Hygiene Policies in European Health Care Facilities

ITALY

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2.1 Regulatory Organization in Italy for Hospital Hygiene and Infection Prevention

Legal regulations, guidelines or recommendations:

Circolare Ministeriale 52/1985

General control measures and organizational components of an infection control program. The activation of targeted surveillance systems is recommended, understood as continuous collection of information, data analysis, application of control measures and assessment of their effectiveness.
An infection control program in each hospital is recommended, which includes the establishment of a multidisciplinary hospital infectious committee (CIO), the introduction of an operational group and dedicated nursing staff.

The CIO must be present in every hospital and must define:

- The organization of surveillance systems
- Prevention measures
- Involvement of laboratory services
- Methods to informing hospital staff on the progress of infections
- Training of the staff.

The committee is multidisciplinary, and in particular there must be experts in hygiene, infectious diseases and microbiology

Data from the MuSICARe project, a survey about the organization of antimicrobial-resistance control programs in acute care hospitals in Italy. 155 hospitals answered the questionnaire (11% of the total of Italian hospitals). Of these, 95% had formally established a CIO

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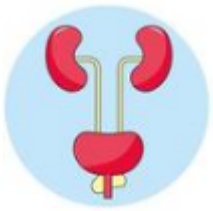
Legal regulations, guidelines or recommendations:

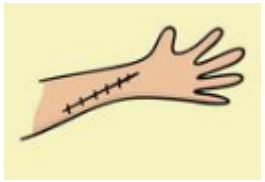
Circolare Ministeriale 8/1988 – SURVEILLANCE –

Affirms the need to start hospital infection surveillance systems in hospitals, in order to monitor the progress of this phenomenon, identify the priority areas of intervention, evaluate the control measures adopted

It defines the standardized criteria for the definition and diagnosis of the most frequent healthcare associated infections:

- Surgical Site Infection
- Blood Stream/Catheter-Related Infection
- Lower Respiratory Tract Infection
- Urinary Tract Infection



Although these reccomandations are mandatory, there are no sanctions for non-compliance!

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Legal regulations, guidelines or recommendations:

- DL 502/92. Art. 8 states that "... there are defined minimum structural, technological and organizational requirements required for the performance of health activities by public and private structures and the periodicity of checks on the permanence of the requirements themselves."

- Decreto 24.07.1995. The Ministry of Health includes the number of cases of hospital infections per thousand discharges among the indicators used to measured the efficiency and quality of the care provided.

- PSN 1998-2000 – DPR 23.07.1998. The importance of nosocomial infections is underlined as quality indicator of care provided, and sets, among the objectives for the three-year period of reference, the activation of a program for the surveillance, prevention and control of infections in every hospital and the reduction of at least 25% of the incidence of hospital infections, with particularly regard to UTI, SSI, VAP, CRI.

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Legal regulations, guidelines or recommendations:

- Decreto Ministeriale 2.04.2015 n.70. «Regulation establishing qualitative, structural, technological and quantitative standard relating to hospital care.”

- PNP 2014-2018
  Emphasized the need to define a surveillance and control program for HAI and to have information on the trend of HAI in all healthcare companies.

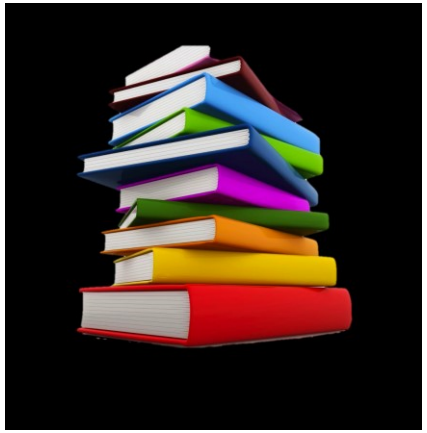
- Law 8.3.2017, n. 24 «Order regarding the safety of care and assisted person, as well as the professional liability of health professionals»

National Observatory of Good Practices on Safety in Health

2.2 Training and further education

In the medical licensing regulation there is a mandatory course of hygiene and public health in which the topics of hospital hygiene and infection prevention are foreseen, with a final examination.

In Italy, after the graduation in Medicine, it is possible to access as resident (MD) to a 4-years School of Hygiene and Preventive Medicine, that provides education and training in Public Health, Hospital hygiene and infection prevention and control.

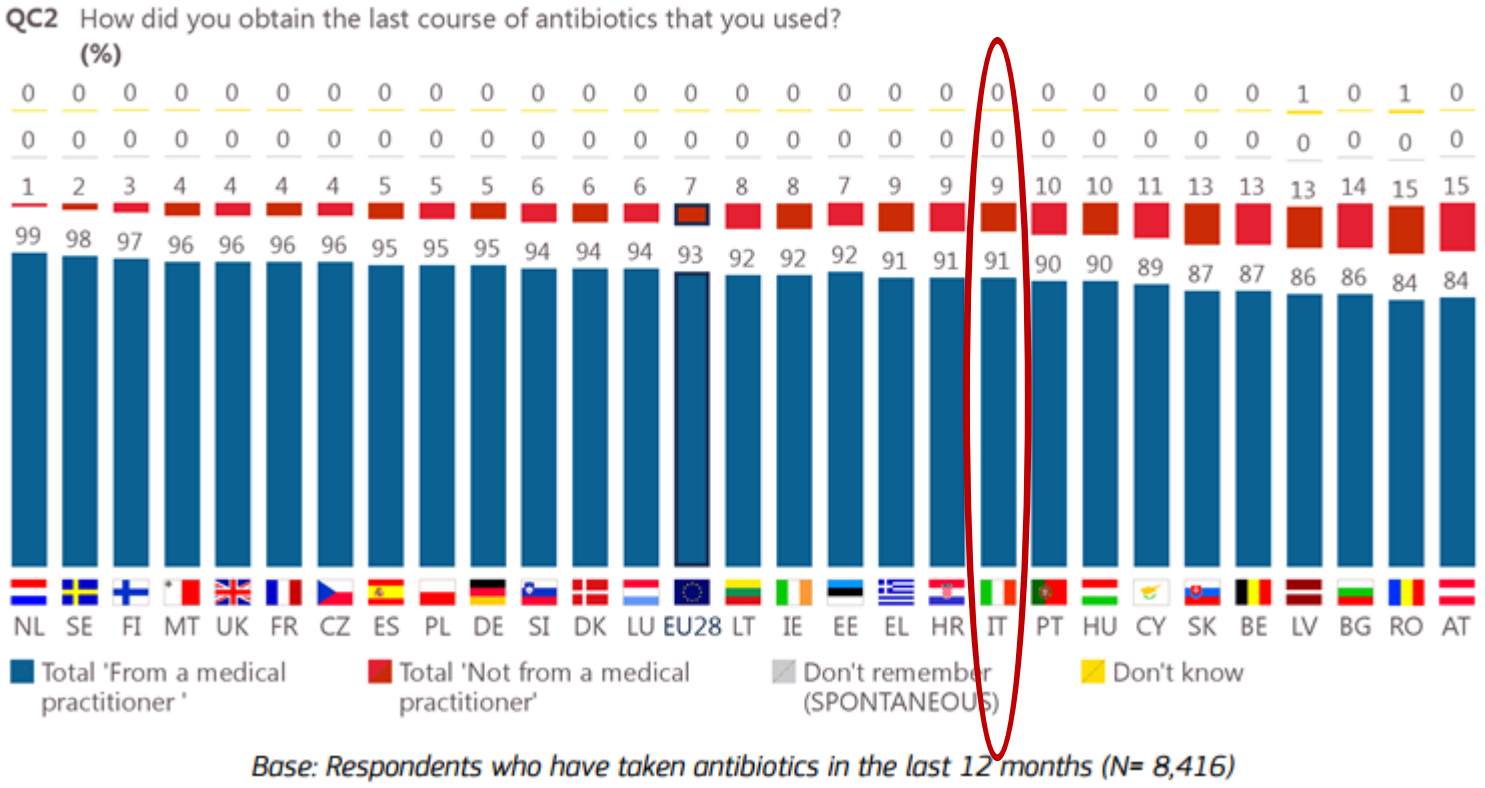


After the medical and nurse licensing the staff can access to education and training in the field of hospital hygiene and infection control on a voluntary basis; there is no binding or mandatory regulation.

2.3 Use of Antibiotics

In all italian Regions antibiotics are not available over the counter without a medical prescription.

But…from EUROBAROMETER 2018:



Base: Respondents who have taken antibiotics in the last 12 months (N= 8,416)

2.3 Use of Antibiotics

Some antibiotics (class H) are under restrinction with mandatory regulations, and their use is permitted only in health-care setting.

In Italy there is not a national antibiotic stewardship program, but in 2018 (after An ECDC country visit) was assess a national plan to contrast the antimicrobial resistance (PNCAR), the purpose of which is to assess for each Region and hospital the level reached in the fields of stewardship and infection prevention program in a One Health model.

2.4 Hygiene Personnel – Infection Preventionists

In Italy there are binding requirements for the deployment of hygiene specialists and physicians responsible for hygiene management: a specialization diploma in Hygiene and Preventive Medicine is required, or alternately equivalent titles or long-term experience in the field.

There are not binding requirements for the deployment of hygiene nurses but master course is recommended

Tasks of hospital hygienist is well defined. For hygiene specialist responsible for infection prevention and control (both nurses and physicians) the tasks are listed in the Circolare Ministeriale 52/1985.

Example: task of infection specialist nurse

- Hospital infection surveillance (data collection, periodic analysis, investigation of otbreaks).
- Education-training (refresher programs, new hires, etc.) towards the assistance staff.
- Connection between the CIO and the hospital wards (application of the control measures decided).
- Modification of the behavior of the assistance staff.

2.6 Surveillance

In Italy the surveillance of nosocomial infections (SSI, UTI, CRI, BSI, LRTI) is recommended but not mandatory.

In addiction, there are other specific surveillances (PPS, HALT,..) which are on a voluntary basis.

The nosocomial infections and pathogens are not recorded in a national record; every hospital validated annually.

Some “alarm” pathogens, as CPE, have a special monitoring and are annotated in national records.

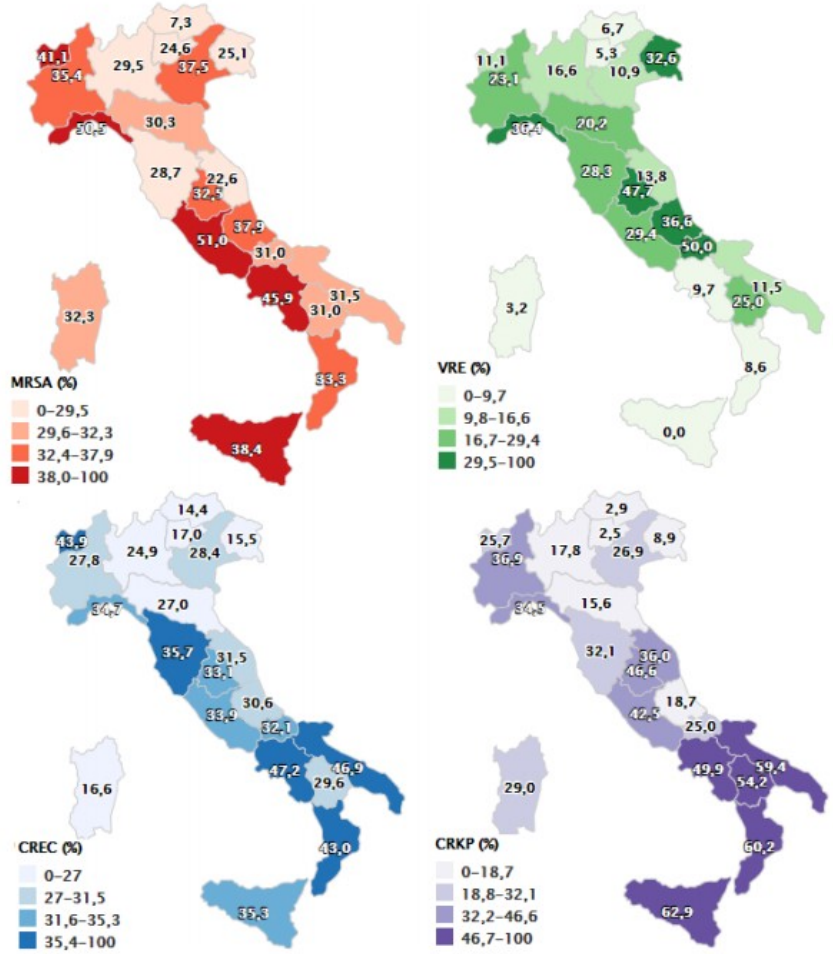
From 2017 there is a national record for the MDROs isolated from blood and liquor, called surveillance AR-ISS.

It’s not mandatory to report when patients with antibiotic-resistant pathogens are trasferred to another hospital.

At country level there are no recommendations for the preventive isolation and screening of patients from abroad.

2.6 Surveillance

Figura 2. Percentuali di resistenza delle principali combinazioni patogeno/antibiotico sotto sorveglianza per Regione, anno 2018*



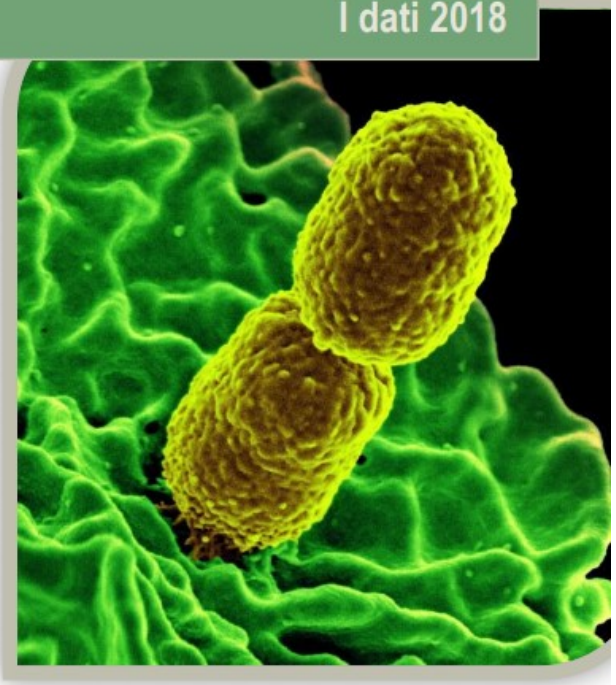
*Le classi di intensità di resistenza sono identificate in base ai quartili della distribuzione nazionale

Data AR-ISS 2018

AR-ISS, Sorveglianza nazionale dell'Antibiotico-Resistenza
I dati 2018

Tabella 1. Copertura nazionale e per Regione, Italia 2018 (dati SDO)

Regioni	Copertura (%)
Piemonte	26,7
Valle d'Aosta	86,7
Lombardia	17,5
P.A. Bolzano	72,2
P.A. Trento	81,9
Veneto	69,5
Friuli Venezia Giulia	74,3
Liguria	18,4
Emilia-Romagna	77,9
Toscana	62,9
Umbria	51,0
Marche	19,7
Lazio	19,8
Abruzzo	16,9
Molise	59,2
Campania	41,9
Puglia	15,6
Basilicata	26,5
Calabria	25,7
Sicilia	8,5
Sardegna	31,3
ITALIA	35,8

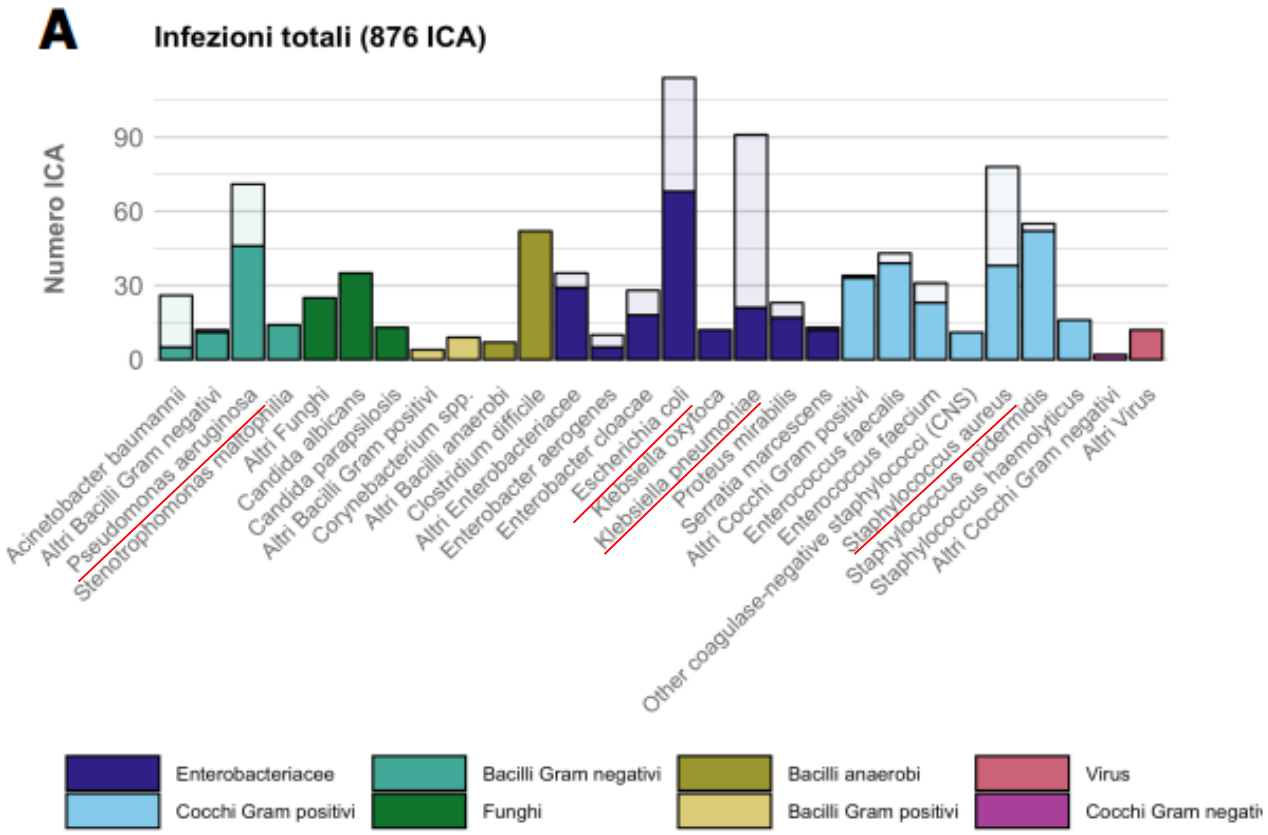


2.6 Surveillance

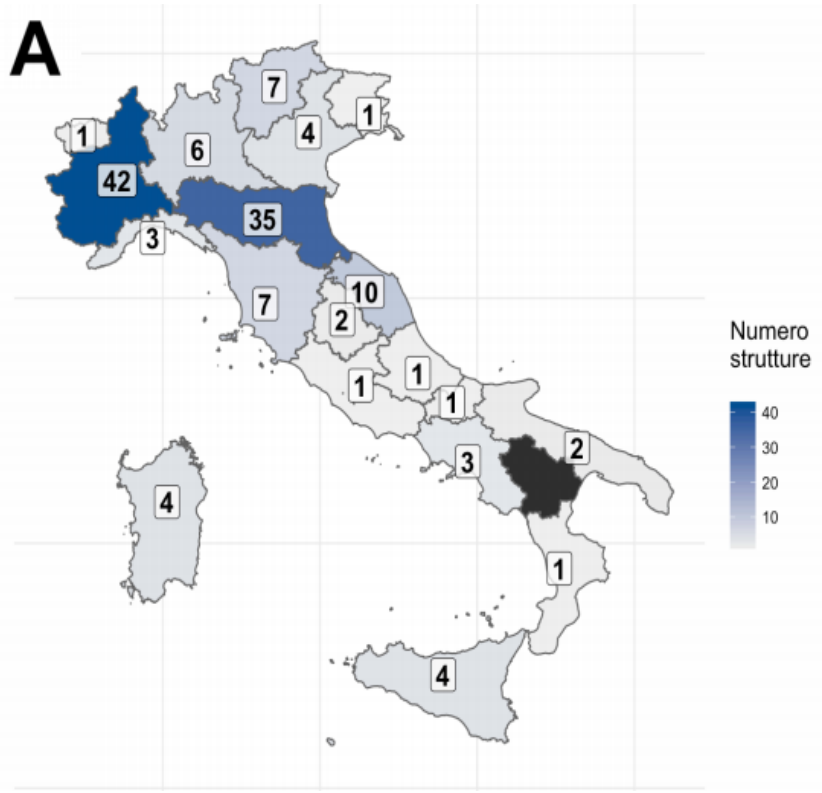
Point Prevalence Survey 2016-2017.

On the day of the study, 8% of patients had at least one HAI.

The most common nosocomial infection was LRTI (20,3%), following by BSI and CRI3 (18,3%), UTI(18%), SSI (14,4%).



PPS 2017/2018_ Most common infectious pathogens



PPS 2017/2018_Number of participating hospital by Regio

2.6 Surveillance

HALT 2016-2017.

On the day of the study, 4% of residents had at least one HAI.

The most common nosocomial infection was LRTI (36,6%), following by UTI(26%) and skin infection (15,7%).

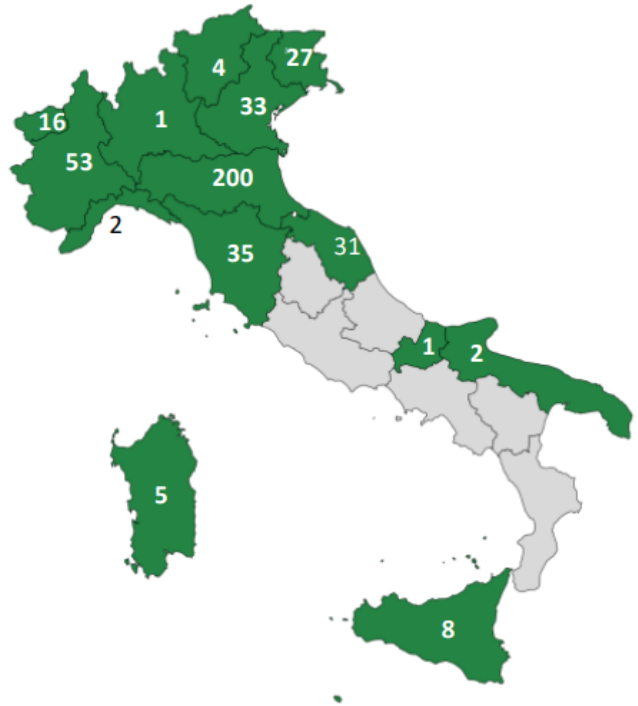
TABELLA 3. PRINCIPALI MICROORGANISMI ISOLATI

Codice microrganismo	Nome microrganismo	% Sul totale
ESCCOL	*Escherichia coli*	25,7
CLODIF	*Clostridium difficile*	13,4
PRTMIR	*Proteus mirabilis*	13,0
PSEAER	*Pseudomonas aeruginosae*	7,9
KLEPNE	*Klebsiella pneumoniae*	7,5
STAAUR	*Staphylococcus aureus*	5,9
ENCEFAE	*Enterococcus faecalis*	3,2
ACIBAU	*Acinetobacter baumanii*	2,8
MOGSPP	*Morganella species*	2,4
CANALB	*Candida albicans*	2,0

HALT 2017/2018_ Most common infectious pathogens

Strutture partecipanti

FIGURA 1. STRUTTURE PARTECIPANTI SUDDIVISE PER REGIONE



HALT 2017/2018_Number of participating LTHC by Region

2.7 Cleaning, Disinfection, Sterilisation

In Italy UNI regulations are applied for cleaning, disinfection and sterilization of medical devices; also there are also specific indications and recommendations for the reprocessing and reconditioning of medical devices.

Some examples:

UNI EN 556-1:2002
«Sterilization of medical devices - Requirements for medical devices bearing the indication "STERILE" - Requirements for terminal sterilized medical devices»

UNI/TR 11662:2016
«Reconditioning Medical Devices - Guide to Reconditioning Thermolabile Endoscopes»

UNI EN ISO 15883-3:2009
«Washing and disinfection devices - Part 3: Requirements and tests for washing and disinfection devices that use thermal disinfection for human waste containers»

2.7 Cleaning, Disinfection, Sterilisation

As regards environmental cleaning, guidelines of the scientific hospital hygiene societies (ANMDO - National Association of Doctors of the Hospital Departments) or of the SiTI (Italian Hygiene Society) are normally applied, which provides practical indications, detergent and disinfectant products and identifies systems of evaluation and process indicators.

2.9 Structural-Functional Criteria

- D.P.R. 14 gennaio 1997

- Decreto Ministeriale 2 aprile 2015 n. 70

In Italy there are laws regarding structural and functional aspects, with specific raccomandations for the costruction of surgical units, ICU, haemato-oncological wards, neo-natological wards, neurologicla early rehabilitation facilities and normal wards. In these laws is specified the number of beds /room, sm per room, bathroom/ beds, ..

2.10 Outbreak Management

At the national level surveillance and monitoring systems are set up for infectious agents that cause the most frequent outbreaks and/or epidemic episodes to promptly detect an event (ex. CPE, measles, West-Nile,..).

It is mandatory to report all cases and outbreaks sustained by microorganisms included in the notification classes of the Ministerial Decree 15.12.90

Some Regions and hospitals have updated lists of sentinel microorganisms, identified by epidemiological importance.

Not for all microorganisms there are national fixed rules for outbreak management.

The typing of identified pathogens from patient and environment is not always required: it is necessary, for examples, for Legionella pneumophila.

THANK YOU