



Ministry of Health and Family Welfare

## In the backdrop of reports of Black Fungus from States, Government of India writes to States/UTs

### Ensure Robust Practices of Infection Prevention and Control & Sanitation and Hygiene in hospitals for Prevention and Control of Secondary and Opportunistic fungal infections

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In the recent days, some States and UTs have reported an increasing number of patients suffering from Mucormycosis, popularly known as Black Fungus. Taking a note of the secondary and opportunistic fungal infections which are getting amplified due to the present surge in COVID cases and Mucormycosis becoming a cause of concern, Union Ministry of Health has advised all States/UTs to review their preparedness for infection prevention and control, as well as hygiene and sanitation in hospitals.

Union Health Secretary in his letter to Chief Secretaries and Administrators of all States and UTs has urged them to undertake the following activities/practices to ensure that there are robust infection prevention and control practices in COVID hospitals and other healthcare facilities:

- i. Establish/activate the Hospital Infection Control Committee with the head of the institution or an administrator as the chairperson.
- ii. Designate an infection prevention and control nodal officer – preferably a microbiologist or senior infection control nurse.
- iii. Prepare and implement the Infection Prevention Control (IPC) Programme in the hospital/health facilities, as per the guidance given in National Guidelines for Infection and Control in Healthcare Facilities (available at [https://www.mohfw.gov.in/pdf/National%20Guidelines%20for%20IPC%20in%20HCF%20-%20final\(1\).pdf](https://www.mohfw.gov.in/pdf/National%20Guidelines%20for%20IPC%20in%20HCF%20-%20final(1).pdf)). This involves the following key components of:
  - a. Infection prevention and control manual
  - b. Guidelines on antimicrobial use and management
  - c. Educational programmes and strategies
  - d. Risk assessment and risk management
  - e. Planning, monitoring, audit and feedback
  - f. Implementation strategies
- iv. Emphasise and strengthen procedures and practices for IPC. In the context of COVID-19,
  - a. Standard precautions are to be applied all across the hospital/health facility
  - b. Transmission-based precautions need heightened focus on droplet, airborne and contact precautions from the perspective of protecting healthcare workers and ensuring patient safety.
- v. Improve the environment and facilitate:
  - a. Ventilation with focus on fresh air and natural ventilation wherever control systems with requisite air changes are not available.
  - b. Cleaning, disinfection and sanitation of the hospital environment and frequently touched surfaces, with recommended disinfectants like 1% sodium hypochlorite or 70% alcohol.
  - c. Safe water and food to prevent water or food borne diseases in hospital settings
  - d. Biomedical waste needs to be managed as per the CPCB guidelines available at [https://cpcb.nic.in/uploads/Projects/Bio-Medical-Waste/BMW-GUIDELINES-COVID\\_1.pdf](https://cpcb.nic.in/uploads/Projects/Bio-Medical-Waste/BMW-GUIDELINES-COVID_1.pdf)
- vi. Infection Prevention and Control practices needs to be enhanced in Intensive Care Units (ICUs) using a bundle-approach to prevent device associated infections such as ventilator associated pneumonia or catheter-associated

blood stream, urinary infections etc.



vii. Infection Prevention and control practise in the clinical laboratories and those attached to hospitals are very crucial for the safety of laboratory/hospital staff and health security of the community.



viii. Meticulous adherence to Infection Prevention and Control while managing immunocompromised patients such as COVID-19 patients on steroid treatment, with co-morbidities (such as diabetes where good glyceic control needs to be established; the guidelines for which are available at <https://www.mohfw.gov.in/pdf/ClinicalGuidanceonDiabetesManagementatCOVID19PatientManagementFacility.pdf>).



ix. In due course, establish surveillance of healthcare associated infections with focus on ventilator associated pneumonia, catheter-associated blood stream infection, catheter-associated urinary tract infection, surgical site infections, gastro-intestinal outbreaks. Further guidance can be taken from AIIMS HAI network; details available at <https://www.haisindia.com>



x. Train all hospital staff to develop their skills in IPC, irrespective of their individual routine duties, in implementing procedures and protocols described in the Hospital Infection Control Manual.

xi. A State Nodal Officer needs to be identified to monitor the implementation of infection prevention and control to provide evaluation and feedback of the IPC programme in the state.

States and UTs have been assured that Ministry of Health and Family Welfare will provide all necessary assistance to implement the National Guidelines for Infection Prevention and Control in Healthcare Facilities.

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HFW/Hospital Infection Control Practices/21st May 2021/4

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