



Governance of Kenya Infection Prevention and Control

Patient and healthcare Worker Safety Unit



Introduction

- It is unacceptable that patients are harmed by institutions that are established to provide healing
- More complex invasive procedures that possess a risk to infections
- Health workers are constantly exposed to potential infectious materials at work
- Many patients seeking health services have diseases that can be transmitted to others
- Crowding of patients increasing in the limited physical space possess risk to transmission of infections
- Emerging diseases that are fatal and highly infectious
- Increasing microbial resistance
- High prevalence of BBP

- The MOH has the IPC program in the Patient and Healthcare Worker Safety Unit in Directorate of Health Standards, Quality Assurance and Regulations
- The revised National IPC policy to be launched on 20th Nov. 2015 explains how the IPC management structures should be at all levels
- The National IPC structures have been set up but some counties have lagged behind in setting up their programs



Mission Statement

- “To promote high standards of IPC in order to reduce the risks of HAIs and improve the safety of patients, clients, HCWs, and the general public”

Vision Statement

- “A health care system committed to reducing the high incidence of HAIs through well-coordinated IPC activities that promote safety to the patients, HCWs and the general public”

Agenda for the health sector

- Management, Leadership and Governance of IPC services
- Advocacy, Behavior Change and Communication for IPC
- Health Worker Education and Capacity-Building for IPC
- Patient and HCWs Safety in the Healthcare Settings
- Availability of IPC Supplies, Equipment and Infrastructure
- IPC Surveillance, Notification and Research
- Monitoring and Evaluation for IPC Programs

Structures for implementation of the IPC services- Recommendations from the National IPC Policy

1. National level

National IPC Advisory
committee

National IPC TWG

- IPC Program

2. County level

County IPC Advisory
commit

- County IPC
coordinator

3. Sub county level

Sub-county IPC
committee

Sub-county IPC Coordinator

4. Hospital level

- IPC committees
 - IPC focal person
 - IPC link nurses

5. HC and dispensary level

- IPC focal person

National IPC Advisory Committee

- Chaired by the DMS
- Members are heads of programs with activities on IPC (e.g OHS, Blood Safety), Partners supporting IPC, and key persons with expertise on IPC
- Head of the IPC program is the secretary of the committee.
- It is charged with the responsibility of overall policy and strategy development for IPC services in health care settings in the country

The National IPC Technical Working Group

- Chaired by head of IPC program
- It's members are heads of Partner's IPC programs, technical players in academia and research and heads of IPC from the national hospitals
- It is charged with the responsibility of evidence gathering and synthesis to inform national IPC policy and strategy. It also plans and ensures implementation of recommendations from NIPCAC
- The MoH IPC program is the secretariat for this TWG

The MOH IPC Program

- It's overall responsibility is to develop/review policies, guidelines and training materials in IPC services in Kenya.
- Capacity build the county IPC teams on IPC
- Develop a national HAIs surveillance system
- Coordinate other programs with IPC activities at national level.

- It is in the Patient and Healthcare Worker Safety Unit in the Department of Quality Assurance, Standards and Regulations

County IPC Advisory Committee

- Similar activities as NIPCAC but at the county level
- Responsible for the overall coordination of IPC programs within the county (sub-county).
- The County IPC coordinator/focal person is the secretary to the committee

Other Committees at county levels

- Sub-county IPC Committee
- Hospital IPC Committee
- Focal persons at facility level

Hospital Infection Control Program Activities

- Implement guidelines for IPC
- Surveillance of HAIs
- Outbreak investigation
- Development of written local policies to reduce risk from patient care practices
- Cooperation with occupational health
- Cooperation with quality improvement program
- Cooperation with MTC
- Education of hospital staff on infection control
- Monitoring of antibiotic utilization
- Monitoring of antibiotic resistant organisms
- Eliminate wasteful or unnecessary practices

Essentials for an Effective Hospital Infection Control Program

- Functional IPC Committee
- One full time infection control practitioner per 250 beds - optimal ratio may be different
 - Usually a nurse but can be a microbiologist
 - Has clinical experience before entering infection control
 - Full time in infection control, no other clinical or administrative duties
 - Training in infection control
- A clinician with training and expertise in infection control
- IPC link nurses at ward level with training on IPC
- Surveillance and feedback of rates to clinicians
- IPC control activities (interventions, policies, training)

Hospital level

- Hospital IPCC
- Hospital IPC team
 - IPC coordinator/Focal person
 - (Full time for hospitals with 250 or more bed capacity)
 - Infection control nurses - responsibility of ensuring IPC practices are maintained in their departments

HC/Dispensary

- IPC focal person

Composition of the IPCC

The optimal structure varies with hospitals types, needs and resources.

- Microbiologist/Pathologist
- Physician/MO
- Senior nursing officer
- IPC Coordinator - Secretary
- Pharmacist
- Housekeeping supervisor
- Medical laboratory technologist
- Kitchen supervisor/cateress
- Laundry-service manager
- Maintenance manager /medical engineer
- Supplies officer
- Public-health officer
- OHS - Chairman
- Quality Improvement - Chairman
- Hospital administrator
- Other relevant medical disciplines

Roles and responsibilities of HIPCC

- Ensure availability of the national IPC Policy and guidelines in the hospital
 - It is a bonus if the IPC committee has customized the MOH guidelines to their situation
- Develop, implement and monitor the hospital annual and quarterly IPC work program
- Develop and review hospital IPC policies, guidelines, SOPs and Job Aids
- Plan, implement and monitor the Infection Control Training programs for staff and patients, and visitors
- Provide advice/technical support on IPC practices to health providers

- Receive reports on:
 - Availability of IPC commodities
 - Surveillance figures
 - Incident Reports and Investigations
 - Environmental Hygiene
 - Occupational Health Infection reports
 - Building development plans
 - Action plan progress
 - Key performance indicators for IPC, etc.
- Develop linkages with key departments such as Occupational Health and Medicines and Therapeutic Committees etc.
- Conduct regular audits for IPC activities

Hospital IPC Focal person

- Routine IPC duties should be run by the IPC Focal Person coordinating link nurses from units/departments. S/he should have clinical experience.
- Responsibilities include;
 - Continually raising the standards of infection prevention and control, including hand hygiene
 - Organising and facilitating scheduled IPC training for HCWs
 - Providing IPC training to colleagues on an ad-hoc basis and at regular ward meetings.
 - Ensuring availability of IPC commodities and their efficient utilisation
 - Undertaking regular IPC audits
 - Feedback audits to the HIPCC and hospital staff
 - Developing action plans, in conjunction with the HIPCC; to rectify any deficiencies highlighted by the audits.

IPC at community level

Prevention transmission of HAIs in the community

- Liaise with the Unit of Community Strategy to review the community strategic policy, guidelines and strategic plan to include IPC
- Train of county TOTs on community IPC

- Other national programs with IPC activities include

- Injection Safety and Medical waste management
- Laboratory biosafety and biosecurity
- Prevention of HIV in HC setting
- Management of Medical Waste
- IPC in TB
- OSH

Conclusion

- The Kenya IPC program was established 3 years ago
- It has recently reviewed the National IPC Policy to be in line with the new health sector governance structures at all levels. The policy will be launched on 20th Nov. 2015
- The MOH IPC program will capacity build the county structures to implement the National IPC strategic plan which includes ensuring that the national IPC guidelines are adhered in healthcare setting