

CRITICAL ANALYSIS OF INDIAN LAWS ON HOSPITAL ACQUIRED INFECTIONS

¹Nidhi Nair and ²Akanksha
^{1,2}Assistant Professor, Lloyd Law College

INTRODUCTION

Backiyaraj, 28, had a bloated and puffy face when he woke up one morning on September 2013. His local doctor told him that he was in need of a kidney transplant as both his kidneys had completely failed. This came as a shock to the Chennai resident who was now dependent on regular dialysis for his survival. In order to receive treatment, he summoned the courage and proceeded to Stanley Medical College Hospital. But unbeknownst to him his worst nightmare awaited there.

He used to visit the hospital for his regular dialysis. His mother was listed as a healthy donor and when he was finally ready for the transplant surgery, the results of his blood testing indicated that he had the Hepatitis C virus, or HCV, which can cause severe liver problems. It was found out that he had contracted it through the hospital's tainted dialysis equipment. The transplant surgery had to be postponed so that Backiyaraj could be treated for these newly detected diseases. The delay in the transplant operation due to his treatment for the virus turned to be very costly for him as overtime his mother became unfit as a donor due to age related ailments. Backiyaraj did not only get affected by a deadly virus but he also lost the opportunity to have a healthy kidney, due to negligence on part of the hospital to adhere to basic sanitation protocol.

Backiyaraj's story is not an isolated incident of such kind, in fact he was one among the 16 patients infected with HPV in the same hospital during their treatment. The Madras High Court awarded the 16 patients interim compensation of 5 lakh and set up a committee to award compensation in the case which is pending to be closed since the state government has not designated a pleader to represent the hospital in the case, it is currently facing closure.¹

Globally, hospital acquired infections are now a major source of concern. In India there is an increasing trend in Hospital Acquired Infection (HAI) or Nosocomial Diseases in over the last decade. The Stanley Hospital incident reflects how the common citizen in India are at the risk of suffering terminal diseases due to being subjected to substandard healthcare.

The question that naturally arises in this scenario is that whether there exists an enforcement mechanism to ensure that the Hospital administration is following the protocol necessary to prevent spreading of infections.

Hospital Acquired Infections

Hospital-acquired infections (HAIs) or Nosocomial Diseases are the viral, bacterial, or fungal infections or other uncommon pathogenic illnesses that individuals contract while undergoing surgery or obtaining medical treatment in a hospital, which were not present at the time of their admission². This definition is not restricted to diseases that are caused while in admission but also include those infections that occur after discharge.³ Often the victims of such infections are not just the patients admitted but also the staff working at the healthcare facility. The

¹ Zubeda Hamid (2014, November 8), Patients probably contracted hepatitis C at Stanley Hospital: Report. The Hindu. <https://www.thehindu.com/news/cities/chennai/patients-probably-contracted-hepatitis-c-at-stanley-hospital-report/article6578634.ece>

² Giulia Fadda, et al, Healthcare associated infections, Higher Institute of Health,ISS-Epicentro. [(accessed on 28 February 2022)]. <https://www.epicentro.iss.it/infezioni-correlate/>.

³ World Health Organization. (2002). Prevention of hospital-acquired infections : a practical guide / editors : G. Ducl, J. Fabry and L. Nicolle, 2nd. ed. World Health Organization. <https://apps.who.int/iris/handle/10665/67350>

International Journal of Applied Engineering & Technology

European Centre for Disease Prevention and Control (ECDC) defines HAIs an infection occurring within 48 hrs. of hospital admission and within three days of discharge.⁴

The infection spreads through infective agents that may either be endogenous or exogenous. Endogenous sources include skin, nose, throat, mouth, intestines, tissues and infected sites. Exogenous sources include fluids in nebulizer or humidifier, needles and syringes, infected persons beddings etc.

It was observed that an average of 0.08-8% of patients admitted in hospitals or other healthcare facilities develop some category of HAI. These figures were recorded as high as 10% - 30% at some times. The highest number of HAI occurred among the critically ill patients especially amongst the patients subjected to invasive procedure and those who are immuno-compromised.⁵

RESEARCH METHODOLOGY

The purpose of this paper is to analyze the increasing cases of Hospital Acquired Infections and identify the existing legal mechanism available in India to prevent and control the spread of such infections. In this study the researchers have identified the root cause of the spread of Hospital Acquired Infections, and the inadequacies in the legal system that are unable to hold hospital administration liable for severe malpractice. The spread of such infections can be attributed to the lack of proper adherence to sanitation protocol and the unwillingness of hospital administration to prevent spread of such infections.

Research question

1. Whether Hospital Administration is responsible for occurrence of HAIs?
2. Whether there is a constitutional duty on the state to legislate on HAIs?

Research method

The Doctrinal method of research is used in this paper. Primary and Secondary literature available on the topic were consulted in order to support researcher's work. The researchers have collected and synthesized information from a variety of sources, including academic journals, industry publications, and online sources, to provide an overview of the current state of knowledge on the hospital acquired infections and the existing legal control mechanism. This approach involved systematic reviewing and analysis of existing research to identify gaps in the literature and opportunities for future research.

TYPES OF HOSPITAL ACQUIRED INFECTIONS⁶

After understanding what HAIs are, it is important to understand its different types.

- **Catheter Associated Urinary Tract Infections (CAUTIs)**

Catheters are tubes that used to drain out urine from the bladder of patients. These tubes are generally used after surgeries so the patient can easily pass urine. Since the catheter is inserted through urethra it can pick up bacteria

⁴ Zarb P, Coignard B, Griskeviciene J, Muller A, Vankerckhoven V, Weist K, Goossens MM, Vaerenberg S, Hopkins S, Catry B, Monnet DL, Goossens H, Suetens C, National Contact Points for the ECDC pilot point prevalence survey, Hospital Contact Points for the ECDC pilot point prevalence survey. The European

Centre for Disease Prevention and Control (ECDC) pilot point prevalence survey of healthcare-associated infections and antimicrobial use. Euro Surveill. 2012;17(46):pii=20316. Available online: <https://www.eurosurveillance.org/images/dynamic/ee/v17n46/art20316.pdf>

⁵Hospital Infection Control Committee All India Institute Of Medical Sciences, Raipur, Hospital Infection Control Manual Hospital Infection Control Manual 2019 Version 2.0, <https://www.aiimsraipur.edu.in/pdf/Hospital-Infection-Control-Manual-AIIMS-Raipur2019.pdf>

⁶Healthcare-Associated Infections (HAIs), Centers for Disease Control and Prevention, <https://www.cdc.gov/hai/infectiontypes.html>

which may get transferred to another patient causing urinary tract infection (UTI). This infection can affect a patient's urethra, bladder, ureters, and kidneys.

- **Central Line Associated Bloodstream Infections (CLABSIs)**

A central line is a tube inserted into a large blood vessel in the chest, arm, neck or groin of a patient. The tube's tip is positioned close to the patient's heart. Fluid administration, body fluid assessment, and medication administration all use central lines. A central line can become infected if it is not properly inserted or cared for because bacteria can enter the tube and enter the blood. Serious infections called CLABSIs can lengthen a patient's hospital stay, raise the expense of their care, and possibly result in death.

- **Hospital-onset (HO) Methicillin Resistant *Staphylococcus aureus* (MRSA) bacteremia**

MRSA is an antibiotic resistant bacterium. The presence of this bacteria in the blood can cause serious infections due to its nature. Medical staff members' contaminated hands, contaminated devices inserted into patients' bodies, and contact with infected wounds are all ways that MRSA can spread in a hospital setting.

- **Surgical Site Infections (SSIs)**

A surgical site infection (SSI) is an infection that appears on the area operated on. Surgery leads to a vulnerable immune system, infection on the surgical site may affect skin, or in other severe cases may affect the tissues under the skin, organs, or implanted object.

- **Ventilator-associated Pneumonia (lung infection)**

When a patient needs assistance in breathing his throat is prepared for a device called an endotracheal tube. The ventilator, a breathing apparatus, is subsequently connected to the tube. Bacteria and other pathogens have the ability to enter the lungs through this pathway. If the bacteria start to multiply, an infection that can cause pneumonia in the patient can form. The term "ventilator-associated pneumonias" refers to these lung infections.

FACTORS CONTRIBUTING TO OCCURRENCE OF HAIs

HAI may be contracted by a patient due many factors. A patient's weak immunity, the nature of environment or surroundings and microbial resistance due to over use of antimicrobial.

Few of these factors that are listed below :-

- Infected or contaminated medical equipments, and tools
- Improper use and maintenance catheters and ventilators
- Lack of proper usage of protection measures by healthcare professionals and patients.
- Contaminated air conditioning systems
- Insufficient staff in comparison to the patients admitted.
- Improper sterilization and disinfection practices
- Reusing syringes and needles

The patient may suffer when a healthcare professional neglects their role, whether it's from inattentiveness or subpar maintenance procedures. Particularly if they are not treated promptly, HAIs can spread swiftly and pose serious health hazards.

EXISTING CONTROL MECHANISM TO REDUCE HAI

AIIMS Delhi has initiated an “Infection Control Policy” at AIIMS Hospital under which an Infection Control Committee (HICC) has been set up to examine the sources of HAI and further to minimize the occurrence of such diseases through implementation of proper protocol.⁷

Additionally, AIIMS has launched a program called Surveillance, which is a methodical approach to gathering, analyzing, and interpreting health data that is crucial for the development, execution, and assessment of public health practices. This program is closely linked to the timely distribution of these data to those who require them in order to take appropriate action to lower morbidity and mortality and enhance overall health. The process of surveillance is data-driven and involves gathering, analyzing, disseminating, implementing, and evaluating the appropriate data in the appropriate format to the appropriate people at the appropriate time and location.

WHETHER HOSPITAL ADMINISTRATION IS RESPONSIBLE FOR HAI?

Patients come to the hospitals with hope and expectations to get treatment for their illness and diseases. However, it becomes counterproductive if the patients who come to the hospitals to get treated, further get infected due to the conditions prevailing in the hospital. Hospital Acquired infection have become a big problem in the area of patient’s care. The various kinds of HAI have been discussed previously. This leads to increasing the cost on healthcare, increased duration of stay in the hospitals, lowering the immunity of the patient as well as other physical issues.

The occurrence of HAI is dependent on a lot of things including the age of the patient, the duration of stay of the patient in the hospital, the frequency of hospital visits by that person, the immunity of the person etc. however these are the personal factors of a person. There are several other factors for the causing of HAI which are within the control of the Hospital and its administrative department.⁸

Few of those factors have been listed below.

Sanitation and Hygienic Conditions

According to the National Guidelines for Clean Hospitals the hospitals are required to maintain a hygienic and sanitary environment for its patients. Due to lack of hygienic conditions and non-compliance of protocols imposed on the hospitals, there has been a rise in HAIs. The conditions of hospitals in India are deteriorating day by day. Most government hospitals are in terrible condition, the protocols and norms governing the sanitation conditions of the hospitals are not been followed. Many instances have been reported which support this.

For instance, in the Ursala Hospital (one of the biggest government hospitals in Moradabad, UP) when the patients were asked about their two day stay in the hospital they said “Sanitation workers do not change the bed sheets, patients have to sleep on dirty and stained sheets. They clean the room once in every two or three days and charge every patient for cleaning their room.”

Poor facilities, filthy surroundings, and mountains of trash can be found within the grounds of the Guru Nanak Government Hospital in Amritsar, Punjab. Since the beds and stretchers are broken, patients sit on the ward floors. It is found that hospital staff members spit everywhere on the grounds, making it harmful for the ailing patients.⁹

⁷ Dr. Joy Sarojini Michael, Dr. Hema Paul, Hospital Infection Control Guidelines, https://main.icmr.nic.in/sites/default/files/guidelines/Hospital_Infection_control_guidelines.pdf

⁸ Barbara Russell, Nosocomial Infections, , The American Journal of Nursing, Vol. 99, No. 6 (Jun., 1999), pp. 24J-24P (7 pages), <https://www.jstor.org/stable/3472136>

⁹ Amritsar: Poor medical facilities, lack of sanitation in Guru Nanak Government Hospital, Last Updated: June 19, 2019, <https://www.aninews.in/news/national/general-news/amritsar-poor-medical-facilities-lack-of-sanitation-in-guru-nanak-government-hospital20190619201432/>

International Journal of Applied Engineering & Technology

The sanitation conditions in a hospital are maintained by the staff of the hospital. The hospitals are responsible in allocating their staff for the maintenance of clean and hygienic conditions for the patients and in turn play a very important role in the prevention or occurrence of nosocomial infections. The resources should be used in such a way that there is optimum patient care.¹⁰

Hospitals have a responsibility to prevent and control hospital-acquired infections (HAIs) to the best of their abilities. While it is impossible to completely eliminate the risk of infection in a hospital setting, hospitals are expected to take all reasonable measures to minimize the risk of transmission of infections from one patient to another.¹¹

Antimicrobial Resistance

India is facing the worst antimicrobial resistance of all times. The patients are consuming antibiotics even when it is not required. This leads to development of antibiotic resistance in them. Once a person has resistance towards antibiotics, this will result in less efficiency of antibiotics in that patient's body when he actually requires it. Such a scenario is often created as the hospitals give the patients to consume antibiotics when they want to cover up an infection which is caused to the patient due to hospital conditions.¹²

Another problem caused due to antibiotic resistance in the spread of nosocomial diseases is that when a person has developed antibiotic resistance and he catches any infection from the hospital then it worsens up his condition more due to the resistance against medicines in his body. This condition might sometimes lead to causing his death as well.

APPLICABLE LAWS

There are many laws in India which impose an obligation on the hospitals to take care of the sanitary conditions of the hospitals in order to prevent the nosocomial diseases

Some laws from Global as well as National level are listed below:

- International Health Regulations, 2005
- United Nations Sustainable Development Goals emphasis on safe water, sanitation and hygiene (WASH)
- World Alliance for Patient Safety
- WHO Patient Safety Programme
- Regional Strategy for Patient Safety (2016–2025),
- WHO South-East Asia Region
- WHO Guidelines on Core Components of Infection Control Programmes

National Initiatives

- Biomedical Waste Management Rules in 1998 (revised in 2016 and 2018) by Ministry of Environment and Forests

¹⁰ Manoj V Murhekar and CP Girish Kumar, Health-care-associated infection surveillance in India, [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(22\)00317-5/fulltext#back-bib2](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00317-5/fulltext#back-bib2)

¹¹ Katherine L. Kahn, Peter Mendel, Kristin J. Leuschner, Liisa Hiatt, Elizabeth M. Gall, Sari Siegel, Daniel A. Weinberg, The National Response for Preventing Healthcare-associated Infections: Research and Adoption of Prevention Practices, <https://www.jstor.org/stable/24465792>

¹² Banjot Kaur, (2022, Nov 24) *India Needs to Work on Hospital-Acquired Infections to Reduce Antimicrobial Resistance*, The Wire, <https://thewire.in/health/india-tertiary-hospital-acquired-infection-antimicrobial-resistance>

- The “Kayakalp” programme by the Government of India, 2015
- National Guidelines on Clean Hospitals (Swacchhta Guidelines), 2015
- National Quality Assurance Standards for Public Health Facilities, 2017
- National Patient Safety Implementation Framework, 2018–2025

LAWS GOVERNING THE USE OF ANTIBIOTICS

Providers have an obligation to warn the patient or family if they have suffered harm or have come into contact with someone who poses a risk of suffering harm. Hospital policies must be provided to guide the disclosure of patient identifiable health information to regulatory authorities, accrediting bodies, or other governmental organisations when mistakes have been made or when there is a chance of harm. It is important to raise awareness of the potential legal repercussions of HAI.

In spite of having laws, policy as well as properly laid out standards the hospitals compliance is not very high with these protocols.

We can therefore say that hospital administration has a role to play in the increasing of HAI.

IS THERE A CONSTITUTIONAL DUTY ON THE STATE TO LEGISLATE ON HAIS?

Existing Laws against Hospital Acquired Diseases

The hospitals have a legal duty towards their patients to take proper care of them, it is important that they use a standard degree of skill as well as care while dealing with their patients which is expected out of a prudent medical practitioner.

Medical Negligence

Infections acquired through hospitals are a form of medical negligence. There are various duties which have been imposed on the medical professionals as well as on the hospitals. In case they are unable to perform their duties or act negligently, it would be considered as a case of medical negligence.

Presently there are many laws which take within their ambit the offence of Medical Negligence and provide punishment for it.

Several provisions of The Indian Penal Code which could be applicable in case of HAIs includes:

- Causing Death by Negligence- Section 304A IPC
- Causing Hurt by Act Endangering Life or Personal Safety of Others: Section 337 IPC
- Causing Grievous Hurt by Act Endangering Life or Personal Safety of Others: Section 338 IPC
- Negligent Act Likely to Spread Infection of Disease Dangerous to Life: Section 269 IPC
- Malignant Act Likely to Spread Infection of Disease Dangerous to Life: Section 270 IPC
- The rules for the Management of Waste of Hazardous nature.
- Hazardous Waste Management Rules¹³ are informed to guarantee that hazardous waste is handled, generated, processed, treated, packaged, stored, transported, used again, collected, converted, and offered for sale. It is also destroyed and disposed of safely..

The accused can also be liable for a Civil Liability, If the aggrieved person contact the consumer forums, there would be civil liability, i.e., monetary reparation also against the specialists as well as hospitals. Dependents of

¹³ Hazardous and other Wastes (Management & Transboundary Movement) Rules, 2016

International Journal of Applied Engineering & Technology

the deceased patient or the patient himself (if alive) may file a lawsuit to seek civil liability against the negligent medical provider in order to recover damages.

A complainant seeking relief in relation to services "in a hospital or dispensary" that are considered to be "public utility services" within the meaning thereof may also knock on the doors of permanent Lok Adalat, established in accordance with the Legal Services Authority Act, 1987, wherein first a conciliation is attempted and then a merits determination is made. Permanent Lok Adalat are given authority comparable to that of a civil court in certain circumstances (such as summoning and requiring the attendance of witnesses) and are allowed to hear cases up to one crore rupees.

Apart from this The Indian Medical Council (IMC) (Professional Conduct, Etiquette, and Ethics) Regulations, 2002, made under the IMC Act, 1956, govern professional misconduct by medical professionals.¹⁴ The Medical Council of India (MCI) and the relevant State Medical Councils are authorised to take disciplinary action, which may result in the practitioner's name being permanently removed or suspended.

LIMITATIONS OF THE EXISTING LAW

The present law on medical negligence does not take within its scope the issue of Hospital Acquired Infections. As discussed above, a duty is imposed on the medical professionals to follow a standard of care towards their patients. In case they do not do so, they would be liable for causing medical negligence in case damage is caused to any person due to such negligence.

Hospital Acquired Infections, as discussed before are caused due to many things and largely because of the sanitation conditions of the hospital administration.

The problem with the present law is that it is very easy for the hospitals to evade it, which means that the hospitals can very easily escape the liability by taking advantage of the loophole in the legislative structure.

For instance, when a person acquires a nosocomial disease due to the conditions or the quality of treatment given to the patient or the condition and sanitation of the equipment used on the patients throughout his treatment, in that case the hospital can just mold the circumstances and tell the patient that such infections have been caused due to his underlying condition and very easily hide the fault of the hospital in causing of such infections.

The Hospitals make the patients sign "no liability of hospital" clause before going in form the treatment which results in making it very difficult to make the hospitals responsible for nosocomial infections.¹⁵

Also, the hospitals many times do not report the occurrence of the nosocomial infections which happen due to the treatment of their hospital. This ultimately leads to them escaping the liability of causing hardship of its patients.

As already discussed, that there are many laws which govern the working of a hospitals along with taking care about the environment which is being offered to a patient in it. According to them, the hospital administration have to maintain a certain basic level of care towards the patient, however there are no strong legal remedy which the person can use against the hospital administration and it is very easy for the hospital to mold the entire situation in their favour to the disadvantage of the aggrieved person.

¹⁴ Jehangir B. Gai, (2014, Mar 24), *Hospital responsible for infection acquired during hospitalization*, The Times of India, <https://timesofindia.indiatimes.com/city/mumbai/hospital-responsible-for-infection-acquired-during-hospitalization/articleshow/32580144.cms>

¹⁵ Sacopulos M, Segal JJ. Limiting exposure to medical malpractice claims and defamatory cyber postings via patient contracts. *Clin Orthop Relat Res.* 2009 Feb;467(2):427-33, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2628519/>

International Journal of Applied Engineering & Technology

The present legislations which are governing the entire area of Medical Negligence as well as the protocols on the hospitals which are supposed to prevent infections acquired from hospitals, have a big lacuna and the hospitals are taking advantage of that.

When the legislation is not strong enough to control a particular adversity, it grows and spreads. As can be seen from the above facts that the occurrence of HAIs are increasing, it is due to the lack of proper legislation. This has also been felt in various case laws when the courts were presented with the case of HAIs and due to the lack of proper legislation or control of it, the remedy could not be provided.

The role of Supreme Court in providing protection to Right to Health is noteworthy in the following case:

Dr. K.K. Sharma vs Fortis Hospital (2010) ¹⁶

In this case a person was admitted to a hospital in India after an accident. 46 days after the accident, it was noticed that he had developed a pus in brain, lungs and other organs of the body. He succumbed to these infections and the injury caused by the accident. The post-mortem report lists a head injury and septicemic shock as the causes of death. The complainant asserted that this septicemic shock, which has a very high fatality rate, is most frequently brought on by infections caused by gram-negative bacteria (also known as Rods), such as E. coli, Klebsiella, Proteus, and Pseudomonas.

However, due to lack of evidence to prove that the condition of the patient was aggravated due to the infection caused to him due to the conditions in which he was kept in the hospital, the claim of the deceased could not stand before the court.

WHETHER STATE HAS AN OBLIGATION TOWARDS ENSURING CONTROL OF HOSPITAL ACQUIRED DISEASES?

The obligation of the State to ensure prevention and control of HAIs emanate from the Right to Health. In the case of ***Bandhua Mukti Morcha v. Union of India (1984)***¹⁷ it was held that

“It is the fundamental right of everyone in this country, assured under the interpretation given to Article 21 by this Court in Francis Mullen’s Case, to live with human dignity, free from exploitation. This right to live with human dignity enshrined in Article 21 derives its life breath from the Directive Principles of State Policy and particularly clauses (e) and (f) of Article 39 and Articles 41 and 42 and at the least, therefore, it must include protection of the health and strength of workers, men and women, and of the tender age of children against abuse, opportunities and facilities for children to develop in a healthy manner and in conditions of freedom and dignity, educational facilities, just and humane conditions of work and maternity relief.”

The Apex Court has time and again recognized the obligation upon the healthcare professionals to extend their services with proper expertise required for protecting the life of their patients.¹⁸

Since right to health is a fundamental right under *Article 21* of the Constitution the State has a duty to protect this right. Under the directive principles health and well being of citizens have been recognized as the goals of the State. *Article 39(e)* imposes a duty on the State to secure health and strength of workers, men and women, and the tender age of children. Further *Article 41* provides that the State shall, aim to secure public assistance to the to those who are incapable of maintaining themselves.

Article 42 provides the duty upon the state to ensure health of Mother and child through provision of maternity leave. In addition to this *Article 47* marks the primary duty upon the state to enhance public health by improving living standard and nutrition.

¹⁶ (NCDRC) 2010(1) C.P.J.

¹⁷ 1984 AIR 802

¹⁸ Parmanand Katara v Union of India AIR 1989 S.C. 2039,

International Journal of Applied Engineering & Technology

Health as a human right has been recognized by the World Health Organisation and providing quality healthcare is a basic duty of the State towards its citizens. As the Indian Supreme Court has recognized Right to Health fundamental right under *Article 21*, the State has a Constitutional duty to device mechanism which would ensure better administrative capacity in the hospitals to control Hospital Acquired diseases.

According to the Supreme Court, "life" under Article 21 refers to a humane life, not just an animal's survival or existence.¹⁹ Right to life has many other rights within its ambit; Right to Health is just a branch of the broader tree that is Right to life. The aforementioned directive principles of state policy should always be read in conjunction with Article 21 in order to fully understand the nature of the state's obligation in this regard.

It is therefore the duty of the state that the executive power of that state shall be exercised in a manner so as to ensure that the laws that are enacted are properly implemented and remain effective.²⁰ Therefore it is a duty on the state to enact laws or give directions aimed at controlling the rate of HAIs.

INTERNATIONAL CONVENTIONS ON RIGHT TO HEALTH

India is a signatory to various international Conventions, Treaties and Declarations that acknowledge certain aspects of right to health and quality healthcare as an essential human right that the signatory countries must ensure. Following are few among the many International Conventions that establishes right to health as a basic right:

1. *Universal Declaration of Human Rights, 1948*: Article 25 of the UDHR provides that every person has a right to health and well being which also includes access to medical care.
2. *International Covenant on Economic, Social and Cultural Right*: Article 12 of the covenant recognizes the responsibility of the parties to the covenant to ensure that every person within the State to be able to enjoy the highest standards of mental and physical health. It further recognizes the need to ensure better environmental and industrial hygiene. The duty of the state is further elaborated by providing that it must prevention and control of epidemic, endemic, occupational diseases and other diseases.
3. *International Convention on the Elimination of All Forms of Racial Discrimination, 1965*: The state parties shall guarantee access to quality healthcare to all persons without making any distinction as to their race, ethnicity or nationality as per Article 5.
4. *Convention on the Elimination of All Forms of Discrimination against Women, 1979*: The party state are required to ensure equal access to healthcare to men and woman without being subjected to any gender discrimination as provided under Article 12 of the Convention.
5. *Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal, 1989*: Article 4 of the convention puts an obligation on the state to ensure that disposal of hazardous waste is done in a manner so as to ensure the least harm to human health through the pollution it may generate.
6. *Geneva Convention (III) Relative to the Treatment of Prisoners of War, 1949*: Article 29 of the convention establishes the need for maintaining proper hygiene in areas where prisoners are detained so as to ensure prevention of epidemic. It further provides that water and soap must be provided to prisoners to ensure better sanitary conditions.

India is a signatory to all of the aforementioned Conventions but has not been successful in implementing the obligations undertaken in them. There are no laws or uniform protocols that are applicable to Hospital administration so as to ensure better sanitary conditions or prevention of infections that may be contracted from hospitals itself. During the COVID pandemic a common protocol was issued by the Central Government to

¹⁹ Francis Coralie Mullin vs The Administrator, Union Territory of Delhi AIR 1981 746

²⁰ Art 256, Indian Constitution

International Journal of Applied Engineering & Technology

control the spread of the virus, even in those circumstances the healthcare professionals and individuals who frequented the hospitals were the biggest victims of the virus. This clearly reflects the need for proper uniform code on the procedure that is to be followed by the hospital administration and staff in order to control the dissemination of diseases within the hospital compounds.

THE WAY FORWARD

There are several steps that can be taken to improve the sanitation and hygiene practices in Indian hospitals and reduce the incidence of hospital-acquired infections (HAIs). Here are some suggestions:

1. **Increase resources and infrastructure:** Hospitals need adequate resources and infrastructure to support proper sanitation and hygiene practices. This includes sufficient supplies of water, soap, disinfectants, and personal protective equipment, as well as proper waste management systems. Many Indian government hospitals are underfunded and are plagued absentee staff and ill equipped professionals. The COVID 19 pandemic had exposed this inherent issue with the infrastructure of Indian Healthcare system. One must reconsider the basic infrastructural requirements of a Hospital an assure maintenance of high standards in this area
2. **Education and training:** Healthcare workers need to be educated and trained on infection prevention and control measures, including hand hygiene practices, appropriate use of personal protective equipment, and proper cleaning and disinfection procedures. There must be supervision and control over disposal of used medical equipment like syringe, so as to prevent re-use.
3. **Oversight and enforcement, establishment of Medical Ombudsman:** There is need for establishment of an autonomous institution to ensure better oversight and enforcement of infection control guidelines, with regular monitoring and feedback provided to healthcare facilities to ensure they are adhering to the standards. It is recommended that every hospital must have one unit of the institution solely responsible for ensuring enforcement of infection control.

Further a Medical Ombudsman must be established who must be empowered conduct investigation and inquiry into the allegations made by the patient to assure better accountability. The Medical Ombudsman must be given the power to initiate criminal case against the Hospital administration which has failed to meet the standards prescribed for ensuring control of Hospital Acquired Infections

4. **Patient engagement:** Promoting infection prevention and control measures can be greatly aided by patients and their families. In order to help patients and their families understand the value of hand cleanliness, the use of personal protective equipment, and other infection control measures, hospitals can offer education and resources.
5. **Collaboration and partnership:** Collaboration and partnership between healthcare facilities, government agencies, and other stakeholders can help to promote best practices and share knowledge and resources.

Overall, improving sanitation and hygiene practices in hospitals requires a multi-faceted approach that involves education and training, adequate resources and infrastructure, oversight and enforcement, patient engagement, and collaboration and partnership. By taking these steps, it is possible to reduce the incidence of HAIs and improve patient safety in healthcare facilities.

CONCLUSION

Patients are entitled to treatment from healthcare practitioners under the law. The healthcare practitioners are duty bound to operate in the patients' best interests and must exert the level of care and expertise that would be expected of a normal and cautious practitioner. In a similar vein, healthcare institutions ought to offer a secure setting for patients so as to shield them from danger while they are undergoing treatment. The organizations have

International Journal of Applied Engineering & Technology

a twin responsibility to establish uniform guidelines for enhancing patient safety and to monitor the compliance of the medical professionals with systems, protocols, policies, and procedures.

According to latest evidence on disease virulence, transmission channels, and important control strategies, healthcare organisations should have standard updated well-documented practices for infection prevention. Infection prevention standards and suggestions abound, and if they are not followed, the required level of care has not been met. Even a court of law searches for rules before comparing whether they have been adhered to or not. The Infection Control Committee can improve patient safety and HAI prevention by properly informing the healthcare professionals about the lawsuit summary.

Providers have a responsibility to inform the patient or family if they have been harmed or are at danger of harm. When errors have been made or there is a possibility of harm, hospital policies must be offered to direct the disclosure of patient identifiable health information to regulatory authorities, accrediting bodies, or other governmental organizations. It is important to raise awareness of the potential legal repercussions of HAI.