

STANDARDS

- 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.
- 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.
- 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.