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APPENDICES

Appendix A

Questionnaire on Infection Control in Medical and Health Service, Dokkhamtai hospital, Dokkhamtai District, Phayao Province

Part 1 Organization and administration

1) Infection control committee exists

No committee Yes

2) Infection control committee meeting

No meeting Yes,times

- Date.....

Agenda.....

- Date.....

Agenda.....

- Date.....

Agenda.....

- Date.....

Agenda.....

- Date.....

Agenda.....

3) Infection control supervision

No supervision Yes,times

3) Surveillance in environment sanitation (Oct.1999 – Sep. 2000)

1) Examination of sterilized equipment

 No examination Yes physically.....times No. of positive fault.....times,
identify..... chemically.....times No. of positive fault.....times,
identify..... biologically.....times No. of positive fault.....times,
identify.....

2) Examination of wastewater treatment system

 No examination Yes.....times No. of positive fault.....times,
identify.....

Part 3 Prevention and Control

1) Solid waste management

1.1 Waste reduction

- Management.....

- Problems.....

1.2 Waste separation

- Management.....

- Problems.....

1.3 Waste transportation

- Management.....

- Problems.....

1.4 Waste disposal

- Management.....
- Problems.....

Questionnaire / observation form of trash bins and its use in Dokkhamtai hospital

Item	Evaluation	
	Existing / Advantage	Should improve
1. Trash bins appropriate		
2. Trash bins number is adequate		
3. Convenience to use		
4. The use of trash bins		

Trash bins mapping

Appendix B

Questionnaire on infection control ofservice delivery point

Dokkhamtai hospital, Phayao province

1. Prevention and control

Item	Evaluation	
	Advantage	Should improve
Place arrangement -Ventilation -Arrangement of equipment, in order and convenient to use -Cleanliness of operational ground -Cleanliness of floor, wall, and ceiling -Cleanliness of restrooms		
Personal hygiene -Befor/after operation hand washing -Hand washing when contaminated and before contact to low immuned patient -Hand washing before contact to infectious patient and after contact to contamination -Hand washing before operation		
Operational technique -Wet dressing -IV injection -Operation		

Item	Evaluation	
	Advantage	Should improve
Use of protective barriers (adequate, appropriate to activity) -Gloves (sterile, rubber, disposable gloves) -Gown -Mask -Apron -Goggles -Boots -Cap		
Clean, Disinfection, Sterilization -Clean, decontaminate medical equipment, Where? -Sterilization, How? -Inspection of effectiveness of sterilization, by? -Wrapping in sterilization (wrapping, adequate) -Expiration of sterile object (Sterilized / Expired date) -Storage shelf arrangement (first in – first out) -Transportation of contaminated / sterile equipment		
Clothes management -Blood / bodily fluid contamination -Non blood / bodily fluid contamination		
Needle and sharp tools -Appropriate container -Adequate number of container -Convenience to use -Use of container		

Item	Evaluation	
	Advantage	Should improve
<p>Solid waste management</p> <ul style="list-style-type: none"> -Separation of trash bin -On site separation / gloves separation -Waste collection -Waste transportation <ul style="list-style-type: none"> *Use of protective barriers <ul style="list-style-type: none"> -Rubber gloves -Apron -Mask -Boots *When transport -Waste disposal / gloves disposal 		
<p>Education on practice at patient and relative service (Announcement / Notice board / talk in group or person)</p>		

Appendix C

Questionnaire for Service Provider on Infection Control Dokkhamtai Hospital, Phayao Province

-Answer all questions truthfully in order for work development, this is anonymous

-Mark / in () and fill in the blank or table

Part 1 General information

1. Sex () Male () Female
2. Position () Medical staff () Non medical staff
3. Location of your service 1..... 2.....3.....4.....
4. Opinion on activities at your work location
 - () Not risky to tranmission
 - () Risky to transmission
 - Identify risky activity 1..... 2.....3.....4.....

Part 2 Management

1. On duty, do you use of protective barriers, if want some, what are they?
 - () No need
 - () Yes, I want to use
2. In the past 3 months, use of protective barriers sufficient to use?
 - () Sufficient
 - () Not sufficient, because.....What needed are.....

3. Mark (/) at any of these modes of transmission of the diseases if you think they can communicate through.

Disease	Mode of transmission					
	Blood	Bodily fluid except saliva, perspiration, and urine	External contact	Stool	Respiratory	Other
HIV virus						
Hepatitis B						
Pulmonary TB						

Appendix D

Follow-up / Supervision Form for Infection Control,

Dokkhamtai Hospital Date.....

1. Organization for infection control

Item	Service delivery point.....	
	Existing / Advantage	Should improve
IC committee -Role of IC committee -Meeting -Infection control supervision / follow-up		
Policy for infection control work		
Administration for infection control work		

2. Infection surveillance

Item	Service delivery point.....	
	Existing / Advantage	Should improve
<u>Client</u> -Whose role -How -What emphasis <u>Staff</u> -Staff physical check-up -Staff accident (reporting, ARV drug taking) <u>Environmental sanitation</u> -Equipment -Aquaecus IV / Reagent -Drinking, tap, waste water		

3. Questionnaire / observation form of trash bins and its use in Dokkhamtai hospital

Item	Evaluation	
	Existing / Advantage	Should improve
1. Trash bins appropriate		
2. Trash bins number is adequate		
3. Convenience to use		
4. The use of trash bins		

Trash bins mapping

4. Questionnaire on infection control ofservice delivery point

Item	Service delivery point.....	
	Advantage	Should improve
Place arrangement -Ventilation -Arrangement of equipment, in order and convenient to use -Cleanliness of operational ground -Cleanliness of floor, wall, and ceiling -Cleanliness of restrooms		
Personal hygiene -Before/after operation hand washing -Hand washing when contaminated and before contact to low immuned patient -Hand washing before contact to infectious patient and after contact to contamination -Hand washing before operation		
Operational technique -Wet dressing -IV injection -Operation		
Use of protective barriers (adequate, appropriate to activity) -Gloves (sterile, rubber, disposable gloves) -Gown -Mask -Apron -Goggles -Boots -Cap		

Item	Service delivery point.....	
	Advantage	Should improve
<p>Clean, Disinfection, Sterilization</p> <ul style="list-style-type: none"> -Clean, decontaminate medical equipment, Where? -Sterilization, How? -Inspection of effectiveness of sterilization, by? -Wrapping in sterilization (wrapping, adequate) -Expiration of sterile object (Sterilized / Expired date) -Storage shelf arrangement (first in – first out) -Transportation of contaminated / sterile equipment 		
<p>Clothes management</p> <ul style="list-style-type: none"> -Blood / bodily fluid contamination -Non blood / bodily fluid contamination 		
<p>Needle and sharp tools</p> <ul style="list-style-type: none"> -Appropriate container -Adequate number of container -Convenience to use -Use of container 		
<p>Solid waste management</p> <ul style="list-style-type: none"> -Separation of trash bin -On site separation / gloves separation -Waste collection -Waste transportation <ul style="list-style-type: none"> *Protective barriers <ul style="list-style-type: none"> -Rubber gloves -Apron -Mask -Boots *When transport -Waste disposal / gloves disposal 		
<p>Education on practice at patient and relative service (Announcement / Notice board / talk in group or person)</p>		

Appendix E

Survey Form of Waste Management in Dokkhamtai Hospital

Date.....

Service delivery point / Group	Morning		Afternoon	
	Correct	Incorrect	Correct	Incorrect
OPD				
ER				
LR				
OR				
Special Clinic				
Ward				
Special Ward				
Central Supply				
Laundry				
Laboratory Room				
Dental Clinic				
Community Health				
Communicable Disease Control				

Appendix F

Medical staff level: Test of Infection Control Training

Please circle around the most suitable choice

1. What type of work is HIV risky to medical staff?
 - a. Body cleansing to HIV patient
 - b. Injection to HIV patient
 - c. Counseling to HIV patient
 - d. Delivery performing to HIV patient
 - e. The correct answers are b and c
2. How do you prevent from HIV AIDS transmission?
 - a. Wash up once blood or bodily fluid contact
 - b. Take AZT after needle stick accident
 - c. Wear appropriate protective barriers as mentioned in a standard
 - d. Correctly disinfected and decontaminated tools before use
 - e. None is correct
3. What mode of transmission can Hepatitis B communicate?
 - a. Talk closely to Hepatitis B patient
 - b. Hepatitis B patient 's perspiration contact
 - c. External touch in assistance to Hepatitis B patient
 - d. Bodily fluid spill into eyes at delivery
 - e. None is correct

4. Which is incorrect?
 - a. Separate room of TB patient
 - b. General ward should not be air-conditioned
 - c. Wear surgical mask when assisting patients
 - d. Wear surgical mask to TB patient when taking the patient to x-ray
 - e. None is incorrect
5. What happens if medical staff do not follow the prevention and infection control practice?
 - a. HIV transmission
 - b. Patient can be infected by other diseases
 - c. Nosocomial infection
 - d. No negative impact
 - e. Communicable diseases spread among medical staff and patient
6. Which of these is correct for floor cleaning?
 - a. Sweep and wipe with dry cloth
 - b. Sweep and wipe with wet cloth
 - c. No sweeping, wipe with cloth with detergent, and dry with dry cloth
 - d. Wipe with wet cloth, frequently shake the cloth
 - e. All correct
7. How many minutes does it take to disinfect the floor?
 - a. 5 minutes
 - b. 10 minutes
 - c. 20 minutes
 - d. 30 minutes
 - e. 40 minutes

8. Which part of in-patient building should pulmonary TB, measles, chicken pox patients stay?
 - a. Anywhere up to convenience
 - b. Together with HIV patient
 - c. Only in good ventilation room
 - d. Close to window, upwind
 - e. Building corner
9. What kind of disinfectant is used for blood or bodily fluid contaminated floor?
 - a. Savlon
 - b. 70% Alcohol
 - c. Detergent with water
 - d. All wrong
 - e. All correct
10. What is the impact to agent from high temperature and humidity?
 - a. Earlier germ killed
 - b. Terminate germ's growth
 - c. Faster infestation of germ
 - d. No effect on germ
 - e. The correct answers are a and b
11. What to do first after a needle stick accident?
 - a. Rinse with clean water
 - b. Use bandage
 - c. Squeeze blood, wash with soap and wipe with 70% alcohol
 - d. Use dry cotton to wipe blood
 - e. Wipe with 70% alcohol

12. What is appropriate time to take anti-retroviral (ARV) drug after contacting blood or bodily fluid?
- Within 4 hours
 - Within 2 hours
 - Within 5 hours
 - Within 8 hours
 - Within 3 hours
13. Should you report after accident of contacting blood or bodily fluid?
- If too risky, report
 - If not risky, no report needed
 - Always report
 - Up to convenience
 - Sometimes
14. What is the appropriate blood test after contacting blood or bodily fluid?
- After accident, at 3 and at 6 months
 - Once after accident
 - After accident and at 3 months
 - At 3 months
 - After accident and at 6 months
15. What time duration a person has to take ARV drug after the accident?
- 2 weeks
 - 5 weeks
 - 4 weeks
 - 6 weeks
 - 3 weeks

16. What are important roles of nurse in infection control?
- Completely record patient's symptoms in Nurse's note
 - Usually observe signs and symptoms regarding to infection
 - Suggest infection control practice to patient and the relatives
 - Consult and advice with colleagues when problem found
 - All correct
17. When should you perform hand washing with Chlorhexidine 4% at least 30 seconds?
- At delivery
 - Urination
 - Aquaeous IV fluid
 - Choose a and b
 - Choose b and c
18. Before performing at delivery, what should be done for hand washing?
- Normal hand washing
 - Hygienic hand washing
 - Surgical hand washing
 - All correct
 - None is correct
19. Antiseptic means?
- Chemical used for disinfecting medical equipment
 - Chemical used for decontaminating on body and tissue
 - Chemical for universal disinfecting
 - All correct
 - None is correct

20. Which is correct?

- a. All equipments used with patient should be soaked in disinfectant before cleaning
- b. Equipments soaked in Glutaraldehyde 2%(Cidex) do not have to rinse in distilled water before use
- c. Rubber hose / tube can be decontaminated by any method
- d. Sterilization can decontaminate all kinds of microorganism and spore
- e. All correct

21. Which is NOT correct about protective barriers use?

- a. Only when necessary
- b. Use appropriately to type of work
- c. Only single mission use
- d. Use quality barriers
- e. Wear for a long time to save cost

22. What is common mistake of using gloves?

- a. Answering phone call
- b. Temperature measurement
- c. Blood pressure measurement
- d. Touching door knob
- e. All correct

23. What is incorrect for using gown?

- a. Do not wear out of the confinement
- b. Wear 1 gown to care several patients
- c. Carefully remove the gown immediately after use
- d. Hand wash after remove gown
- e. Wear gown for activities suspicious of blood or bodily fluid contamination

24. What is the most correct about nosocomial infection?
- a. Systematically and continually monitor and observe nosocomial infection
 - b. Monitor and observe nosocomial infection and analyze data gained then report to concerning service delivery points to find appropriate intervention
 - c. Systematically monitor and observe nosocomial infection and report to concerning service delivery points
 - d. The correct answers are a and b
 - e. The correct answers are b and c
25. What is NOT the goal of infection control?
- a. Reduce risk of nosocomial infection
 - b. Reduce suffering of patient
 - c. Reduce nosocomial infection treatment cost of patient
 - d. Reduce nosocomial infection treatment cost of hospital
 - e. Reduce disinfectant use in hospital
26. What is NOT the benefit from infection control?
- a. Know the incidence and transmission of nosocomial infection
 - b. Be an important information when the hospital face legal trouble
 - c. Minimize risk of hospital personnel at medical service
 - d. Increase quality and efficiency of patient care
 - e. Find uncommon or epidemic infection in time
27. What is incorrect meaning of nosocomial infection?
- a. Infection affected from patient receiving external microorganism while staying at hospital
 - b. Infection affected from patient receiving internal microorganism while staying at hospital

- c. Infection affected from patient receiving microorganism, and the patient admitting with symptoms or during incubation period
- d. Infection affected from patient receiving microorganism while being diagnosed or treated at hospital
- e. Infection to patient after 48 hours of admission, in case of incubation period unknown

28. What is the most important source of information for nosocomial infection investigation?

- a. Registration
- b. Symptom observation
- c. Laboratory test
- d. Radiography
- e. All correct

29. What is incorrect about dust control?

- a. Using vacuum cleaner
- b. Using a broom
- c. Using a mop to wipe dust
- d. Use wet cloth
- e. The correct answers are b and c

30. What type of waste is used formalin?

- a. Domestic waste
- b. Infectious waste
- c. Sharp waste
- d. Chemical waste
- e. Radioactive waste

Appendix G

Non-medical staff: Test of Infection Control Training

Please circle around the most suitable choice

1. What mode of transmission can HIV AIDS communicate?
 - a. External contact to AIDS patient
 - b. Blood / bodily fluid of AIDS patient
 - c. Respiration
 - d. All correct
2. How can you prevent from AIDS?
 - a. Wearing appropriate protective mask (as directed in the standard)
 - b. Taking AZT after needle stick
 - c. Washing once contact blood / bodily fluid
 - d. All correct
3. What mode of transmission can Hepatitis B communicate?
 - a. Blood
 - b. Physical contact
 - c. Respiratory
 - d. All correct
4. What mode of transmission can Tuberculosis (TB) communicate?
 - a. Blood
 - b. Physical contact
 - c. Bodily fluid contact to skin
 - d. All correct

5. What risk occurs if not following the prevention and infection control practice?
 - a. HIV AIDS
 - b. Hepatitis
 - c. Tuberculosis
 - d. All
6. What kind of disinfectant is usually used for general floor cleaning?
 - a. Detergent and water
 - b. Lisol reagent
 - c. 70% Alcohol
 - d. 0.5% Vergon reagent
7. What kind of disinfectant is used for blood or bodily fluid contaminated floor cleaning?
 - a. Detergent and water
 - b. Lisol reagent
 - c. 70% Alcohol
 - d. Only water
8. What are impacts of high temperature and humidity on germ?
 - a. Germs easily die
 - b. Germs grow and proliferate
 - c. No effect
 - d. Growth degenerate
9. How long does it take to soak the blood or bodily fluid contaminated floor?
 - a. 5 minutes
 - b. 10 minutes
 - c. 20 minutes
 - d. 30 minutes

10. Anti-retroviral drug should be used within how many hours after the accident?
- 2 hours
 - 5 hours
 - 8 hours
 - 10 hours
11. What is a high risk accident?
- Patient's blood spill into eyes
 - Saline or lumbar puncture needle of HIV patient sticks
 - Air needle at saline bag
 - Patient's saliva spill onto skin
12. What is the first-aid for needle stick accident?
- Rinse with water
 - Squeeze blood, wash with soap, then wipe with alcohol
 - Use dry cloth
 - Use bandage
13. What is the purpose of hand washing?
- Eliminate natural dirt e.g. perspiration, lipid
 - Reduce germs on hands
 - Both a and b are correct
 - Both a and b are incorrect
14. When should we wash our hands?
- After touching blood, bodily fluid, or contaminated equipment
 - Before touching any patient
 - Before nursing any patient
 - All correct

15. Which of the followings is NOT a disinfectant?
- Alcohol
 - Sodium hypochlorite
 - Normal saline (0.9%NSS)
 - Povidine-iodine solution
16. What is disinfecting?
- Elimination of contaminants on medical equipment or skin
 - Soaking medical equipments in solvent
 - Boiling medical equipments
 - Steaming medical equipments
17. What protective barriers should be used when cleaning medical equipment?
- Rubber gloves, plastic dam
 - Rubber gloves, goggles
 - Rubber gloves, goggles, and mask
 - Rubber gloves, goggles, mask, apron, and boots
18. How many routes can germ invade our body?
- 1
 - 2
 - 3
 - 4
19. Which is NOT necessary to wear gloves when touching?
- Blood
 - Stool
 - Urine
 - Perspiration

20. What is the most important prevention?
- Wearing gown
 - Wearing gloves
 - Hand washing
 - Wearing mask
21. What is correct for removing gloves?
- Be careful not to touch outside surface of the gloves
 - Touch only outside surface to remove
 - As you wish
 - Wash before removal
22. What are considerations choosing protective barriers?
- Convenient
 - Necessary and suitable
 - Use all that available
 - Up to personal pleasure
23. Which of the following is infectious waste?
- Tissue
 - Blood contaminated gauze and cotton
 - Vaccine and container
 - All correct
24. What is correct about infectious waste?
- Trash can be littered into any bin
 - Container for sharp waste must be strong
 - Waste collection is free of rule
 - Waste collection should wait till the bag is very full

25. What is NOT a good characteristic of waste collection house?
- a. Should be close to building for transport convenience
 - b. Ventilated, not humid, flat floor and able to be washed
 - c. Spacious enough to keep all waste generated
 - d. Two compartments: general and infectious waste

Appendix H

Focus Group Discussion Key Questions

1. Assessment of infection control situation

1.1 What assessment on infection control was about?

1.2 Who plays the role of assessment?

1.3 How was the assessment done?

2. Planning for infection control problem solution

2.1 How were the findings from assessment utilized?

2.2 What are the goals of infection control implementation?

2.3 Who plays role in the planning for IC?

2.4 What are the processes for the solution?

3. Problem solution and obvious in IC development

3.1 How the administration was developed?

3.2 How the administrator perceives and supports?

3.3 What was done for the surveillance?

-How clients deal / improve for infection control?

-How service provider deal / improve for infection control?

-How environmental sanitation deal / improve for infection control?

3.4 How was the information surveillance applied for the development?

3.5 Prevention and control

-How hospital area arrangement deal / improve for infection control?

(Bed, bath, room separation, entrance and exit in hospital)

-How equipment management deal / improve for infection control?

(Wet dressing cart, sterilization drum and set, solution, aqueous, disinfectant)

-How cleaning, decontamination, sterilization deal / improve for infection control?

(Area management, equipment, disinfectant)

-How service technique deal / improve for infection control?

(Hand washing, patient isolation, infection control practice, single cath, aqueous IV)

-How environmental / food sanitation deal / improve for infection control?

(Waste disposal, sharp waste, corps management, pest control, water management, food sanitation)

-How academic development deal / improve for infection control?

(Orientation for new recruitment, training, study tour, public relation)

4. Follow up and Evaluation of infection control

4.1 How to follow up, evaluate infection control?

4.2 Who played such role?

4.3 What are the results?

5. Problem and obstacle

Appendix I

Pictures from Activities



Dokkhamtai hospital



IC committee meeting



Before : ICN



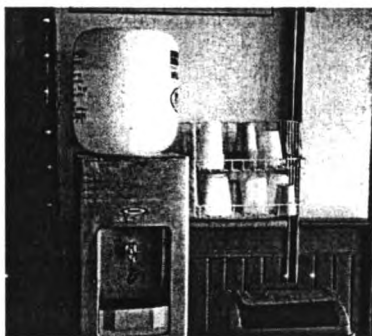
After: ICN and ICN assisstant



Before : TB and HIV patient attend at same place



After : TB patient attend separately



Before : Share drinking glass



After : Use disposable cup fore drinking



Before : Patient trolley used for equipments transportation



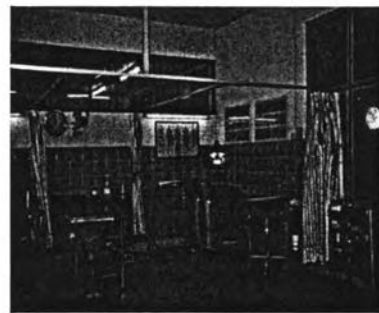
After : Separate trolley used



After : Separate trolley for sterile equipments



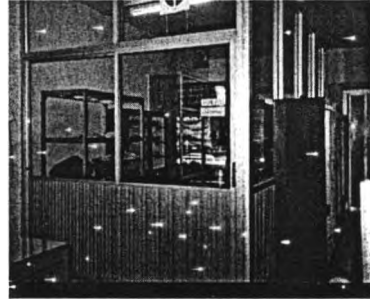
Before : Limited room for working



After : Enlarge room for working



Before : Not one way system at central supply



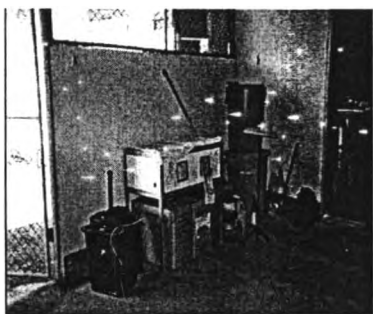
After : Make one way system at central supply



Before : Surveillance done only at ward



After : Additional surveillance at special ward and LR



Before : Disorganized



After : Campaign the routine clean-up



Before : Some of sterile set had no label



After : Label all sets



Before : Equipments were cleaned by service delivery points



After : Use cleaning machine

After : Equipments cleaning at central supply



Before : Mixed non-infectious and infectious waste



After : One-way route of waste collection and separate waste



Before : Full of smoke when burned



After : Reduce use of disposable syringe



Before : Excessive number of bins and mix waste



After : Mapping of bins and rearrange the position and re-categorize





Provide health education



Notice board on IC



Study tour on IC work



Training on common communicable disease and prevention and control



Monitoring and evaluation

CURRICULUM VITAE



Name	Jureerat Saipaeng
Present address	Phayao Provincial Health Office, Muang District, Phayao Province, Thailand
Date of birth	7 October 1967
Place of birth	Phayao, Thailand
Citizenship	Thai
Religion	Buddhist
Marital status	Single
Education	
1990	Diploma of Nursing and Midwife Uttaradit Nursing Collage, Uttaradit Province, Thailand
Experience	
1990-1992	Nursing staff at Out-patient Department, Chun Hospital, Chun district, Phayao Province
1992-1994	Nursing staff at In-patient Department, Chun Hospital, Chun district, Phayao Province
1994-1996	Chief of AIDS and STD sector Chun Hospital, Chun district, Phayao Province
1996-2001	Academic staff at AIDS and STD sector Phayao Provincial Health Office, Muang District, Phayao Province
2001-2002	Academic staff at Academic Development sector Phayao Provincial Health Office, Muang District, Phayao Province