



Quality Management System Procedure

Title: SOP OF Hospital Infection Control Management

Document Number - AH/HUZ/SOP/HIC/12/2025

Issue Number - 03

Effective Date – 01.OCT.2025 to 01.OCT.2026

Reviewed and Approved by: Dr. N.Narayana Reddy (MS)

Signature -



1. Purpose:

- To maintain standards in infection control measures and minimize hospital acquired infections in patients, visitor and staff.
- To define policy and procedure regarding hospital acquired infections in the hospital.
- To ensure effective hand for prevention of infection. All health care personnel must comply to make this measure effective.

2. Scope:

- Document and issue infection control procedure.
- Conduct training.
- Surveillance and monitoring.
- Develop action plan and function accordingly.

3. Responsibility:

Hospital infection control committee and Medical Superintendent

4. Procedure:



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Signatory	Sr. no	Activity	Responsibility	Ref document/Record
	4.1.1	<p>Development of Infection Control Programme: It includes formation of infection control committee, Infection control team and infection control nurse at healthcare facility. Infection Control Committee:</p> <ul style="list-style-type: none"> a) MS b) Hospital Manager(if available), c) Matron, d)General Surgeon, e) Orthopedic, f)Anesthetist, g)Pathologist, h)Microbiologist(if available) i)Administrative Officer, j)Pharmacist, k)Medical Officer <p>Infection Control Team: Pathologist/Microbiologist, Hospital Manager, Matron, Infection Control Nurse, 1 HOD</p> <p>Infection Control Nurse: A senior/trained nursing sister is appointed for this purpose.</p>	Medical Superintendent	List of Infection Control Committee members, Infection control team members
	4.1.2	<p>Responsibility of ICC:</p> <ul style="list-style-type: none"> • To determine the criteria for reporting of infections • To review with the medical audit committee the use of antibiotics. • To ensure the development of forms or data sheets used for collecting and reporting of data for the infection control programme. • To prepare and update procedure manuals of 	Chairman ICC	



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		<p>aseptic techniques used in the hospital</p> <ul style="list-style-type: none"> • To determine the policy on screening and immunization of hospital staff • To determine the content and methodology of training programme for hospital staff in prevention and control of Hospital infection. • To develop action plan and assigning work accordingly. 		
4.1.3		<p>Responsibility of infection control Team:</p> <ul style="list-style-type: none"> • Advise management of at risk patients. • Carry out targeted surveillance of hospital acquired infections and act upon data obtained. • Provide a manual of policies and procedures for aseptic, isolation and antiseptic techniques. • Investigate incidence of reported infection and take corrective measures. • Assist in training of all new employees as to the importance of infection control and the relevant policies and procedures. • Surveillance of infection, data analyses, and implementation of corrective steps. This is to be based on reviews of lab reports, reports from nursing in 	Chairman ICT	

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	<p>charge etc.</p> <ul style="list-style-type: none"> • Waste management. • Supervision of isolation procedures. • Monitors employee health programme. 		
4.1.4	<p>Responsibility of IC nurse:</p> <ul style="list-style-type: none"> • The duties of the ICN are primarily associated with ensuring the practice of infection control measures by nursing and housekeeping staff. • Identify problems in implementation of infection control policies and provide solutions. • In addition the ICN conducts infection control rounds and monitors the following practices on daily basis: <ul style="list-style-type: none"> a) Bio Medical Waste. b) Autoclave log book in OT. c) Linen segregation is done or not (dirty and contaminated). d) Hand washing. e) Sharp disposal in wards. f) Use of needle cutter. g) Preparation of Hypochloride solution. • The ICN is also to be involved in training of paramedical staff including nurses and housekeeping 	<p>Chairperson infection control team</p>	

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		staff.		
	4.1.5	Meeting of ICC The infection control team meets once in a month and otherwise as necessary. Incharge of Infection Control Team keeps the Management Review Team updated on the states of Infection in the Hospital.		Minutes of meeting
	4.2	SURVEILLANCE AND REPORTING OF INFECTION : Surveillance for infection can be active or passive.		
	4.2.1	PASSIVE CLINICAL REPORTING <ul style="list-style-type: none"> Clinicians suspecting occurrence of HAI may report this to the Head/ member of the Infection Control Committee. All details regarding the patient, procedures, medication etc. are made available. The member secretary of committee of the Infection Control Committee/ Pathologist in-charge of the pathology department shall be responsible for reporting any information about infections suspected to be hospital acquired. 		
	4.2.2	ACTIVE SURVEILLANCE: High risk areas of the hospital are identified as: OT, ICU, Blood Bank, Labour		

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		Room, dressing room, emergency, burn ward, Kitchen, Drinking Water and CSSD.		
	4.2.3	<p>OT- Culture swabs and air sampling plates are sent from Operation Theatres after fumigation every fortnightly.</p> <p>Monitoring of working OT: Air sampling of a working OT is done once a month. Sampling of in use disinfectants: 1ml of sample of in-use disinfectants, hand wash agents are sent to microbiology laboratory in a sterile container once a month/ 6month or annually (at defined frequency).</p> <p>Records are kept with OT in charge. In case of unacceptable results decision on corrective measures are taken by HICC.</p>	OT I/C	
	4.2.4	<p>ICU :Surveillance samples:</p> <ul style="list-style-type: none"> • Water samples from humidifiers • ET tube secretions • Urine samples from catheterized patients <p>Surveillance samples are sent to pathology/ laboratory. Data is also sent to microbiologist/ pathologist for analysis. Analyses of data are considered for action by HICC. Records of the same are maintained.</p> <p><u>Samples of disinfectant in use:</u> random two samples of 1 ml of</p>	ICU I/C and Lab attendant	

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	disinfectant in ICU are sent in a sterile container monthly. Swabs may be sent after cleaning. Records are maintained in ICU dept.		
4.2.5	Blood Transfusion Unit Cleaning of transfusion unit storage areas is done and swabs are sent for culture on monthly basis.	Lab attendant.	
4.2.6	Food Handlers Screening of food handlers is done biannually. Samples include nasal swabs and stool samples. Records to be maintained by Kitchen Incharge.	Kitchen I/C and Lab attendant	
4.2.7	Drinking Water Bacteriological surveillance shall be done monthly from govt. recognized water testing laboratory. Records maintained by Pathology Department.	Sanitary Inspector/ Maintained supervisor and Lab attendant	
4.2.8	CSSD Swabs are sent for sterility check after cleaning weekly. Records kept by OT Department.	OT I/C or CSSD I/C and Lab attendant	
4.2.9	Isolation and Barrier nursing: Isolation of patient is done to reduce the chances of spread of infection through air and contact when patient is <ol style="list-style-type: none"> Suffering from highly transmissible diseases e.g. chicken pox. Patient is placed in a separate room. Viral Hepatitis, Tuberculosis, 	Nursing superintendent and treating doctor, on duty doctor	

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		<p>Infection Disease etc</p> <p>Barrier nursing/ Isolation must be continued until subsequent cultures give a negative report</p>		
	4.3.1	<p>Staff health plan:</p> <p>To control spread of infection from staff to patient or to protect staff from occupational hazards annual medical checkup of staff will be done for staff of hospital along with vaccination for Hepatitis B/any other immunization required is provided to all staff members.</p>	Hospital infection control committee	
	4.4	<p>Infection Control Measures:</p> <p>Following infection control measures shall be followed in the hospital.</p>		
	4.4.1	<p>Hand Hygiene:</p> <p>Adequate hand washing facility is available in all patient care areas. Elbow operated taps and washbasin and soap are available in service provider's room & in-patient care areas.</p> <p>If water facility is not available alcohol rub may be provided in patient care area.</p> <p>Scrub area is available in OT area with elbow operated or foot operated water tap facilities.</p>	On duty doctor, staff nurse and all paramedic as well as housekeeping staff involved in patient care.	
	4.4.2	<p>Aseptic technique:</p> <p>Aseptic technique is followed strictly</p>	OT I/C	

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		in OT as well as if the procedures are done outside OT.		
	4.4.4	Segregation of contaminated materials and instruments: Contaminated pieces of linen, sputum cups, bedpans, instruments and biomedical waste are kept separately to avoid mixing with the clean ones.	Ward I/C	
	4.4.6	Disinfection: Disinfection of equipments and furniture's are carried out with bleaching powder solution At least once a day or based on the procedure done/ contamination.	Housekeeping staff or General duty attendant	
	4.4.7	Sterilization practices: The efficient CSSD ensures the supply of properly sterilized article to all users of the hospital. The unsterile items are stored separately from the sterile items.	Ward I/C or CSSD Incharge	
	4.4.8	Good housekeeping: Cleaning of OT walls, floors, tables and fixtures are organized as per a schedule programme at pre-determined intervals and use of appropriate disinfectant is strongly advocated. (Procedure 20, Hospital housekeeping & General Upkeep Management) Biomedical waste are collected, segregated, transported, stored and disposed off as per BMW management & handling rule, 1998. (Procedure 24, Hospital Waste Management)	Housekeeping staff	Housekeeping Check list Biomedical waste Management & handling rule, 1998.

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4.4.9	<p>Antibiotic policy: Antibiotic policy is adopted to monitor and control involvement of organisms showing multi-drug resistance and to control the use of antibiotic policy in clinical practices Medical officers/microbiologist/pharmacist & nurses takes part in the preparation of antibiotic policy. Method: 1. Identification of relevant pathogens in exudates and body fluid collects from patients. 2. Sensitivity test done to determine the degree of sensitivity or resistance of pathogens isolated from patients to an appropriate range of antimicrobial drugs. 3. Sensitivity testing is the in-vitro testing of bacterial cultures with antibiotics to determine susceptibility of bacteria to antibiotic. 4. Antibiotic with higher efficacy, low side effect and less chances of anti microbial resistant shall be used in the hospital.</p>	Infection Control Committee.	
4.4.10	<p>Soiled linens: All soiled linen is considered potentially infected and treated accordingly.</p>	Ward I/C and Laundry supervisor	
4.4.11	<p>Use of PPEs Use of personal protective equipment when handling blood,</p>	The entire healthcare worker involved in patient	

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	<p>body substances, excretions and secretions;</p> <p>Using personal protective equipment provides a physical barrier between micro-organisms and the wearer. It offers protection by helping to prevent micro-organisms from:</p> <ul style="list-style-type: none"> ➤ contaminating hands, eyes, clothing, hair and shoes; ➤ being transmitted to other patients and staff <p><u>Personal protective equipment includes:</u></p> <ul style="list-style-type: none"> · gloves; · protective eye wear (goggles); · mask; · apron; · gown; · boots/shoe covers; and · cap/hair cover 	care and relatives of patient visiting isolation wards/ICU.	
4.4.11	<p>Prevention of injury with sharps</p> <p>Precautions to be observed:</p> <ul style="list-style-type: none"> • Needles should not be recapped, bent or broken by hand. • Disposable needles & other sharps should be discarded into puncture proof containers at the site of procedure • Sharps should not be passed from one HCW (Health Care Worker) to another. The person using the equipment 		

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	<p>should discard it. If necessary a tray can be used to transport sharps.</p> <ul style="list-style-type: none"> • All sharps containers to be discarded when 3/4ths full. 		
4.5	<p>Infection Control Audit</p> <p>The infection control audit shall be carried out on periodical basis.</p> <p>Timely actions shall be taken against the observations raised during the audit.</p> <p>The Infection Control team members shall conduct inspection periodically.</p> <p>Records are maintained by head of infection control team.</p>	Infection Control Committee.	<p>Infection Control Audit Check list</p> <p>Audit report, CAPA report</p>

Sl. No.	Name of Records	Record No.	Minimum Retention Period
01	Infection Control Audit Record		
02	Housekeeping Check List Record		
03	Minutes of Meeting of Infection Control Committee		
04	Swab Register	04	Swab Register



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6. Process Efficiency Criteria:

Sr No.	Activity	Process Efficiency Criteria	Benchmark/Standard/Target
1	Active Surveillance	No. of culture surveillance found positive	
2	Compliance to infection control practices	Infection Control Score	

7. Reference Documents

1. Biomedical waste Management & handling rule, 1998
2. Infection Management & Environment Plan (IMEP) Guidelines – MoHFW
3. Practical Guidelines for Infection Control in Health Care Facilities – WHO