

A Health Care Associated Infection is “An infection occurring in a patient/client in a Hospital or Health Care Facility, and which it was not present or incubating at the time of admission, or the residual of an infection acquired during a previous admission.” Although it usually manifests ≥ 48 hrs after initial patient care, it also includes infections acquired in hospital, but appearing after discharge, and also such infections among the staff of the facility. Healthcare associated infections are a global burden. Despite recent advances in treatment of disease, transmission of infections within healthcare settings continues to occur. Infection or colonisation of multi-resistant organisms (MROs) is endemic and ubiquitous. Clostridium difficile infection is a more recent concern whereas surgical site and bloodstream infections are an ongoing challenge. The costs of these and other healthcare-associated infection in human, financial and resources terms are significant. Fundamentally, healthcare-associated infections are a significant patient safety problem.

Health Care Associated infections are, however, preventable. As patient safety is the motto of contemporary healthcare services, infection prevention and control has become important indicator of the quality and safety of health care. It acknowledges that patients, visitors, and staff may be both recipients and the source of infection. In addition, equipment and the environment are contributing factors to healthcare-associated infection. Infection prevention and control programs use strategies to prevent healthcare-associated infections including setting up systems to provide, strengthen, monitor, and evaluate best practice through clinical governance structures within healthcare. These certainly require proactive resources and positive attitude from everybody including staff, patients and visitors.

So it is important to promote infection prevention and control as 'everybody's business'. But unfortunately some HCWs, including clinicians, do not consider prevention and control of infection as his or her own professional responsibility, and there continues to be problems with hand hygiene and cleanliness. There is not enough effort to engage patients actively in their own safety and visitors' education in this regard is also limited. To overcome these infection control responsibilities should be specified in job descriptions of all healthcare professionals and adequate training and education on prevention and control of infections should be provided not only to the HCWs but also patients, their families and other visitors.

Health Care Associated infections and their prevention and control continues to perplex healthcare practitioners. It is hoped that advances in research, proactive measures between practices and mostly a culture of infection prevention and control – implemented by clinicians, nurses, and managerial staff – will help to reduce infection and save lives.

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