



IPC.26 The hospital implements a program that is consistent with laws and regulations for safe disposal of medical waste.

- IPC.26.1 There is a policy and procedure for safe disposal of medical waste.
 - IPC.26.2 Medical waste is disposed by specialized company and includes all types of medical waste.
 - IPC.26.3 Medical waste segregation, collection, and storing is conducted as per applicable laws and regulations.
 - IPC.26.4 Yellow bags are used for all non-sharp disposable materials contaminated with patient's blood and/or body fluids.
 - IPC.26.5 Yellow bags are distributed in the hospital in sufficient number and location.
 - IPC.26.6 Red bags are used for tissues, body parts, and amputated parts to be saved and then collected by the municipality to be buried.
 - IPC.26.7 Medical waste containers are cleaned and maintained regularly.
 - IPC.26.8 Hazard signs are fixed on all medical waste containers.
 - IPC.26.9 Medical waste collection points are cleaned and maintained regularly.
 - IPC.26.10 Labor working in medical disposal are well trained and vaccinated against blood borne pathogens.
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Standard Intent:

To protect the public and the environment from potentially infectious disease and to provide safe healthy environment to patient, healthcare worker and visitors, the hospital should implement Medical Waste Management Program that regulates the segregation, handling, storage, and disposal of medical waste and providing oversight for its implementation as per hospital policy. The program should be implemented within national laws and regulation. The hospital should ensure the availability of required supplies (yellow bags, red bags, medical waste containers...etc.). Medical waste workers should be vaccinated and trained on safe handling of medical waste as reflected in their employee health records.

IPC.27 The mortuary and postmortem area are supervised by infection prevention and control.

- IPC.27.1 There are written policies on how to handle bodies post mortem especially bodies that have multiple open wounds.
 - IPC.27.2 The temperature of the morgue is kept at 2-4°C and logged daily.
 - IPC.27.3 For long term preservation of dead bodies, the facility must provide a deep freezing compartment (temp < -15°C).
 - IPC.27.4 The morgue is regularly cleaned and disinfected.
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Standard Intent:



To ensure that there is proper handling of dead patients' bodies in compliance with infection control precautions. The hospital should develop comprehensive policy and procedure covering post mortem functions. Morgue temperature should meet standard requirement; temperature is logged on daily basis. The hospital should ensure that mortuary and postmortem area are regularly cleaned, disinfected and supervised by Infection Control Team.

IPC.28 Kitchen environment and functions are supervised by infection prevention and control.

- IPC.28.1 Kitchen design supports its function.
 - IPC.28.2 Kitchen areas are separated based on assigned function. (Separate area for vegetables, meat, desert preparation, etc.).
 - IPC.28.3 Adequate number of hand washing facilities are present in each area.
 - IPC.28.4 Food containers are properly labeled and expiry dates noted.
 - IPC.28.5 Temperature requirements are met during storage, preparation, and transportation.
 - IPC.28.6 Food is protected from environment during storage, preparation, display, and transportation.
 - IPC.28.7 Garbage containers or receptacles are adequate in number, insect and rodent proof, and are covered.
 - IPC.28.8 Refrigerator temperatures are checked daily and documented on log sheets.
 - IPC.28.9 Kitchen environment is clean.
 - IPC.28.10 The kitchen environment and functions are addressed in policies and procedures that are reviewed by the infection prevention and control team.
 - IPC.28.11 Food delivery to the receiving area must be checked for quality and temperature.
 - IPC.28.12 Fruits and vegetables are washed and disinfected thoroughly.
 - IPC.28.13 Food containers are washed immediately after being emptied from food.
 - IPC.28.14 Boards used to cut meat, poultry, chicken, or vegetables are identifiably separated and immediately washed after use.
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Standard Intent:

The organization should reduce the risk of infections in the facility associated with operations of the food service. Kitchen design should support its function. Kitchen environment and functions must be supervised by Infection Control Team. The hospital must provide evidence of comprehensive food hygiene for all steps of food preparation, adequate resources that ensure proper kitchen function and clean environment