

that will provide the focus of efforts to prevent and to reduce the risk and incidence of health care–associated infections. Identification of HAIs should be done according to Standardized Criteria. Data Collection & analysis should be done according to hospital surveillance policy. The hospital should adopt outcome indicators for monitoring HAIs rates.

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.

Standard Intent:

To ensure that the surveillance data (calculated HAI rates) are properly utilized by the hospital to improve the clinical services and safety within the hospital. The calculated HAIs rates should be trended, benchmarked and communicated regularly with concerned departmental/unit leaders, higher administration authority and integrated with quality improvement projects.

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.

Standard Intent:

Providing a management protocol of an outbreak in health care facilities assists in early detection of an outbreak and initiates immediate control measures that prevent further

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