

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the information in the attached documents is verified by me and is true to the best of my knowledge.



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KMCT Medical College
Manassery P.O.
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INFECTION CONTROL COMMITTEE MEMBERS

1. Dr. Vr. Rajendran (Medical Superintendent)
2. Dr .Sheela Mathew (ID specialist)
3. Dr. Beenaphilomina (HOD microbiology)
4. Dr. Viveksankar (ICU Intensivist)
5. Dr.Binuraj (Pulmo)
6. Dr .Mursheed (Physician)
7. Dr. Dileep (orthopedition)
8. Dr.Manju(Community medicine)
9. Dr. Muhammedbasheer (surgeon)
- 10.Dr. Smrithi (Microbiologist)
- 11.Dr Aiswarya (OBG)
- 12.DrSoumyajose (Paediatrician)
- 13.Dr. Akshaypradeep (Clinical pharmacist)
- 14.DrKannan (Clinical pharmacist)
- 15.Mr. Bibin joy (Operations Executive)
- 16.Dr. Najeeha(HIC)
17. Mrs. Reena. Ap(NS)
- 18.Mrs. Sreeja Praveen (HR)
- 19.Miss. Joisy. K joseph (Operations Executive)
- 20.Mrs. JishaChacko(ICU incharge)
- 21.Mrs. Liji (Cleaning Supervisor KMCT)
- 22.Mrs. Saji (Cleaning Supervisor Genesis)
- 23.Mr. Salman faris(CSSD Incharge)
- 24.Mr. Latheesh(Maintenance)
- 25.Mrs. Simlamol.C(ICN)
- 26.Mr. Akash (Operations Executive)
- 27.Mr. Amith (Operations Executive)
- 28.Mr. Karthik (S&C Cleaning Supervisor)
- 29.Mrs.Aparna(microbiology)
- 30.Miss.Safvana Nasrin(HIC)



Functions of HICC:

The HICC meets once every month or as required to formulate and update policy on matters related to hospital infection and to manage outbreaks of health-care associated infection. The committee reviews infection control activities in the hospital, emergence of drug resistance, use of different antimicrobial agents, sterilization and disinfection procedures, hospital environment, incidence and types of infections and antimicrobial sensitivity patterns of prevalent pathogens

The main functions of HICC are:

- Surveillance of HAIs like:
 - a) Catheter associated urinary tract infections (CA-UTI)
 - b) Central line-associated bloodstream infection (CLABSI)
 - c) Ventilator associated pneumonia (VAP)
 - d) Surgical site infection (SSI)
- Develop system for analyzing, investigating and controlling HAI's
- Antimicrobial stewardship programme – develops antibiotic policies and monitors antibiotic users.
- Review and update hospital infection control policies.
- Conduct teaching sessions for health care workers regarding HAIs.
- Prevention of HAIs in healthcare workers like prevention and management of needle stick injuries, policy on Hepatitis B vaccine etc.
- Outbreak management – Identify infection outbreaks and take measures for control by developing strategies.
- Interdepartmental co-ordination- Communication and cooperation with other departments of the hospital like Pharmacy, CSSD, Laundry department, Biomedical department, Blood transfusion committee etc

Preventive Measures for HAIs are:-

1. Standard precautions
2. Specific precautions (transmission based)





Standard precautions:

The HICC insists on following the Standard Precautions in health care settings as recommended by the World Health Organization.

The key elements of standard precaution are:

1. Hand hygiene

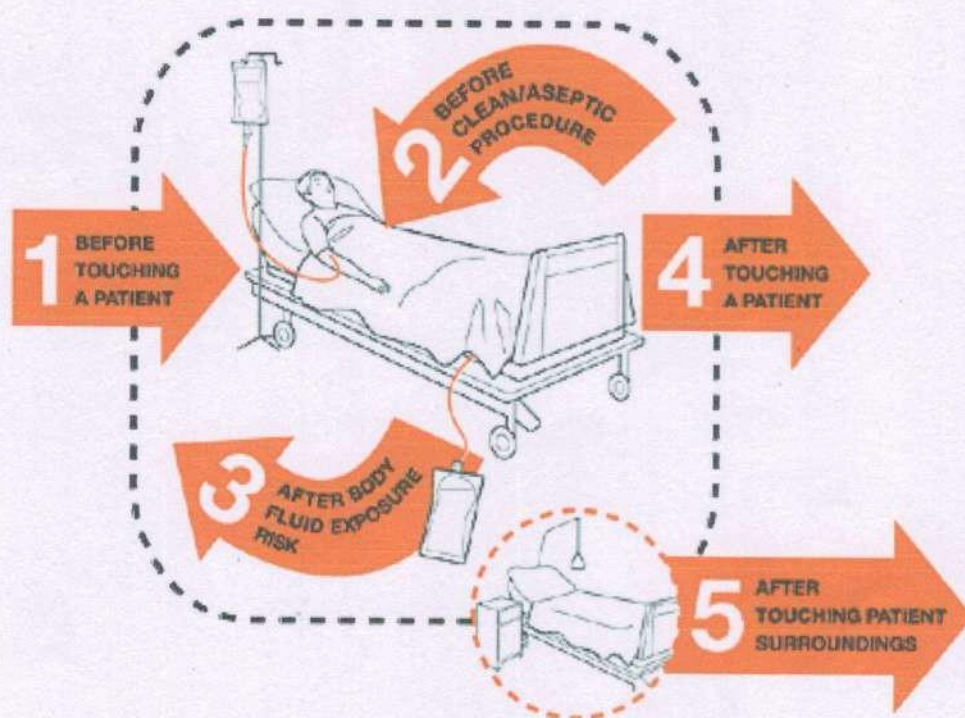


Fig 1. Five moments of hand hygiene



How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds

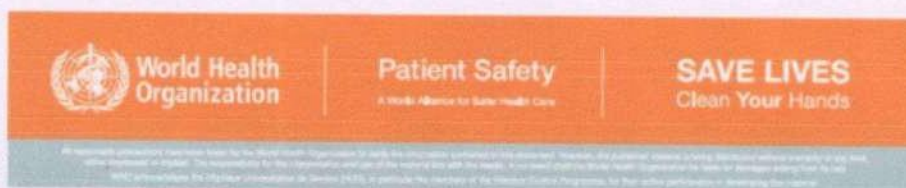
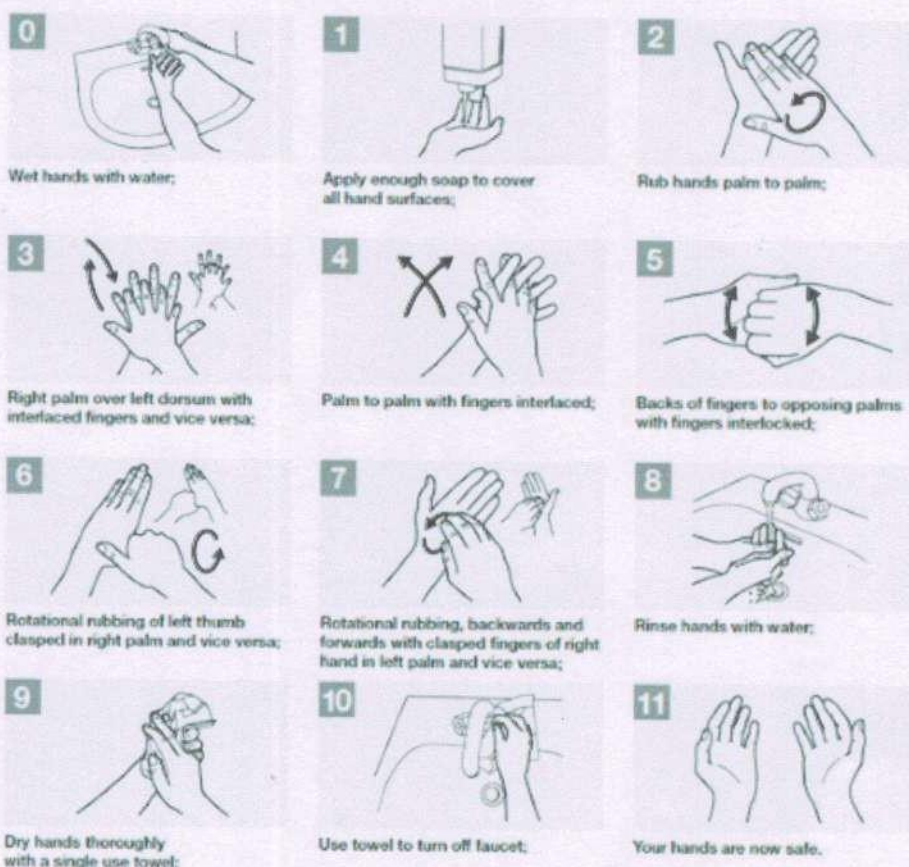


Fig 2: Steps in hand washing



2. Gloves
3. Facial protection (masks, visor, goggles)
4. Gown
5. Prevention of needle stick and other injuries from sharp instruments
6. Respiratory hygiene and cough etiquette

PERSONAL PROTECTIVE EQUIPMENT- DONNING & DOFFING



Fig 3: Personal protective equipment



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SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

- 1. GOWN**
 - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
 - Fasten in back of neck and waist
- 2. MASK OR RESPIRATOR**
 - Secure ties or elastic bands at middle of head and neck
 - Fit flexible band to nose bridge
 - Fit snug to face and below chin
 - Fit-check respirator
- 3. GOGGLES OR FACE SHIELD**
 - Place over face and eyes and adjust to fit
- 4. GLOVES**
 - Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



Fig 4: Donning of PPE



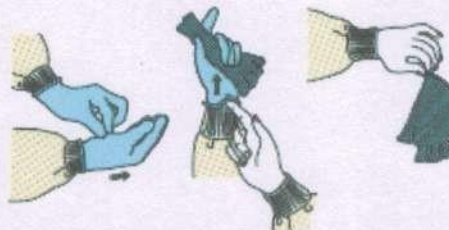
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There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container



4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



Fig 5: Doffing of PPE



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SPILL MANAGEMENT

Steps of spill management (CDC):

1. Any spillage, should be attended immediately.
2. Mark the spill area and place the wet floor signage
3. Wear appropriate PPE (gloves and gown) as mentioned in the spill kit.
4. Confine the spill and wipe it up immediately with absorbent (paper) towels, cloths, or absorbent granules (if available) that are spread over the spill to solidify the blood or body fluid (all should then be disposed as infectious waste).
5. Clean with hypochlorite solution (freshly prepared)
 - For large spills (>10 cm size): use 1:10 dilution of 5% hypochlorite (5000 ppm) i.e. 0.5%
 - For small spills (<10 cm size): use 1:100 dilution of 5% hypochlorite (500 ppm) i.e. 0.05%
6. Allow the disinfectant to remain wet on the surface for the required contact time of 10 minutes).
7. Rinse the area with clean water to remove the disinfectant residue.

Step of Post Exposure Management of Needle Stick /Splash injury

- First aid- Earlier the first aid, lesser the chance of transmission of blood borne viruses (BBV)
 - Wash or irrigate thoroughly the site with water for at least 5 minutes
 - Spit out fluid immediately if gone into mouth and rinse mouth several times
 - If wearing contact lenses leave them in place when irrigating. Once the eye is cleaned, remove the lens and clean them in the usual manner.
 - Do not squeeze the wound or use antiseptics/ detergents
- Report to hospital HICC team (MS/ Secretary HOD Micro) or Casualty MO
- Take first dose of PEP for HIV immediately within <2 hours
- Test for BBV for both source and healthcare worker (HCW): Anti HIV antibody, HBsAg, Anti HBs antibody (if vaccinated) and Anti HCV antibody detection





- Documentation and recording of exposure
- Informed consent and counseling.
- Follow up testing of HCWs - HIV testing - 6 weeks, 3 months, 6 months after exposure
 - HCV & HBV testing – 6 months after exposure
- Precautions during follow up period
 - Refrain from blood, semen and organ donation.
 - Abstinence from sexual intercourse or use latex condom till both baseline and 3 months full HIV test negative.
 - Women should not breast feed their infants.
- Exposed person is advised to seek medical evaluation for any febrile illness that occurs within 12 weeks of exposure.



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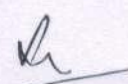


BIOMEDICAL WASTE MANAGEMENT (2016):

The HICC ensures adherence to the biomedical waste management rules which is an important component in prevention of HAIs in handlers of such wastes and for the proper disposal of biomedical waste.



Fig 5: Colour coding for segregation of biomedical waste (BMW 2016)


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