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- IPC.36.2 Employees' immunization and post exposure management are addressed in written policies and procedures.
 - IPC.36.3 Employees' immunization and post exposure management are consistent with laws and regulations and recommendations of professional organizations.
 - IPC.36.4 All employees have baseline screening for hepatitis B, C, HIV, and tuberculosis.
 - IPC.36.5 The immune status of newly hired staff against hepatitis B, measles, mumps, rubella, and varicella is determined by serological testing. Appropriate vaccine(s) is administered to those who are susceptible.
 - IPC.36.6 Response to hepatitis B vaccination is monitored in vaccinated employees four weeks after completing vaccine series. Non-responders to hepatitis B vaccine are offered at least a second series of the vaccine.
 - IPC.36.7 Newly hired staff are screened for tuberculosis upon contracting with PPD test, and the test is repeated annually for those who are non-reactive.
 - IPC.36.8 PPD conversion rates are calculated and monitored.
 - IPC.36.9 There is a system for reporting, follow up and management of exposure to open pulmonary TB and vaccine-preventable viruses: chickenpox, measles, mumps, and rubella.
 - IPC.36.10 There is a system for reporting, follow up, and management of needle prick and sharp injuries.
 - IPC.36.11 The infection prevention and control team regularly monitors exposure of staff to pathogens and take corrective actions to prevent recurrence.
 - IPC.36.12 The screening, immunization, and post exposure management data are kept in staff medical records.
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Standard Intent:

To ensure that the hospital has a defined system that guarantees all staff is screened, immunized and offered post exposure prophylaxis as recommended by Infection Prevention and Control principles. Employee health services should be provided via Staff Health Clinic, its scope of services should include counseling and medical services related to screening, immunization, and post exposure management. Employee health services should be guided by hospital policy which addresses staff screening, immunizations and exposure to blood/body fluid and exposure to infectious diseases. Employees' medical records reflect required staff screening, immunization and post exposure measures. The hospital should evaluate the Infection Control risks on hospital staff by measuring PPD conversion rates, and sharp injuries rate.

IPC.37 The hospital develops an anti-biogram that is regularly reviewed.

- IPC.37.1 The anti-biogram is prepared at least once yearly.



IPC.37.2 The anti-biogram is regularly discussed by infection prevention and control committee.

Standard Intent:

Current evidences clearly demonstrate that the inappropriate use of broad-spectrum antibiotics is associated with the development of antibiotic resistant bacteria. Availability of anti-biogram helps in organizing a systematic approach to optimize the utilization of antimicrobials that subsequently improves patient's outcomes, ensures cost effective therapy, and minimizes adverse consequences, including antimicrobial resistance, toxicity, morbidity and mortality. Each hospital must have antimicrobial sensitivity pattern (Anti-biogram Report) that is produced at least yearly and based on high quality diagnostic microbiology services and discussed regularly during Infection Control Committee meetings. Organizational antimicrobial prescribing guidelines should be updated based on anti-biogram.

IPC.38 The hospital adopts safe injection practices that minimize or prevent transmission of infection.

IPC.38.1 Staff use aseptic technique for injections preparation.

IPC.38.2 Staff use sterile syringes and needles.

IPC.38.3 Staff use single-dose vials as appropriate.

IPC.38.4 Staff use mask during injecting a medicine or placing a catheter into a spinal place.

Standard Intent:

Injected medications are commonly used in healthcare settings for the prevention, diagnosis, and treatment of various illnesses. Unsafe injection practices increase the patients and healthcare providers' risk to be exposed to infectious and non-infectious adverse events. Unsafe injection practices have been associated with a wide variety of procedures in different hospital settings. Safe injection practices should be implemented by the hospital as a part of the standard precautions and guided by written policies and procedures that address required aseptic techniques, appropriate use of single-dose vials and infection control practices for special lumbar puncture procedures.

IPC.39 The hospital implements evidence-based interventions to prevent ventilator-associated pneumonia.

IPC.39.1 The hospital adopts and implements care bundle for prevention of ventilator-associated pneumonia (VAP) consistent with recognized professional practices