



INFECTION CONTROL DEPARTMENT

A 2.1. For hospitals (≥ 150 beds): the director of IPC department is •
full-time employee qualified in infection control through certification,
training AND experience for a minimum of two years. (PF,SI)

- Review the following documents in PF:

- Assignment Letter / Job Description:

1. Verify if the IPC Director is working full time by reviewing assignment letter from executive leadership & job description to review roles and responsibilities of IPC director as full time.

2. Infection Prevention & Control Director will be considered working as FULL TIME in the IPC department only if the below mentioned criteria is fulfilled:

Available and accessible at all time and dedicate 100% of working hours to infection prevention & control departmental activities.

IPC Director DO NOT hold any additional administrative tasks (e.g. working as Medical Director & IPC Director etc.

- CV, certificates & training evidence:
 1. The personal file of the IPC director to check for educational background.
(Physician, nurse, microbiologist, public health Specialist etc.)
 2. Check degrees / certifications in IPC (Masters in Infection Control, CIC, and Diploma in infection Control, etc.)
 3. Attendance in training activities (local, national, international conferences, workshops, seminars & symposiums etc.)

- Interview:

1. IPC Director to assess his / her knowledge and skills about infection control.

2. Ask about his/her involvement in development / review of policies and procedures.

3. Ask about role in surveillance activities and implementation of IPC measures to assess his/her orientation about all areas of hospital.

4. Ask how the time is split among data management, policy & procedure development, education, employee health, quality improvement, program development, consulting & managing potential outbreaks etc.

- A 2.2. For hospitals (< 150 beds): the director of IPC department is a full-time employee qualified in infection control through certification, training OR experience for a minimum of two years. (PF,SI)

- Sub-element – 2:01 & Sub-element – 2:02 have similar assessment methods.
- For IPC director of hospitals with bed capacity 150 & below, certification OR Training OR experience of 02 years is acceptable for the position of IPC director if working full time.

- A 2.3. The director of IPC program reports directly to the highest administrative authority (general director or medical director of the hospital). (D)

- Review:

1. Hospital organogram for the reporting authority of the IPC program director.

(Organization chart should clearly delineate that IPC director is directly reporting to top management and not to assistants / assigned designees, quality director or any other administrative personnel.)

2. Ask for any Request Letter from Infection Control Director & check its addressed to whom. (As per substandard any letter from IPC Director should be directly addressed to highest administrative authority.

- A 2.4. The facility has infection prevention & control (IPC) staffing ratio of not less than 1 full-time practitioner for every 100 beds to accomplish the tasks required merely for the IPC program in an effective manner. (D,SI)

- Review the following documents:

1. IPC department organizational chart.

2. Document stating bed capacity of hospital including emergency beds, dialysis beds / chairs, dental chairs, day cases, and others).

3. Compare number of IPCs with bed capacity and calculate the required number of IPC practitioners as follows:

- 001 – 100 beds: 1 IPC practitioner is needed
- 101 – 200 beds: 2 IPC practitioners are needed
- 201 – 300 beds: 3 IPC practitioners are needed
- 301 – 400 beds: 4 IPC practitioners are needed
- 401 – 500 beds: 5 IPC practitioners are needed & so on

- Interview:

1. Staff about work distribution & responsibilities in the IPC department.

2. Ask about duration of rotation in each assigned unit and daily activities. (e.g. Hand hygiene observations, surveillance activities, monitoring & evaluation, education & training etc.)

- A 2.5. An additional one full-time IPC practitioner is staffed for every 30 beds in critical care units (e.g., ICU, PICU, ER, Burn Unit ...etc) to accomplish the tasks required merely for the IPC program in an effective manner. (D, SI)

- Review the following documents:

1. Organizational chart / Organogram of IPC Department.

2. Document showing bed capacity of each critical care unit. (ER, PICU, NICU etc.)
Where ventilation and hemodynamic monitoring are routinely performed.

3. Match the requirement of additional IPC practitioners with bed capacity of each critical care unit as follows:

- a. < 30 beds: No additional IPC practitioner is needed

- b. 30 – 59 beds: 1 additional IPC practitioner is needed

- c. 60 – 89 beds: 2 additional IPC practitioners are needed

- d. 90 – 119 beds: 3 additional IPC practitioners are needed & so on

- Interview:

1. IPC staffs about work distribution & responsibilities related to critical care units. (Rule out additional assigned tasks other than assigned critical care unit (if any))
2. Ask about duration of rotation in critical care units and daily activities in the assigned unit & how they are managing activities (HAIs Surveillance, Training & education, monitoring and observations etc.

- A 2.6. An additional one full-time IPC practitioner is staffed for every 120 dialysis patients per day to accomplish the tasks required merely for the IPC program in an effective manner. (D,SI)

- Review the following documents:

1. Organizational chart / Organogram of IPC Department.
2. Document showing number of dialysis beds / chairs in Hemodialysis Unit.
3. Number of dialysis sessions done per day.
4. Match the requirement of additional IPC practitioner with number of dialysis patients dialyzed each day.
< 120 dialysis patients per day (1- 119 sessions): No additional IPC practitioner is needed
120 dialysis patients per day (120 & above): An additional IPC practitioner is needed

- Interview:

1. IPC practitioners about distribution of work and responsibilities in the hemodialysis unit. (Rule out additional assigned tasks other than dialysis unit (if any))

2. Ask about duration of rotation in the dialysis unit and number of dialysis sessions per day and how they are managing activities inside unit (DE Surveillance, training & education, monitoring & evaluation etc.)

NOTE: Full time IPC Practitioner is one who has no additional responsibilities and is exclusively assigned for activities related to infection control program ONLY.

- A 2.7. Infection prevention & control practitioners are qualified in infection control through certification, training, or experience for a minimum of one year. (PF,SI)

Review the following documents in PF:

- Assignment Letter / Job Description:
- Verify if the IPC Practitioners are working full time by reviewing assignment letter from executive leadership & job description to review roles and responsibilities of IPC practitioners as full time.
- CV, certificates & training evidence:
- The personal file of the IPC to check for educational background (Physician, nurse, microbiologist, medical technologist, public health Specialist etc.)

- Interview:

1. IPC Practitioners to assess his / her knowledge and skills about infection control.
2. Ask about their activities in daily IPC rounds.
3. Ask about their role in surveillance activities and methodology of surveillance data collection, CDC-NHSN criteria etc.
4. During the entire audit visit knowledge & orientation of IPC practitioners about IPC activities can be easily assessed.

- A 2.8. IPC practitioners have updated infection control skills and knowledge through continuous medical education program and attendance in IPC scientific activities. (PF, SI)

- Review the following documents in PF:

1. Personal file to check for evidence of attendance in IPC scientific activities. Local, national, international Infection control conferences, workshops, seminars & symposiums etc.) (Check for valid certificates).
2. Departmental continuous educational activities conducted inside the hospital. Check for schedule of CME activities, content delivered and attendance sheets to ensure 100% of IPC staff has attended with competency assessment.

- Interview:

1. IPC Practitioners to assess his / her knowledge and skills about infection control.

2. Ask about their activities in daily IPC rounds.

3. Ask about their role in surveillance activities and methodology of surveillance data collection, CDC - NHSN criteria etc.

4. During the entire audit visit, knowledge & orientation of IPC team about IPC activities can be easily assessed.