



وزارة الصحة
Ministry of Health

الإدارة العامة لمكافحة عدوى المنشآت الصحية

General Directorate of Infection Prevention and
Control in Healthcare Facilities

(GDIPC)

CLABSI Sub-Committee

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CLABSI Sub-Committee

TERMS OF REFERENCE

1. INTRODUCTION

- 1.1.** A Central Line-Associated Bloodstream Infection (CLABSI) is associated with significant morbidity and mortality. Patients at the Critical Care Areas are at high risk for infections associated with the use of invasive devices. Although bloodstream infections often occur secondarily to other infections, they may result from contamination of intravascular catheters or occur spontaneously in immunocompromised patients.
- 1.2.** In response to this performance improvement opportunity, this multidisciplinary sub-committee is formed to examine the practices with regard to central line insertion, maintenance, and removal, and to implement robust mechanisms that will promote tight adherence to evidence-based guidelines and bundles of care with a unified approach that will involve departmental leaders and champions consist of physicians, nurses, infection control practitioners, supply chain, nursing education, and health educators.

2. STRUCTURE

2.1. The members of CLABSI Sub-Committee

They are as follows:

Chairperson:	Hospital Director
Deputy Chairperson:	Medical Director
Coordinator:	Infection Control Director
Secretary:	Administrative Support Staff of hospital/medical director office
Members:	Intensive Care Services, Head/s of Department/s
	Supply & Purchasing Department Director
	Nursing Administration
	Quality & Patient Safety Department Director
	ICU Charge Nurse
	A representative from Medical Education and Training Department
	Infection Control Practitioners (at least 2)

2.2. Ad hoc members:

The Chairperson and the Deputy can invite any hospital employee from the different departments on an ad hoc basis when matters pertaining to their services arise.

3. PURPOSE

3.1. To coordinate and supervise programs, activities, and projects related to the prevention of Central Line-Associated Bloodstream Infections (CLABSI) and promote evidence-based practice across all hospital staff according to MOH CLABSI reduction Strategy.

4. OBJECTIVES

- 4.1.** Ensure high coordination with all concerning departments to achieve the best practice to reduce CLABSI by using of the members authority
- 4.2.** Eliminate CLABSI and demonstrate Zero defects
- 4.3.** Increase bundle compliance to valid and accurate 100%
- 4.4.** Improve system effectiveness and establish best practices
- 4.5.** Enable consistent patient/family education provision
- 4.6.** Increase staff competencies and decrease practice variation

5. DUTIES

- 5.1.** To ensure that policies, procedures, and guidelines with regard to the prevention of CLABSI are being followed across the hospital.
- 5.2.** Pursue opportunities to improve patient care and clinical performance.
- 5.3.** To monitor and track incidences of CLABSI through coordination with the Infection Control Department.
- 5.4.** Initiates programs, activities, and performance improvement projects related to CLABSI.
- 5.5.** Recommends and adapts evidence-based practices in reducing incidences of CLABSI.
- 5.6.** Recommends to Infection Control Committee (ICC) corrective actions when necessary.
- 5.7.** To ensure that corrective action is taken to prevent and control CLABSI in the clinical units.
- 5.8.** Coordinates and collaborates with other hospital committees to strengthen efforts in reducing CLABSI.

6. RULES OF OPERATION

6.1. Reporting

The Sub-committee shall report to Hospital Infection Control Committee (ICC).

6.2. Frequency of Meetings:

6.2.1. The committee should have a meeting based on the zone and at least quarterly conducted for green zone

CLABSI Rate	Zone	Goal	Frequency
0 - 0.9	Green	Maintain and motivate to get ZERO CLABSI target	Each 3 months
> 0.9 – 1.8	Yellow	Press down to get the international benchmark (0.9) in the way of ZERO CLABSI target	Each 2 months
> 1.8	Red	Aggressively press down to get national benchmark (2.5) in the way ZERO CLABSI target	Each month

6.2.2. The committee should have at least a quarterly meeting.

6.2.3. Additional meetings can be held upon the request of the Chairperson/Deputy Chairperson or as deemed necessary.

6.3. Agenda:

6.3.1. The Committee Coordinator will prepare the agenda.

6.3.2. The Chairperson will sign the agenda before distributing it to the members.

6.3.3. As needed, the Chairperson will request from members to discuss new agenda, update the committee on the previous agenda and present reports to the Committee.

6.3.4. Members can request from the chairperson to include agenda to Committee meetings at least one (1) week prior to the scheduled meeting.

6.4. Attendance and Quorum

6.4.1. Fifty percent of membership plus the chairperson shall constitute a Quorum. All members are expected to attend meetings and participate in the activities.

6.4.2. If attendance falls below 70% for any given meeting, the meeting shall be rescheduled at the discretion of the chairperson.

6.4.3. If the quorum is not met, the Chairperson shall cancel the meeting unless there are urgent matters which cannot be delayed. The minutes must document the incident.

6.4.4. If the Chairperson is unable to attend a scheduled meeting, the designated Deputy Chairperson will chair the meeting.

6.4.5. If the team member/s will not be able to attend, an apology must be sent to the Committee or if possible, a representative shall attend on his/her behalf.

6.5. Minutes Taking

- 6.5.1.** The proceedings of the meeting shall be recorded and prepared by the secretary assigned to the Committee and to be circulated to all members before the next meeting date.
- 6.5.2.** The Chairperson will verify during the meetings if there(s) are amendments, comments, or inputs from minutes.
- 6.5.3.** Once the minutes are approved by the members, the Chairperson will sign and to be circulated to relevant committees.

7. MEMBERSHIP FUNCTIONS

- 7.1.** General functions include, but are not necessarily limited to the following:
 - 7.1.1.** Supervising and/or performing the implementation of MOH CLABSI Reduction Strategy recommendations and Activities.
 - 7.1.2.** Organizing and performing CLABSI hospital-based training and education.
 - 7.1.3.** Conduct regular rounds in the clinical areas or in the departments where CLABSI rates baseline were observed.
 - 7.1.4.** Ensure the availability of required supplies for project implementation.
 - 7.1.5.** Data verification by using the recommended updated tools.
 - 7.1.6.** Regular reporting to Infection Control Committee (ICC).
 - 7.1.7.** Members shall be expected to attend the scheduled meetings. If there is any conflict with the schedule, the chairperson or the secretary must be notified, or a representative can be sent on his/her behalf.
 - 7.1.8.** Assess reviews and responds to all issues related to CLABSI Project.
 - 7.1.9.** Communicates and collaborates with relevant departments and committees.
 - 7.1.10.** Promotes evidence-based practice and advocates strict adherence to infection control practices.
 - 7.1.11.** Reviews and makes recommendations/suggestions in relation to central line insertion and maintenance, and prevention of CLABSI.

8. MINUTES TO BE CIRCULATED TO:

- 8.1.** Chairperson of the Infection Control Committee
- 8.2.** Committee Members.



Prepared by:	Signature:	Date:
Reviewed by: Name: Director, of Infection Control Department		
Reviewed by: Name: Director, Quality & Patient Safety Department		
Authorized by: Name: Chairperson of CLABSI Prevention Multidisciplinary Committee		

Approved by:	Signature:	Date:
Name: Hospital Director		