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

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**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.

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**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.

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**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.

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**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

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IPC.39.2 Data on the care bundle for prevention of ventilator-associated pneumonia are regularly collected, analyzed, and evaluated. Improvement interventions are taken accordingly.

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**Standard Intent:**

To optimize the outcome of the mechanical ventilation procedure in critical care areas, the hospital should have a clear policy and procedure to minimize the risk of developing ventilator associated pneumonia (VAP). To be able to verify patient safety and demonstrate quality for mechanically ventilated patients, the hospital should also have a policy for VAP prevention & care bundle; all concerned hospital staff must be fully oriented about the elements of adopted care bundle. The hospital should regularly collect and analyze the data and assess bundle compliance rate for performance improvement.

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**IPC.40 The hospital implements evidence-based interventions to prevent surgical site infection.**

IPC.40.1 The hospital adopts and implements care bundle for prevention of surgical site infection consistent with recognized professional practices.

IPC.40.2 Data on the care bundle for prevention of surgical site infection are regularly collected, analyzed, and evaluated. Improvement interventions are taken accordingly

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**Standard Intent:**

To optimize perioperative, intraoperative and post-operative care, the risk of surgical site infections (SSI) should be reduced to the minimum. To be able to verify patient safety and demonstrate the quality of operative care among surgical patients, the hospital should have a policy for SSI prevention & care bundle, the concerned hospital staff must be fully educated by the elements of adopted care bundle. The hospital should regularly collect and analyze the data and assess bundle compliance rate for performance improvement.

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**IPC.41 The hospital implements evidence-based interventions to prevent catheter-associated urinary tract infection.**

IPC.41.1 The hospital adopts and implements care bundle for prevention of catheter-associated urinary tract infection consistent with recognized professional practices.

IPC.41.2 Data on the care bundle for prevention of catheter-associated urinary tract infection are regularly collected, analyzed, and evaluated. Improvement interventions are taken accordingly.