



(including adequate hand hygiene facilities, identified cutting board, adequate and proper garbage containers, no stagnant water on floors).

IPC.29 Kitchen staff hygiene and health are supervised by infection prevention and control.

- IPC.29.1 There are policies and procedures that address staff hygiene and health in the kitchen and are reviewed by infection prevention and control team.
 - IPC.29.2 While handling food, hands are washed, hair is covered, and gloves are worn.
 - IPC.29.3 Personnel with respiratory infections or gastroenteritis are restricted from handling food.
 - IPC.29.4 Stool tests and cultures are performed routinely upon hiring, every six months, and after returning back from vacation.
 - IPC.29.5 Results of stool analysis and cultures are reviewed by the infection prevention and control practitioner.
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Standard Intent:

To ensure that kitchen staff practices during food handling are in compliance with Infection Control principles. Kitchen staff hygiene and health should be supervised by Infection Control Team according to written policies and procedures. The kitchen staff hygiene should be practiced properly through utilizing the required resources (hair cover, gloves, hand washing facilities, others). The kitchen staff health should be regularly monitored with availability of supported documents.

IPC.30 Laundry functions are supervised by infection prevention and control team.

- IPC.30.1 There are policies and procedures on linen management that cover all steps starting from collecting linen from patients' rooms until completion of the cleaning process.
- IPC.30.2 Clean linen is transported, handled, and stored in a way that keeps it protected from contamination and dust.
- IPC.30.3 Clean and used linen are separated during storage and transport.
- IPC.30.4 Linen carts used for clean and used linen are clearly identified.
- IPC.30.5 Loose (un-bagged) linen is not to be put down a laundry chute.
- IPC.30.6 Hand washing facilities are located in all areas where un-bagged linen is handled.
- IPC.30.7 Soiled linen (contaminated with patient's blood, excreta, or other body fluids) and linen from patients under isolation precautions are contained and transported in accordance with current professional standards:



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,