



disease transmission. For proper management of outbreak, the hospital should consider the following:

1. Develop policy and procedure for investigation and management of outbreak
 2. Formation of an outbreak team that is led by IPC Team.
 3. Identification of outbreak, establish a case definition and search for additional cases.
 4. Determining the steps of an outbreak investigation and implement of infection prevention & control measures.
 5. Monitor and evaluate the control measures.
 6. Documentation of all activities of outbreak team in ICC meetings minutes.
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IPC.12 The hospital implements a comprehensive program for preventing and managing sharp injuries.

IPC.12.1 There is a policy and procedure that addresses handling of sharps.

IPC.12.2 Needles are not bent, broken, or recapped except in special and approved circumstances (if recapping is necessary, the "scoop method" is used).

Standard Intent:

To prevent sharp injuries with healthcare workers' exposure to blood borne infections, the hospital should have a defined system to prevent sharp injuries and ensure proper handling of sharps. Handling sharps, their use and disposal within the hospital should be practiced according to written policy and procedure. Hospital staff should have the knowledge and skills on handling sharps (needles are not bent or broken, scoop method for necessary recapping).

IPC.13 Sharps are discarded in appropriate containers.

IPC.13.1 Sharp boxes used are puncture-proof, leak-proof, and present no risk to staff or patients.

IPC.13.2 Sufficient number of sharp boxes is available in patient care areas (ideally one per patient's room or at least one per procedure trolley).

IPC.13.3 Sharp boxes are available in appropriate size according to the size of sharps used.

IPC.13.4 Sharp boxes are properly used: not overfilled, not opened to transfer sharps into other containers, and mounted at or below eyes level.

IPC.13.5 Sharp boxes are disposed in accordance to laws and regulations when their contents are 3/4 of their sizes and/or when an odor arises.

Standard Intent:

To ensure that the hospital provides the necessary resources to implement a comprehensive program for preventing sharps injuries. The hospital should ensure that the type of sharps box used is puncture-resistant and leak-proof and presents no risks to



staff or patients, availability of a sufficient number of appropriate sharp containers, sharp boxes are properly located and used, and sharp boxes disposal in accordance with national laws and regulation.

IPC.14 There is a system that separates patients with communicable diseases and those who are colonized or infected with epidemiologically important organisms.

IPC.14.1 There are policies and procedures that address standard and transmission-based precautions.

IPC.14.1.1 The policies and procedures address separating patients with communicable diseases and those who are colonized or infected with epidemiologically important organisms from other patients, staff, and visitors.

IPC.14.2 The transfer of patient outbound or inbound should secure the prevention of spread of Methicillin-resistant staphylococcus aureus (MRSA) or other epidemiologically significant organisms.

IPC.14.2.1 All patients for transfer outbound known to have MRSA or other epidemiologically significant organisms must be reported upon requesting the transfer with the supporting document.

IPC.14.2.2 All patients transferred to the hospital must be kept under contact transmission-based precaution unless proving otherwise.

Standard Intent:

Isolation precautions should be applied for patients with suspected or confirmed communicable diseases or epidemiologically important organisms to provide safe healthy environment for other patients, health care workers, and visitors. The hospital should have strategy for early identification of patients with possible infectious risks to others to implement the appropriate type of isolation precautions. This strategy must be guided by policies and procedures that establish the isolation procedures based on the mood of disease transmission and address individual patients with contagious infections, provide clear instructions during patient transfer either outbound or inbound. The policy must be implemented by the hospital and the staff should be fully oriented to it.

IPC.15 Facility design and available supplies support isolation practices.

IPC.15.1 There is at least one negative pressure airborne isolation room in the emergency room and one in patient care areas (one negative pressure room for every 25-30 beds in general hospitals).

IPC.15.2 The infection prevention and control team decides the need for more airborne isolation rooms depending on the volume of patients in need for airborne isolation admitted to the hospital.