



to update the knowledge and skills of Infection Prevention and Control Practitioner (s).

IPC.4 There is a designated multidisciplinary committee that provides oversight of the infection prevention and control program.

IPC.4.1 The infection prevention and control committee is chaired by the hospital director or the medical director.

IPC.4.2 The membership of the infection prevention and control committee includes representatives from the medical staff, nursing staff, microbiology, operating room, central sterilization service, pharmaceutical care, dietary services, housekeeping, infection prevention and control staff, and other departments as needed.

IPC.4.3 The infection prevention and control committee meets on a regular basis (at least quarterly).

IPC.4.4 Functions of the infection prevention and control committee include, but are not limited to, the following:

IPC.4.4.1 Review of the hospital infection prevention and control policies and procedures.

IPC.4.4.2 Review of the reports of healthcare-associated infections surveillance submitted regularly by the infection prevention and control team and suggestion of appropriate actions.

IPC.4.4.3 Revision of the yearly plan submitted by infection prevention and control team and suggestion of additions/changes if necessary.

IPC.4.4.4 Evaluates and revises on a continuous basis the procedures & the mechanisms developed by the infection prevention & control team to serve established standards and goals.

IPC.4.4.5 Brings to the attention of the infection prevention & control team new infection control issues arising in different departments of the hospital & suggests solutions.

IPC.4.4.6 Each member of the committee acts as an advocate of infection prevention & control in his department, trying to promote its principles, and ensures application of its rules.

Standard Intent:

The activities of the Infection Prevention and Control unit should be supervised and be overseen by a multidisciplinary body that is chaired by a designee of the higher administration. Infection prevention and control activities should reach to every part of a health care hospital and involve individuals from multiple departments and services via multidisciplinary committee. Coordination involves communicating with all parts of the hospital to ensure that the program is continuous and proactive; physicians and nurses are represented and engaged in the activities with the infection prevention and

control professionals. Others may be included as determined by the hospital's size and complexity of services (for example, clinical epidemiologist, central sterilization manager, microbiologist, pharmacist, housekeeping services, environmental or facilities services, operating theatre supervisor). Responsibilities include, for example, setting criteria to define healthcare-associated infections, establishing data collection (surveillance) methods, designing strategies to address infection prevention and control risks, and reporting processes. Infection Control committee formation order and Term of References should reflect its membership and functions.

IPC.5 The hospital designs and implements a coordinated program to reduce the risk of healthcare-associated infections (HAIs) in patients, visitors, and healthcare workers.

IPC.5.1 There is a program to reduce the risk of healthcare-associated infections which involves patients, families, staff, volunteers, trainees and visitors.

IPC.5.2 The program applies to all areas of the hospital.

IPC.5.3 The program is guided by an annual infection prevention and control plan.

IPC.5.4 The program addresses the unique situations of the hospital and its community such as patient populations, complexity of care provided, climate, and location.

IPC.5.5 The infection prevention and control program is based on:

IPC.5.5.1 Risk assessment.

IPC.5.5.2 Current scientific knowledge.

IPC.5.5.3 Referenced practice guidelines.

IPC.5.5.4 Applicable laws and regulations.

Standard Intent:

For an infection prevention and control program to be effective, it must be comprehensive, encompassing both patient care and employee health. The program is guided by an annual plan that identifies and addresses the infection issues that are epidemiologically important to the hospital. The program and plan are appropriate to the hospital's size, services provided, and patients' volume. The program should be based on periodic assessment of risk and setting of risk-reduction goals that guide the program. In addition, updated scientific information of national and international references is required to understand and to implement effective infection and control activities. Practice guidelines provide information on preventive practices and infections associated with clinical and support services. Applicable laws and regulations define elements of the basic program, the response to infectious disease outbreaks, and any reporting requirements.