'' INFECTION CONTROL PRACTICES''

ALL INDIA INSTITUTE OF MEDICAL SCIENCES(AIIMS), JODHPUR

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BRIEF HISTORY

All India Institute of Medical Sciences, Jodhpur is a medical institute and medical research public university located in Jodhpur, India. It is considered an Institute of National Importance and is one of the 20 All India Institutes of Medical Sciences (AIIMS). It was established in 2014 and operates autonomously under the Ministry of Health and Family Welfare.

The institute is mandated in medical education, research, patient care and the establishment of models for an affordable and quality healthcare through innovations. AIIMS Jodhpur is governed under AIIMS Act, 1956.

MISSION

To establish a centre of excellence in medical education, training, healthcare, and research imbued with scientific culture, compassion for the sick and commitment to serve the underserved.

VISION

The institute is governed under the guiding principles of providing affordable medical services to patients with care, compassion and commitment.

Core Values

- Leadership & excellence
- Integrity & courage
- Compassion & services
- Collaboration, learning & innovation

SWOT Analysis

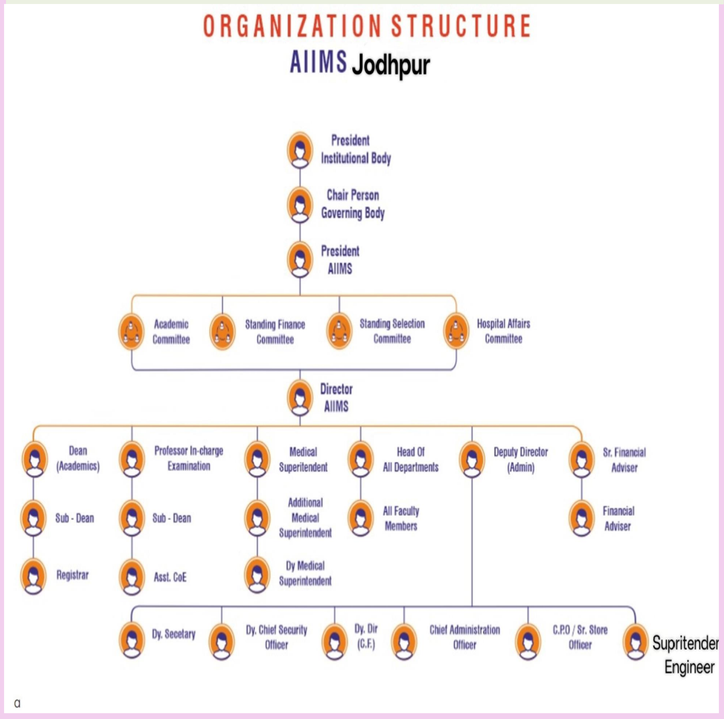
Strength –
1. Large pool of qualified doctors,
2. Well developed infrastructure,
3. NABH and NQAS accredited institute
4. New idea generation,
5. Learning culture,
6. Adapting Advanced technology,
7. strong brand name

Weakness-
1. High staff turnover
2. Delays in administrative processes, such as ,fee payments, document verification etc
3. Increasing patient load affects the quality of medical care

Opportunity –
1. Global expansion
2. Incorporation of advanced technology to healthcare sector

Threats –
1. Government regulations and policies
2. High no of substitute available

Organization Structure



Challenges Faced During Internship

As I was from Medical Background I was not that good in technology like using EHIS that was challenging for me .

Having less experience in Collecting Primary data and data analysis was definitely challenging for me.

As I was on observership, I could not take part on any ongoing program or projects.

Aim and Objective

STUDY TITLE- INFECTION CONTROL PRACTICES WITHIN HOSPITAL ENVIRONMENT

Introduction-The health care environment can be a breeding ground for infectious pathogens.

• Kayakalp guidelines define Housekeeping (HK) as a support service department responsible for cleanliness, & upkeep of patient care and other areas.

• International Health Facility Guidelines define a Housekeeping Unit as a functional entity of the hospital containing offices, a meeting room and a trolley wash area.

AIM

To optimize infection control practices within a hospital environment, ensuring a pathogen-free setting through the effective implementation of housekeeping services.

OBJECTIVES

1. To Identify and Implement Best Practices, equipment tailored to the hospital environment, focusing on areas such as surface disinfection, waste management, and linen handling.
2. To Develop and implement comprehensive cleaning protocols for all areas of the hospital, including patient rooms, operating theatre, and common areas, to minimize the risk of pathogen transmission.
3. To Provide on-going training and education for housekeeping staff on infection control principles, proper cleaning techniques, and the safe use of disinfectants and cleaning agents.
4. To Establish regular monitoring and auditing processes to ensure compliance with housekeeping practices for infection control.

Methodology

Type of Study	*Study Period*	*Study Population*
Observational Cross Sectional Descriptive	*10th MAY,2024 TO 25th JUNE,2024*	a tertiary care teaching hospital in AIIMS Jodhpur housekeeping staff, infection control practitioners,

Data Collection

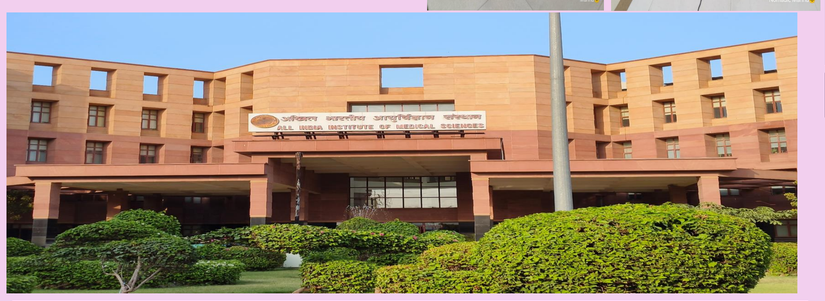
Data will be collected through direct observation and unstructured interviews with stakeholders and document review.

RESEARCH DESIGN

Qualitative Research: Utilize qualitative methods to gain in-depth insights into the role of housekeeping in infection control. A literature review on hospital hygiene, hospital architecture, ergonomic and anthropometric principles will be done

Data analysis

Analysis will be done by thematic and quantitative analysis. Quantify observations of housekeeping practices and correlate them with infection control outcomes where applicable.



Findings

Functional area risk category	Hospital areas	Frequency of cleaning	Level of cleaning/ disinfection	Method of cleaning/ disinfection	Evaluation/ auditing frequency	Staffing	Induction training	Refresher training/ on the job training
High risk areas	OT, ICU, HDU, ED, LR, Post-op. units/surgical wards, CSSD, RT/ CT, Dialysis, Burns unit, Isolation wards, etc.	Once in two hours and spot cleaning as required	Cleaning and Intermediate level disinfection	Soap & detergent plus disinfection with alcohol compound, aldehyde compounds	Weekly by Officer I/C Sanitation and Infection Control Team	OT: 1 SA for 2 OTs for each shift ICU: 1 SA for up to 6 ICU beds in each shift	24 h of intensive training on general cleaning and infection control followed by 7 days of supervised duties	Training of 4 h every month
Moderate risk areas	Medical and allied wards, Labs, Blood Banks, Laundry, Rehab, Mortuary, Pharmacy, Medical Staff areas, etc.	Once in four hours and spot cleaning as required	Cleaning and low level disinfection	Cleaning with soap & detergent plus disinfection with aldehyde compounds	Once in a by Officer I/C Sanitation and Infection Control Team	Wards: 1 SA per ward in each shift for a ward size of up to 30 beds; More than 30 bedsone additional SA in morning shift	16 h of training on general cleaning and infection control followed by 5 days of supervised duties	Once in every months for 2 h
Low risk areas	OPD, MRD, Manifold, Stores, Offices, Library, other staff areas.	For areas working round the clock at least once in a shift or in areas having general shift at least twice in the shift & Spot cleaning as required	Only cleaning	Physical removal of soil, dust or foreign material followed by cleaning with water and detergent	Once in three months	OPD: one dedicated sanitary attendant for each public toilet	8 h of training on cleaning practices followed by three days of supervised duties	Every six months for 2 h

Observation

- Hand hygiene compliance among healthcare workers
- Proper use and disposal of personal protective equipment (PPE)
- Effectiveness of cleaning and disinfection procedures
- Waste management practices
- Compliance with isolation precautions
- Environmental cleanliness (floors, surfaces, equipment)
- Staff knowledge and adherence to infection prevention guidelines
- Availability of hand hygiene and cleaning supplies

ROLE OF HOUSEKEEPING SERVICES
- Availability and condition of cleaning equipment and supplies
- Cleaning and disinfection frequency and coverage
- Communication between housekeeping and healthcare teams
- Waste management practices by housekeeping staff.
- Housekeeping staff knowledge of infection prevention

Recommendation

- Implement and enforce strict hand hygiene protocols
- Provide adequate training on PPE use and disposal
- Develop standardized cleaning and disinfection procedures
- Ensure proper waste segregation and disposal
- Adhere to isolation precautions consistently
- Conduct regular environmental cleaning and disinfection audits
- Provide ongoing education and training for staff
- Ensure sufficient supplies of hand hygiene and cleaning products

ROLE OF HOUSEKEEPING SERVICES
- Provide comprehensive infection prevention training for housekeeping staff
- Ensure adequate supply and maintenance of cleaning equipment and supplies
- Establish cleaning and disinfection schedules based on infection risk
- Enhance communication and collaboration between housekeeping and healthcare teams Implement standardized waste management procedures for housekeeping staff

Learning

1. Data analysis via excel.
2. Learned about hospital policies and quality management initiatives (NABH).
3. Learn problem solving approach and attitude of a hospital manager.
4. I have learnt how to communicate effectively and think creative to provide solutions.
5. Enhanced Technological skill like excel , Word and power point.
6. Increased knowledge of medical procedures, infection control, and patient safety.

Usefulness of internship

1. Hospital Exposure
2. Corporate exposure
3. Interaction with patients and their issues
4. Interacting and learning with industry expert

Theory V/S Practical

Practically –
1. Identify the problem first
2. Perform primary research
3. Filter and analyze the collected data
4. Providing sustainable solution

Theoretically-
1. We are mostly provided with a hypothetical problem, rely on secondary research data , and providing solution without anticipating impact.

ADDITIONAL

Other than these projects, I was assigned to design an IEC material (POSTERS) on the topic "HEAT ACTION PLAN" and all the 10 posters got approved by the director of aiims and were pasted around all over the premises both the IPD and OPD block. Below are the few pictures of the same.