

Section 1: POLICY

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TITLE/DESCRIPTION:**JOINT COMMISSION ON INTERNATIONAL ACCREDITATION (JCIA) STANDARDS FOR HOSPITALS - PREVENTION AND CONTROL OF INFECTIONS (PCI)****INDEX NUMBER****ICM - I - 01****EFFECTIVE DATE:**01/01/2009
01/01/2013
01/01/2018**APPLIES TO:****All GCC Countries****ISSUING AUTHORITY:****GULF COOPERATION COUNCIL – CENTRE FOR INFECTION CONTROL (GCC-CIC)**

STATEMENT

Surveillance, prevention and control of infection cover a broad range of processes and activities carried out by the organization's Infection Prevention and Control Department to identify and reduce risks of acquiring and transmitting infections among patients, staff, healthcare professionals, contract workers, volunteers, students, and visitors.

This function also involves links to external organization support systems to reduce the risk of infection from the environment, including food and water sources.

This function coordinates all activities related to the control and prevention of healthcare-associated infections (HAIs), as well as infections brought into the hospital.

REFERENCE

Joint Commission International Accreditation Standards for Hospitals, 5th edition, April 2014.

STANDARDS

The following is a list of the Prevention and Control of Infections (PCI) standards for this function as outlined by the Joint Commission International Accreditation (JCIA) standards for hospitals:

- PCI.1** One or more individuals oversee all infection prevention and control activities. This individual(s) is qualified in infection control practices through education, training, experience or certification.
- PCI.2** There is a mechanism to coordinate all infection control activities that involve physicians, nurses, and others as appropriate to the size and complexity of the hospital.
- PCI.3** The infection control program is based on current scientific knowledge and accepted practice guidelines, as well as, applicable laws and regulations such as the use of clinical practice guidelines, antimicrobial stewardship programs, reduction of community and healthcare-associated infections (HAIs) programs, and initiatives to decrease the use of unnecessary invasive devices to reduce rates of infections.
- PCI.4** Hospital leadership provides resources to support the infection control program.
- PCI.5** The hospital designs and implements comprehensive programs to reduce the risk of HAIs in patients and healthcare workers.
 - PCI.5.1** All patient, staff, and visitor areas in the organization are included in the infection control program.
- PCI.6** The hospital uses a risk-based approach in establishing the focus of the infection prevention and reduction program.
 - PCI.6.1** The hospital tracks infection risks, infection rates, and trends in HAIs to reduce the risk of those infections.

Each hospital must identify those epidemiologically important infections, infection sites and associated devices, procedures and practices that will provide the focus of efforts to prevent and to reduce the risks and incidences of HAIs. A risk-based approach uses surveillance as an important component for gathering data that will guide the risk assessment.

Hospitals collect and evaluate data on the following relevant infections and sites:

- a. Respiratory tract - such as the procedures and medical technology associated with intubation, mechanical ventilator support, tracheostomy, and so forth.
- b. Urinary tract - such as the invasive procedures and medical technology associated with indwelling catheters, urinary drainage systems, their care, etc.
- c. Intravascular invasive devices - such as the insertion and care of central venous catheters, peripheral venous lines, and so forth.
- d. Surgical sites - such as the care and type of dressing and associated aseptic procedures.
- e. Epidemiologically significant diseases and organisms - multidrug-resistant organisms and highly virulent infections.
- f. Emerging or reemerging infections within the community,

PCI.7 The hospital identifies the procedures and processes associated with the risk of infection and implements strategies to reduce infection risk.

PCI.7.1 The hospital reduces the risk of infections by ensuring adequate equipment cleaning and sterilization and the proper management of laundry and linen.

PCI.7.1.1 The hospital identifies and implements a process for managing expired supplies and the reuse of single-use devices when laws and regulations permit.

PCI.7.2 The hospital reduces the risk of infections through proper disposal of waste.

PCI.7.3 The hospital implements practices for safe handling and disposal of sharps and needles.

PCI.7.4 The hospital reduces the risk of infections associated with the food service operations.

PCI.7.5 The hospital reduces the risk of infections associated with mechanical and engineering controls during demolition, construction, and renovation.

PCI.8 The hospital provides barrier precautions and isolation procedures that protect patients, visitors, and staff from communicable diseases and protects immunosuppressed patients from acquiring infections to which they are uniquely prone.

PCI.8.1 The hospital develops and implements a process to manage sudden influx of patients with airborne infections and when negative-pressure rooms are not available. Refer to policy **ICM-III-12** Management of Influx of Airborne Infectious Disease.

PCI.9 Gloves, masks, eye protection, other protective equipment, soap, and disinfectants are available and used correctly when required.

PCI.10 The infection control process is integrated with the hospital's overall program for quality improvement and patient safety; using measures that are epidemiologically necessary to the hospital.

PCI.11 The hospital provides education and training in infection control practices to staff, physicians, patients, families and other caregivers when indicated by their involvement in healthcare.

TITLE/DESCRIPTION:

INFECTION CONTROL COMMITTEE RESPONSIBILITIES

INDEX NUMBER

ICM - I - 02

EFFECTIVE DATE:

01/01/2009
01/01/2013
01/01/2018

APPLIES TO:

All GCC Countries

ISSUING AUTHORITY:

GULF COOPERATION COUNCIL – CENTRE
FOR INFECTION CONTROL (GCC-CIC)

STATEMENT

Responsibility for the prevention and control of infections within the healthcare facility and for the evaluation of the infectious potential of the related environment is vested in a multidisciplinary Infection Control Committee (ICC) reporting to the highest patient safety body.

The ICC coordinates an objective and systematic review process to evaluate the quality and appropriateness of patient care as it relates to infection prevention and control.

PURPOSE

To coordinate, evaluate, and support the activities of the Infection Prevention and Control Program and to communicate with all departments of the healthcare facility to ensure the engagement and full support to the program by all stakeholders. The ICC advocates for the program shall ensure all resources needed are available.

RESPONSIBILITIES

1. Pursue opportunities to improve patient care and clinical performance.
2. Recommend practices to resolve identified infection control problems in care and performance.
3. Recommend corrective actions to governing bodies when necessary.
4. Establishes, reviews and approves the hospital infection prevention and control (IP&C) policies and procedures at least every three years
5. Approve the type and scope of surveillance activities including stratified infection risk, focused infection studies, and prevalence and incidence studies.
6. Determine the amount of time required to conduct infection surveillance, prevention and control activities based on several parameters:
 - a. Needs of the patient population.
 - b. Risk factors of the patient population.
 - c. Complexity of the services.
 - d. Educational needs of the personnel.
 - e. Resource and support services available.
7. Establishes and approves criteria used to determine the appropriate definitions and criteria to recognize the existence of health care-associated infection (HAIs).
8. Establish a review process that is directed to detect epidemics, clusters of infections and incidences of infections above the usual baseline levels. Initiates and conducts an epidemiological investigations if required.
9. Reviews, approves and make revisions if necessary of the yearly infection control plan submitted by the infection prevention and control (IP&C) team based on the infection control risk assessment (ICRA).
10. Reviews at least annually, the data reports and analysis of the healthcare-associated surveillance activities during the past year submitted by the IPC team and the effectiveness of prevention and control intervention strategies in reducing the infection risks, priorities or problems. Recommends appropriate actions if needed.
11. Evaluates and revises on a continuous basis the procedures and mechanisms developed by the (IP&C) team to serve established standards and goals.
12. Brings to the attention of the (IP&C) any infection control related issues arising in different departments of the hospital and suggests solutions.
13. Review and approve the cleaning procedures, agents, and schedules that are used throughout the hospital. This review is to be done biannually or more frequently if necessary.
14. Each member of the committee acts as an advocate of infection control, promoting infection control principles and ensuring implementation

STRUCTURE

The committee consists of multidisciplinary team members.

Membership includes representation from the Medical, Administration, Nursing, Microbiology, Quality Improvement, and Infection Control Departments (the last should include those individuals directly responsible for the management of the infection surveillance and the prevention and control program).

Representation from ancillary departments is available for consultative purposes as discussion items dictate.

Membership is selected from:

Members:

- Representative from Consultant, Adult ID, Department of Medicine
- Representative from Employee Health Clinic, Department of Family Medicine
- Representative from Deputy Chairman, Department of Surgery
- Representative from Department of Obstetrics/Gynecology
- Representative from Nephrology department of Medicine
- Representative from Ambulatory care, Nursing Services
- Representative from Home Health care, Nursing Services
- Representative from Nursing Services
- Representative from Support Services, Operations
- Representative from Microbiology, Department of Pathology and Laboratory
- Representative from Intensive Care Unit
- Representative from Central Sterile Supply Department (CSSD)
- Representative from Infection Prevention and Control
 - Antimicrobial Stewardship Program
 - Infection Control Coordinator(s),
 - Environmental Health and Occupational Health & Safety
 - Community and Public Health

- Representative from Quality Management
- Representative from Department of Emergency Medicine
- Representative from the Pharmacy department
- Representative from utilities and Maintenance (U&M) section
- Representative from Housekeeping section

From other department upon request such as:

Laundry, Clinical Nutrition and Respiratory Services are invited on an ex officio basis when matters pertaining to their services are to be discussed.

PROCEDURE

A. Meeting

The committee meets quarterly or as scheduled in each hospital and healthcare facility. Special meetings will be called by the Chair when circumstances dictate.

NB: All matters to be addressed by the committee should be brought to the attention of the chairperson, Infection Preventionist (IP), and/or the appropriate committee members.

B. Documentation

Discussions, conclusions, recommendations, assignments, actions, and approvals are documented in the minutes of the Committee meetings.

Minutes are distributed to each Committee member and are forwarded to other appropriate staff.

TITLE/DESCRIPTION:

STATEMENT OF AUTHORITY

INDEX NUMBER

ICM - I - 03

EFFECTIVE DATE:

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01/01/2013
01/01/2018

APPLIES TO:

All GCC Countries

ISSUING AUTHORITY:

**GULF COOPERATION COUNCIL – CENTRE
FOR INFECTION CONTROL (GCC-CIC)**

STATEMENT

The Infection Control Committee (ICC), through its chairperson and members, is vested with the responsibility and authority to institute any appropriate prevention and control measure when it is reasonable to presume that an infectious risk to any patient or personnel exists.

The Director of the Infection Prevention and Control Program/Chair of the ICC of the healthcare facility has the responsibility and authority to establish policies and procedures for the instruction of its personnel and for the overall supervision of infection prevention and control activities in its facilities.

PROCEDURE

This statement of authority is reviewed and authenticated by the Administration of the institution at least every three years or sooner, as per policy.

APPROVAL – TITLES	DATE
_____ Executive Director (Head), Infection Prevention and Control	_____
_____ Executive Director (Head), Medical Services	_____
_____ Chief Executive Officer	_____

TITLE/DESCRIPTION:

INFECTION PREVENTION AND CONTROL PROGRAM

INDEX NUMBER

ICM - I - 04

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01/01/2018

APPLIES TO:

All GCC Countries

ISSUING AUTHORITY:

GULF COOPERATION COUNCIL – CENTRE
FOR INFECTION CONTROL (GCC-CIC)

STATEMENT

The organization supports a comprehensive infection prevention and control program within the standards of the JCIA, the recommendations of the World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC), and the guidelines of the respective country's Ministry of Health (MOH).

PURPOSE

To eliminate the risk of HAIs and work related infections within the healthcare facility through the implementation of established guidelines and policies.

PROCEDURE

The infection control staff must have the knowledge and expertise in microbiology, epidemiology, sterilization and disinfection, infectious diseases, antiseptic usage, clinical practices and statistics. The Infection Preventionist functions in pivotal roles as educator, investigator, researcher, patient advocate, agent of change, consultant, statistician, sanitarian, role model, coordinator, and diplomat.

The program is executed by the Infection Prevention & Control (IPC) Department supported by the Infection Control Committee (ICC) through the following services:

- Surveillance of healthcare-associated infections (HAIs)
- Education
- Consultation
- Outbreak and exposure investigation
- Environmental health
- Occupational health and safety (Employee Health)
- Act as liaison with MOH

The program adapts the system of Standard Precautions, which emphasizes the need to consider all body substances as potentially infectious regardless of the patient's diagnosis.

In adapting this approach to infection prevention and control, the ICC has carefully considered each policy and procedure in order to provide the following:

- Protection
- Feasibility
- Consistency
- Efficiency
- Cost Effectiveness

An ongoing program of theory and practice for continuing education is a major requirement and mandate. Therefore, education, reminders, and instructions on infection prevention and control practices and the principles of Standard Precautions are available for all categories of staff, patients, families and sitters through the IPC Department.

TITLE/DESCRIPTION:

**REPORTING COMMUNICABLE DISEASES TO THE
MINISTRY OF HEALTH**

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ICM - I - 05

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01/01/2009
01/01/2013
01/01/2018

APPLIES TO:

All GCC Countries

ISSUING AUTHORITY:

**GULF COOPERATION COUNCIL – CENTRE
FOR INFECTION CONTROL (GCC-CIC)**

DEFINITION

Each National Health Regulatory Authority (NHRA), in compliance with the WHO, mandates and identifies the list of communicable diseases to be reported by healthcare facilities. This is necessary for proper implementation of epidemiology protocols, monitoring processes, and education. It is also important to establish the national and regional risk assessments needed for preparedness protocols.

FORMS

Reporting forms and documents as stipulated by each Gulf State authority.

COMMENTS

Compliance with this policy and procedure must be within the scope and responsibility of the designated persons.

PROCEDURE

To be outlined and carried out as per institution and NHRA guidelines.

TITLE/DESCRIPTION:

INFECTION PREVENTION AND CONTROL CORE COMPONENTS

INDEX NUMBER

ICM - I - 06

EFFECTIVE DATE:

01/01/2018

APPLIES TO:

All GCC Countries

ISSUING AUTHORITY:

GULF COOPERATION COUNCIL – CENTRE
FOR INFECTION CONTROL (GCC-CIC)

DEFINITION

To ensure all healthcare facilities are equipped with infection prevention and control strategies targeting healthcare-associated infections (HAIs) and combating antimicrobial resistance (AMR).

REFERENCE

1. World Health Organization (2016). Guidelines on Core Components of Infection Prevention and Control Programmes at the National and Acute Health Care Facility Level. Geneva, Switzerland.
2. Core Components of Infection Prevention and Control, 2016 – Technical.
<http://www.gdipc.org/professionals.html>.

COMMENTS

The World Health Organization (WHO) Guidelines on Core Components of Infection Prevention and Control (IP&C) Programmes is an extensive document that may be utilized at the local and national levels. However, other countries may use other models for infection prevention and control, such as, their respective Ministry of Health infection control core components.

POLICY

The objective of these guidelines is to support IP&C improvements at both local and national levels by utilizing the WHO guidelines, as applicable, in both the public and private sectors. Included in these guidelines are tools for self-assessment and continuing improvement.

1. The core components include:
 - a. IP&C program
 - b. IP&C guidelines
 - c. IP&C education and training
 - d. Health care-associated infection Surveillance
 - e. Multimodal strategies
 - f. Monitoring/audit of IP&C practices and feedback
 - g. Workload staffing and bed occupancy (acute health care facility only)
 - h. Built environment, materials and equipment for IP&C at the facility level (acute healthcare facility only).
2. Assessment for compliance with the WHO self-assessment tool needs to be conducted by all healthcare facilities on a regular basis and implement action plans for any deficiencies that are identified for improvement.