



# **HOSPITAL LEADERSHIP SUPPORT**

**INFECTION PREVENTION & CONTROL  
ADMINISTRATIVE MEASURES**

**HOSPITAL LEADERSHIP SUPPORT**

**INFECTION CONTROL DEPARTMENT**

**INFECTION CONTROL COMMITTEE**

**INFECTION CONTROL PROGRAM**

**INFECTION CONTROL ANNUAL PLAN**

**INFECTION CONTROL POLICY & PROCEDURE**

**INFECTION CONTROL EDUCATION & TRAINING**

## A.1. Leadership Support

- A1.1: Adequate resources are allocated to infection prevention & control department (e.g., offices, internet access, IT support ...etc.)  
(O, SI)

- Observe:
  - 1. Availability of separate Infection prevention & control (IPC) office with provision of all required resources. (Computers, printers, reliable internet service etc.)
  - 2. The number of computers provided for the IPC department and match with the number of Infection preventionists working in the unit.

(Ideally, each IPC Practitioner has a separate computer with internet connection. But if separate computer not provided for each IPC practitioner, would be considered fully compliant if it's not interfering with continuity of work)

- Interview:
  - 1. IPC team if their requests and needs are always considered and provided by leadership personnel and the high officials.
  - 2. The staff about the speed and reliability of internet service and backup plan to ensure the continuity of work if there is no availability of internet service / system is down.
  - 3. Randomly ask staff to access national platform (such as HESN Plus) website to check the speed & reliability of provided internet service.
  - 4. Ask staff about IT support & troubleshooting time i.e., IT department has good response to them when needed.
  - 5. Ask about access to patients & lab data (If hospital has electronic filing system)

A 1.2. Adequate infection prevention & control supplies are provided to HCWs for successful implementation of IPC program (e.g., PPE, disinfectants ...etc.) (D, O, SI)

- Review the following documents:
  1. Plan for continuous supply of PPE.
  2. Inventory checklist for monitoring consumption of all required supplies/consumables.
  3. Electronic database / Excel spreadsheets as a mechanism of monitoring consumption of IPC supply & to ensure adequacy.
  4. The documented supply chain / flowchart describing mechanism of supply request from units.
  5. Review if contingency / emergency plan is incorporated to address the shortage in outbreak situations to ensure continuous supply of PPE, disinfectants & other IPC supply

- Observe:
- Availability of infection prevention & control resources and supplies including PPEs (Gowns (clean, sterile) gloves(clean, sterile) face shields / eye goggles, surgical masks, different sizes of N-95 respirator, disinfectants, hand rub dispensers, waste receptacles, sharp containers etc) in all units.

Randomly open the hand rub dispenser to check for availability of hand sanitizers & if date is valid or expired

- Interview:

1. Interview the IPC team / supply in charge about the process of replenishment, maintenance, and first-time request of supplies, when and where needed.
2. Investigate the shortage with the person in charge, when it is clearly observed.
3. Ask the staff about the mechanism how the stock will be requested what the alternate back up if not available in main hospital store.

A 1.3. Infection prevention & control (IPC) team is given full authority to implement the IPC policies and procedures. (D,SI)

- Review the following documents:
  1. Statement of authority approved by the hospital director or hospital infection control committee.
  2. This statement of authority should be reviewed and authenticated by the administration of the institution at least every three years or sooner, as per policy.
  3. All policies & procedures are established by IPC team.
  4. Check for availability of authority statement or MEMO circulated by top administration office to all units stating authorization of IPC team regarding infection prevention & control practices.

- Interview:

1. IPC Team members if they have been given the appropriate attention & respect by the heads of other departments during daily rounds, training & education activities etc.
2. IPC team regarding the authority to make decisions and to influence field implementation.
3. If the IPC department has been well understood and directly acted upon its comments, remarks, recommendations, and commands.
4. Moreover, heads of the departments are continuously working on IPC improvements & corrective actions if any breach of IPC practice has been communicated to them based on internal & external audit findings.
5. Ask if HCWs simply obey, any order or command coming from the infection prevention & control personnel through any means, even if it is verbal command in matters related to infection control.

A.1.4. Hospital leaders' support IPC team and their supervision role when some functions are outsourced (e.g. laundry or dietary services).  
(D,SI)

- Review the following documents:

#### 1: Contract of outsourced service:

Check for validity and accuracy of contract with clear description of policies of the related out sourced service. (Most common outsourced functions are laundry, dietary service and CSSD in some hospitals etc.

For instance, if laundry service is outsourced, check the contract incorporating details of the collection & transportation of the soiled and clean linen including transportation carts, frequency of linen collection, processing of linen with temperature specifications & disinfectants to be used & frequency of inspection visits by hospital IPC team etc.

#### 2: Inspection visit checklists / tools:

- Review the checklist incorporating all details of IPC measures in the relevant outsourced service (Laundry, kitchen etc.) based on the referenced guidelines (MOH, CDC etc.)
- Laundry checklist should contain important items like policies & procedures, direction of workflow, availability of hand hygiene facilities, washing cycles

- 3: Inspection visit report & action plan:
- Review the last 03 visits reports for all outsourced functions.
- Check if the report was sent to the outsourced service team & they responded with corrective action plan based on the findings of visit report.

Inspection / Audit visit should be conducted to outsourced service/s at least once in each quarter by IPC Team in collaboration with quality & environmental health team

- Interview:
- IPC team with regard to outsourced service hospital policy with its implementation (monitoring of outsourced service by the hospital i.e. process, frequency of visits, etc.)
- Inquire IPC team about needed leadership support if any major breaches has been observed in the outsourced service in repeated visits with no corrective action.