

RMO No. **004**
Series of 2018

**SUBJECT: POLICY GUIDELINE ON INFECTION PREVENTION AND CONTROL IN
RESIDENTIAL CARE FACILITIES**

I. RATIONALE

Everyone has a right to live a healthy and clean environment. However, many residents are exposed to various hazards in the very places that should be safest for them-within the premises of the center.

In June 2004, the Department of Health issued Department Order No.1187 s. 2004, "Strengthening of Hospital Infection Control Program (HICP) in Department of Health Hospitals." However, the Order was limited to the creation of hospital infection control committees, the designation of hospital infection control program surveillance officer and the development of hospital policies and standard operational procedures. This Order covered only DOH hospitals.

Infection prevention and control standards provide an effective program to plan, implement, and evaluate based on evidence and best practice. They reduce infection, shorten the length of hospital stay, and decrease the cost of treating an infection.

From CY 2017, the DSWD-Residential Care Facilities has a total of fifty (50) cases of Pulmonary Tuberculosis (pulmonary and extra-pulmonary). Exposure is increased with longer periods of infection of TB patients. Early and adequate intervention makes these cases non-infectious faster decreasing the risk of exposure to infection.

At present, double burden of disease is apparent, that of communicable/infectious disease Pneumonia and TB is the 6th leading cause of morbidity and mortality. Specifically upper respiratory tract infection as one of the most common complaints in the clinic though age incidence varies.

The guidelines have been prepared specifically to assist infection control program in the integrated management of residential facility in infection prevention and control such as good environmental practices like proper administration of waste management, water quality, education and training and respiratory hygiene.

Infection prevention and control measure aim to ensure the protection of those who might be vulnerable in acquiring an infection both in the general community and while receiving care in the infirmary in a range of setting.

II. LEGAL BASES

- Republic Act No. 6969, Section 1 - This Act shall be known as the "Toxic Substances and Hazardous and Nuclear Wastes Control Act of 1990." An act to control toxic substances and hazardous and nuclear wastes, providing penalties for violations thereof, and for other purposes.

- Republic Act No. 3573, of 1992- An Act providing for the prevention and suppression of dangerous communicable diseases and for other purposes.
Article 1, Section 1 - Prophylactic Inoculation – For the purpose of preventing and suppressing dangerous Communicable diseases, any person may be inoculated, administered, or injected with prophylactic preparations of recognized efficiency and standard, and no person shall refuse as to hinder or obstruct in any way such protective measures as maybe deemed advisable by the Director of Health or his authorized representative.
- Republic Act No. 8749 – This Act shall be known as the "Philippine Clean Air Act of 1999." An act providing for a comprehensive air pollution control policy and for other purposes. Article 1, Section 1 states the State shall promote and protect the global environment to attain sustainable development while recognizing the primary responsibility of local government units to deal with environmental problems.
- Presidential Decree no. 856, December 23, 1975, otherwise known as "Code of Sanitation of the Philippines." Whereas, the health of the people, being of paramount importance, all efforts of public services should be directed towards the protection and promotion of health.
Chapter II – Water Supply, Section 9 – Standards for drinking water and their bacteriological and chemical examinations, together with the evaluation of results, shall conform to the criteria set by the National Drinking Water Standards. The treatment of water to render it safe for drinking, and the disinfection of contaminated water sources together with their distribution systems shall be in accordance with procedures prescribed by the Department.
- Republic Act No. 9003, enacted on July 24, 2000. This Act shall be known as the "Ecological Solid Waste Management Act of 2000". Under Section 2- states that: Set guidelines and targets for solid waste avoidance and volume reduction through source reduction and waste minimization measures, including composing, recycling, re-use, recovery, green charcoal process, and others, before collection, treatment and disposal in appropriate and environmentally- sound solid waste management facilities in accordance with ecologically sustainable development principles.

Section 24 – Pollution from Smoking. – Smoking inside a public building or an enclosed public place including public vehicles and other means of transport or in any enclosed area outside of one's private residence, private place of work or any duly designated smoking area is hereby prohibited under this Act. This provision shall be implemented by the LGU's.
- Republic Act No. 9275 - This Act shall be known the "Philippine Clean Water Act of 2004." An act providing for a comprehensive water quality management and for other purposes.
- Republic Act No. 10611 of 2013 – this Act shall be known as the "Food Safety Act of 2013". An Act to strengthen the food safety regulatory system in the country to protect consumer health and facilitate market access of local foods and food products, and for other purposes.
- Republic Act No. 10767 of 2016. - This Act shall be known the "Comprehensive Tuberculosis Elimination Plan Act of 2016. An act establishing a comprehensive Philippine plan of action to eliminate Tuberculosis as a public health problem and appropriating funds therefore.

III. OBJECTIVES

General Objective:

The general objective of this policy is to provide guidance for the establishment of mechanism for the effective implementation of the core components of Infection Prevention and Control (IPC) in Residential Care Facilities.

Specific Objectives:

1. Define the functional structure that shall ensure administrative, regulatory, legal, technical, managerial and operational support to Infection Prevention and Control in Residential Care Facilities.
2. Provide technical guidelines for the core components to standardize IPC program and practices.
3. Recommend the competencies and behaviors required of health personnel in order to implement IPC effectively and efficiently.
4. Recommend the surveillance team to report, track and communicate incidence of infection and IPC practices.

IV. DEFINITION OF TERMS

1. **AIRBORNE INFECTION** refers to the spread when droplets of pathogens are expelled into the air due to coughing, sneezing or talking.
2. **BACTERIA** refer to the microscopic living organism usually one-celled, that can be found everywhere that causes infection.
3. **CLIENT/RESIDENTS** refers to persons under the care of residential care facilities.
4. **CONTAMINATION** refers to the presence of unwanted constituent, contaminant or impurity in a physical body.
5. **DISINFECTANT or ANTISEPTIC** refers to a chemical liquid that destroys bacteria
6. **DONOR/S** refers to a person who donates something of value to an organization, especially to a charity.
7. **DROPLET INFECTION** refers to disease spread by expulsion into the air of droplets from upper respiratory tract thru sneezing or coughing.
8. **EPIDEMIC INFECTION** refers to an outbreak in a community or region of a group of infections of similar nature, clearly in excess of normal expectancy and derived from a common or propagated source.
9. **HAND HYGIENE** refers to a general term that applies to hand washing, antiseptic hand wash, antiseptic hand rub, or surgical antiseptics.

10. **INFECTION** refers to invasion and multiplication of micro-organism such as bacteria, viruses and parasites that are most normally present within the body.
11. **INFECTION PREVENTION AND CONTROL (IPC)** refers to the discipline which comprises measures, practices, protocols and procedures all aimed at preventing and controlling the development of new infections acquired in Residential Care Facility
12. **INFECTIOUS DISEASES** refers to the disorders caused by organisms – such as bacteria, viruses, fungi or parasites.
13. **MICRO ORGANISM** refers to a microscopic organism which may be a bacterium, viruses or fungus.
14. **PERSONAL PROTECTIVE EQUIPMENT** refers to protective barrier/s used to protect an individual, usually a healthcare worker, against hazardous exposures in the environment like chemical, radiological, biological or other mechanical irritants capable of causing injury or impairment of functions of any part of the body.
15. **PREVENTION** refers to the measures to prevent diseases or injuries rather than curing or treating their symptoms.
16. **RCF/S** refers to Residential Care Facility, a center or institution under the Department of Social Welfare and Development providing basic welfare services to clients in need.
17. **STAFF** refers to a group of persons, as employees, responsible for the internal operations of an institution or an establishment.
18. **STUDENT/S** refers to a person who is enrolled or attends classes at a school, college or university, who are on the job training or conduct outreach activity.
19. **WASTE MANAGEMENT** refers to the discipline associated with the control of generation, storage, collection, transfer and transport, processing, and disposal of solid wastes in a manner that is in accord with the best principles of public health, economics, engineering, conservation, aesthetics, and other environmental considerations, and that is also responsive to public attitudes.
20. **VISITOR** refers to a person who comes to spend some time in a place, whether for social, business, or professional reasons.
21. **VOLUNTEER/S** refers a person or group of person rendering volunteer work in the center/institution.

V. SCOPE AND COVERAGE

This policy shall apply to all Residential Care Facilities providing preventive, promotive, curative, restorative and rehabilitative care in the Centers. This covers all residents and staff, volunteers, visitors, donors and students on-the-job trainings.

VI. GENERAL POLICIES AND IMPLEMENTING PROCEDURES

1. Infection prevention and control is a vital component of quality healthcare and patient safety. Thus, all residential care facilities shall implement IPC effectively.

2. **Seven (7) core components** shall be integral in the implementation of the Infection Prevention and Control Program as follows:

- 2.1. **Organizational Mechanism** - Operational arrangements shall be recommended by the Residential Care Facilities for approval of the Department for effective, efficient and responsive IPC Management, with clear lines of authority and responsibility. The lines of communication and reporting shall follow these lines of authority.

The Department of Social Welfare and Development shall provide the enabling and support mechanisms at the regional and residential care facilities to ensure that IPC standards and policies are implemented in residential care facilities.

- 2.2. **Capacity Building** - Professional development for the acquisition of necessary knowledge and skills to implement and manage IPC shall be supported by DSWD. The Human Resource Development Division (HRDD) shall develop and/or identify a standard training curriculum and courses that are tailor-made to the different healthcare providers involved in IPC, in consultation with pertinent professional organizations.
- 2.3. **Research and Development** - The DSWD and professional organizations shall pursue research to serve as one of the bases for IPC program development. Research results shall be disseminated to appropriate stakeholders and the general public, if necessary.
- 2.4. **Health Regulations** - The DSWD shall direct the Medical Specialist I, to enforce IPC standards on healthcare facilities through licensing and accreditation. All Residential Care facilities in the Department shall require health personnel at all levels of care to undergo basic training and continuing education on IPC. Through the Food and Drug Administration, DSWD shall ensure that pharmaceuticals, food products, disinfectants, health devices and equipment used in healthcare facilities conform to the requirements of IPC.
- 2.5. **Advocacy and Social Mobilization** - IPC shall be promoted as a way of life. The DSWD shall advocate for the IPC Program for Residential Care Facilities to the various stakeholders. It is the responsibility of the Department and healthcare workers to influence policy-makers, decision-makers and the public to prevent and control the spread of infection and promote IPC in all types of Residential Care Facilities.
- 2.6. **Inter-Agency Collaboration and Networking** - The IPC programs in healthcare facilities shall be linked through the different levels of care and across geopolitical or LGU boundaries. The Medical Specialist I, shall encourage and assist Residential Care Facilities to link with agencies and partners for the training, quality assurance of health products and equipment in order to prevent and mitigate infectious disease outbreaks and anti-microbial resistance.
- 2.7. **Resident Empowerment** - In line with the principle of Patient Safety, Clients, their families and significant others shall be actively engaged and assisted by healthcare workers to make informed decisions regarding their own care and in preventing and controlling infections in Residential Care Facilities.

3. The priority areas of IPC that shall be established in Residential Care Facilities are:
 - 3.1. Hand hygiene
 - 3.2. Isolation precautions
 - 3.3. Prevention and control of infections
 - 3.4. Prevention of transmission of tuberculosis in Residential Care Facilities
 - 3.5. Residential Care Facility preparedness to control emerging diseases
 - 3.6. Environmental sanitation
 - 3.7. Reprocessing of reusable medical devices
 - 3.8. Recording and reporting of healthcare-associated infections
 - 3.9. Healthcare personnel health and safety
 - 3.10. Outbreak management
 - 3.11. Proper Waste management

VII. SPECIFIC GUIDELINES

A. Organization

1. The Committee on Infection Prevention and Control Program in Centers/Residential Care Facilities is hereby created. The Committee shall be composed of the following:

- a. Chairperson: Medical Specialist / Center head

- b. Alternate Chairperson: Medical officer III

- c. Members:

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|-----------------------------|-------------------------------------|
| i. Dental Service | - Dentist II |
| ii. Homelife Service | - HP IV |
| iii. Dietary Service | - FSS II |
| iv. Psychological Service | - Psych I |
| v. Administrative Service | - AA I |
| vi. Social Service | - SWO III |
| vii. Productivity Service | - MDO II |
| viii. SPED | - Teacher-In-Charge |
| ix. Linen / Laundry Section | - Laundry/Linen Staff |
| x. Security Service | - Security Guard- Officer-In-Charge |

2. The IPC Committee shall lead in the development and management of the Infection Prevention and Control Program in Residential Care Facilities (IPCRCF). It shall also provide secretariat functions to the Committee.
3. Each service shall designate one responsible IPC Officer and organize teams to assist in the implementation and roll out of the IPCRCF to the different Residential Care facilities and to manage progress of the program in its respective services, especially through training, monitoring, evaluation and reporting.

B. Technical Guidelines

1. Technical guidelines on IPC include, but are not limited to, policies and procedures on the following areas:
 - a. Hand hygiene
 - b. IPC in special highly communicable infections, including isolation procedures
 - c. IPC for auxiliary service department or units
 - d. IPC for special patient care areas
 - e. Antibiotic stewardship
 - f. Protection of healthcare personnel

- g. Reprocessing of reusable medical devices
- h. Disinfectants for specific medical equipment, devices and areas
- i. Environmental care
- j. Healthcare waste management
- k. Surveillance of anti-microbial resistance
- l. Outbreak investigation
- m. Housekeeping procedures
- n. Health product regulation

2. Residential Care Facilities shall likewise formulate and adequately document a protocol to monitor its compliance to IPC guidelines and protocols.
3. Effective measures shall be instilled on Proper food storage and proper food handling to maintain the aesthetic quality of food and to prevent food spoilage and food-borne diseases.
 - a. Inspection of all foodstuff in terms of quality prior to food preparation.
 - b. Perishable food should be stored under refrigeration but should be stored not too long, even at refrigeration temperature.
 - c. Thorough defrosting of frozen meat and poultry before cooking.
 - d. Keeping high risks food at temperature that inhibits growth of bacteria.
 - e. Segregate raw from cooked food and meat from vegetables and fruits.
 - f. Food supplies should be washed and cleaned properly before storage.

C. Human Resources

1. Staffing - There shall be at least one (1) infection control nurse (ICN) and one (1) infection control doctor (ICD) in every Residential Care Facility. Outpatient clinics, including those with limited lying-in facilities, shall designate one IPC officer, preferably, a nurse.
2. Training - Administrator of health facilities shall support the training and continuing education of all its Health Care Workers (HCWs) on IPC. Basic IPC lectures shall be made mandatory to IPC Committee and Team members and other HCWs. Progress trainings for continuing education shall be done in coordination with DOH.

D. Microbiology Laboratory Support

Each Residential Care Facility shall have access to a licensed microbiology laboratory that provides quality diagnostic services such as:

1. Standard protocols on proper collection, handling, transport, processing and disposal of specimens;
2. Standard procedures for the collection of specimens, isolation and identification of potentially pathogenic microorganisms and interpretation of results, as well as for timely provision of information to parties concerned;
3. Documentation of internal and external quality control procedures applied in the laboratory;
4. Identification of antibiotic susceptibility patterns of bacterial isolates and standard or required reporting of such;
5. Appropriate data storage, retrieval and communication facilities for tracking specimens, report-tracing and preparation of surveillance information related to IPC.

E. Environment

1. Each healthcare facility shall ensure that all patient care activities are undertaken in a hygienic environment that facilitates and supports IPC practices.
2. Hand hygiene facilities shall be available, accessible and installed in strategic areas near patient beds or areas for point-of-care or service.
3. Patient placement requires patient beds to be positioned at least 1 meter apart.

4. Isolation rooms shall be provided for highly communicable or yet unknown new infections and for the severely immune-compromised.

F. Monitoring of the RCF IPC Program

1. The IPC Team shall be responsible for the monitoring of implementation of the IPC by the IPC Committee.
2. The IPC Committee and Team shall monitor the compliance of the health facility to the prescribed technical guidelines prescribed by this Policy issuance.

VIII. INSTITUTIONAL ARRANGEMENT

FO Level

1. Monitoring of the RCF IPC Program

1. The Medical Specialist I shall be responsible for the monitoring of implementation of the IPC by the IPC Committee.
2. Monitoring of compliance shall be documented and such document will be made available to the department on a regular basis and when necessary for public health purposes.

C/RCF's Level

1.1 Roles and Functions of the Committee:

- i. Provide guidance for the review, development and implementation of the IPC Program in Residential Care Facilities;
- ii. Promote and advocate for the compliance to IPC-related policies, licensing and accreditation requirements by Residential Care Facilities;
- iii. Organize the Infection Prevention and Control Technical Working Group which will assist the Committee in the (1) documentation of policies, standards and resolutions to issues and problems related to IPC; (2) data management; (3) advocacy and promotion of IPC research and development and (4) development of course and training manual for IPC orientation and training.
- iv. Provide oversight, together with Department and LGUs, to the implementation, concerns and progress of the IPC program;
- v. Convene for a meeting at least once a year to review and approve the annual IPC plan, special projects and progress report prepared by the Medical Specialist I.
- vi. Convene emergency or pre-emptive meetings whenever necessary to address urgent issues of infectious nature affecting or threatening public health in the country.

1.2 Center Head, Officer-In-Charge, Medical Officers of centers/residential care facilities shall be responsible for:

- a. Organizing an IPC Committee in each center/RCF, which shall be composed of core members from among those with permanent or regular appointment and of auxiliary members as deemed necessary.

- b. Authorizing the use of official time, facilities and other resources for the IPC Committee to carry out its functions.
- c. Informing and coordinating with the DOH Regional Health Office about the status of IPC Committees, and the IPC programs in C/RCFs.

1.3 The Head of every Residential Care Facility shall be responsible for:

- a. Organizing, monitoring and supporting the activities of the IPC Team which shall implement the day-to-day requirements of IPC standards in the healthcare facility.
- b. Designate one most qualified infection control physician and at least one infection control nurse as leaders of the IPC team.
- c. Ensure that the IPC Team members are qualified, trained and/or certified in an IPC training course accredited by DOH or other accrediting bodies.
- d. Monitor or track records on IPC procedures and reports provided by the IPC team.
- e. Address efficiently and effectively all IPC concerns at the C/RCF level.

1.4 The IPC Committee team members of each C/RCF shall have the following functions:

- a. Formulate and implement IPC policies, guidelines and procedures that are aligned with the IPC.
- b. Disseminate information and coordinate effectively with all departments, sections and services of the C/RCF for the implementation of IPC.
- c. Organize and provide training and guidance to the IPC Team, which is responsible for the day-to-day IPC activities.
- d. Make medicines, medical supplies, personal protective equipment, and other equipment and materials readily available for the day-to-day implementation of IPC and for contingency as well.
- e. Design and implement and/or outsource the training and orientation of all health personnel/staff on IPC.
- f. Meet at least once a month and whenever necessary in order to consolidate, analyze and act on reports related to IPC.
- g. Review, approve and submit mandatory reports on IPC to the Medical Specialist I.

IX. MONITORING AND EVALUATION

The Medical Specialist I shall monitor the implementation of IPC in all the RCF's, and shall recommend review and revision of this policy, if need be.

X. BUDGETARY REQUIREMENTS

Resources needed in the implementation of this policy shall be included in the Annual Work and Financial Plan of the Medical Specialist I.

XI. EFFECTIVITY


This guideline shall take effect immediately. Issued this ____ of ____, 2018.

XII. REFERENCES

DOH AO no. 2016-002 – National Policy on Infection Prevention and Control in Healthcare Facilities

WHO 2004 – Practical Guidelines for Infection Control in Health Care Facilities

RAO no. 073 series of 2010- Guideline in the management of food supplies and food service operations
at RCF



VINCENT ANDREW T. LEYSON
Regional Director
DSWD-NCR