Infection Prevention Control (IPC) of Health Care Facility in Cross Border.

Nguyen Dang Vung, Assoc. Prof, PhD, MD, MSc

Content

I. Introduction
II. Scope and Objective
III. Definitions
IV. The principle and importance of IPC.
V. Core components of IPC for health care facilities. (WHO guide).
VI. IPC program of Health care facilities in Cross Border.


Mission
Features
Faculty
Introduction
About us
Purpose

I. Introduction

- The biosafety manual to enhance biosafety procedures at Points of Entry (POE) includes the topics as below:

- Basic knowledge for Biosafety
- Infection Prevention Control (IPC) of Health Care Facility in Cross Border
- Waste disposal
- Incident, accident preparedness and response
- Role of national / sub national level Preparedness and Stockpile
- Surveillance system for border region (WHO-DO- What-When)
- Biosafety poster for Sub-National Health Care Personnel

I. Introduction

- The biosafety manual to enhance biosafety procedures at Points of Entry (POE) includes the topics as below:

- Basic knowledge for Biosafety
- **Infection Prevention Control (IPC) of Health Care Facility in Cross Border**
- Waste disposal
- Incident, accident preparedness and response
- Role of national / sub national level Preparedness and Stockpile
- Surveillance system for border region (WHO-DO- What-When)
- Biosafety poster for Sub-National Health Care Personnel

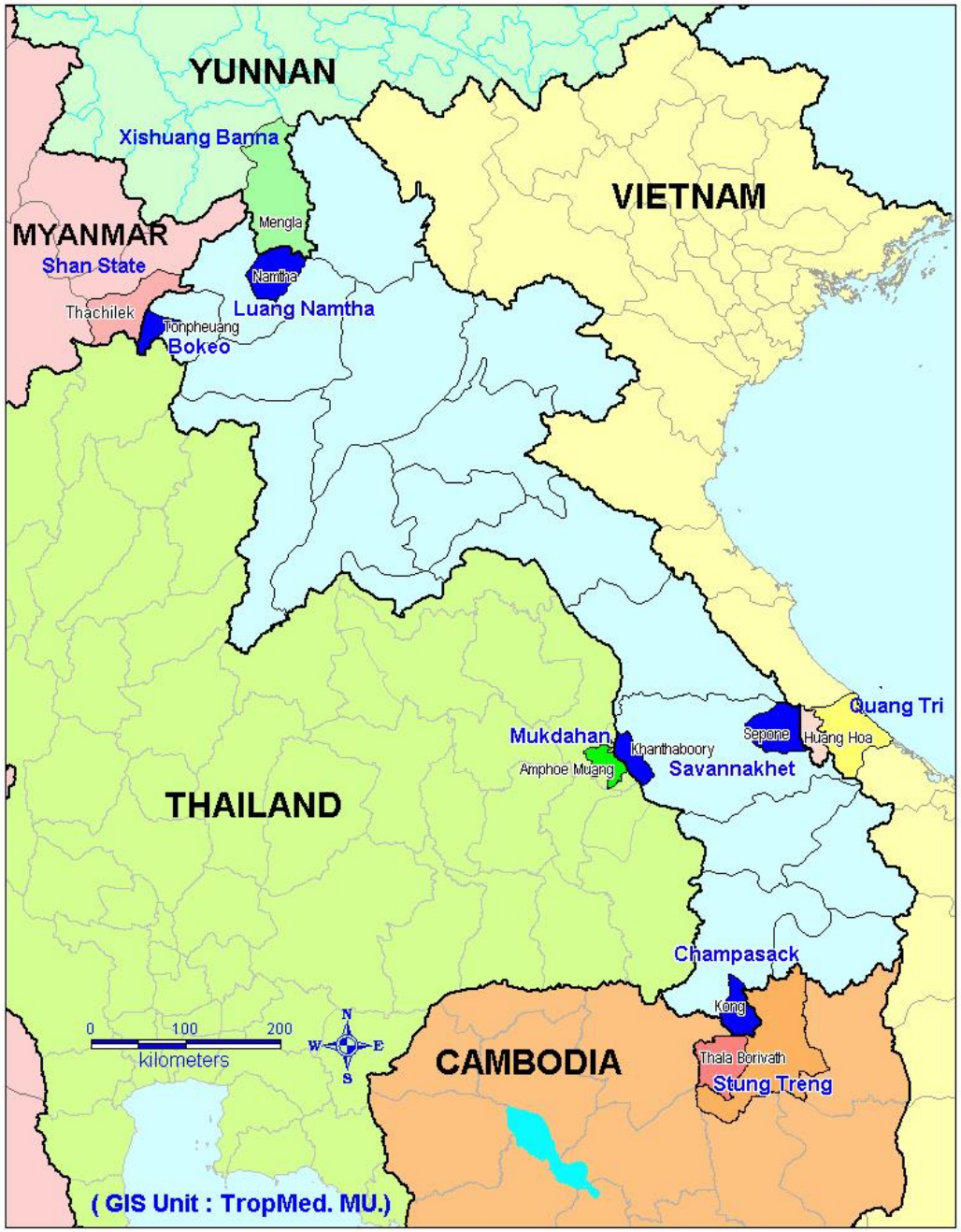
SCOPE &

Objectives

II. Scope and objective

- Scope: applied in health care facilities in cross border.
- To provide a feasible, effective and acceptable framework for the development or strengthening of IPC programmes
- IPC programmes aim to ensure the protection of those who might be vulnerable to acquiring an infection both in the general community and while receiving care due to health problems, in a range of settings.

MBDS CROSS-BORDER PROJECT SITES




YUNNAN
Xishuang Banna
VIETNAM
YANMAR
Shan State
Luang Namtha
Bokeo
Mukdahan
Savannakhet
THAILAND
Champasack
CAMBODIA
Stung Treng

VIETNAM
LAOS PDR
Sepone
Huang Hoa
Quang Tri
Mukdahan
Khanthaboory
Savannakhet
Amphoe Muang
THAILAND


DEFINITION
FUTURE
DEFINITION
MANAGERS
INFORMATION
STATISTICS
DESIGN
DEVELOPMENT
QUALITATIVE
FRAUD
DATA
GOODS
BUSINESS
PLANNING
STATISTICS
EFFECTIVE
GOODS
MARKETING
MANAGEMENT
MODELING
SERVICES
FACTORY
DECISION
PROCESS
CONTROLLING
RISK
REDESIGN
INPUT
BUSINESS
MARKETING
RISK
FUTURE
SYSTEM
PRODUCTION
STRATEGY
MAINTENANCE
FACTORY
CUSTOMER
SERVICES
EFFECTIVE
GOODS
EFFICIENT
PLANNING
ANALYSIS
OPERATION
CONTROL
DEVELOPMENT
DATA
FRAUD
QUALITATIVE
MODELING

III. Definitions

Infection Prevention Control (IPC)

- A multi-disciplinary task that requires leadership, knowledge and expertise in various areas.
- It is important that each member states should have IPC policy at national level with resource allocation to support IPC in health care facilities.
- Guidelines, education and training on IPC must be available.

III. Definitions

Infection Prevention Control (IPC)

- Coordination is a successful key of IPC programme.
- The management team at healthcare facilities should appoint the IPC committees to provide a forum for multidisciplinary input, cooperation, and information sharing for effective planning, implementation and monitoring of IPC programs.

III. Definitions

- **Health care facilities** include all categories of hospitals, clinics, health centres,, emergency services, dental units, pharmacist, laboratory team, biosafety team, waste management and all other health care service delivery points.
- **Standard precaution** are work practices required for basic level IPC, and are based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin and mucous membranes may contain transmissible infectious agents


PRINCIPLES
VALUE
STRATEGIC
OBJECTIVES
PLAN
IDEOLOGY
INNOVATION
CUSTOMER
COMPANY
STATEMENT
MISSION
INTEGRITY
CONDUCT
VISION
ACCOUNT
EMPLOYEES
EXPENSE
PRICE
RULE
GUIDING
COMMERCE
GOALS
EXCELLENCE

IV. The principle and importance of IPC

Principle

- The basic principle of infection prevention and control is hygiene.

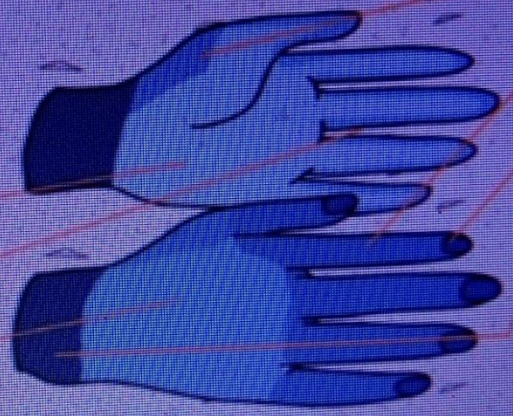
Biosafety

Standard Biosafety Regulations for Healthcare Workers

Hand Washing:

10 steps of effective hand washing

1. Wet hands and apply soap
2. Palm to palm
3. Between fingers
4. Back of hands
5. Base of thumbs
6. Back of fingers
7. Fingernails
8. Wrists
9. Wash with water
10. Dry with towel



Safe handling and disposal of sharps

- Used disposable needles or sharps shall be discarded immediately WITHOUT recapping.

Protective barriers

Mask and protective eyewear

Gloves

Good Hygine at Home

Cook and store food properly
use refrigerator to prevent from spoiling

Keep bedding and clothing clean.

Clean clothes seperately.
Do not mix blood /except or body fluids /stained clothing with household laundry

Dispose waste in closed garbage.

WASH YOUR HANDS

BEFORE:
- Cooking
- Eating
- Feeding another person
- Dressing wound

AFTER:
- Using toilet
- Changing diapers or soiled bedding
- Taking care of sick people

- IPC implementation is relevant to health system strengthening.
- Effective and integrated IPC is a public health issue and contributes in a significant way to strengthening core capacities and health service resilience within the context of the International Health Regulation.

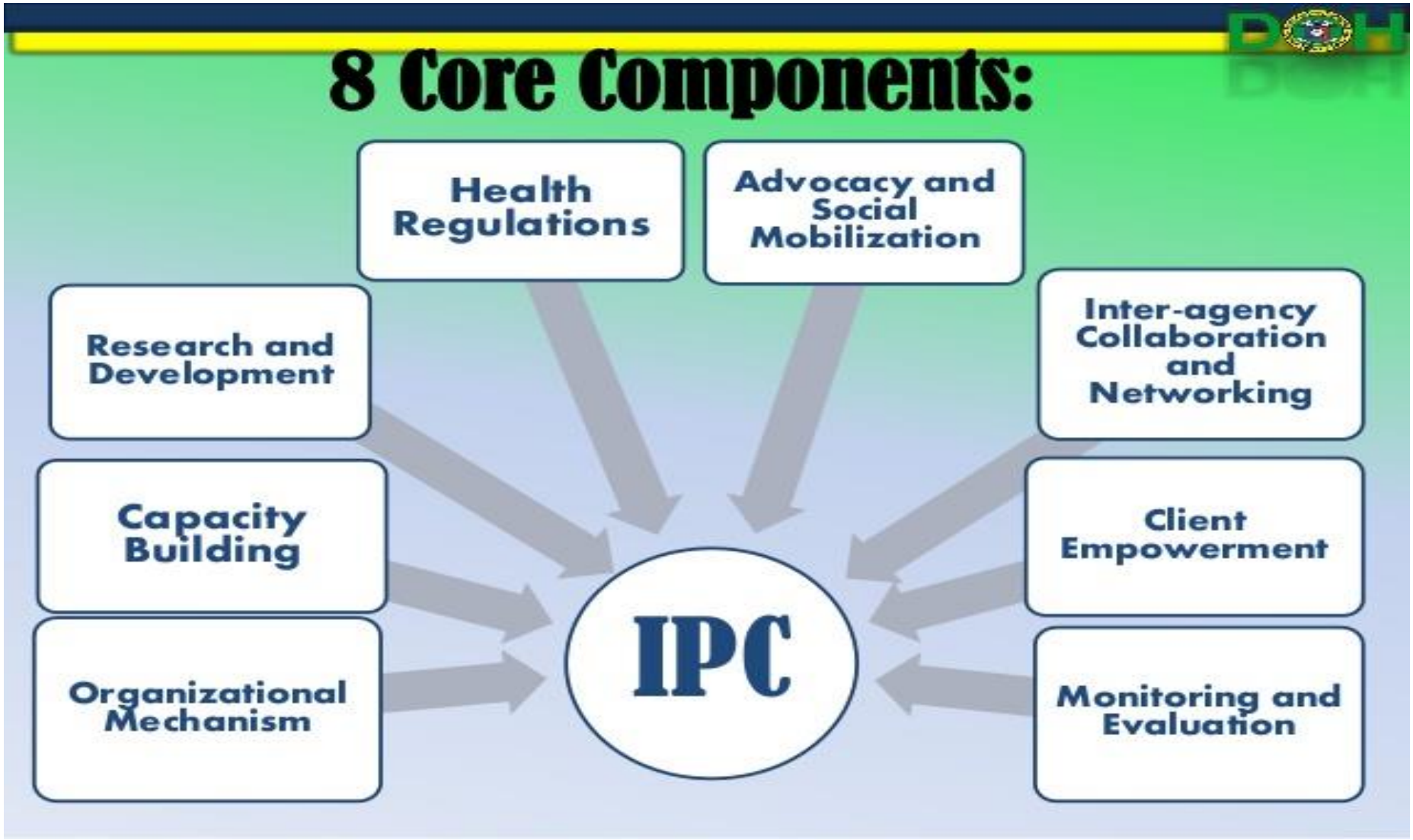
IV. The principle and importance of IPC

Importance

- The IHR give significant weight to IPC as a central strategy for dealing with public health threats of international concern;
- Strengthening implementation of the IHR;
- Supporting implementation of the Global Action Plan on infectious diseases;
- Importance of core components for IPC programmes as a fundamental element of safe, high quality, people-centred and integrated care.

CORE COMPONENTS

V. Core components of IPC for health care facilities



V. Core components of IPC

1. IPC programmes

- IPC programme with a dedicated, trained team should be in place in each health care facility for the purpose of preventing infectious diseases.
- The organization of IPC programmes must have clearly defined objectives based on local epidemiology and priorities according to risk assessment and functions.

V. Core components of IPC

1. IPC programmes

- It is critical for a functioning IPC programme to have dedicated, trained professionals in every acute care facility.
- Good quality microbiological laboratory support is a very critical factor an effective IPC programme.

V. Core components of IPC

2. IPC guidelines

- The education and training of relevant health care workers on the guideline recommendations and the monitoring of adherence with guideline recommendations should be undertaken to achieve successful implementation.

V. Core components of IPC

2. IPC guidelines

- Guidelines should be evidence-based and reference international or national standards.
- Adaptation to local conditions should be considered for the most effective uptake and implementation.
- Monitoring adherence to guideline implementation is essential.

V. Core components of IPC

3. IPC education and trainning

- IPC education should be in place for all health care workers by utilizing team- and task-based strategies that are participatory and include bedside and simulation training to reduce the risk of infectious diseases.
- IPC education and training should be a part of an overall health facility education strategy.

V. Core components of IPC

3. IPC education and trainning

- Three categories of human resources were identified as targets for IPC training and requiring different strategies and training contents.
- Periodic evaluations of both the effectiveness of training programmes and assessment of staff knowledge should be undertaken on a routine basis.

V. Core components of IPC

4. Surveillance

- Surveillance should be performed to guide IPC interventions and detect outbreaks.
- Health care facility surveillance should be based on national recommendations and standard definitions and customized to the facility according to available resources with clear objectives and strategies.

V. Core components of IPC

4. Surveillance

- The responsibility for planning and conducting surveillance and analysing, interpreting and disseminating the collected data remains usually with the IPC committee and the IPC team.
- Methods for detecting infections should be active. Different surveillance strategies could include the use of prevalence or incidence studies.

V. Core components of IPC

5. Multimodal strategies

- IPC activities using multimodal strategies should be implemented to improve practices and reduce infectious diseases.
- Successful multimodal interventions should be associated with an overall organizational culture change

V. Core components of IPC

5. Multimodal strategies

- Successful multimodal strategies include the involvement of champions or role models in several cases.
- Implementation of multimodal strategies within health care institutions needs to be linked with national quality aims and initiatives.

V. Core components of IPC

6. Monitoring/audit of IPC practices and feedback

- Monitoring/audit and feedback should be performed to prevent and control infectious diseases at the health care facility level. Feedback should be provided to all audited persons and relevant staff.

V. Core components of IPC

6. Monitoring/audit of IPC practices and feedback

- The main purpose of monitoring feedback is to achieve behavior change or other process modification to improve the quality of care and practice with the goal of reducing the risk of infectious diseases.
- Monitoring and feedback are also aimed at engaging stakeholders, creating partnerships and developing working groups and networks.

V. Core components of IPC

7. Workload, staffing and bed occupancy

The elements should be adhered to in order to reduce the risk of infectious diseases:

- Bed occupancy should not exceed the standard capacity of the facility;
- Health care worker staffing levels should be adequately assigned according to patient workload

V. Core components of IPC

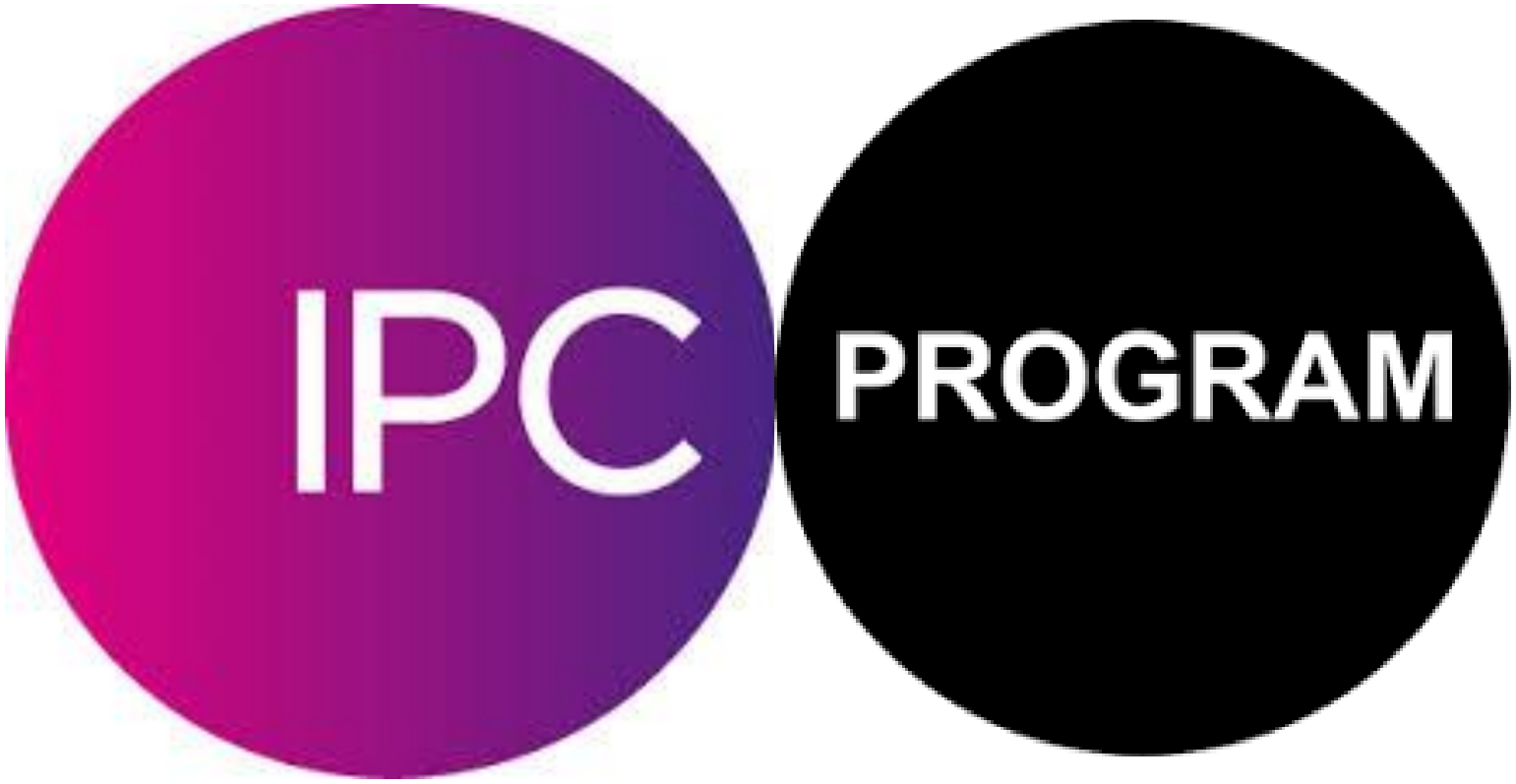
8. Built environment, materials and equipment

- Patient care activities should be undertaken in a clean and/or hygienic environment.
- Materials and equipment to perform appropriate hand hygiene should be readily available at the point of care.
- An appropriate environment, WASH services and materials and equipment for IPC are a core component of effective IPC programmes at health care facilities.

V. Core components of IPC

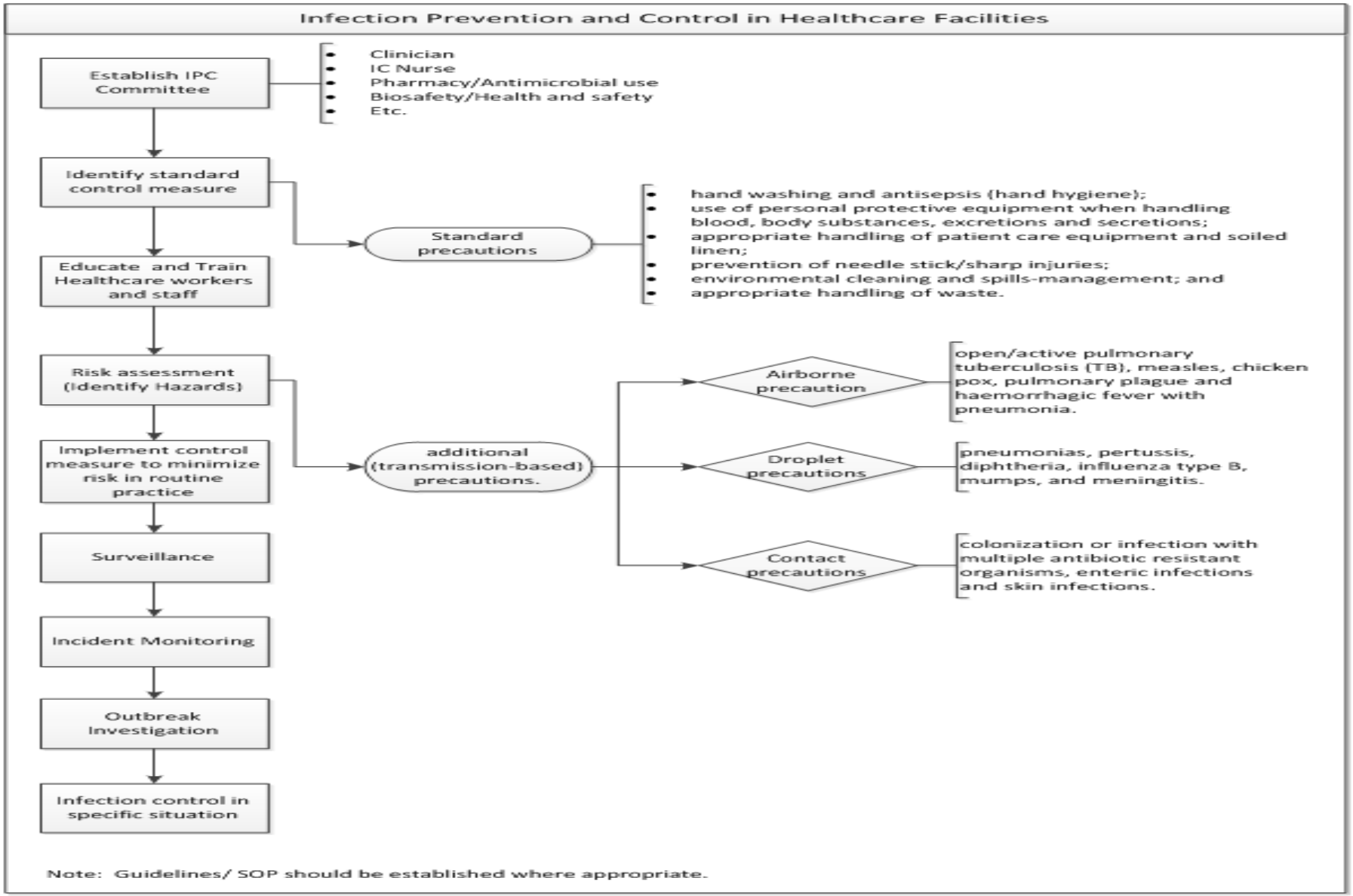
8. Built environment, materials and equipment

- WHO standards for drinking water quality, sanitation and environmental health in health care facilities should be implemented.
- WHO standards for the adequate number and appropriate position of hand hygiene facilities should be implemented in all health care facilities.
- Ensuring an adequate hygienic environment is the responsibility of senior facility managers and local authorities.


IPC
PROGRAM


CROSS BORDER

VI. IPC program of Health care facilities in Cross Border.



VI. IPC program of Health care facilities in Cross Border.

Including 9 steps:

1. Establish IPC committee: Clinician, nurse, pharmacy/Antimicrobial use, biosafety/health and safety…
2. Identify standard control measure with stand precautions

VI. IPC program of Health care facilities in Cross Border – **standard precautions**

- Hand washing and antisepsis (hand hygiene);
- Use of PPE when handling blood, body substances, excretions and secretions;
- Appropriate handling of patient care equipment and soiled linen;
- Prevention of needle stick/sharp injuries;
- Environmental cleaning and spills-management;
- Appropriate handling of waste.

VI. IPC program of Health care facilities in Cross Border.

3. Education and train healthcare workers and staff.

4. Risk assessment (Identify Hazards): Using the formula:

Risk = Likelihood x Consequence

And there are additional precautions (transmission-based)

VI. IPC program of Health care facilities in Cross Border – **additional precautions**

Airborne precaution: TB, measles, chicken pox, pneumonia…

- Implement standard precautions;
- Place patient in a “negative pressure room”. Keep door closed.
- Anyone who enters the room must wear a special, high filtration, particulate respirator mask (N95);
- Limit the movement and transport of the patient from the room for essential purposes only. If transport is necessary, minimize dispersal of droplet nuclei by masking the patient with a surgical mask;
- Gain the support of engineering services to ensure that the negative airflow pressure is maintained.

VI. IPC program of Health care facilities in Cross Border – **additional precautions**

Droplet precautions: pneumonias, pertussis, diphtheria, influenza type B, mumps…

- Implement standard precautions;
- Place patient in a single room (or in a room with another patient infected by the same pathogen);
- Wear a surgical mask when working within 1-2 meters of the patient;
- Place a surgical mask on the patient if transport is necessary.

VI. IPC program of Health care facilities in Cross Border – **additional precautions**

Contact precaution: colonization or infection with multiple antibiotic resistant organisms

- Implement standard precautions;
- Place patient in a single room (or in a room with another patient infected by the same pathogen);
- Wear clean, non-sterile gloves, gown when entering the room if substantial;
- Contact with the patient, environmental surfaces or items in the patient's room is anticipated.
- Limit the movement and transport of the patient from the room.

VI. IPC program of Health care facilities in Cross Border.

5. Implement control measure to minimize risk in routine practice;
6. Surveillance;
7. Incident monitoring;
8. Outbreak investigation;
9. Infection control in specific situation.


Thank You!


Thank You!