

A.3. INFECTION PREVENTION & CONTROL COMMITTEE

- A3.1. There is written approved terms of references document for the infection prevention & control committee containing structure, rules, duties and members' responsibilities. (D)

- Review the terms of reference (TOR) of Infection Prevention & Control Committee meeting and verify the following:
 1. TOR are valid and updated (Check for dates)
 2. Approved (Check for approvals by top administration)
 3. Structure (Composition of IPC committee with inclusion of membership from all relevant units)

The committee consists of multidisciplinary team members.

Chairman: Hospital Director or Medical Director

Deputy Chairman: Nominated by chairman

Committee coordinator

Committee secretary

- 1) Purpose of multidisciplinary committee.
- 2) Rules of operations.
- 3) Duties / Functions of IPC Committee.
- 4) Responsibilities of members & attendees.

- A 3.2. Meeting minutes are written in a manner of task force tables with time limit for the actions needed and actions must be followed in the next meeting. (D)

- Review the format of meeting minutes:
- Check if the standard format is being followed for documenting committee meeting minutes:
 - a) Meeting minutes of IPC committee should incorporate meeting number, date, time, venue, title, list of attendees, absentees & apologies etc.
 - b) It should include Agenda / Items, Discussion & Findings, Actions / Recommendations, Responsible Person/s, Time frame & status. (Open / Closed)
 - c) Agenda would include call to order, review of previous meeting minutes, Infection control reports.

- d) Status of last committee meetings recommendations to be reviewed. (Closed issues to be considered as accomplishments. These accomplishments shall / can be submitted to the management as part of the committee's performance.
- e) Issues that are not yet addressed / accomplished to be considered as pending / Open issues. These pending issues shall be added as agenda in the old business to find solutions to close the issues. If not, it should be closed as 'abandoned', a new alternate solution need to be in place.
- f) If still unresolved need to be escalated to executive committee.
- g) Issues discussed in IPC committee meetings are assigned to concerned representatives and should be traceable, timely followed, monitored and evaluated.

- A 3.3. IPC committee is chaired by the hospital director or medical director. (D)

- A 3.4. Membership of IPC committee includes head of IPC, IPC department members, medical director, head of nursing services, head of laboratory department (microbiology), head of surgical operating room, head of CSSD, head of critical care units (ICUs), head of pharmacy department, head of dietary services, head of environmental health department, head of housekeeping department, head of administrative or financial department, head of medical supply department, and other guest members as needed. (D)

- Review the following documents:

TOR, Meeting minutes & attendance sheets:

1. Check the meeting minutes with attendance sheets of last 03 committee meetings for purpose of verification.
2. Review team composition with multidisciplinary involvement to verify if matching with composition / structure of IPC committee members as described in Terms of Reference. (Refer to composition under sub element 1)
3. Verify that the committee is chaired by hospital director or medical director (i.e., committee's chairman name should be reflected in term of reference and meeting minutes).

- A 3.5. IPC committee meets on a regular basis (at least quarterly) or when required on urgent demand. (D)

- Review the following documents:

IPC committee meetings minutes to verify if the committee is meeting on regular basis (at least each quarter) and when needed. (Review at least last 03 previous meeting minutes).

The Chair can call special meetings when circumstances dictate.

- a) Check the dates and attendance sheet to see the presence of 50% Quorum as mentioned in the TOR.

- Functions include: **

A. Review of the hospital infection prevention and control policies and procedures.

(Check if hospital infection prevention and control policies and procedures manual was approved and signed by the committee members after thorough discussion and any required revision.)

B. Review the meeting minutes & check if healthcare associated infections surveillance data was presented and discussed by the infection prevention and control team with corrective interventions.

(Rate of HAI should be tracked and followed meticulously in the committee, AND the members should always suggest and agree – upon the appropriate actions.)

C. Check if annual Infection control plan was presented by infection prevention and control team with suggestion of additions/changes if necessary and eventual approval of Annual IC plan.

- Interview:

- 1) At random members of Infection Control Committee representatives during rounds (ICU, OR, ER etc.) to assess if they are aware and well informed about the functions of infection control committee, frequency of meetings etc.
- 2) Ask how they are acting as an advocate of infection prevention & control in his / her department, trying to promote its principles, and ensures application of its rules. (e.g encourage HCWs to comply with infection control policies and procedures in their respective units.)

- A 3.6. Functions of IPC committee include, but not limited to:
(revision and evaluation of the IPC yearly plan, review and approval of IPC policies & procedures, review of surveillance data, & discuss respiratory protection program related activities & measures, etc). (D, SI)

- Review the following document:

Review Infection Prevention and Control Committee term of reference (TOR) and meeting minutes to ensure incorporating functions as highlighted below. **

Review the meeting minutes to check the content / issues discussed in past 03 meetings and check the status.

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