



Department of Medical Education Khyber Medical College Peshawar

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Policy for Infection Control And Hygiene In Khyber Medical College And Khyber Teaching Hospital, Peshawar

Date of development of this policy: 16/9/20

Review of policy: After one year

These guidelines are also to be applied in different laboratories and dissection halls in KMC

Introduction

Standard infection control policy is an essential requirement for a healthcare organization that should be intended to protect the health of the personnel including medical students belonging to it. For these measures to be effective, a high level of compliance needs to be achieved. For this purpose, a committee comprising of clinicians, pathologists, nurses and administrators is dedicated for this purpose that is called Hospital Infection and Hygiene Committee (HIHC). The administration of the hospital and college will oversee the affairs of the committee. Failure to comply with the policy can result in disciplinary actions as proposed by the committee.

1: Definitions

1.1: Standard infection control precautions/procedures - A minimum standard of care applied to all patients regardless of perceived or known infection risk factors.

1.2: Hand hygiene – Removal or destruction of microorganisms on the hands includes; hand washing with soap and water, hand disinfection using alcohol hand rub and surgical hand antisepsis with an approved antiseptic product.

1.3: Personal Protective Equipment - any equipment used to reduce the risk of the wearer or patient from acquiring a health care associated infection

1.4: A 'sharp'- is any object, which can puncture the skin. Examples include: hypodermic needles, suture needles, scalpel blades, pieces of bone, teeth splinters, glass ampoules, and pathological specimens.

2: Duties and responsibilities of staff

2.1: The Dean / Chief Executive is responsible for supporting and encouraging compliance with policy through delegation to the Hospital infection and Hygiene committee.

2.2: On behalf Dean / Chief Executive, the Hospital infection and Hygiene committee (HIHC) is responsible for ensuring that processes are in place for:

2.2.1: Embedding routine hand hygiene as an integral part of culture of the institute.

2.2.2: Regarding lapses in standard infection control procedures as a serious clinical issue.

2.2.3: Supporting mandatory hand hygiene and infection control education at induction for all staff and appropriate updates for staff involved in direct patient contact.

2.2.4: Ensuring all new employees are provided with written information on hand hygiene and other standard infection control procedures on employment.

2.2.5: Ensuring all necessary facilities and products are provided on regular basis, e.g. suitable hand wash basins, soaps, quality paper towels and conveniently sited alcohol hand gel, personal protective equipment and safer sharps devices.

2.2.6: Developing policies for incorporation of infection control curriculum at undergraduate and postgraduate medical education.

2.2.7: Ensuring that the facilities and equipment required are in place so that staff have convenient access to these.

2.2.8: Monitoring compliance with the policy through infection control audit and routine observation of practice. The HIHC will assist with audit design, collation of results and feedback to different wards / departments.

2.3: Individual employees are responsible for:

Complying with best practice in the prevention of infection and following this policy and associated procedures, including hand hygiene.

3: Training

3.1: The HIHC will suggest to the curriculum committee to Incorporate infection control policies and procedures in undergraduate curriculum

3.2: The HIHC will be responsible for training of employees at the time of their induction

3.3: The HIHC will also be responsible for regular refresher courses of employees and students in the hospital and college

3.4: The HIHC will provide feedback to individual departments about the results obtained from clinical audits about infection control and hand hygiene. The committee will also be responsible for communicating the results of clinical audits to the Dean / Chief Executive and Hospital director.

3.5: Staff training and compliance will be linked to promotions of employees

4: Standard infection control procedures

Standard infection control procedures include:

4.1: Hand hygiene procedure

Hands must be decontaminated in accordance with the World Health Organisation (WHO) '5 Moments for hand hygiene as follows:

- Before touching a patient,
- Before clean/aseptic procedures,
- After body fluid exposure/risk,
- After touching a patient, and
- After touching patient surroundings

4.2: There are other occasions when you must wash your hands and these include:

- Before handling or serving food
- After going to the toilet
- After handling specimens
- After handling waste, used laundry or contaminated equipment

4.3: Method

- Wet hands thoroughly under running water
- Apply liquid soap for 10-15 seconds using an effective technique.
- Rinse thoroughly under running water.
- Dry thoroughly with paper towels.
- Alcohol hand rub is an effective alternative to routine handwashing if the hands are visibly clean. It is useful when soap and water are not readily available.

4.4: Surgical Hand washing

Pre-operative surgical hand washing will remove or destroy transient micro-organisms and significantly reduce detachable resident micro-organisms. Antiseptic detergent solutions are required for this level of hand hygiene, e.g. Povidone iodine detergent or 4% Chlorhexidine detergent

4.5: Hand hygiene awareness for public

It should be an integral part of hand hygiene education and relevant posters showing hand washing techniques should be pasted in each unit.

5: Personal protective equipment (PPE)

Selection of appropriate protective clothing should follow a risk assessment of the procedure to be performed. The following factors should be considered:

- The risk of contamination of health care workers' clothing and skin
- The risk of transmission to the patient
- In addition, in relation to gloves, patient/user latex allergy must be considered.

The use of protective clothing does not negate the need to wear a freshly laundered uniform/clothing for each shift. Furthermore, uniforms/clothing must be changed if contaminated during the course of a shift.

5.1: Gloves

The use of gloves is required in situations during surgery and other major invasive procedures where comfort, dexterity and sensitivity is required. Double gloving is recommended for orthopaedic and breast implant surgery. The use of double gloving is recommended as a method of reducing percutaneous exposure during surgical procedures on patients with confirmed blood borne pathogens. Gloving is also needed for non-surgical aseptic procedures and using sterile pharmaceutical preparations.

5.2: Gowns

These offer protections to clothing and skin during procedures where there is the potential for gross exposure to blood and other body fluids. Gowns also offer greater protection (than aprons) to staff during the care of certain infectious conditions e.g., Scabies. Their use is mainly restricted to Theatres, Endoscopy units, Delivery suite, Aseptic drug preparation units and Infectious diseases ward. Sterile gowns must be used for sterile procedures.

5.3: Surgical masks

The benefits of surgical masks include:

- Limited reduction of transmission of microorganisms expelled from the mouth and nose of the wearer.
- Protects the wearer from blood and other body fluid splashes/aerosols to the lower face and mouth e.g. surgery, endoscopy and suctioning etc.
- Protection against Mycobacterium tuberculosis and other infections transmitted by droplets.

If masks are worn, they must cover the nose and mouth. Do not handle the mask whilst in place. To remove mask, wash hands. Staff must be fit tested to ensure the brand of mask used is effective. If it is not, alternatives must be provided.

5.4: Foot wear

It protects feet from body fluids. Its use is indicated in theatres where blood or body fluid spill is likely to be profuse.

6: Management of non-complaint staff

If a staff is found non-complaint for the first time, the issue should be rectified by educating him / her at that time by the incharge nurse of the unit. If non-compliance is repeatedly observed by the unit's administration or found during clinical audit by HIHC, the matter will be forwarded to disciplinary committee, which can result in warning, and other disciplinary actions in the form of stopping salary, reduction of salary, stopping promotions and even demotion.

7: Policies on the use of antibiotics

The use of inadvertent use of antibiotics in healthcare settings and outside has led to the emergence of resistance strains. Such approach should be discouraged and policies for using empirical antibiotics and culture and sensitivity based antibiotics should be in place. It is the job the HIHC to develop local guidelines with the help of international approaches in consultation with relevant clinicians and researchers. The local guidelines will be disseminated to relevant through paper and electronic format. This will go a long way in preventing the spread of antibiotic resistance.

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