

**SERVICE STANDARD 05: PREVENTION AND CONTROL OF INFECTION****PREAMBLE**

*These standards are applicable to affect facility-wide Prevention and Control of Infection Services. The aim of the service is to identify and minimize the risks and development of healthcare associated infection, the emergence of antimicrobial resistance and the transmission of these infection among patients, families, healthcare providers, staff of contracted services, students, and visitors.*

*Adherence to the current national and international health policies, procedures and regulatory requirements are necessary to improve prevention and control of healthcare associated infections. Preventing the spread of antimicrobial resistance also requires appropriate and responsible use of antimicrobials*

**TOPIC 5.1:**  
**ORGANISATION AND MANAGEMENT**

**STANDARD 5.1.1**

*The Prevention and Control of Infection (PCI) Services and Antimicrobial Stewardship Services (AMS) are organised and administered to provide optimum support to the Vision, Mission, goals and objectives of the Facility, towards the implementation of safe infection control practices in line with current national and international health policies, procedures and regulatory requirements.*

CRITERION NO.	CRITERIA FOR COMPLIANCE		SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS			
					AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK	
5.1.1.1	Vision, Mission and values statements of the Facility are accessible. Goals and objectives that suit the scope of the Prevention and Control of Infection Services and Antimicrobial Stewardship Services are clearly documented and measurable that indicates safety, quality and patient centred care. These reflect the roles and aspirations of the service and the needs of the community. These statements are monitored, reviewed and revised as required accordingly and communicated to all staff.		NA			NA		
	EVIDENCE OF COMPLIANCE							
	1.	Vision, Mission and values statements of the Facility are available, endorsed and dated by the Governing Body.						NA
	2.	Goals and objectives of the Prevention and Control of Infection Services and Antimicrobial Stewardship Services in line with the Facility statements are available, dated and endorsed.						NA
	3.	Evidence of planned reviews of the above statements.						NA
	4.	These statements are communicated to all staff (orientation programme, minutes of meeting, etc)						NA
	5.	Achievement of goals and objectives are monitored, reviewed and revised accordingly						NA

5.1.1.2	<p>There is an organisation chart which:</p> <p>a) provides a clear representation of the structure and functions of the Facility's Hospital Infection and Antibiotic Control Committee (HIACC) and the reporting relationships of the PCI Team and AMS Team to the HIACC.</p> <p>b) is accessible to all relevant staff in PCI and AMS.</p> <p>c) is revised when there is a major change in any of the following:</p> <p>i) organisation.</p> <p>ii) functions.</p> <p>iii) reporting relationships.</p> <p>iv) staffing patterns.</p>	NA			NA																		
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5.1.1.3 CORE	<p>There is a Hospital Infection and Antibiotic Control Committee (HIACC) chaired by a medical practitioner with knowledge of and special interest in infection control and antimicrobial stewardship. The HIACC consists of members from multidiscipline (medical, nursing and clinical support services, and by invitation administration and any other relevant staff). The committee has:</p> <p>a) Appointment of a Chairperson</p> <p>b) Terms of Reference</p> <p>c) Committee members</p> <p>d) Tenure of membership</p> <p>e) Frequency of meetings</p>	NA			NA																		
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5.1.1.4 CORE	The Prevention and Control of Infection (PCI) Team and Antimicrobial Stewardship (AMS) Team has a working relationship and reports to the HIACC. The PCI Team shall	NA			NA																		

	<p>be headed by Infection Control Doctor Coordinator and assisted by trained and Infection Control Nurses. The AMS Team shall be headed by AMS Coordinator and assisted by trained and related personnel in AMS activities.</p> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Appointment letters of:<ul style="list-style-type: none"><li>▪ PCI Unit/Team member</li><li>▪ AMS member</li></ul></td><td>NA</td></tr><tr><td>2.</td><td>Terms of Reference for PCI/AMS Team members</td><td>NA</td></tr><tr><td>3.</td><td>Infection control activities reports and discussion</td><td>NA</td></tr><tr><td>4.</td><td>Antimicrobial stewardship activities reports and discussion</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Appointment letters of: <ul style="list-style-type: none"><li>▪ PCI Unit/Team member</li><li>▪ AMS member</li></ul>	NA	2.	Terms of Reference for PCI/AMS Team members	NA	3.	Infection control activities reports and discussion	NA	4.	Antimicrobial stewardship activities reports and discussion	NA					
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5.1.1.5	<p>The link nurse/link personnel act as a link between the staff in the ward/service units and the infection control team while the link ward pharmacists act as a link between the staff in the ward/service units and the antimicrobial stewardship team.</p> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Appointment letters for link nurses/link personnel</td><td>NA</td></tr><tr><td>2.</td><td>Description of duties and responsibilities for link nurses/link personnel</td><td>NA</td></tr><tr><td>3.</td><td>Appointment letters for link ward pharmacist</td><td>NA</td></tr><tr><td>4.</td><td>Description of duties and responsibilities for link ward pharmacists</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Appointment letters for link nurses/link personnel	NA	2.	Description of duties and responsibilities for link nurses/link personnel	NA	3.	Appointment letters for link ward pharmacist	NA	4.	Description of duties and responsibilities for link ward pharmacists	NA	NA			NA	
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5.1.1.6 CORE	<p>HIACC meetings shall be held at least once in every 6 month and whenever necessary to discuss issues matters pertaining to the operations of the PCI services and AMS relevant activities. Minutes are kept; decisions and resolutions made during meetings shall be accessible, communicated to all staff of the service and implemented.</p> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Minutes are accessible, disseminated and acknowledged by the members</td><td>NA</td></tr><tr><td>2.</td><td>Attendance list of members with adequate representatives of the committee</td><td>NA</td></tr><tr><td>3.</td><td>Frequency of meetings as scheduled.</td><td>NA</td></tr><tr><td>4.</td><td>Discussion and resolutions are implemented (Problems not solved to be brought forward in the next meeting until resolved).</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Minutes are accessible, disseminated and acknowledged by the members	NA	2.	Attendance list of members with adequate representatives of the committee	NA	3.	Frequency of meetings as scheduled.	NA	4.	Discussion and resolutions are implemented (Problems not solved to be brought forward in the next meeting until resolved).	NA	NA			NA	
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5.1.1.7	<p>The Chairman of HIACC and / or the Head of Prevention and Control of Infection (PCI), is involved in planning, justification and management of budget and resource utilisation of the services.</p> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Minutes of HIACC meeting</td><td>NA</td></tr><tr><td>2.</td><td>Minutes of facility-wide management meeting</td><td>NA</td></tr><tr><td>3.</td><td>Documented evidence on request for allocation of budget and resources (staffing, equipment, etc) for the service – if applicable</td><td>NA</td></tr><tr><td>4.</td><td>Approved budget and resources – if applicable</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Minutes of HIACC meeting	NA	2.	Minutes of facility-wide management meeting	NA	3.	Documented evidence on request for allocation of budget and resources (staffing, equipment, etc) for the service – if applicable	NA	4.	Approved budget and resources – if applicable	NA	NA			NA													
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5.1.1.9	<p>Appropriate statistics and records shall be maintained in relation to the provision of PCI Services and AMS relevant activities and used for managing the services and patient care purposes.</p> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td colspan="2">1. Records are available but not limited to the following:</td></tr><tr><td>a)</td><td>surveillance reports – laboratory based and clinical based;</td><td>NA</td></tr><tr><td>b)</td><td>audit reports, e.g. environment, etc</td><td>NA</td></tr><tr><td>c)</td><td>antibiotic resistance pattern;</td><td>NA</td></tr><tr><td>d)</td><td>incident reports;</td><td>NA</td></tr><tr><td>e)</td><td>staffing number and staff profile;</td><td>NA</td></tr><tr><td>f)</td><td>staff training records;</td><td>NA</td></tr><tr><td>g)</td><td>data on performance improvement activities, including performance indicators.</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	1. Records are available but not limited to the following:		a)	surveillance reports – laboratory based and clinical based;	NA	b)	audit reports, e.g. environment, etc	NA	c)	antibiotic resistance pattern;	NA	d)	incident reports;	NA	e)	staffing number and staff profile;	NA	f)	staff training records;	NA	g)	data on performance improvement activities, including performance indicators.	NA	NA			NA	
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	h)	antimicrobial usage data of broad spectrum antibiotics (eg Carbapenems, Vancomycin)	NA					
5.1.1.10	Where more than one committee have interests in the issues of the PCI services and AMS relevant activities, there is evidence of coordination of the actions undertaken or proposed by the committees. Records are kept on actions taken to identify and correct the cause of any problem.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Minutes of committee meetings, e.g. Health and Safety Committee, Operating Theatre Committee, Equipment Procurement Committee, etc.	NA					
5.1.1.11	There are safety measures taken to ensure the protection of the Facility's staff and environment against healthcare associated infections. Records shall be kept on action taken which include: a) staff education; b) staff health screening including infectious diseases; c) staff immunisation; d) staff health record maintenance; e) provision for adequate and good quality personal protective equipment (PPE); f) implementation of safety devices; g) clinical waste management; h) protocol for post-exposure management for infectious disease and for assignment of infected staff.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Where appropriate, records are kept on actions taken which include items (a) to (h).	NA					
5.1.1.12	Provision is made for the personal comfort and safety of patients and staff which include: a) clean and hygienic facilities; b) room temperatures are kept at comfortable levels; c) disinfection and sterilisation areas; safe equipment and instruments; d) proper hand hygiene facilities; e) aseptic techniques for procedures; f) practice of standard and transmission-based precautions; g) adequate PPE supplies; h) appropriate well ventilated facilities			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	There is evidence of items (a) to (h) being implemented.	NA					



## TOPIC 5.2

### HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT

#### STANDARD 5.2.1

*The PCI Services shall be staffed by adequate numbers of appropriately qualified, trained and certified staff to achieve the goals and objectives of the service. These designated staff shall maintain competency through Continuing Professional Development (CPD).*

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
5.2.1.1	The Head and staff of the PCI services and AMS relevant activities. shall be individuals qualified by education, training, experience and certification to commensurate with the requirements of the various positions.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Records on credentials of Head of Service/Team and staff required to fill up the posts within the service (to match the complexity of the Facility and services).	NA					
	2.	Assignment letters	NA					
	3.	Certification	NA					
	4.	Training and competency records including privileging (for PCI & AMS)	NA					
5.2.1.2	The authority, responsibilities and accountabilities of the Head of PCI services and AMS relevant activities. are clearly delineated and documented.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Appointment/assignment letter for Head of Service	NA					
	2.	Description of duties and responsibilities.	NA					
5.2.1.3 CORE	The infection control nurse (ICN) shall have post basic/advanced diploma infection control training and certified. The AMS pharmacist shall have attended the AMS pharmacist training program and be certified.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	PCI - Post basic /advanced diploma infection control qualification.	NA					
	2.	AMS – AMS pharmacist has AMS pharmacist training program	NA					

5.2.1.4	<div>The head of PCI Services/Team is responsible for the effective implementation of infection control policies and activities</div> <div>The head of AMS services/team is responsible for the effective implementation of antimicrobial stewardship policies and activities</div> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Surveillance/audit reports and records</td><td>NA</td></tr><tr><td>2.</td><td>Environmental inspection records</td><td>NA</td></tr><tr><td>3.</td><td>On-site training records conducted by - ICN in-charge - AMS trained pharmacist</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Surveillance/audit reports and records	NA	2.	Environmental inspection records	NA	3.	On-site training records conducted by - ICN in-charge - AMS trained pharmacist	NA	NA			NA				
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5.2.1.5 CORE	<div>Sufficient numbers of personnel and support staff including link nurses/link personnel and link pharmacists with appropriate qualifications are employed to meet the need of the services according to national norms</div> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Full time staff (Infection Control Nurse) in accordance with national norm commensurate with bed occupancy rate.</td><td>NA</td></tr><tr><td>2.</td><td>Appointed pharmacist (AMS trained, when available)</td><td>NA</td></tr><tr><td>3.</td><td>Availability of in each ward/unit. - link nurses/link personnel - ward pharmacist (where applicable)</td><td>NA</td></tr><tr><td>4.</td><td>Census and statistics</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Full time staff (Infection Control Nurse) in accordance with national norm commensurate with bed occupancy rate.	NA	2.	Appointed pharmacist (AMS trained, when available)	NA	3.	Availability of in each ward/unit. - link nurses/link personnel - ward pharmacist (where applicable)	NA	4.	Census and statistics	NA	NA			NA	
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5.2.1.6	<div>There are written and dated specific job descriptions for members of PCI services and AMS relevant activities. that include:</div> <div>a) qualifications, training, experience and certification required for the position;</div> <div>b) lines of authority;</div> <div>c) accountabilities, functions and responsibilities;</div> <div>d) reviewed when required and when there is a major change in any of the following:</div> <div>i). nature and scope of work; ii). duties and responsibilities;</div> <div>iii). general and specific accountabilities;</div> <div>iv). qualifications required and privileges granted; v). staffing patterns;</div> <div>vi). Statutory Regulations.</div> <div>e) administrative and clinical functions.</div> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Updated specific job description is available for each staff that includes but not limited to as listed in (a) to (e).</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Updated specific job description is available for each staff that includes but not limited to as listed in (a) to (e).	NA	NA			NA										
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	2.	Job description includes specialisation skills	NA					
	3.	Relevant privileges granted where applicable	NA					
	4.	The job description is acknowledged by the staff and signed by the Head of Service/Team and dated.	NA					
5.2.1.7	There is a structured orientation programme where new PCI services and AMS relevant activities. members are briefed on their services, operational policies and relevant aspects of the Facility to prepare them for their roles and responsibilities.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Policy requiring all new team members to attend structured orientation programme.	NA					
	2.	Records on structured orientation programme	NA					
	3.	Orientation module	NA					
	4.	List of attendance	NA					
5.2.1.8	There is evidence of training needs assessment and staff development plan which provide the knowledge and skills required for staff to maintain competency in their current positions and future advancement.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Training needs assessment is carried out and gaps identified.	NA					
	2.	A staff development plan based on training needs assessment is available.	NA					
	3.	Training schedule/calendar is in place.	NA					
	4.	Training module.	NA					
5.2.1.9	There are continuing education activities for staff to pursue professional interests and to prepare for current and future changes in practice.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Training calendar includes in-house/external courses/workshop/conferences.	NA					
	2.	Contents of training programme.	NA					
	3.	Training records on continuing education activities are kept and maintained for each staff.	NA					
	4.	Certificate of attendance/degree/advanced diploma/post basic/training.	NA					

5.2.1.10	<p>There is evidence that all PCI staff have the opportunity to attend additional training in the conduct of procedures unique to the services such as the operating rooms, obstetrical units, emergency services, special care units, Central Sterilising Supply Services and isolation rooms etc.</p> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Training records on prevention of healthcare associated infections and the roles of the staff in specialised areas.</td><td>NA</td></tr><tr><td>2.</td><td>Training on safety measures in high risks areas such as the central sterilising supply services, operating theatres, scope rooms, critical care areas, immunocompromised patient areas, kitchens, laundry, laboratories and radiation emission areas etc.</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Training records on prevention of healthcare associated infections and the roles of the staff in specialised areas.	NA	2.	Training on safety measures in high risks areas such as the central sterilising supply services, operating theatres, scope rooms, critical care areas, immunocompromised patient areas, kitchens, laundry, laboratories and radiation emission areas etc.	NA	NA			NA										
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5.2.1.11 CORE	<p>The PCI services and AMS relevant activities. are involved in orientation and in-service education for all staff including medical practitioners, house officers, students, volunteers, staff of contracted services, family members and patients where appropriate.</p> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Facility-wide orientation programme - PCI - AMS</td><td>NA</td></tr><tr><td>2.</td><td>Link nurses/link personnel orientation programme</td><td>NA</td></tr><tr><td>3.</td><td>Pharmacist orientation program</td><td>NA</td></tr><tr><td>4.</td><td>Outsourced services' staff orientation programme - PCI</td><td>NA</td></tr><tr><td>5.</td><td>Patient and family members orientation checklist - PCI</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Facility-wide orientation programme - PCI - AMS	NA	2.	Link nurses/link personnel orientation programme	NA	3.	Pharmacist orientation program	NA	4.	Outsourced services' staff orientation programme - PCI	NA	5.	Patient and family members orientation checklist - PCI	NA	NA			NA	
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**TOPIC 5.3:**  
**POLICIES AND PROCEDURES**

**STANDARD 5.3.1**

*Documented policies and procedures shall reflect the current knowledge on prevention and practice of infection control services, and they are consistent with the goals and objectives of the services and relevant regulations and statutory requirements.*

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5.3.1.1 CORE	There are written policies and procedures for the PCI services and AMS relevant activities. relevant to the scope of services, complexity of the Facility and level of risks consistent with national and international requirements. These policies and procedures are signed, authorised and dated. There is a mechanism for an evidence of a periodic review at least once in every three years. Update on relevant topics shall be made earlier if required.		NA			NA		
	EVIDENCE OF COMPLIANCE							
	1.	1. Facility-wide infection control policies and procedures which are customised to the complexity of the services provided. The policies and procedures address the following:						
	a)	preventive and control procedures for all aseptic techniques and practices related to sterilisation and disinfection;						NA
	b)	fight against antimicrobial resistance;						NA
	c)	use of personal protective equipment (PPE);						NA
	d)	healthcare associated infection and isolation (patients and visitors);						NA
	e)	central sterilising supply services;						NA
	f)	housekeeping services;						NA
	g)	laundry services;						NA
	h)	food handling;						NA
	i)	handling of sharps and waste;						NA
	j)	pharmacy services;						NA
	k)	surgical and nursing procedures;						NA
	l)	pathology services;						NA
m)	engineering services;	NA						

	n)	ventilation system;	NA					
	o)	facility and equipment maintenance, and all others.	NA					
	2.	Facility-wide Antimicrobial policy which are customised to the complexity of the services provided. The policies should, as a minimum, address the following:						
	a)	Objectives of the policy	NA					
	b)	AMS Principles of antimicrobial usage in the facility (eg documentation of indication for the antimicrobial prescribed)	NA					
	c)	Hospital Antimicrobial formulary	NA					
	d)	List of restricted antimicrobials	NA					
	e)	Approval processes for restricted antimicrobials	NA					
	f)	Any Quality Improvement initiatives planned to improve antimicrobial prescribing in the facility	NA					
	3.	Current Ministry of Health Policies and Procedures on Infection Control are available for reference (updates).						
	4.	An AMS protocol that is available for reference. (e.g. Ministry of Health Protocol on Antimicrobial Stewardship in Healthcare Facilities)						
	5.	Evidence of periodic review of policies and procedures.						
	6.	The policies and procedures are endorsed and dated.						
5.3.1.2	Policies and procedures are developed by a committee in collaboration with various disciplines involving representatives from medical practitioners, pharmacy, nursing, management, engineering and where required with other external service providers and with reference to relevant sources involved. Cross departmental collaboration is practised in developing relevant policies and procedures where applicable.			NA			NA	
EVIDENCE OF COMPLIANCE								
1.	Minutes of committee meetings on consultation with PCI teams when planning relevant policies (eg OT committees, OSH)		NA					
5.3.1.3	Current guidelines, policies and procedures are communicated to all facility staff.			NA			NA	
EVIDENCE OF COMPLIANCE								
1.	Training and briefing on the current policies and procedures/Minutes of meetings.		NA					
2.	Circulation list and acknowledgement.		NA					

5.3.1.4 CORE	There is evidence of compliance with policies and procedures and evidence based guidelines (World Health Organization/ Centres for Disease Control and Prevention/Ministry of Health) as stated in 5.3.1.1.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Infection control practices (on-site observation) in each of the areas mentioned (5.3.1.1).	NA					
	2.	Audit reports on infection control practices	NA					
	3.	Healthcare associated infection outbreak investigations and reports investigated and reported investigations and reports	NA					
	4.	Staff health status report on cases related to infection control	NA					
	5.	Compliance with National or local antibiotic guidelines.	NA					
	6.	Data collection on Antimicrobial resistance reports	NA					
	7.	Data collection on usage of broad spectrum or restricted antimicrobials	NA					
5.3.1.5	Copies of policies and procedures, protocols, guidelines, relevant Acts, Regulations, By-Laws and statutory requirements are accessible to staff.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Copies of policies and procedures, protocols, guidelines, relevant Acts, Regulations, By-Laws and statutory requirements are accessible on-site for staff reference.	NA					
5.3.1.6	Current reference manuals, pamphlets, journals, and books as well as information and scientific data concerning infection control and antimicrobial stewardship shall be available for reference and guidance.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Copies of relevant documents for reference and guidance.	NA					
5.3.1.7	Regular "environmental infection risks" (e.g. air, water and surface environment) inspections are conducted throughout the Facility for the purpose of quality improvement and the updating policies and procedures related to infection control practices.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Report/documentation on infection risks environmental inspections (e.g. air, water and surface environment)	NA					

	2.	Corrective and preventive actions taken, e.g. training, improvement of infection control practices and other activities.	NA					
5.3.1.8	The PCI Unit/Team shall be consulted in order to ensure that: a) proposed demolition, building constructions and renovations are designed in line with accepted infection control requirements. b) proposed new equipment (critical and semi critical medical devices) intended for patient care conforms to accepted infection control standards.			NA			NA	
EVIDENCE OF COMPLIANCE								
1.	Records on input from PCI Unit/Team for (a) and (b) where applicable.	NA						
5.3.1.9 CORE	The HIACC reviews reports on healthcare associated infections rates, surveillance studies of infections and infection potentials, and the implementation of infection control and antimicrobial stewardship policies. Pertinent findings shall be submitted to the appropriate source for necessary action.			NA			NA	
EVIDENCE OF COMPLIANCE								
1.	Minutes of HIACC meeting	NA						
2.	Reports on: -							
a)	healthcare associated infection rates;	NA						
b)	surveillance data on infections and infection potentials;	NA						
c)	implementation of infection control policies.	NA						
d)	Antimicrobial usage of broad spectrum and restricted antimicrobials	NA						
e)	Any pertinent relevant report (e.g outbreak report)	NA						
3.	Records on pertinent findings submitted to the appropriate source for necessary action to be taken.	NA						
5.3.1.10	Policies and procedures for infectious patients and those requiring isolation and treatment are available and complied including the following: a) proper isolation of infectious cases based on mode of transmission. b) hand hygiene practices c) the isolated patients receive the same quality of care as is provided throughout the Facility.			NA			NA	
EVIDENCE OF COMPLIANCE								
1.	Documented policies and procedures include (a), (b) and (c).	NA						
2.	Patient's orientation checklist (briefing on infection control practices)	NA						

	3.	Records on implementation of (a), (b) and (c)	NA					
	4.	Validation upon on-site inspection of items (a), (b) and (c).	NA					

**TOPIC 5.4:**  
**FACILITIES AND EQUIPMENT**

**STANDARD 5.4.1**

*Adequate facilities and equipment are available to prevent and control the risks of infection throughout the Facility including disinfection and sterilisation areas.*

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
5.4.1.1	There are adequate and appropriate facilities and equipment with proper utilisation of space for disinfection and sterilization process. patient management to enable staff to carry out their professional and administrative functions.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Adequate and proper utilisation of space	NA					
	2.	Space for admin functions	NA					
	3.	Appropriate type of equipment to match the complexity of services and to prevent and control the risks of infection.	NA					
	4.	Easy access and clear exit routes	NA					
5.4.1.2 CORE	The use of all medical devices and disinfectants shall comply with the manufacturers' instructions on prevention and control of infection.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Manufacturers' instructions on medical devices and disinfectants for prevention and control of infection are in place for reference.	NA					
	2.	Material Safety Data Sheet (MSDS) for chemical used is available.	NA					
	3.	Records and observation on practices.	NA					
5.4.1.3	Where single use devices or instruments are to be reused, the processes for reprocessing are consistent with relevant international standard.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Policy on reprocessing of single use devices.	NA					
	2.	Observation on practice upon on-site inspection	NA					
5.4.1.4	Adequate personal protective equipment (PPE) shall be provided for healthcare providers, patients and visitors where appropriate.			NA			NA	



	<b>EVIDENCE OF COMPLIANCE</b>						
	1.	Records on requests and supplies of PPE					
	2.	Observation on practice upon on-site inspection					
5.4.1.5	Isolation facilities for patient requiring transmission-based precaution of airborne infection and immunocompromised patients shall comply with regulatory requirements.		NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>						
	1.	Isolation rooms available with negative or positive pressure gauge monitoring and airlock with PPE facilities.					
	2.	Record of maintenance shall be kept					
5.4.1.6	Adequate and appropriate hand hygiene facilities including alcohol-based hand rub shall be available in all patient, staff and visitor areas.		NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>						
	1.	Availability and appropriate hand washing facilities in all patient, staff and visitor areas.					
	2.	Availability of alcohol-based hand rubs in all patient, staff and visitor areas.					

**TOPIC 5.5:**  
**SAFETY AND PERFORMANCE IMPROVEMENT ACTIVITIES**

**STANDARD 5.5.1**

The Head of PCI Services and AMS Team shall ensure the provision of safe and quality performance with staff involvement in the continuous safety and performance improvement activities of the PCI and AMS relevant activities. This can be achieved through actively monitoring and tracking risks and trends in healthcare associated infections and antibiotic prescription pattern.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
5.5.1.1	There are planned and systematic safety and performance improvement activities to monitor and evaluate the performance of the PCI services and AMS relevant activities. The process includes: a) Data collection b) Action plan for improvement based on existing data c) Implementation of action plan using PDSA concept d) Re-evaluation for improvement e) Monitoring and evaluation of the performance Innovation is advocated.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Planned performance improvement activities include (a) to (e)	NA					
	2.	Records on performance improvement activities.	NA					
	3.	Minutes of performance improvement meetings	NA					
	4.	Performance improvement studies	NA					
	5.	Records on innovation if available	NA					
5.5.1.2	The Head of PCI services and AMS relevant activities. has assigned the responsibilities for planning, monitoring and managing safety and performance improvement activities to appropriate individual/ personnel/ committee			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Minutes of meetings	NA					
	2.	Letter of assignment of responsibilities	NA					
	3.	Terms of Reference/Job description	NA					
5.5.1.3	The Head of PCI Services shall ensure that the staff are trained in outbreak management. The outbreak shall be promptly investigated, and appropriate action taken. Report is forwarded to the Person in Charge (PIC) of the Facility.			NA			NA	

	<b>EVIDENCE OF COMPLIANCE</b>								
	1.	System for outbreak management and reporting is in place, which include:							
	a)	Protocol on outbreak management						NA	
	b)	Methodology of outbreak management						NA	
	c)	Register/records of outbreak						NA	
	2.	Training of staff						NA	
	3.	Completed outbreak reports						NA	
	4.	Corrective and preventive action plans						NA	
	5.	Minutes of meetings						NA	
	6.	Acknowledgment by Head of Service and PIC/Hospital Director						NA	
7.	Feedback given to staff regarding outbreak		NA						
5.5.1.4 CORE	For Infection Control, there is tracking, and trending of specific performance indicators not limited to but at least two (2) of the following: a) percentage of staff trained in Prevention and Control of Infection practices b) Rate of healthcare associated infections c) number of resistant organisms to antibiotics within a specified period of time  For Antimicrobial stewardship, there is tracking, and trending of specific performance indicators for at least one (1) of the following: a) percentage of appropriate and complete antimicrobial prescriptions b) percentage of prescriptions with indications that are in keeping with national or local antimicrobial guidelines c) Percentage of empirical prescriptions that are reviewed by 72 hours		NA			NA			
<b>EVIDENCE OF COMPLIANCE</b>									
1.	Specific performance indicators monitored. - PCI - AMS	NA							
2.	Records on tracking and trending analysis. - PCI - AMS	NA							
3.	Remedial measures taken where appropriate - PCI - AMS	NA							

	4.	Monitoring of PCI indicators:					
	a)	-					
	i)	100% link nurses/link personnel to undergo minimum three (3) days training	NA				
	ii)	100% of new staff including medical practitioners given orientation on infection control within 3 months	NA				
	iii)	85% of existing staff including medical practitioners trained on infection control.	NA				
	b)	-					
	i)	Healthcare associated infection rate based on current national targets (Target: ≤ 5%)	NA				
	ii)	Clinical based surveillance:					
		• Surgical Site Infection of selected operation based on current local / national / international targets (e.g. clean operation less than 2%);	NA				
		• Catheter Associated Urinary Tract Infection (CAUTI);	NA				
		• Ventilator-associated Pneumonia (VAP) based on current local / national / international targets (Target:	NA				
		• Catheter Related Infection (e.g. CRBSI) based on current local / national / international targets (Target:	NA				
	c)	Healthcare Associated MDRO surveillance:					
	i)	Methicillin-resistant Staphylococcus aureus (MRSA)– based on current national targets (Target: ≤ 0.3%)	NA				
	ii)	Extended spectrum beta-lactamase (ESBL) producers E.coli (Target: ≤ 0.2%)	NA				
	iii)	Extended spectrum beta-lactamase (ESBL) producers – Klebsiella pneumonia (target: ≤0.3%)	NA				
	iv)	Carbapenem-resistant Enterobacteriaceae (CRE) (target: ≤0.1%)	NA				
	v)	Acinetobacter spp (Target: ≤ 0.3%)	NA				
	vi)	vancomycin-resistant enterococci (VRE) (Target: ≤ 0.1%)	NA				
	5.	Monitoring of AMS indicators					
	a)	Percentage of complete antimicrobial prescriptions that contain start date, indication, dosage, route of administration and either duration of therapy or date of next review of the prescription	NA				

	b)	Percentage of prescriptions where indications are given and the choice, dose and route of administration of the antimicrobial is in keeping with either National or local antimicrobial guidelines.	NA					
	c)	Percentage of antimicrobials started empirically that have a documented review at 72 hours based on updated clinical status and new investigation findings	NA					
5.5.1.5	The Facility takes appropriate actions on all notifiable emerging and re-emerging diseases and report to the relevant authorities in accordance to regulatory requirement. Note: Prevention and Control of Infectious Diseases Act 1988			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Records and reports on actions taken for all notifiable, emerging and re-emerging diseases that have potential to cause hospital outbreak.	NA					
5.5.1.6	Feedback on results of safety and performance improvement activities are regularly communicated to the staff and relevant authority.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Results on safety and performance improvement activities are accessible to staff.	NA					
	2.	Evidence of feedback via communication on results of performance improvement activities through continuing education activities/meetings.	NA					
	3.	Minutes of service/unit/committee meetings	NA					
5.5.1.7	Appropriate documentation of safety and performance improvement activities is kept and confidentiality of medical practitioners, staff and patients is preserved.			NA			NA	
	<b>EVIDENCE OF COMPLIANCE</b>							
	1.	Documentation on performance improvement activities and performance indicators.	NA					
	2.	Policy statement on anonymity on patients and providers involved in performance improvement activities.	NA					

SERVICE SUMMARY

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OVERALL RATING : NA

OVERALL RISK : -