



Infection Prevention and Control Standard Intents

IPC.1 Hospital leaders support an infection prevention and control program.

- IPC.1.1 Hospital leaders allocate adequate resources such as equipment and supplies for the support of the infection prevention and control program.
- IPC.1.2 Information management system supports the infection prevention and control program.
- IPC.1.3 When some infection prevention and control functions are outsourced (e.g., sterilization or laundry), the hospital provides oversight and management of the contract through the process described in the “Leadership” chapter in this manual.

Standard Intent:

Effective implementation of an infection prevention and control program requires the leaders of the hospital to ensure that the program has adequate resources to be effectively carried out. The program must be managed by adequate staff to meet the program goals and the needs of the hospital. The infection prevention and control program requires resources to provide education to all staff, equipment, and supplies, such as alcohol hand rubs for hand hygiene, surface disinfectant, availability of internet...etc. Information management systems are important resources to support the tracking of risks, rates, and trends in health care-associated infections. Information management functions support data analysis, interpretation, and presentation of findings. The hospital leaders should provide evidence for oversight and management of outsourced service contract.

IPC.2 There is a qualified professional responsible for directing the infection prevention and control program.

- IPC.2.1 The infection prevention and control Program is supervised by a healthcare professional qualified by education, training and experience.
- IPC.2.2 The supervisor of the infection prevention and control program reports to the hospital leadership.
- IPC.2.3 The supervisor of the infection prevention and control program is responsible for managing and strategizing the infection prevention and control program, including:
 - IPC.2.3.1 Developing the annual infection prevention and control plan and assuring its implementation.
 - IPC.2.3.2 Reviewing the daily activities of the structure responsible for infection prevention and control (e.g., infection prevention and control department or team).
 - IPC.2.3.3 Ensuring coordination of all aspects of the infection prevention and control activities.



IPC.2.3.4 Ensuring effective implementation of infection prevention and control policies.

IPC.2.3.5 Ensuring that healthcare associated infection surveillance is conducted in a systematic manner.

IPC.2.3.6 Providing ongoing consultation to all hospital departments.

Standard Intent:

Infection prevention and control activities should be overseen by one or more persons who should be qualified in infection prevention and control practices through education, training, experience, or certification. This qualified staff should directly report to higher administrative authority to ensure the presence of an independent administrative unit that oversees IC issues in the whole institution. The person fulfills program oversight responsibilities as per standard requirements that should be described within the job description.

IPC.3 The hospital has an infection prevention and control structure (e.g., department, team) with adequate qualified staff, based on its size, level of risks, and program scope and complexity.

IPC.3.1 At least one full time infection prevention and control practitioner is assigned per hundred beds (including emergency beds, dental chairs, day case, dialysis and others).

IPC.3.1.1 An additional ratio of one infection prevention and control practitioner per thirty intensive care beds is considered where ventilation and hemodynamic monitoring are routinely performed.

IPC.3.1.2 An additional ratio of one infection prevention and control practitioner per one hundred twenty patients dialyzed per day.

IPC.3.2 The infection prevention and control practitioners are qualified in infection prevention and control practices by education (physician, registered nurse, or certified professional in infection prevention and control), training or experience.

IPC.3.3 The infection prevention and control practitioners acquire and maintain current knowledge and skills in the field of infection prevention and control and epidemiology.

Standard Intent:

The infection prevention and control program should be appropriate to the hospital's size, level of risks, complexity of activities, and the program's scope. One or more Infection Prevention and Control Practitioner(s), working on a full-time basis as per standard requirements, should oversee the infection control program as part of their assigned responsibilities in the job descriptions. Their qualifications depend on the activities they will carry out and should be met through education; training; experience; and certification. The hospital should provide a continuous medical education program