I/09 Date of Revision: 22/06 /2022 Revision No. : 00

15. Investigation of an Outbreak

The occurrence of two or more similar cases relating to place and time is identified as a cluster or an outbreak and needs investigation to discover the route of transmission of infection, and possible sources of infection in order to apply measures to prevent further spread. If the cases occur in steadily increasing numbers and are separated by an interval approximating the incubation period, the spread of the disease is probably due to person to person spread. On the other hand if a large number of cases occur following a shared exposure e.g Panchkarma procedures or bloodletting, it is termed a common source outbreak, implying a common source for the occurrence of the disease.

i. Steps to be taken to investigation an outbreak

Step 1

- Recognition of the out break. Is there an increase in the number of cases of a particular infection or a rise in prevalence of an organism? Such findings indicate a possible outbreak.
- Preliminary investigation must be begun by developing a case definition, identifying the site, pathogen and affected population.
- Verification of the diagnosis. Each case should be reviewed to meet the definition.
- Confirmation that an outbreak exists by comparing the present rate of occurrence with the endemic rate should be made.

Step 2

The appropriate departments and personnel and the hospital administration should be notified and involved.

Step 3

- Additional cases must be searched for by examining the clinical and microbiological records.
- Line listings for every case, patient details, place and time of occurrence and infection details should be developed.
- An epidemic curve based on place and time of occurrence should be developed, the date analyzed, the common features of the cases e.g age, sex, exposure to various risk factors, underlying diseases etc. should be identified.

Step 4

- Specific control measures should be implemented as soon as the cause of outbreak of identified.
- Monitoring for further cases and effectiveness of control measures should be done.
- A report should be prepared for presentation to the HICC, departments involved in the outbreak and administration

ii. Immediate control measures

- Control measures should be initiated during the process of investigation. An intensive review of infection control measures should be made and general control measures initiated at once. General measures include :

LOGO CENTRE NAME CENTRE ADDRESS	Quality Operating Process	Document No :JSL/09
	Manual of Operation Infection Control Manual	Date of Issue : 23/06 /2021 Issue No. : JSL/I/09 Date of Revision: 22/06 /2022 Revision No. : 00

- Strict hand washing ;
- Intensification of environmental cleaning and hygiene.
- Adherence to aseptic protocols, and
- Strengthening of disinfection and sterilization.

iii. Specific control measures

- Specific control measures are instituted on the basis of nature of agent and characteristics of the high-risk group and the possible sources. These measures may include:
- Identification and elimination of the contaminated product ;
- Identification and treatment of carriers, and
- Rectification of lapse in technique or procedure

iv. Evaluation of efficacy of control measures

- The efficacy of control measures should be evaluated by a continued followed-up of cases after the outbreak clinically as well as micro biologically. Control measures are effective if cases cease to occur or return to the endemic level.
- The outbreak should be documented.

16. Visitors Policy

Visitors are not allowed in the patient's room. Visitors can only meet the patients in the Reception area.

17. Emergency Service

- Standard precautions are to be strictly adhered regarding all the patients
- Wash hands with soap and water before and after patient contact.
- Wear gloves preferably for all patient contact.

18. Occupational Exposure

- needle stick injuries
- cuts from other sharps
- Contact of eye, nose, mouth or skin.

Prevention of Occupational Exposure

- Standard precautions (universal work precautions) and safe practices
- Wash hand after patient contact, removing gloves.
- Wash hands immediately if hands contaminated with body fluids.
- Wear gloves when contamination of hands with body substances anticipated
- All health care workers should take precautions to prevent injuries during procedures and when cleaning or during disposal of needles and other sharp instruments.

LOGO CENTRE NAME CENTRE ADDRESS	Quality Operating Process	Document No :JSL/09
	Manual of Operation Infection Control Manual	Date of Issue : 23/06 /2021 Issue No. : JSL/I/09 Date of Revision: 22/06 /2022 Revision No. : 00

- Needle should not be recapped
- Needles should not be purposely bent or broken by hand
- Not removed from disposable syringe nor manipulated by hand
- After use disposable syringes and needles, scalpel blades and other sharp items should be placed in a puncture resistant container.
- Health care workers who have exudative lesions or dermatitis should refrain from direct patient care and from handling equipment
- All needle stick injuries should be reported to infection control officer.
- Handle and dispose of sharps safely
- Clean & disinfect blood / body substances spills with appropriate agents
- Adhere to disinfection and sterilization standards
- Regard all waste soiled with blood/body substance as contaminated and dispose of according to relevant standards
- Vaccinate all clinical and laboratory workers against hepatitis B

a) Body fluids to which Universal Precautions Do not apply

- Nasal secretions
- Sputum
- Sweat
- Tears
- Urine
- Vomits
- Saliva

Unless these contain visible blood

b) Use of Protective Barriers

- Protective barriers reduce the risk of exposure of the HCWs skin or mucus membrane to potentially infective materials
- Protective barriers include gloves gowns, masks.