

INFECTION COMMITTEE

RESEARCH DOCTOR PHARMA

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Infection Control Committee The Committee is an integral component of the patient safety programme of the health care facility, and is responsible for establishing and maintaining infection prevention and control, its monitoring, surveillance, reporting, research and education. This committee should include wide representation from all relevant disciplines or departments in the facility. The committee has one elected chairperson who is the hospital administrator or a person who has direct access to the head of the hospital.

Structure i. Chairperson: Head of the Institute (preferably)

ii. Member Secretary: Senior Microbiologist

iii. Members: Representation from Management/Administration (Dean/Director of Hospital; Nursing Services; Medical Services; Operations)

iv. Relevant Medical Faculties

v. Support Services: (OT/CSSD, Housekeeping/Sanitation, Engineering, Pharmacologist, Store Officer / Materials Department)

vi. Infection Control Nurse (s)

vii. Infection Control officer

INFECTION CONTROL TEAM

The Infection control team should comprise of at minimum an infection control officer, a microbiologist (if ICO is not a microbiologist), and infection control nurse. ICT takes daily measures for the prevention and control of infection in hospital

Develop a manual of policies and procedures for aseptic, isolation and antiseptic techniques.

– Carry out targeted surveillance of HAIs, data analysis for presentation in HICC meeting and take corrective steps

– Advise staff on all aspects of infection control and maintain a safe environment for patients and staff.

– Supervise and monitor cleanliness and hygienic practices

– Oversee sterilization and disinfection and monitor the use and quality control of disinfectants

– Advise management of at risk patients and supervision of isolation procedures.

– Investigate outbreaks of infection and take corrective measures for control and prevention of outbreak.

– Waste management

– Provide relevant information on infection problems to management.

- Assist in training of all new employees as to the importance of infection control and the relevant policies and procedures.
- Organize regular training programme for the staff to ensure implementation of infection control practices
- Audit infection control procedures and antimicrobial usage
- Monitors Health care workers safety Programme

ROLE OF PHARMACIST

Responsibilities of Pharmacists

Pharmacists' responsibilities for antimicrobial stewardship and infection prevention and control include promoting the optimal use of antimicrobial agents, reducing the transmission of infections, and educating health professionals, patients, and the public.

Promoting Optimal Use of Antimicrobial Agents. An important clinical responsibility of the pharmacist is to ensure the optimal use of antimicrobial agents throughout the health system. Functions related to this responsibility may include

1. Encouraging multidisciplinary collaboration within the health system to ensure that the prophylactic, empirical, and therapeutic uses of antimicrobial agents result in optimal patient outcomes. These activities may include antimicrobial-related patient care (e.g., aiding in appropriate selection, optimal dosing, rapid initiation, and proper monitoring and de-escalation of antimicrobial therapies) as well as the development of restricted antimicrobial-use procedures, therapeutic interchange, treatment guidelines, and clinical care plans.²
2. Working within the pharmacy and therapeutics committee (or equivalent) structure, which may include infectious disease-related subcommittees, to ensure that the number and types of antimicrobial agents available are appropriate for the patient population served. Such decisions should be based on the needs of special patient populations and microbiological trends within the health system. High priority should be given to developing antimicrobial-use policies that result in optimal therapeutic outcomes while minimizing the risk of the emergence of resistant strains of microorganisms.
3. Operating a multidisciplinary, concurrent antimicrobial stewardship program that uses patient outcomes to assess the effectiveness of antimicrobial use policies throughout the health system.
4. Generating and analyzing quantitative data on antimicrobial drug use to perform clinical and economic outcome analyses.
5. Working with the microbiology laboratory personnel to ensure that appropriate microbial susceptibility tests are reported on individual patients in a timely manner, and collaborating with the laboratory, infectious diseases specialists, and infection preventionists in compiling susceptibility reports (at least annually) for distribution to prescribers within the health system to guide empirical therapy.

6. Utilizing information technology to enhance antimicrobial stewardship through surveillance, utilization and outcome reporting, and the development of clinical decision-support tools.

7. Facilitating safe medication management practices for antimicrobial agents by utilizing efficient and effective systems to reduce potential errors and adverse drug events.

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