



IPC.30.7.1 Soiled linen must be handled as little as possible and with minimal agitation.

IPC.30.7.2 Appropriate barriers (gloves, gowns, and masks) should be used when handling soiled linen.

IPC.30.7.3 Linen is bagged at the location where it is used and is not stored or pre-rinsed in patient's care areas.

IPC.30.7.4 Linen is put into special color-coded and water-proof laundry bags.

IPC.30.8 Laundry functions are supervised by the infection prevention and control team.

Standard Intent:

To ensure that there is a defined system that guarantees proper practices are done when handling linen. The hospital should have written policies and procedures on linen management that cover all steps starting from collecting linen from patients' rooms through safe transporting of linen to completion of the cleaning process and storage. Laundry functions should be supervised by Infection Control Team as per hospital policy. The hospital should ensure proper linen handling, transportation, and storage using the required resources, in a way to protect staff and environment. The laundry should be properly structured and adequately function with respect to all infection control standard measures.

IPC.31 The infection prevention and control team reviews and supervises construction projects in the hospital.

IPC.31.1 There are policies that address infection prevention and control considerations during demolition, renovation, and construction projects.

IPC.31.2 There is a mechanism to ensure involvement of infection prevention and control team prior to any demolition, renovation, and construction projects.

IPC.31.3 Accepted infection prevention & control measures are followed during any demolition, renovation & construction projects e.g. infection control risk assessment (ICRA).

Standard Intent:

When planning demolition, construction, or renovation, the organization should use risk criteria that assess the impact of the renovation or new construction on air-quality requirements, infection prevention and control, utility requirements, noise, vibration, and emergency procedures according to the hospital policy. Construction or renovation projects in patient care areas will be evaluated prior to starting them based on ICRA,



reviewed during construction and after completion of work by infection prevention and control team.

IPC.32 Personal protective equipment use is supervised by infection prevention and control team.

IPC.32.1 Personal protective equipment (gown, gloves, masks, and protective eyewear) are readily available in all patient care areas.

IPC.32.2 Policies and procedures are available on the appropriate use of gloves, gowns, facemasks, protective eyewear, and high filtration respirator masks (N-95, N-99).

IPC.32.3 Proper training for the use of personal protective equipment is conducted.

Standard Intent:

Personnel protective equipment (PPEs) are fundamental tools for proper infection prevention and control practices. The hospital identifies those situations in which masks, eye protection, gowns, or gloves are required in written policy, with providing of enough supply of PPEs and training in their proper use.

IPC.33 The hospital supports appropriate hand hygiene practices.

IPC.33.1 The hospital develops policies and procedures on the proper hand hygiene practices.

IPC.33.2 Hand hygiene is practiced according to the relevant policies.

IPC.33.3 Compliance with hand hygiene is regularly monitored.

Standard Intent:

Hand hygiene is the most effective simple method to reduce the risk of Healthcare Associated Infections (HAIs) to achieve patient safety. The organization must adopt hand-hygiene guidelines from an authoritative source, identifies those situations for which hand hygiene required, the staff are educated in hand hygiene proper practice hospital wide, and the compliance rate regularly monitored for performance improvement.