

	INODAYA Hospitals - Kakinada		Documentation code: INH/IPC.Doc.No:01
	INFECTION CONTROL PROGRAM AND POLICIES		Prepared date: 11/11/2025
	Reference: IPC .1a,e,f,g,h. NABH Standards – 6 th Edition		Issue Date: 11/11/2025
	Issue no: 01	Review No: 0	Review date: 10/11/2026

IPC. 1a. INFECTION CONTROL PROGRAM AND POLICIES

1. AIM

To have Zero tolerance to Hospital Associated Infections

2. MISSION

Our facility maintains an organized, effective, hospital wide program designed to systematically identify and reduce the risk of acquiring and transmitting infections among patients, visitors and health care workers by multidisciplinary collaboration and collective persistent effort.

3. VISION

Minimize HAI in the hospital by implementing good clinical practices and let every healthcare worker be aware of aseptic practices.

4. CORE VALUES

Infection control essentials

- A rigorous hand hygiene program (as per WHO 2009 guidelines) in which health-care providers clean their hands -**5 Moments of Hand Hygiene.**
- Limiting contact with those who have antibiotic resistant infections through contact precautions.
- Cleaning and decontamination of the facilities and equipment, especially items close to patients, such as bedrails and bedside equipment.

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Infection Control Officer	Medical Director	Chief executive Officer



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- Monitoring the cleaning, disinfection and sterilization of instruments and equipment used for patient care.
- Monitoring antibiotic prescribing
- Educating staff on how to prevent the transmission of resistant organisms, as well as how to identify risky practices that could result in transmission.
- Sharing knowledge of infection rates in the hospital at the right time with the right healthcare staff and improving on it.

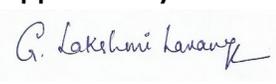
5. PURPOSE:

- 5.1 This policy describes the INODAYA Hospitals Infection Control Program (ICP)
- 5.2 To identify potentially infectious patients or staff who may transmit disease to others.
- 5.3 To reduce the risk of disease transmission and to ensure maximum protection of patients, visitors, and health care workers against infection.
- 5.4 To recommend risk reduction practices by integrating infection control principles into all standards of practice.
- 5.5 To achieve and maintain compliance with Inodaya Hospitals standards.

6. SCOPE: Applicable to INODAYA Hospitals - Kakinada

7. RESPONSIBILITY :

a. INFECTION CONTROL COMMITTEE IPC

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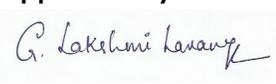
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The committee shall meet at least once a month and have at least 11 meetings per year.

MEMBERS OF IPC COMMITTEE*

S. No	Name	Department	
1	Ms.G.Lakshmi Lavanya	CEO	Chair person
2	Dr.Ch.Arunakumari	Infection control officer	Convener
3	Dr.G.Rammohan	Consultant Surgeon	Member
4	Dr.M.GowtamKrishna	Consultant Physician	Member
5	Dr. Deepthi Saranya	Consultant Pathologist	Member
6	Ms.Chandrakala	Biomedical engineer	Member
7	Ms.Prameela	Lab Incharge	Member
8	Ms.Vani.M	Nursing Superintendent	Member
9	Ms.Y.Susani	OT incharge	Member
10	Ms.P.Nandini	Infection control Nurse	Member
11	Mr.Ramjan	Housekeeping Incharge	Member
12	Mr.Naresh	Pharmacy Incharge	Member
13	Y.Srinivas	Maintenance Incharge	Member

 Prepared by: Dr.Ch.Arunakumari Infection Control Officer	 Verified by: Dr.M.Gowthamkrishna Medical Director	Approved by:  Mrs.G.Lakshmi Lavanya Chief executive Officer
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*Infection control committee is an advisory committee

i. The functions of the infection control committee are to:

- a) The IPCC is a body of experts responsible to develop policies and procedures related to Infection Control at **INODAYA Hospitals**. It is responsible to the Management Board for assuming authority and resources to implement agreed policies in order to prevent spread of infection to all areas of the hospital.
 - b) Prepare and review the progress of the annual program of activities.
 - c) Review the incidences and prevalence of ‘alert’ organisms and important infectious diseases.
 - d) Review the occurrence and nature of any outbreak of Infection Control standards in the hospital.
 - e) Review planning, services, facilities in the hospital on the issues relevant to Infection Control.
 - f) To establish policy and monitor and control rational antibiotic prescribing habits among the clinicians.
 - g) Monitor and advice on certain specific areas of Infection Control like CSSD, OT’s, Critical Care areas etc.
 - h) Monitor programs for the education of staff about infection control practices and policies.
 - i) Assess and Identify hospital risks annually to ensure effective implementation of the program
- a) Advise on the approved infection control policies and review their implementation.
 - b) Promote and facilitate the education of all grades of hospital staff in infection control procedures.

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- j) 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.

ii. FUNCTIONS OF INFECTION CONTROL OFFICER (ICO)

The Microbiologist shall be the Infection Control Officer.

The Infection Control Officer shall be the member secretary of the committee.

The Infection Control Officer shall be responsible for carrying out:

- Epidemiological Survey in special circumstances.
- Formulation and review of antimicrobial policy guidelines in conjunction with various specialties and ICC.
- Monitoring the decisions of the Infection Control Committee.
- To organize Infection Control Training Program for various categories of staff and students.
- To carry out surveillance activity for assessing Infection indices for Surgical Site Infections (SSI), Catheter Related Blood Stream Infections (BSI), Ventilator Associated Pneumonia (VAP) and Urinary Tract Infections (UTI).

ROLE OF MICROBIOLOGIST

The Microbiologist shall be responsible for:

- Investigating staff, for carriage of pathogenic microorganisms, when indicated.

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- Carrying out random surveillance when necessary by applying methods of random surveillance for checking sterilization, disinfection and environment.
- Making critical study of the results of antibiotic sensitivity test in order to assess the emergence of resistant microorganisms.
- To carry out the Infection Control activity as per policy-as decided by the Infection Control Team or Committee.
- To carry out education programs in Infection Control practices in conjunction with other departments and areas of patient care.
- To carry out Antimicrobial surveillance activity in conjunction with Pharmacy for usage of restricted usage antimicrobials and to interact with treating consultant(s) for team for effective control of such usage.

iii. THE FUNCTIONS OF AN INFECTION CONTROL NURSE

- a) As a member of the IPCC participate in the planning, implementation, and evaluation of infection prevention and control measures and to reduce the level of avoidable infections.
- 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.
- 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 IPCC

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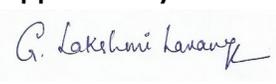
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- g) To help the IPCC in the development and revision of infection control policies and procedures.
- h) He/she makes sure that the hospital staffs is educated and updated with the protocols in relation to the infection control.
- i) She may advise 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) ICN will provide clinical advice and support to nurses and non-clinical personnel on infection control issues.
- l) ICN will explain and interpret microbiology reports to relevant nursing staff and advice on isolation techniques generally and in specific clinical situations.
- m) Identify potential infection hazards and suggests appropriate remedial measures to relevant personnel.
- n) Follow the ICC protocols to identify, investigate and control out breaks of infection.
- o) Participate in informal and formal teaching programs for nurses and other paramedical staff.
- p) Keep abreast with recent advances by reading relevant literature and attending appropriate courses and meetings of infection control.
- q) He/ she constantly update his/ her knowledge.

iv. INFECTION CONTROL TEAM

INODAYA Hospital - Kakinada has an infection control team comprising

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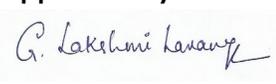
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- f) Discuss with consultants any case of proposed action, which may have implications for infection control in the hospital.
- g) To regularly visit and liaise with various hospital departments especially the following.
- h) Catering department (food hygiene)
- i) Engineering dept (equipment, water supply, air conditioning and environmental hygiene)
- j) Pharmacy (antibiotics)
- k) Wards, Clinics, ICU, OT and Endoscopy.
- l) House Keeping (cleaning, waste disposal policies)
- m) Laboratory Department (Microbiological hazard waste disposals).
- n) Visit areas surrounding hospital premises and ensure action for proper hygiene and sanitation.
- o) Initiate appropriate responses to incidence or outbreaks of infection and recommend allocation of resources for investigation and control.
- p) Request for an urgent meeting of Infection Control Committee when there is a major incident.
- q) Organize the relevant education of health care staff and encourage reflexive practice of infection control measures.
- r) Infection Control Team has to conduct rounds in all areas once in 2 weeks and submit reports to IPCC
- s) Identify and control of outbreaks.
- t) Education of staff in infection control procedures.
- u) Preparation of policy documents in liaison with other relevant staff.
- v) Formulation of an annual programme of work including surveillance of infection and training programme.
- w) Implementation of this programme in liaison with other staff.

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v. FUNCTION OF MASTER TRAINER AND TRAINER

- a. To ensure that the Infection Control Activities are fully implemented at their respective working stations and they provide the leadership for the same.
- b. To provide hands on training for all Nurses by Infection control team. The Infection Control Team will monitor their training effectiveness by regularly interviewing the nurses they have been training.
- c. To give periodic lectures in future Infection Control Training programs.
- d. To attend any workshop, Seminars held locally on Infection Control Programs.
- e. To regularly update their knowledge on Infection Control and submit to Infection Control Team their view periodically on further improving the Infection Control programs.
- f. To actively fill in and update the activity log book provided to them by keeping a record of all their Infection Control Activities. This log book will be periodically checked by the Infection Control Nurse and countersigned by the Chairman, Infection Control Team.
- g. **ROLE OF THE HOSPITAL PHARMACIST**
- h. The Hospital Pharmacist shall be responsible for:
 - i. Obtaining storing and distributing medicinal preparation in such a way that infectious agents are not transmitted to the patients.
 - j. Dispensing antimicrobial agents as per hospital policy and holding all the relevant documentation (regarding potency, incompatibility, conditions of deterioration).
 - k. Obtaining and storing vaccines or sera and making them available when necessary.
 - l. Keeping an inventory of antimicrobial agents distributed to the clinical departments.
 - m. Holding the following information on antiseptics and / other anti infectious agents :
 - n. Active properties in relation to concentration, temperature, length of action antimicrobial spectrum ;
 - o. Toxic properties including any sensitizing or irritant action on the skin and mucosa;
 - p. Substances that are incompatible with above mentioned items and reduce their potency;

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- q. Physical conditions which unfavorably affect potency during storage such as temperature, light, humidity;
- r. Harmful effects on materials.
- s. Provision of data about the usage of all antimicrobials in the hospital to Infection Control Officer / Infection Control Committee, as and when required.

vi. INODAYA HOSPITALS STAFF:

- a. Comply with the policies in the Infection Control Manual.
- b. Attend the New Hire Orientation Program on infection control and participate in in-service infection control programs.
- c. 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.
- d. Be evaluated for job performance with respect to infection control practices based on assigned duties

vii. HOSPITAL ADMINISTRATOR

- a. Appoint the chairperson and members of the ICC.
- b. Appoint a representative of the management to be a member of the ICC.
- c. Authorize the ICC to institute appropriate control measures and / or studies

viii. STAFF IN-CHARGE / INODAYA HOSPITALS FUNCTIONAL AREAS:

- a. 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.
- b. 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.

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- c. Implement infection control policies and procedures within their area of responsibility.
- d. Ensure that the personnel adhere to the guidelines in the Infection Control Manual:
- e. Hospital Employee Health Program
- f. Infection Control education (In-service)
- g. Patient care practices, where necessary.
- h. Inform the ICC members of any potential or identified infection control problems.
- i. Provide infection control in-service education to their personnel, in conjunction with ICC members.
- j. Report to government authority regarding communicable diseases. The report is filed with the infection control nurse

ix. PHYSICIANS / NURSE IN CHARGE:

- a. Report immediately all **suspected or confirmed** cases of nosocomial infections (including those identified as post-discharge) to the ICC.
- b. Report all communicable diseases diagnosed in the patient is to the IPC.
- c. Complete form for all **suspected or confirmed** reportable diseases when first identified

Clinical Microbiology Laboratory should provide laboratory support for infection control activities, as follows:

- Identify organisms to species level.
- Provide information to determine types of culture techniques and media to use in an outbreak investigation.
- Alert IPC of all potentially significant isolates, e.g. MRSA, VRE. ESBL, GNB

x. POLICIES:

- a. There is an active INODAYA Hospitals infection control program

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- b. All Inodaya Hospitals employees should be made aware of infection control policies and procedures and their responsibilities with regard to surveillance, prevention and control of HAI'S
- c. Infection control policies and procedures is reviewed and revised once in a year, or more often if necessary to reflect current standards and practice.
- d. The prevention and control methods and surveillance strategies is evaluated for their effectiveness throughout INODAYA Hospitals.

xi. PROCEDURE:

a. Infection Control Programme

- Hospital Infection Control Committee
- Infection Control Team
- Surveillance
- Infection Control Rounds
- Infection Control Training
- Employee Health (Pre & Post Exposure Prophylaxis)
- Monitoring of Hygiene

b. Staff education

- All staff in the hospital will be trained on infection control measures once in a year.
- Orientation programme will be conducted for all staff joining in the hospital
- An education programme 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.

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- 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

c. Surveillance

- Surveillance is done in all high-risk areas in the hospital
- 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

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

e. Other items

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

f. Quality Indicators

- Nosocomial infection
- (UTI, SSI, VAP, IV Line associated infection)
- Sterilization failures(No: of recalls)

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- Training
- Hand washing compliance
- Bio medical waste segregation compliance
- Effectiveness of housekeeping

IPC.1.

INFECTION CONTROL OFFICER

- Infection control officer is a clinical microbiologist.
- Reference documents: Job description, privileging document & appointment letter
- Infection Control Nurse

IPC.1. f.

Infection control Nurse is a registered nurse with training in infection prevention.

- Reference documents: Job description, privileging document & appointment letter

xii. ANNEXURES:

Copy of Disease Reporting Form

xiii. REFERENCES:

- JCAHO: How to Achieve Quality and Accreditation in a Hospital Infection Control Program, 1992.
- Bennet and Brachman. Hospital infections. Boston: Little, Brown and Company, 1998.
- Wenzel R. Prevention and Control of Nosocomial Infections, 2nd edition. Baltimore: Williams and Wilkins, 1997.

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- Mayhall G. Hospital Epidemiology and Infection Control, 1st edition. Baltimore: Williams and Wilkins, 1999.

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