

GOVERNMENT OF THE
REPUBLIC OF SIERRA LEONE

MINISTRY OF HEALTH AND SANITATION



National Infection Prevention and Control Policy

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Acronyms:

CMO: Chief Medical Officer

CDC: Centre for Diseases Control and prevention

CNO: Chief Nursing officer

CMS; Central Medical Store

DSO: Disease surveillance Officer

DMO: District Medical Officer

DPC: Disease prevention and Control

HAI: Healthcare Associated Infections

HCW: Healthcare care Workers

IPC :Infection Prevention and Control

MOHS: Ministry of Health and Sanitation

NGO: Non-Governmental Organizations

NIPCU: National Infection Prevention and Control

PHU: Peripheral Health Units

PPE: Personal Protective Equipment

SOP: Standard Operating Procedure

UNICEF: United Nation Children's Funds

WHO: World Health Organization

FOREWORD



Improving the standard of health care in this nation is a key priority of our government. The tragic events of this last year in which many of our respected colleagues died demonstrates the importance of patient safety practises in our Health Care Facilities. Infection Prevention Control is an essential component of patient safety. Proper implementation of the systems and practises required will reduce to a minimum the transmission of infection within our Health Care system.

Infection prevention control requires co-operation from many departments to implement. Whilst staff trained in Infection Prevention Control, the IPC focal persons and IPC mentors can provide technical advice and support they need others to act and deliver the various essential components. WASH and Environmental health are key in delivering safe, reliable water supplies, good sanitation and safe waste disposal. Pharmacies and Stores play a key role in provision of the necessary Personal Protective Equipment in sufficient quantity for safe practise and others have equally important roles to play.

This policy outlines the roles and responsibilities of key individuals in delivering this very ambitious programme. It defines the membership of Infection Prevention Control Committees at National, District Health Management Team and Hospital levels. It is essential that all the individuals identified play a positive and active roll in ensuring Infection Prevention Control systems and practises become so embedded in our Health Care system that any non-compliance with standards is automatically identified and rectified.

This Policy, alongside the newly developed National Guidelines on Infection Prevention Control usher in a new beginning and a sector wide approach to the delivery of safe Health Care. We welcome the support of our national and international development partners and gratefully acknowledge their contribution in developing the programme for Infection Prevention Control. I commend this policy to all and ask you to support its delivery.

Finally I would like to thank all institutions who have been involved in the preparation of this important document. I would also like to thank all developmet partners for their valuable contributions and comments during its preparation.

A handwritten signature in blue ink, appearing to read 'Dr. Abu Bakarr Fofanah', written over a horizontal line.

Dr Abu Bakarr Fofanah

Honourable Minister of Health and Sanitation

Freetown, November 2-15

ACKNOWLEDGEMENTS



The First National Policy on Infection Prevention Control marks a landmark in the development of this field within the Health Care systems of Sierra Leone. The importance of infection prevention control in safeguarding staff and patients cannot be overstated. It is a product of hard work, consultation, and collaboration between the MOHS National Infection Prevention Control Unit, International partners and National representatives who carefully considered and validated the development and writing of this policy.

The Ministry is very grateful to everyone who contributed to the successful development of this policy. Special thanks go to the representatives at the Validation meeting who ensured that the contents of this document are in keeping with systems and structure already in place within Sierra Leone to ensure a smooth adoption of its contents.

The Government appreciates the financial and technical support given by the World Health Organisation (WHO) for the development of this policy. WHO and all our partners have been very helpful in encouraging this attempt to implement such an important new step for Sierra Leone. There will be challenges ahead but if we work together we can meet them.

Finally the Ministry expresses its appreciation to all other individuals and institutions towards improving the safe delivery of health care to the people of Sierra Leone.

A handwritten signature in blue ink, appearing to read 'Brima Kargbo', written over a horizontal line.

Dr Brima Kargbo

Chief Medical Officer

Ministry of Health and Sanitation

National Infection Prevention Control Unit

The NIPCU is a newly established unit within the ministry reflecting the importance given to Infection Prevention Control and the establishment of this initiative within all health care facilities in Sierra Leone.

It is recognized that this is a huge and challenging project but if we approach it as a team across all departments we can deliver. It will take time and needs a programmed approach identifying the steps that will bring us to a system that is fully integrated and standard.

NIPCU relishes the challenge and seeks support from each and all of you in establishing the systems set out in this policy as the first step in an exciting journey.

1 Introduction

1.1 Background

Infection prevention and control (IPC) is part of a comprehensive approach to improve health outcomes. Establishment of an IPC policy and strategy provides a framework to develop and implement guidelines and standard operating procedures (SOPs) in order to establish a culture of safety in healthcare facilities. The evolving landscape of emerging infectious diseases necessitates increased awareness and attention to IPC. A strong health system, which includes a culture and infrastructure of IPC, will equip governments and communities to respond and manage outbreaks and prevent the spread of infectious diseases. The West Africa Ebola outbreak has accelerated efforts to strengthen health systems in Sierra Leone, including the establishment of a Ministry of Health and Sanitation (MoHS)-led National IPC Unit.

In this documents, the term IPC will be associated with:

- Infection Prevention and Control
- Infection Prevention and Control Programmes
- Infection Prevention and Control committees
- Infection Prevention and Control Team
- Healthcare associated Infection,
- Drugs and Medical devices safety:
- Personal protective equipment's (PPE)
- Hospital risk managements
- Hospital and healthcare facilities Waste managements
- Hospitals water and sanitation
- Equipment's Sterilizations and decontamination

1.2 Healthcare-Associated Infections in Sierra Leone

Healthcare associated infections (HAIs), also termed nosocomial infections, are infections transmitted in healthcare settings. HAIs in Sierra Leone have not previously been systematically tracked or studied. This National IPC Policy aims to establish a framework for implementation of IPC practices and procedures so that transmission of HAIs can be reduced.

1.3 MoHS Commitment

The MoHS is committed to ensuring that the healthcare workforce, patients, and the community are protected from HAIs. In recognition of the need to establish and for IPC strengthening at all health facilities (e.g. district hospitals, peripheral health units), the MoHS is committed to:

- Developing national IPC guidelines, policies, and standard operating procedures (SOPs);
- Commitment to provide adequate resources to the proper functioning of the NIPCU
- Establishing and supporting MoHS IPC units and IPC focal persons at the national, district, and healthcare facility level;
- Establishing a system for monitoring, evaluating, and reporting key IPC indicators;
- Instituting the governance structure within which these units and personnel will operate, as defined in this National IPC Policy document
- Strengthen the technical capacities of clinical Laboratories nationwide
- Collaborate with key stakeholders and medical education institution (e.g. COMAHS)

1.4 Goals of Policy Document

This policy document provides guidance on the institution of IPC programmes at all health care establishments and also for healthcare providers in the public and private sector by outlining roles, responsibilities, reporting, and accountability processes at each level of the health care system. In addition, this document lays out the MoHS vision for the core components required to establish effective IPC programmes. The core components include:

- Organization of IPC programme structures at national, district, and facility levels
- Technical IPC guidelines and SOPs
- Human resources needed to implement IPC practices
- HAI surveillance
- Microbiological laboratory support
- Environmental and healthcare facility infrastructure needed for IPC practices
- Appropriate use of antibiotics/antimicrobial agents
- Occupational health and safety, including injection safety and appropriate waste managements
- Financing and sustainability of IPC activities
- Monitoring and evaluation of the IPC programme
- Coordination with other directorates within the MoHS and other Ministries (e.g. Education)

2 Infection Prevention and Control Policy

2.1 Aim of the Policy

The purpose/aim of this policy is to establish minimum national standards for the effective prevention and management of healthcare associated infection and promotes IPC at all healthcare delivery facilities in Sierra Leone.

The objectives of this policy are:

- To encourage and improve effective prevention and management of healthcare associated infections for public and private healthcare sector
- To prevent and/or minimize occupational and environmental hazards associated with microbes for all in and outpatient, healthcare workers and visitors in all the healthcare institutions.
- To optimize infection prevention and control programmes and resources in healthcare settings.
- To control and minimize transmission of and colonization by resistant organisms
- To improve infection control surveillance nationwide.

2.2 Scope of Policy

This policy builds on previous MoHS strategies and current IPC activities in Sierra Leone and includes all healthcare facilities across all 14 districts in Sierra Leone. The development of this policy document has taken into consideration contextual factors such as current economic, technical, and human resources capacity of the country.

Non-compliance:

Professional health councils will take disciplinary action against Health Care Worker where their proven negligence will cause harm to patients.

Individual employees whose negligent actions will cause the infection and subsequent death of a patient will be subjected to Criminal and/or civil prosecution.

2.3 Management and Organization of IPC Programme

The following figure outlines the management and organizational structure of the National IPC Programme in Sierra Leone; see the organogram on pg. 24

2.3.1 Roles and Responsibilities of National Level

National IPC Coordinator

The National IPC Coordinator oversees the National IPC Unit and is responsible for overall coordination and leadership of the National IPC Programme activities, including the development, implementation and evaluation of the IPC Programme. The Chief medical officer will serve as Chairman of the National IPC Advisory Committee.

The National IPC Coordinator in collaboration with the disease prevention and control, the Hospital and Laboratory directorate, and the Chief Nursing Officer (CNO) will report progress and issues to the Chief Medical Officer (CMO) every two weeks at standing meetings.

The National IPC Coordinator activities include and are not limited to:

- Oversight of the development, updating, and distribution of IPC guidelines, IPC pocket books, SOPs, strategic documents, training curricula, monitoring and evaluation tools, systems and performance standards to healthcare workers nation wide;
- Oversee the National IPC Unit of the MoHS
- Liaise with other MoHS directorates and partners to ensure that IPC activities are coordinated across the country;
- Advise Central Medical Stores (CMS) on the quality, quantity, and availability of IPC supplies at Government of Sierra Leone healthcare facilities. Additionally is responsible for preparing requisite for any other items or equipment needed for IPC;
- Evaluate progress and provides feedback to district and facility IPC Focal Persons on implementation of IPC activities at national, district, and facility level; this activity includes assessment visits to district offices, at least twice yearly and visits to individual healthcare facilities, as needed;
- Ensure district and facility IPC Focal Persons and all cadres of healthcare staff are adequately trained, updated and refreshed, as needed, in IPC and ensures knowledge and practice gaps are addressed with further training;
- Review reports and action plans submitted by District IPC Focal Persons. These reports and plans include incidence of healthcare acquired infections, healthcare worker injuries and other indicators, as required;
- Generate national IPC progress reports and present findings to the National IPC Advisory Committee at least twice yearly;
- Coordinate and attends meetings of the National IPC Advisory Committee;

- Develop an annual National IPC Programme action plan to meet the above activities, and develops other action plans, as needed, to address IPC challenges that require immediate action at the National level.

National IPC Unit

The National IPC Unit will consist of support staff that under the supervision of the National IPC Coordinator, executes the tasks for which the National IPC Coordinator has ultimate responsibility. This staff may include a data manager, training coordinator, logistician, technical officers, monitoring and evaluation (M&E) officer, and administrative officer.

National IPC Advisory Committee

The National IPC Advisory Committee will be chaired by the chief medical officer (CMO) and will meet no less than quarterly. The Advisory Committee will provide input to IPC policy, strategic plans, guidelines, SOPs and management issues as needed. The Advisory Committee will be an advocate for obtaining financial and human resources for IPC. The Committee will also set national and district goals for IPC quality indicators, and will review the progress toward these goals.

The Advisory Committee will consist of key stakeholders in the MoHS including:

- Chief Medical Officer (CMO)
- Chief Nursing Officer (CNO)
- Registrar of the Pharmacy Board of Sierra Leone
- Director National AIDS Secretariat
- TB Program Manager
- Director of Hospital and Laboratory Services
- Director of Disease prevention and control
- Director of Environmental and Waste Management
- Director of Primary Healthcare
- Representatives of the World Health Organization (WHO), UNICEF, the US Centers for Disease Control and Prevention (US_CDC), and all the other major international NGO's
- Other parties as required e.g. Health training institutions such as Medical, Nursing and Midwifery schools.

2.3.2 Roles and Responsibilities of District Level

District IPC Focal Person

The District IPC Focal Person serves as Chair of the District IPC Committee and is responsible for overall coordination and leadership of the District IPC Programme activities, including the development, implementation, and evaluation of the District IPC Programme. The District IPC Focal Person will report progress and issues to the District Medical Officer (DMO) at standing meetings every two weeks with emerging issues reported to the National IPC Coordinator, as needed. Although the roles may overlap somewhat with the Nursing Supervisor, this is intended to provide multiple layers of support to guide action.

District IPC Focal Person activities include:

- Oversee the district implementation of National IPC policy, strategy, procedures, SOPs, and IPC training curricula;
- Coordinate with other district partners to ensure that IPC activities are coordinated across groups;
- Advise District Medical Stores (DMS) on the quality and quantity of IPC supplies available in districts health units
- Evaluate progress of IPC implementation activities at district and facility level; this activity includes assessment visits to individual facilities twice-yearly and as needed;
- Ensure facility IPC Focal Persons and facility healthcare staff are adequately trained in IPC and ensures knowledge and practice gaps are addressed with further training and provision of necessary supplies and tools;
- Review reports and action plans submitted by facility IPC Focal Persons. These reports and plans include incidence of hospital acquired infections, healthcare worker injuries, and other indicators, as required, e.g. availability of water, frequency of cleaning, availability of soap and PPE in PHU's
- Generate district IPC progress reports and presents findings to the District IPC Committee monthly;
- Distribute IPC documents and updates provided by the National IPC Coordinator to all facilities;

- Meet quarterly with Nursing Supervisor and/or facility IPC Focal Persons to discuss facility-level IPC progress and challenges;
- Obtain and consolidate input from Hospital IPC Committee members to support the Medical Superintendent in development of the IPC component of the Hospital budget;
- Coordinate obtaining input from District IPC Committee members and PHU IPC focal persons to support the DMO in development of the IPC component of the district medical budget;
- Provide direct supervision to the PHU IPC Focal Persons through quarterly meetings;
- Submit monthly district report to the National IPC Coordinator; and
- Develop a yearly District IPC Programme action plan to meet the above activities and the goals set by National and district committees.

IPC Supervisor

The IPC Supervisor will mentor and support the IPC focal persons at the facilities in their district to improve IPC practices, program, systems and training. There will be at least one IPC Supervisor per district.

IPC Supervisor activities include:

- Meet once every two weeks with each facility IPC Focal Person to perform the below responsibilities;
- Provide supportive supervision and mentorship to each facility IPC Focal Person;
- Help develop solutions to IPC issues and problems in facilities, including addressing incident reports;
- Support facility IPC Focal Person in conducting IPC trainings of hospital staff (including developing training plans and monitoring the implementation of IPC measures) ;
- Be available to the facility IPC Focal Person as needed by phone for questions or concerns about IPC issues;
- Help to resolve any difficulties with facility-level implementation of National IPC standards;

- Fill in for facility IPC Focal Person in conducting trainings or other key time-sensitive IPC responsibilities when facility IPC Focal Person is not available.

District IPC Committee

The District IPC Committee will review the progress towards full implementation of the National IPC Programme in all facilities in their district. The District IPC Committee will be comprised of key stakeholders in the district, including:

- District Medical Officer (DMO)
- District Surveillance Officer (DSO)
- District IPC Focal Person
- District Pharmacist
- Hospital IPC Focal person
- IPC Supervisor
- Medical Superintendents
- District Environmental Health Superintendent
- Representatives of NGOs active in IPC support in the district
- Local and city council representatives
- District operations officers

Activities of the District IPC Committee include:

- Meet monthly to review IPC progress at district facilities towards district IPC quality goals, including the pace of improvements for IPC components, any HCW exposure incident reports, and the actions taken as a result of the incident;
- Ensure that adequate and appropriate resources are available to support IPC practices within district facilities, interfacing as necessary with relevant authorities in supply distribution or other areas to address any resource shortfalls;
- In the case of any challenges with facility-level implementation of national IPC standards brought to the Committee's attention by the District Supervisor or District IPC Focal Person, provide final decisions on resolution mechanisms; or escalate through the District IPC Focal Person or IPC Supervisor to the National IPC Coordinator for guidance from the CMO or CNO
- Provide input to support the District Medical Officer in calculation of the IPC component of the district medical budget.

2.3.3 Key duties, Roles and Responsibilities at Hospital Level

Medical Superintendent

The Medical Superintendent will support the Hospital IPC Focal Person through the matron to make the necessary infrastructure and policy implementation in the facility.

In collaboration with the laboratory for Infection surveillance, the activities of the Medical Superintendent include:

- Meet regularly with the Hospital IPC focal person (at least once per month) to discuss status of IPC at the facility including any healthcare-associated infections and reported incidents
- Work with Hospital IPC Focal Person to prioritize any needed changes in the facility;
- Work to implement the priority changes to the facility, including instructing staff and arranging procurement of IPC supplies, as needed;
- Meet regularly (once monthly) with the District IPC Supervisor and the Hospital IPC Focal Person to evaluate progress toward goals and quality improvement. This could also be done through the monthly Hospital IPC Committee meetings;
- Ensure coordination between Hospital IPC Focal Person and other key staff (e.g. store keeper), where this lies outside the Matron's purview;
- With input from the Hospital IPC Committee members and Hospital IPC Focal Persons develop the IPC component of the Hospital budget.

Hospital Matron

The Hospital IPC Focal Person reports directly to Medical Superintendent through the Hospital Matron, during monthly Hospital IPC Committee meetings. The Matron is responsible, within her purview, for giving the necessary facility-level direction on staff practices and equipment and supplies management to address IPC issues brought to her attention by the Hospital IPC Focal Person.

Role and responsibilities of Hospital Pharmacist

- Provide medical staff with list of available antibiotics as developed and agreed upon by the Drug and Therapeutics Committees, indicating dosage, routes and toxicities
- Obtain, store and distribute pharmaceutical preparations using practice that limit potential transmission of infectious agents to patients
- Dispense antimicrobial drugs and maintain relevant records (potency, incompatibility, conditions of storage and deterioration)
- Maintain records of antibiotics distributed to medical departments
- Provide the drugs and therapeutics committee and the infection prevention and control committee with summary reports and trends of antimicrobial use.

- Provide feedback to prescribers on the impact their prescribing decision have on the budget.
- Participate in hospitals sterilization and disinfection practices by being involved in the development of guideline for disinfectants, hand hygiene solutions and antiseptics.

Heads of Departments

Each Department Head is responsible for reporting IPC issues to the Hospital IPC Focal Person and implementing hospital IPC policy and procedures in their department.

Hospital IPC Focal Person

The Hospital IPC Focal Person serves as chair of the Hospital IPC Committee and is responsible for implementing the National IPC policy and procedures at their hospital. The Hospital IPC Focal Person is responsible to the Medical Superintendent through the Matron. The Hospital IPC Focal Person will report progress and issues to the Matron at their standing meetings every two weeks on emerging issues reported to the Matron.

The Hospital IPC Focal Person activities include:

- Insure Implementation of the National IPC Policy at the hospital facility;
- Advise staff on all aspects of IPC to maintain a clean and safe environment for patients, visitors and staff;
- Monitor staff adherence to IPC practices (e.g. hand hygiene, sharps safety, disinfection, sterilization, waste management, laundry safety etc....) and ensures compliance with National IPC Guideline and SOPs;
- Initiate immediate corrective actions when lapses in IPC are noticed;
- Collaborate with District IPC Focal Person, Nursing Supervisor and NGO Mentor (if available) to ensure the recommended IPC practices and trainings are implemented and conducted within the hospital;
- Plan and conduct on-going training programmes to ensure that all hospital staff are knowledgeable and are implementing the recommended IPC practices;
- Ensure the necessary and recommended IPC equipment and supplies are identified, forecasted, available and used appropriately; (e.g. stocking wards with PPE's, soap and water in Veronica Buckets)
- Monitor and document on a daily basis, IPC activities and incidents within the hospital, including hospital acquired infections, healthcare worker injuries and other indicators as required by the National IPC Programme;

- Conduct IPC assessments as per National IPC Programme requirements;
- Generate and present reports for the monthly Hospital IPC Committee meeting. These reports include incidence of hospital acquired infections, healthcare worker injuries and other indicators as required;
- Coordinate and obtain input from the Hospital IPC Committee members to support the Medical Superintendent in development of the IPC component of the hospital budget;
- Develop a yearly Hospital IPC Programme risk assessment and action plan which includes performance measures to meet the above activities; and
- Report activities and issues to the monthly District IPC Committee meetings.

Hospital IPC Committee

The Hospital IPC Committee will be comprised of key stakeholders in the hospital, including:

- Medical Superintendent
- Hospital Matron
- Hospital Secretary
- Heads of Clinical Departments
- Hospital IPC Focal Person
- Laboratory Director
- IPC Supervisor
- Supply Store Clerk
- Pharmacist
- Environmental Services Manager
- Others as deemed necessary by the Committee to provide guidance/clarification on identified issues related to IPC.

The Hospital IPC Committee will meet as needed, but at least monthly. Its role will be to ensure coordination among all key members of hospital staff to implement IPC practices according to the National IPC Programme.

Activities of the Hospital IPC Committee include:

- Review hospital assessment results and trends on hospital acquired infections, healthcare worker injuries and other indicators provided by the Hospital IPC focal person from the last meeting;
- Review any new National guidance and/or materials provided through the National IPC Coordinator;
- Address IPC issues which require cooperation and coordination across multiple stakeholders. Develop action plans, including timelines, with responsible stakeholders;

- As coordinated by the Hospital IPC Focal Person, provide input to support the Medical Superintendent in development of the IPC component of the hospital budget.

2.3.4 Roles and Responsibilities at Peripheral Health Unit (PHU) Level

PHU IPC Focal Person

The PHU IPC Focal Person is responsible for implementing the national IPC policy and procedures at a designated cluster of PHUs. The PHU IPC Focal person will report progress and issues to the District Medical Officer (DMO) through the District IPC Focal Person at standing meetings every month.

PHU IPC Focal Person activities include:

- Meet quarterly with the District IPC focal person for supervision;
- Advise PHU staff on all aspects of IPC to maintain a safe and hygienic environment for patients, visitors, and staff;
- Monitor staff adherence to IPC practices (e.g. hand hygiene, sharps safety, disinfection, sterilization) and ensures compliance with National IPC Guideline and SOPs;
- Initiate immediate corrective actions when lapses in IPC are noticed;
- Collaborate with IPC Supervisor and District Supervisor to ensure the recommended IPC practices are implemented and conducted within the PHU;
- Conduct on-going training programmes to ensure that PHU staff are knowledgeable and are implementing recommended IPC practices;
- Ensure the necessary and recommended IPC equipment and supplies are identified, available, and used appropriately;
- Monitor and document on a daily basis IPC incidents within the PHU, including PHU acquired infections, healthcare worker injuries, and other indicators as required by the National IPC Programme;
- Conduct IPC assessments as per National IPC Programme requirements;
- Generates and presents reports for the monthly District IPC Committee meeting. These reports include incidence of PHU acquired infections, healthcare worker injuries and other indicators as required;

- Coordinate obtaining the necessary information for the District IPC Focal Person to support the District Medical Officer in development of the IPC component of the district medical budget;
- Develop a yearly PHU IPC Programme risk assessment and action plan which includes performance measures to meet the above activities
- Participate in district IPC activities as required.
- Reconciles reports of consumptions of soaps, PPE's, and supplies from PHU's with reports of stocks received from districts level medical stores.

2.4 National IPC Guidelines

In consultation with the national IPC committee and under the supervision of the National IPC Coordinator, the National IPC Unit will develop and disseminate technical guidelines and SOPs for IPC practices in Sierra Leone. The National IPC Coordinator in collaboration with the Disease prevention and control directorate and the Hospital and laboratories directorate respectively will be responsible for managing the review process for National IPC Guidelines and associated SOPs.

In collaboration with the Disease prevention and control directorate and the Hospital and laboratories directorate, The National IPC Unit will review and update the National IPC Guidelines regularly, but not less than every three years, to ensure that interval changes in risks, best practices, and available resources are reflected in the guideline. The National IPC Guideline should be used by all healthcare facilities as the reference document for IPC standards in Sierra Leone. In addition to the National IPC Guideline, the MoHS produces disease-specific guidelines (e.g. Interim IPC guidance during the context of the Ebola outbreak in Sierra Leone).

2.5 Human Resources

The National IPC Unit will work closely with technical partners (i.e., WHO, UNICEF, UNFPA and US CDC and other relevant partners) to build workforce capacity for IPC. All healthcare workers, prior to commencing employment, must receive IPC trainings. For in-service training, the National IPC Unit will be responsible for planning and coordinating continuing professional development of IPC personnel at all levels. Refresher training courses and other activities will be developed by the National IPC Unit and delivered, as needed. In collaboration with the respective regulatory bodies and training institutions such as College of medicine, faculty of nursing and midwifery Refresher training courses will be conducted

and followed by on-site supportive supervision and evaluation via performance review. The National IPC Unit will encourage creation of partnerships with experienced colleagues, organizations, and societies to assist with strengthening IPC infrastructure at national, district and facility levels.

2.6 Healthcare Acquired infections (HAI) Surveillance and Assessment of

Compliance with Standard IPC Practices

A-Surveillance of HAIs is essential to understanding the impact of the National IPC Programme in Sierra Leone. The goal of HAI surveillance is to systematically collect data on the incidence of HAI in order to recognize problems and implement appropriate changes. MoHS will set the priorities for surveillance of infections and pathogens in Sierra Leone and these will be included in their respective SOPs. Standardized case definitions for active methods of surveillance will be developed so that consistent data is collected across healthcare facilities.

2.7 Microbiology Laboratory Support

The National IPC Unit will collaborate with relevant directorates (Diseases prevention and control directorate , Hospital and laboratory Directorate ,etc..) within MoHS to improve microbiology laboratory capacity in all healthcare facilities so that HAI/antimicrobial surveillance can be conducted when appropriate.

2.8 Healthcare Facility Infrastructure for Standard IPC Practices

Each healthcare facility will ensure a clean and safe environment for implementing the National IPC guidelines with a focus on strengthening the infrastructure needed to effectively apply standard precautions. Each healthcare facility should strive to provide clean water, sinks, soap for all healthcare workers, patients, and visitors in order to facilitate appropriate and effective hand hygiene. While hand washing facilities are under construction, each healthcare facility should provide a temporary water supply (e.g. bucket-taps, scoops) and alcohol-based hand rub to staff, patients, and visitors. Infrastructure and supplies to implement other standard precautions such as personal protective equipment, sharps safety management, safe hospital laundry, environmental cleaning, and waste management should be in accordance with the national IPC guideline.

2.9 Rational Use of appropriate Antimicrobial

The MoHS will promote appropriate use of antimicrobial through best clinical practice guidelines, which will be developed by WHO, MoHS and National programmes such as HIV, TB, and Malaria. The Pharmacy board will work towards monitoring multi-drug resistance and educating healthcare workers in the appropriate use of antimicrobials to reduce the burden of antimicrobial resistance.

2.10 Occupational Health and Safety

Healthcare Associated Infections includes infections acquired by HCW during service delivery. The National IPC Programme and the hospital managements committees should work towards ensuring a safe environment for healthcare workers in healthcare facilities in Sierra Leone and providing them with the entire necessities technical platform to perform their duty. This will include providing all preventable vaccines and vaccines for emerging diseases and implementing policies for managing post exposure prophylaxis for diseases such as HIV/AIDS, as well as setting up surveillance for exposure at work such as sharps injuries.

2.11 Financing and Sustainability of IPC Activities

Financial resources will be provided by the MOHS and the relevant partners to implement and sustain quality IPC practices in Sierra Leone. Fiscal management will be improved to ensure effective utilization of available funds. A special budget for IPC implementation will be developed in line with the government budgetary cycle. Budgets will be prepared at the facility and district level in consultation with their respective IPC committees. The National IPC Unit will consolidate these budgets into a National IPC budget.

The Sierra Leone IPC Programme will be funded through several mechanisms including:

- Government budgetary provisions;
- Donations and grants from development partners,
- All donations will be coordinated through the MoHS;
- Income-generating activities within healthcare facilities, if applicable.
- Annual financial report on IPC activities should be sent to the MoHS

2.12 Monitoring and Evaluation

This policy ensures that ongoing monitoring and evaluation of the National IPC Programme will occur to confirm facility- and national-level indicators are being captured, recorded, and reported and ensure quality improvement is ongoing. Facility IPC Focal Persons will perform periodic routine assessment and reporting of IPC practices and systems as described

2.3.3. While outbreaks are ongoing, the National IPC Unit may dictate more frequent assessments to initiate rapid corrective action to respond to the current emergency need. Data elements captured will be discussed at monthly Hospital IPC Committee meetings. Certain data elements will be reported through the district, up to the National IPC Unit, where the data will be compiled for dissemination and information of the top management via district and National progress reports. The performance of facility IPC Focal Persons will be reviewed at least annually by their respective supervisors. The monitoring and evaluation strategy will be included in a separate SOP.

2.13 Links with Public Health

There will be communication and collaboration between directorates within MoHS (e.g. DPC and Hospital and Laboratory) and with other key Ministries, working groups, and partner organizations. All directorates within MoHS will collaborate and work together with the National IPC Unit to help improve all aspects of IPC in Sierra Leone. The MoHS will collaborate with other relevant ministries to improve IPC in Sierra Leone, as needed. The MoHS will also collaborate with international and local technical organizations and other international and local partners. Information regarding diseases of public health concern identified in healthcare settings will be reported immediately to the public health authorities. This is in agreement with the requirements of the International Health Regulations (IHR).

2.14 Research and Development

In compliance with the national research ethics committee and other national and international regulations applicable when conducting research on human subjects, MoHS encourages local and international institutions, laboratories, and research programs to conduct IPC-related research Wednesday, November 18, 15 Programme in Sierra Leone.

MOHS IPC ORGANOGRAM



