

IPC.10 Results of healthcare-associated infections surveillance are integrated into the hospital's quality improvement program.

- IPC.10.1 The hospital selects indicators based on the projected use of data (internal and external benchmarking).
- IPC.10.2 The hospital defines the data collection methods and sources (e.g., hospital information system, verbal and written communication, medical record review, direct observation and review of clinical indicators).
- IPC.10.3 The results of infection monitoring in the hospital are regularly communicated to staff, physicians, and management.
- IPC.10.4 The hospital uses risk, rate, and trend information to design or modify processes to reduce healthcare-associated infections to the lowest possible level.
- IPC.10.5 The hospital makes the necessary improvements for the identified epidemiologically important infections, processes, and devices that are associated with risk of healthcare-associated infections.

IPC.11 The hospital designs and implements a comprehensive system for investigation and management of outbreaks of infectious diseases.

- IPC.11.1 There is a policy and procedure that guides staff for investigation and control of outbreaks of infectious diseases.
- IPC.11.2 The policy defines how an outbreak is determined.
- IPC.11.3 The infection prevention and control team leads the investigation and control of outbreaks of infectious diseases.
- IPC.11.4 The results of investigation of an outbreak are used to prevent recurrence.

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).

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 eye 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.