



DR. PABLO O. TORRE
MEMORIAL HOSPITAL

RIVERSIDE MEDICAL CENTER, INC.



METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-IPP-IPCU-P001-(01)	
TITLE/DESCRIPTION:		SCOPE OF SERVICE	
EFFECTIVE DATE: September 30, 2023	REVISION DUE: September 29, 2026	REPLACES NUMBER: DPOTMH-C-24-P01	NO. OF PAGES: 1 of 6
APPLIES TO: Infection Prevention and Control Unit staff		POLICY TYPE: Internal	

PURPOSE:

1. To discuss the scope of service by the Infection Prevention and Control Unit.
2. To ensure that all programs, guidelines and services of the unit are implemented, thus, ensuring the safe delivery of health care services to all patients and clients.

DEFINITIONS: N/A

RESPONSIBILITY:

Infection Prevention and Control Unit staff

POLICY:

SCOPE OF SERVICE

The Infection Prevention and Control Unit (IPCU) adopts the National Policy on Infection Prevention and Control (IPC) and has established effective and efficient IPC programs that involve multidisciplinary and multimodal strategies to prevent and control the spread of infections. The IPCU, together with the IPC Committee, AMS Committee, Health Care Waste Management Committee, Patient Safety Committee, and Pharmacy and Therapeutics Committee, leads the efforts to enable a streamlined approach in implementing the IPC programs of the hospital and other service delivery areas under the Riverside Medical Center, Inc.

These components shall include:

1. IPC program,
2. IPC guidelines,
3. IPC education and training,
4. Healthcare-associated infection surveillance,
5. Multimodal strategy,
6. Monitoring, audit, and feedback,
7. Workload, staffing, and bed occupancy at the facility level, and
8. Built environment, materials, and equipment for infection prevention and control.



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BASIC FUNCTIONS:

1. The PCU monitors compliance with infection prevention and control policies, guidelines, and procedures.
2. The unit also makes recommendations or proposes actions that may have implications for infection prevention and control in the hospital.
3. The PCU conducts and documents surveillance activities. They also ensure adequate, accurate, and timely reporting and feedback of information to the concerned area/unit.
4. The PCU advises on the procurement of medical equipment, drugs/medicines, and supplies.
5. The PCU coordinates with the Infectious Disease Section, Microbiology Laboratory, and Administration as well as other departments about known or suspected cases of notifiable/reportable infectious diseases, food poisoning, and other significant infections such as MultiDrug Resistant Organism (MDRO).
6. The PCU coordinates with the Microbiology Laboratory regarding the Antibigram report.
7. The PCU participates in the planning and design of plant facilities critical to infection prevention and control, construction projects i.e. renovations, repairs, and relocation of non-critical and critical care areas.
8. The PCU conducts regular infection prevention and control educational programs focusing on relevant topics appropriate for specific clinical settings such as Donning and Doffing, Mask and Respirator Fit Testing, and trainings to relevant 3rd party hospital staff.



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MEMBERS OF THE TEAM:

The PCU has adequate regular or permanent staff and follows the DOH-mandated guidelines on the nurse-to-patient ratio of 1:100 per hospital. The unit is provided with appropriate facilities to enable it to perform its duties. The following are the basic functions of each team member:

1. PCU Chairman *& Head*

- oversees the assignments of the PCU's immediate head and staff. Furthermore, the Chairman may evaluate, designate, formulate, and implement Infection Prevention and Control (IPC) policies or recommend memorandum and programs. The IPC Chairman may issue referral/s to HIV and AIDS Core Team (HACT), or Bagani Community Center for those healthcare workers affected by splash or needle stick injuries.

2. PCU Immediate Head *Supervisor*

- facilitates, supervises, and checks the staff audit report. If an immediate action needs a supervisory response for discussion, proper channeling must be followed.

3. PCU Staff

- conducts daily rounds in the hospital and prepares reports as part of compliance monitoring.
- develops IPC training modules, organizes relevant education and training programs for all healthcare staff, and encourages the reflexive practice of infection control measures.
- educates the new and tenured employees, patients, and watchers regarding the IPC policies and programs.
- coordinates with staff nurses and doctors in identifying possible sources of infection, evaluates hand hygiene, isolation precaution, and nursing care practices that relate to cross-infection.
- prepares the reports and submits them to the PCU's immediate head including but not limited to monthly hand hygiene reports, hospital-associated infections (HAI), and device-related and non-device-related infections, outbreaks, and other reporting required by the Department of Health.



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HOURS OF OPERATION:

PCU staff nurses and technicians are available during business hours, generally between Monday-Friday, 8:00 am- 4:00 pm. The PCU operational phone numbers is also reachable between Monday to Friday 8:00 am to 5:00 pm. If urgent or deemed necessary, one may call or text after office hours.

CONTINUING EDUCATION PROGRAM:

To ensure that the PCU members are qualified, trained, and/or certified in an IPC training course accredited by DOH or other accrediting bodies (PHICS, PHICNA), each PCN should receive formal/certification training in infection prevention and control provided by an accredited training organization.

Periodic "refresher" education topics are to be determined based upon the analyses of healthcare personnel exposure incident reports, risk assessments, and other methods that identify infectious hazard vulnerabilities for healthcare personnel such as hand hygiene, sharps injury prevention, and modes of infectious disease transmission and implementation of the standard and transmission-based precautions.

Initial, periodic, and as-needed education and training that is appropriate in content to the educational level, literacy, and language of healthcare personnel are supported by the PCU.

MONITORING INDICATORS:

1. Direct and Indirect hand hygiene monitoring
 - 1.1 Monitoring of ABHR Consumption
2. Healthcare-associated infections under surveillance:
 - 2.1 CLABSI (Central Line-associated Bloodstream Infection)
 - 2.2 VAE (Ventilator-associated Event)
 - 2.3 CAUTI (Catheter-associated Urinary Tract Infections)
 - 2.4 SSI (Surgical Site Infection)
 - 2.5 Clostridium Difficile Associated Infection Rate
 - 2.6 MRSA Associated Infection Rate (Methicillin-resistant Staphylococcus Aureus)
 - 2.7 Hospital-Wide Infection Rate
 - 2.8 MDRO (Multidrug-resistant Organisms)

no policy, no form, no process

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PROCEDURE (SOP): N/A
WORK INSTRUCTION: N/A
WORK FLOW: N/A
FORMS: N/A
EQUIPMENT: N/A
REFERENCES: <ol style="list-style-type: none">1. Administrative Order No. 2022 -0051 - Revised National Policy on Infection Prevention and Control in All Public and Private Health Facilities retrieved from Department of Health Western Visayas Center for Health Development.2. Bettercare Learning Programmes Infection Prevention and Control/1 Role and structure of infection prevention and control programmes retrieved from bettercare.co.za/learn/infection-prevention-and-control/text/01.html#introduction-to-infection-prevention-and-control-programmes3. Infection Control Retrieved from www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/training.html4. NATIONAL STANDARDS IN INFECTION PREVENTION AND CONTROL FOR HEALTH FACILITIES 3rd Edition 2021 Department Circular No. 2021-0447 retrieved from sites.google.com/view/doh-hfdb/updates/dc-2021-04475. Process and outcome indicators for infection control and prevention retrieved from www.ncbi.nlm.nih.gov/pmc/articles/PMC6152214/



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