



The United Republic of Tanzania  
Ministry of Health and Social Welfare

# NATIONAL INFECTION PREVENTION AND CONTROL STANDARDS FOR HOSPITALS IN TANZANIA

**STANDARDS-BASED MANAGEMENT AND  
RECOGNITION FOR IMPROVING INFECTION  
PREVENTION AND CONTROL PRACTICES – AN  
ASSESSMENT TOOL**

June 2012



Under the leadership of The United Republic of Tanzania Ministry of Health and Social Welfare

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# ABBREVIATIONS AND ACRONYMS

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<b>ARVs</b>	Antiretrovirals
<b>BB</b>	Blood bank
<b>CDC</b>	United States Centers for Disease Control and Prevention
<b>CSSD</b>	Central Sterilization Supply Department
<b>FEFO</b>	First expiry, first out
<b>HAI</b>	Health-care-associated infection
<b>HCW</b>	Health care worker
<b>HCWM</b>	Health care waste management
<b>HLD</b>	High-level disinfection
<b>HMT</b>	Health management team
<b>HSG</b>	Hysterosalpingography
<b>HSIU</b>	Health Services Inspectorate Unit
<b>HQIT</b>	Health quality improvement team
<b>ICU</b>	Intensive Care Unit
<b>IM</b>	Intramuscular
<b>IPC</b>	Infection prevention and control
<b>IV</b>	Intravenous
<b>IVU</b>	Intravenous urography
<b>MoHSW</b>	Ministry of Health and Social Welfare
<b>OT</b>	Operating Theatre
<b>PEP</b>	Post-exposure prophylaxis
<b>PICC</b>	Peripherally inserted central catheter
<b>PPE</b>	Personal protective equipment
<b>PPM</b>	Planned Preventive Maintenance
<b>QI</b>	Quality improvement
<b>QIT</b>	Quality improvement team
<b>R&amp;R</b>	Report and request [form]
<b>RCH</b>	Reproductive and child health
<b>SBM-R</b>	Standards-Based Management and Recognition
<b>SOPs</b>	Standard operating procedures
<b>TB</b>	Tuberculosis
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organisation
<b>WIT</b>	Work improvement team

# FOREWORD

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The prevention and control of infections is essential to the provision of high-quality and safe health care services. With the increased burden of health-care-associated infections (HAIs) in sub-Saharan Africa—a situation that results in a heightened burden of preventable morbidity and mortality—the need to have all health care workers (HCWs) competently implementing evidence-based infection prevention and control (IPC) practices cannot be over-emphasized.

These infections and diseases are major public health concerns, as they lead to prolonged hospital stays, long-term disabilities, increased resistance of microorganisms to antimicrobials, massive additional financial burdens, additional costs for patients and their families, and death. As such, the prevention and control of HAIs must be a top priority for settings and institutions that are committed to making health care safe and of high quality.

Globally, HAIs are a significant problem. However, in developing countries that lack a surveillance system, such as Tanzania, the weight of this health care burden is heavier. For HCWs to provide high-quality and safe health care services and prevent such HAIs, strict adherence to simple, cost-effective IPC practices must be observed as per the developed *National Infection Prevention and Control Standards for Hospitals in Tanzania*.

These *National IPC Standards* provide evidence-based guidance to the prevention and control of this debilitating problem. Although the Ministry derived these standards from other national and international guidelines and standards, we urge HCWs to make use of other Ministry-developed documents for reference and further guidance, including the *Quality Improvement: Infection Prevention and Control Orientation, Guide for Participants* (2008), *National Infection Prevention and Control Pocket Guide for Health Care Services in Tanzania* (2007), *National Infection Prevention and Control Guidelines for Health Care Services in Tanzania* (2004), *National Health Care Waste Management Policy Guidelines* (2006), *Health Care Waste Management Standards and Procedures* (2012), as well as two additional documents that are pending publication: the *National Catalogue for Health Care Waste Management Equipment and Facility Options* (2012) and *Standard Operating Procedures for Waste Handlers*.



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The *National Infection Prevention and Control Standards for Hospitals in Tanzania* are the result of concerted effort from a variety of individuals, institutions and development partners. The Ministry of Health and Social Welfare (MoHSW) appreciates the efforts of all who participated in the development and review processes.

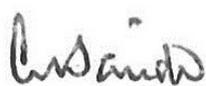
The Ministry wishes to specifically acknowledge Dr. Henock Ngonyani, who was the Head of Health Services Inspectorate Unit (a unit under the Directorate for Health Quality Assurance at the MoHSW) during the development of these standards, for his commitment and tireless efforts in ensuring that practical and operational IPC standards were developed in a highly participatory manner. A special word of thanks goes to the technical working team that comprised members from the Health Services Inspectorate Unit and Jhpiego. This team jointly took part in the coordination and provision of guidance to the whole process through various consultative forums and document reviews. Sincere gratitude is extended for their involvement throughout the process.

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- Ministry of Health and Social Welfare – Health Care Waste Management Programme
- Ministry of Health and Social Welfare – Occupational Health and Safety
- Ministry of Health and Social Welfare – Diagnostic Services
- Ministry of Health and Social Welfare – National Blood Transfusion Services
- Jhpiego, an affiliate of Johns Hopkins University

These *National IPC Standards* would not have been possible without the generous financial support of the United States Centers for Disease Control and Prevention (CDC) and the United States Agency for International Development (USAID), and the provision of generic guidelines by the World Health Organisation (WHO) and CDC, from which these standards were derived. The Ministry appreciates this tremendous support.

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# QUALITY IMPROVEMENT SERIES

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The *National Infection Prevention and Control Standards for Hospitals in Tanzania* are part of the MoHSW's Quality Improvement Series. All resources in this series are listed below.

1. *Tanzania Quality Improvement Framework*, September 2004
2. *National Infection Prevention and Control Guidelines for Health Care Services in Tanzania*, November 2004
3. *National Infection Prevention and Control Pocket Guide for Health Care Services in Tanzania*, February 2007
4. *Mwongozo wa Taifa wa kukinga Maambukizo katika Utoaji wa Huduma za Afya: Kiongozi cha Mfukoni wa Watoa Huduma za Afya Tanzania*, April 2007
5. *Implementation Guideline for 5S-CQI-TQM Approaches in Tanzania*, May 2009
6. *Quality Improvement: Infection Prevention and Control Orientation, Guide for Participants*, July 2008
7. *National Supportive Supervision Guidelines for Health Care Services*, September 2010
8. *National Infection Prevention and Control Standards for Hospitals in Tanzania*, June 2012

# INTRODUCTION

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The *National Infection Prevention and Control Standards for Hospitals in Tanzania* were developed with the aim of improving health worker performance by standardizing the way key infection prevention and control (IPC) practices are performed in all health facilities. Standardized practices will ultimately enable sound measurement and comparison among facilities across the country. The development and use of these standards will provide a benchmark against which progress, improvements and achievements in IPC practices can be measured, and will serve as a reference guide for training, conducting assessments, and performing monitoring and supportive supervision.

## **RATIONALE FOR INFECTION PREVENTION AND CONTROL STANDARDS**

In the late 1990s, the Ministry of Health and Social Welfare (MoHSW) started IPC activities through a variety of programmes and development partners. In 2004, more concerted efforts to carry out IPC began when the Health Services Inspectorate Unit (HSIU) developed the *National Infection Prevention and Control Guidelines for Health Care Services in Tanzania* (2004) in tandem with IPC programme implementation. Experience gathered over five years of programme implementation demonstrated the existence of differing IPC practices within health care facilities, despite the fact that training was conducted and guidelines were distributed. This variance in IPC practices was a result of each facility receiving different instructions and training materials from various programmes over the years. The development and implementation of the *National IPC Standards* will minimize such differences in IPC practices. Further, IPC programme implementation is expanding to all health care facilities, including lower-level/frontline facilities (e.g., health centres and dispensaries), which will assist in standardizing IPC practices.

The *National IPC Standards* are designed to:

- Contribute to the delivery of safe health care and social care services.
- Promote a multidisciplinary approach to IPC.
- Provide an environment that drives improvement in quality, safety and accountability.
- Encourage all staff involved in the delivery of health and social care to accept responsibility for their role in preventing and controlling infection.
- Promote continuous quality improvement (QI) through regular monitoring and evaluation of IPC services.
- Encourage attainment of best practices in IPC.

# OVERVIEW OF INFECTION PREVENTION AND CONTROL STANDARDS

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The *National IPC Standards* comprise 60 standards, spanning direct health care services to patients to support services. The target audience for this document includes: MoHSW staff, both in programmes and in routine services; regional and district health management teams; hospital management teams; and general health care workers (HCWs). All work areas, departments and standard units in health care facilities should use these standards. However, assessors should note that some of the standards are not uniformly applicable to all areas, since facilities may differ in the type of clinical and supportive services delivered. Some general standards are applicable to all health care service delivery levels, including dispensaries and health centres, while others apply to higher-level facilities only.

## STRUCTURE OF THE STANDARDS

All 60 IPC standards are presented in a single assessment tool and listed according to functional area/department of assessment.

The assessment tool has four columns:

- **Performance standards:** The standards are worded as “expected outcome” statements, i.e., they describe what is expected of health care providers, a functional area or the whole facility.
- **Verification criteria:** These explain not only what health care providers are expected to do to prevent infections, but also detail how the providers are to carry out such procedures and tasks.
- **Y, N, N/A:** This column is designated for determining (and scoring) whether a verification criterion has been achieved (Y), not achieved (N) or is not applicable (N/A).
- **Comments:** This column is for assessors to write comments on observations made during assessments that explain the reason for failure to meet or fulfil a particular standard or verification criterion. Best practices can also be recorded in this column.

## COMPLETING THE ASSESSMENT TOOL

- Immediately register the information collected.
- Register “Y,” “N” or “N/A” in the corresponding column. Do not leave any verification criteria blank.
  - Register “Y” if the procedure is performed or item exists as described.
  - Register “N/A” when the required condition does not exist or when the verification criterion can be assessed by an alternative method.
  - Register “N” if the procedure is not performed or not performed correctly.

### **Example**

The first verification criterion below is “Y” because during observation the health care provider poured antiseptics from the provided large container into a smaller container for daily use. In the same example, the second verification criterion is “N/A” because the required condition did not exist (i.e., the facility does not re-use containers). The fourth verification criterion is “N” because during assessment it was realized that antiseptic solutions are not stored in a cool, dark area on a lower shelf.

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A
<b>Standard 9</b> Antiseptics are stored and used as indicated under the National IPC Guidelines.	Verify by observation that the antiseptics and disinfectants are stored and dispensed according to IPC recommendations:	
	01 Small quantities are poured at a time into a smaller container for daily use, if antiseptics are provided in large containers.	Y
	02 Antiseptic containers are cleaned and thoroughly dried up before refilling.	N/A
	03 Antiseptics in dispensers are not refilled before they are empty.	N/A
	04 Antiseptic solutions are stored in a cool, dark area on a lower shelf.	N
	05 Gauze or cotton wool is not stored in containers with antiseptics.	Y
	06 Instruments and other items are not stored in containers with antiseptics.	Y
	07 Appropriate labelling of antiseptic containers (i.e., type, strength, date of dilution) is used.	N/A

## SCORING PERFORMANCE

- Each standard is worth one point.
- For each standard to be met, all of the verification criteria should be “Yes” or “Not Applicable.”

## SUMMARISING RESULTS

- Summarize the results using the section summary tables after each section and the **standards summary sheet** that follows the assessment tool.
- Write the number of standards achieved per area and in total.
- Calculate and write the percentage of standards achieved per area and in total by dividing the number of standards achieved by the total number of standards in each area, and multiplying the results by 100 (e.g.,  $6/12 \times 100 = 50\%$ ). Apply the same process for the general total: divide the total number of standards achieved by the total number of standards, multiply by 100 (e.g.,  $25/50 \times 100 = 50\%$ ). Fractions of percentages (e.g., 27.67%) have limited value and are not statistically significant, so round up or down (e.g., 28%).

## APPLICABLE STANDARDS

Not all standards listed in the assessment tool are applicable to all functional areas/departments. For instance, a standard for safe Operating Theatre practices is not applicable in the Medical Ward. Applicable standards by area of assessment are listed in the table below. (**Note:** Refer to Applicable Standards Table when summarising performance in the standards summary sheet.)

**Applicable Standards Table**

STND. NO.	OT	CSSD	Labour	ICU	Lab/BB	Radiology	Mortuary	Dental	Medical	Paediatrics	Surgical	Ob/Gyn	CTC	OPD	Casualty	Physio.	Admin.	Pharmacy	Kitchen	Laundry	HCWM
1	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√		√	√	√	√
2	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√		√	√	√	√
3	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√		√	√	√	√
4	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√		√	√	√	√
5	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√		√	√	√	√
6	√		√	√	√	√		√	√	√	√	√	√	√	√	√		√			
7	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√		√	√	√	√
8	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√		√		√	√
9	√	√	√	√	√	√		√	√	√	√	√	√	√	√	√		√			
10	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√		√	√	√	√
11	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√		√	√	√	
12	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√		√	√	√	
13	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√		√	√	√	
14	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√		√	√	√	
15	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√		√	√	√	√
16	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√		√	√	√	
17	√		√	√					√	√	√	√			√						
18	√		√	√	√		√	√	√	√	√	√	√	√	√	√		√			
19				√		√		√	√	√	√	√	√	√	√						
20			√	√					√	√	√	√			√						
21			√	√					√	√	√	√			√						
22											√	√			√						
23	√	√	√	√			√	√	√	√	√	√			√						
24			√	√					√	√	√	√			√						
25			√	√					√	√	√	√			√						
26			√	√	√				√	√	√	√	√	√	√						
27	√																				
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35		√																			
36		√		√				√	√	√	√	√			√						
37			√																		
38				√																	
39					√																
40					√																

STND. NO.	OT	CSSD	Labour	ICU	Lab/BB	Radiology	Mortuary	Dental	Medical	Paediatrics	Surgical	Ob/Gyn	CTC	OPD	Casualty	Physio.	Admin.	Pharmacy	Kitchen	Laundry	HCWM	
41						✓																
42																		✓				
43																		✓				
44																		✓				
45																				✓		
46																				✓		
47							✓															
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58																	✓					
59																	✓					
60																	✓					

# THE STANDARDS-BASED MANAGEMENT AND RECOGNITION APPROACH

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The MoHSW works, in collaboration with the USAID-funded MAISHA Program and the CDC-funded IPC project, to implement the Jhpiego-developed, hands-on performance and QI approach, called Standards-Based Management and Recognition (SBM-R), to identify and guide interventions that will improve the IPC practices of HCWs at facilities. SBM-R is a simple process, yet it comprehensively and quantifiably improves the quality and performance of health services. SBM-R is a proactive, practical management methodology that focuses not on lengthy examination of the problems, but on the streamlined standardization and implementation of best practices.

The four steps of the SBM-R process are as follows:

1. Setting objective performance standards for a defined service delivery process or specific content area—clear, simply worded standards with observable criteria are key to the success of SBM-R.
2. Implementing the standards in a streamlined, systematic way—which involves identifying gaps between actual and desired performance and devising detailed action plans to address the gaps.
3. Measuring progress to guide the improvement process towards these standards—such ongoing measurements can serve to motivate the group or help inform improved action plans.
4. Rewarding achievement of standards through social/peer recognition mechanisms—this may be a public event or ceremony including symbolic rewards (e.g., certificates, plaques).

By calculating the actual performance as a numeric score of the percentage of standards achieved, a general sense of programme quality can be determined. This score can be used in determining which institutions merit official recognition and which institutions are in need of additional attention and technical support. The use of SBM-R for IPC practices will decrease the risk of infection transmission to clients, HCWs and the community. Complementary efforts will also be made in behavioural change communication and advocacy to ensure provider awareness of infection risks.

## ONSITE ASSESSMENTS

A baseline assessment, followed by the continuous measurement of progress, is used as a mechanism to guide the process, inform managerial decisions and reinforce the momentum for change. Through continuous measurement, managers, providers and communities can monitor progress, assess success of interventions, identify gaps and introduce necessary adjustments to their plans. Measurement makes it possible to present health care managers and providers with quantitative targets. Achieving and making sustainable progress against these targets has an important motivating effect for those involved in the improvement process.

## **Types of Assessments**

Continuous measurement is based on the implementation of periodic assessments using the performance assessment tool. The assessments can be:

- Self-assessments conducted by individual providers of their own work. The provider uses the performance assessment tool as a job aid to verify if she/he is following the recommended standardized steps during the provision of care. These assessments can be conducted as frequently as desired or needed.
- Internal assessments implemented internally by facility staff. Internal assessments can be performed by a group of colleagues or health facility staff using the tool to assess their work (i.e., peer assessment). Internal assessments can also be conducted by managers/supervisors using the tool to periodically assess the services being improved. This type of assessment should occur every three to four months.
- External assessments implemented by an assessor who is external to the health facility. These assessments are usually conducted by the central, regional and district levels of the MoHSW. They can be conducted in the form of facilitative supervision when the purpose of the visit is to provide support for identification of performance gaps and interventions. Verification assessments occur when the purpose of the visit is to confirm compliance with recommended standards of care for recognition. During verification assessments, involving representatives of the clients and communities served in the process in an appropriate way is desirable.

## **Conducting Assessments**

The assessment tool is used to conduct assessments in health facilities. Each standard has specific instructions about how and where to collect/verify the information needed, as well as the number of observations required. The three methods of data collection are: 1) direct structured observation, 2) interviews, and 3) document review.

When using **direct structured observation**:

- Introduce yourself and explain the reason for the assessment.
- Use the assessment tool to guide the observation.
- Do not provide feedback during the assessment.
- Be objective during the assessment.

When conducting **interviews or observing simulations**:

- Introduce yourself and explain the reason for the assessment.
- Identify the staff who typically carry out the activities or procedures.
- Interview the staff using the assessment tool.
- Probe to get precise information; do not assume responses.
- Be objective during the assessment.

When using **document review**:

- Introduce yourself and explain the reason for the assessment.
- Identify correct sources of information (e.g., administrative forms, statistical records, service records).
- Review the documents using the assessment tool.
- Question individuals responsible for the areas to complement and/or clarify information.
- Be objective during the assessment.

## **DEVELOPING ACTION PLANS AND ORGANISING TEAMS**

After every assessment, facility staff should develop operational/action plans to guide implementation of the improvement process. These plans are relatively simple tools that outline gaps and their causes that need to be eliminated, the specific intervention to be conducted, the persons involved, the timeframe for the task and any potential support that may be needed. Identifying responsible persons and setting the timeframe are extremely important, since they ensure better follow up of activities in the plan. Operational plans should be developed—after analysis of the results of the baseline or follow-up monitoring assessment—by a team of facility providers and managers who work in different and relevant areas of service provision. A template for developing action plans follows.

## Action Plan Template

GAPS/CAUSE	INTERVENTIONS	BY WHOM	SUPPORT NEEDED	BY WHEN

## RECOGNITION

The hallmark of this QI approach is recognizing achievements for increased sustainability of good performances. The MoHSW, in collaboration with Jhpiego, is developing guidelines for the recognition process. In line with the guidelines, facilities achieving acceptable levels of performance will be recognized and rewarded. This recognition will depend on the level of achievement, as based on the number of standards achieved during an external assessment. Please refer to the draft *External Verification and Recognition Guidelines for Health Care Quality Improvement Programmes* for further information.



**NATIONAL INFECTION PREVENTION AND CONTROL STANDARDS  
FOR HOSPITALS IN TANZANIA**

**ASSESSMENT TOOL**



## SECTION A: GENERAL PERFORMANCE STANDARDS

REGION: \_\_\_\_\_

NAME OF INSTITUTION: \_\_\_\_\_

ASSESSORS: \_\_\_\_\_

ASSESSMENT TYPE (Indicate Baseline, Internal or External): \_\_\_\_\_

DATE (DD/MM/YYYY): \_\_\_\_\_

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS
<b>SECTION A: GENERAL PERFORMANCE STANDARDS</b> (Applicable to almost all functional areas)				
<b>Standard 1</b> The <i>National IPC Guidelines for Health Care Services in Tanzania</i> are available and accessible.	Verify by observation that:			
	01	<b>One</b> of the following documents is available in every department/ward of the facility: National IPC Standards, National IPC Guidelines, National IPC Pocket Guide <b>OR</b> Quality Improvement: IPC Orientation Guide.		
	02	<b>One</b> of the following documents is accessible in every department/ward of the facility: National IPC Standards, National IPC Guidelines, National IPC Pocket Guide <b>OR</b> Quality Improvement: IPC Orientation Guide.		
<b>Standard 2</b> Standard operating procedures for IPC are available and accessible.	Verify that standard operating procedures (SOPs), either developed by the MoHSW or the facility itself, for the following IPC practices and related procedures are available and accessible: <b>Note: Only check SOPs that apply to the functional area of assessment, as indicated in parentheses.</b>			
	01	Hand hygiene ( <i>all areas</i> )		
	02	Housekeeping, including cleaning schedule ( <i>all areas</i> )		
	03	Dilution of disinfectants ( <i>all areas</i> )		
	04	Waste management ( <i>all areas</i> )		
	05	Performing phlebotomy for blood testing or donation ( <i>Diagnostic and Care sections only</i> )		
	06	Providing an intramuscular (IM) injection ( <i>all applicable Clinical Care, Reproductive and Child Health, Immunization sections</i> )		
	07	Insertion and maintenance of an intravascular device ( <i>Casualty, Medical, Paediatrics, Surgical, Intensive Care Unit [ICU]</i> )		
	08	Insertion and maintenance of an urethral catheter ( <i>Casualty, Medical, Paediatric, Surgical, ICU</i> )		
	09	Wound management ( <i>Casualty, Surgical</i> )		
	10	Processing of instruments, linen and other articles, including decontamination and cleaning ( <i>Casualty, Medical, Surgical, Outpatient Department [OPD]</i> )		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS
<b>Standard 2, cont.</b>	11	High-level disinfection (HLD) and sterilization of instruments and other items ( <i>Central Sterilization Supply Department [CSSD], Operating Theatre, any area of the facility that performs sterilization, e.g., Maternity/Labour, Dental</i> )		
	12	Storage of clean, sterile and HLD instruments and other items ( <i>CSSD, Operating Theatre, any area of the facility that performs sterilization, e.g., Maternity/Labour, Dental</i> )		
	13	Safety practices for handling and passing sharp instruments ( <i>Operating Theatre, Labour</i> )		
	14	Surgical hand-scrubbing ( <i>Operating Theatre</i> )		
	15	Labour and delivery procedures ( <i>Labour</i> )		
	16	Laboratory regulations and safety ( <i>Laboratory</i> )		
	17	Transmission-based isolation precautions, to identify patients diagnosed or presumed to be infected with highly transmissible or epidemiologically important diseases (e.g., tuberculosis [TB], measles, meningitis, scarlet fever, rubella, hepatitis A, impetigo) ( <i>Medical, Paediatric, TB Ward/Clinic</i> )		
	18	Postmortem care ( <i>Mortuary</i> )		
	19	Daily screening for food handlers for acute diarrhoea, draining abscess and impetigo ( <i>Kitchen</i> )		
	20	Safe preparation, handling and storage of food ( <i>Kitchen</i> )		
	21	Pest control ( <i>Kitchen</i> )		
	22	Cleaning and disinfecting trays, utensils and other surfaces ( <i>Laundry</i> )		
	23	Collecting and transporting linen ( <i>Laundry</i> )		
	24	Rinsing soiled linen ( <i>Laundry</i> )		
	25	Sorting ( <i>Laundry</i> )		
	26	Washing and drying ( <i>Laundry</i> )		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A			COMMENTS
<b>Standard 3</b> Health care providers are trained in IPC practices and procedures.	Verify by interviews with staff or review of records (managed by IPC Committee, Ward/Department In-Charge or Administration) that:					
	01	At least 80% of health care providers in each functional area of the health facility have been trained for <b>at least three</b> days in IPC practices and procedures as per the recommendations of the MoHSW.				
<b>Standard 4</b> Health care providers are conversant with the content of the National IPC Guidelines and SOPs.	Verify by interviews with <b>at least three</b> health care workers (HCWs) of any cadre per each department/ward/functional area that health care providers: <b>Note: Mention in the comments section in cases when less than three HCWs are obtained.</b>		W 1	W 2	W 3	
	01	Mentions correctly at least <b>three</b> components of the standard precautions, namely: 1) consider every person as potentially infectious and susceptible to infection; 2) use appropriate hand hygiene technique; 3) wear personal protective equipment (PPE); 4) appropriately handle sharps, patient care, resuscitation equipment and linen, and appropriately manage patient placement and patient environmental cleaning; 5) safely dispose of infectious waste materials; and 6) process instruments by decontamination, cleaning and either sterilization or HLD using recommended procedures.				
	02	Mentions correctly the first aid procedure in an event of exposure to blood or body fluids: <b><i>Do not squeeze or rub the injury site. Wash the site immediately using soap or a mild disinfectant solution that will not irritate the skin. If running water is not available, clean the site with a gel or other hand-cleaning solution, whatever is customarily available. Do not use strong solutions, such as bleach or iodine, to clean the site as these may irritate the wound and make the injury worse.</i></b>				
	03	Knows the reporting procedures to be followed in an event of exposure to blood and body fluids.				

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS
<p><b>Standard 5</b> There are sufficient materials and supplies for personal protective equipment in the health care facility and available to health care providers.</p> <p><b>Note:</b> If personal protective equipment (PPE) are inadequate, mention in the comments section.</p>	Verify that the following PPE are currently available in the service provision areas:			
	01	Sterile surgical gloves		
	02	Clean examination gloves		
	03	Elbow-length gloves for manual removal of placenta (gauntlet gloves)		
	04	Utility gloves		
	05	Plastic apron		
	06	Area-specific attire (e.g., kitchen)		
	07	Protective eyewear		
	08	Face masks covering mouth and nose		
	09	Caps (including caps for covering hair in kitchen)		
	10	Gumboots		
	11	Lead aprons ( <i>Radiology</i> )		
	12	Lead hand gloves ( <i>Radiology</i> )		
	13	Ganado lead covers ( <i>Radiology</i> )		
	14	Surgical attire ( <i>Operating Theatre, ICU</i> )		
	15	N95 masks for airborne isolation ward, or kept in case of emergency ( <i>TB, Theatre, Bronchoscopy, Emergency Department</i> )		
Verify by observation in wards, review of inventory in store and interviews with responsible staff that:				
01	There were no stock-outs of the above items in the past 15 consecutive days.			
<p><b>Standard 6</b> There are sufficient materials and supplies for antiseptics in the health care facility and available to health care providers.</p>	Verify in clinical areas the presence of: <b>(except for areas such as kitchen, mortuary, pharmacy and stores, Waste Storage and Final Disposal Points, where handwashing is strongly recommended)</b>			
	01	Alcohol hand rub (ethyl or isopropyl alcohol) ( <i>in all clinical service areas so as to increase compliance with hand hygiene</i> )		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS
<b>Standard 6, cont.</b>	02	Ethyl or isopropyl alcohol (60–90%) ( <i>only applicable to service delivery areas such as Casualty, Paediatric, Medical, Surgical, ICU, Operating Theatre</i> )		
	03	Cetrimide and chlorhexidine gluconate (2–4%), e.g., Savlon®, <b>OR</b> chlorhexidine gluconate (2–4%), e.g., Hibiclens®, Hibiscrub®, Hibitane®, <b>OR</b> iodine preparations (0.5–3%), e.g., Lugol's, <b>OR</b> iodophors (usually not diluted), e.g., Betadine® ( <i>only applicable to areas such as Casualty, Surgical, Orthopaedic, Gynaecology, Labour, Operating Theatre</i> )		
	Verify by observation in wards, review of inventory in store and interviews with responsible staff that:			
	01	There were no stock-outs of the above items in the past 15 consecutive days.		
<b>Standard 7</b> There are sufficient materials and supplies for disinfectants in the health care facility and available to health care providers.	Verify by observation and interviews that the following disinfectants are <b>available and accessible</b> :			
	01	Liquid detergents ( <i>applicable to all areas of the facility</i> )		
	02	Chlorine solution, powder or tablets ( <i>applicable to all areas with the exception of Kitchen, unless when used for water treatment</i> ) <b>OR</b> Any other disinfectant as per current issued MoHSW guidelines		
	03	Glutaraldehyde 2–4% ( <i>applicable to some areas of the facility where HLD of equipment is performed, e.g., Operating Theatre, Endoscopy Unit, CSSD</i> )		
	Verify by observation in wards, review of inventory in store and interviews with responsible staff that:			
	01	There were no stock-outs of the above items in the past 15 consecutive days.		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A	COMMENTS
<b>Standard 8</b> Disinfectants are prepared, stored, used and disposed properly.	Verify by observation of the person performing decontamination and/or the person preparing the solution (the latter could be the hospital pharmacist/pharmacy technician, depending on the set-up) that: <i>(applicable to all areas with the exception of Kitchen, unless when used for water treatment)</i>		
	01 The concentration of chlorine solution is 0.5%. (If using liquid chlorine 3.5%, 1 part bleach for 6 parts water; for a concentration of 5%, 1 part bleach to 9 parts water. If using chlorine powder, calcium hypochlorite 35%, 14 grams bleach powder for 1 litre water; if 70%, 7 grams bleach powder for 1 litre water) <b>OR</b> If the facility is using other MoHSW-approved disinfectants, then the concentration used should be as per the current MoHSW guidelines. <b>Note: If other disinfectants are in use, list them in the comments column.</b>		
	02 A new disinfectant solution (chlorine or other MoHSW-approved disinfectant) is prepared at the beginning of each day or sooner if needed.		
	03 The disinfectant solution (chlorine or other MoHSW-approved disinfectant) is stored in a plastic container with lid.		
	04 The disinfectants are stored in a cool, dark area on lower shelves (for disinfectants other than chlorine, check manufacturer's recommendations for storage).		
	05 The facility does not use antiseptics as disinfectants.		
	06 Appropriate labelling of disinfectant containers (i.e., type, strength, date of dilution) is used.		
<b>Standard 9</b> Antiseptics are stored and used as indicated in the National IPC Guidelines.	Verify by observation that the antiseptics and disinfectants are stored and dispensed according to IPC recommendations: <i>(only applicable to service delivery areas such as Casualty, OPD, Paediatric, Medical, Surgical, ICU, Operating Theatre; <b>except</b> Mortuary, Kitchen, Waste Storage, Final Disposal Point)</i>		
	01 Small quantities are poured at a time into a smaller container for daily use, if antiseptics are provided in large containers.		
	02 Antiseptic containers are cleaned and thoroughly dried before refilling.		
	03 Antiseptics in dispensers are not refilled before they are empty.		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS
<b>Standard 9, cont.</b>	04	Antiseptic solutions are stored in a cool, dark area on a lower shelf.		
	05	Gauze or cotton wool is not stored in containers with antiseptics.		
	06	Instruments and other items are not stored in containers with antiseptics.		
	07	Appropriate labelling of antiseptic containers (i.e., type, strength, date of dilution) is used.		
<b>Standard 10</b> The health care facility has a physical structure conducive to the prevention of health-care-associated infections.	Verify that the department/wards/blocks/functional area assessed is built according to MoHSW specifications:			
	01	The facility has spacious service room areas.		
	02	Service room areas are well-ventilated (natural and artificial).		
	03	Service room areas are well-lit (natural and artificial).		
	04	Walls are smooth and cleanable.		
	05	The roof is intact.		
	06	There is adequate running water in all service areas.		
	07	There is a sluice room in <b>wards and theatre</b> (with functional slop-sink, mounted with flush accessories).		
	08	Handwashing facility is present.		
	09	There are windows with mosquito gauze.		
	10	Kitchen windows have screens.		
	11	Floor tiles or linoleum tiles are in all service areas.		
	12	A Planned Preventive Maintenance (PPM) for sterilizers ( <i>CSSD, Dental, Labour, Paediatrics, Male Circumcision, Surgical, Laboratory</i> ), laundry facilities, incinerators and refrigerators is present.		
13	A working toilet is available (preferably a flushing toilet).			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS	
<p><b>Standard 11</b> There are sufficient materials and supplies for waste segregation and collection in the health care facility and available to health care providers.</p>	Verify that in all waste generation areas there are proper waste collection facilities available ( <b>except in waste storage and final disposal sections</b> ) including: <b>Note: If possible, standard bins should preferably have the following specifications:</b> plastic with strong handle, made with good durable material/PVC; user-friendly with pedal/lever; size correlating with amount of waste generated; bin lid with a handle.				
	01	Standard colour-coded waste bins: <ul style="list-style-type: none"> <li>• Yellow bins</li> <li>• Red bins</li> <li>• Blue or black bins</li> </ul>			
	02	Colour-coded waste bin liners: <ul style="list-style-type: none"> <li>• Yellow bin liners for yellow bins</li> <li>• Red bin liners for red bins</li> <li>• Blue or black bin liners for blue or black bins</li> </ul>			
	03	Sharps boxes (puncture resistant)			
	Verify by observation in wards, review of inventory in store and interviews with responsible staff that:				
	01	There were no stock-outs of the above items in the past 15 consecutive days.			
	<p><b>Standard 12</b> The health care providers segregate waste according to standards as per National IPC Guidelines.</p>	Verify by observation that health care providers: <b>Note: For areas generating a specific category of waste, such as kitchen, it is not a requirement to have all the three bins.</b>			
		01	Separate waste at the point where it is generated based on the type, treatment and disposal practices: <ul style="list-style-type: none"> <li>• Dispose solid infectious waste into yellow bins.</li> <li>• Dispose highly infectious wet waste into red bins.</li> <li>• Dispose non-infectious waste into blue/black bins.</li> </ul>		
02		Empty containers when they are ¾ full.			
03		Dispose of sharps in puncture-resistant sharps boxes.			
04		Seal sharps containers when ¾ full.			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS
<b>Standard 13</b> There are sufficient materials for housekeeping in the health care facility and available to health care providers.	Verify that the following housekeeping materials are available:			
	01	Two or three mopping buckets for use during mopping: one for soapy water, the other one or two for clean water used for rinsing		
	02	Colour-coded mops, either painted or labelled (yellow for patient rooms, body fluids or blood, and Operating Theatres; red in toilets; blue/black in offices; green in kitchen). <b>Note: Not applicable to assessment of health care waste management and final disposal point.</b>		
<b>Standard 14</b> The facility carries out housekeeping following the standards as per National IPC Guidelines.	If conducting assessment in <b>general areas</b> ( <i>all areas except Theatre</i> ), verify by observation that there is a <b>written schedule</b> detailing the following:			
	01	Floor to be cleaned twice a day and as necessary.		
	02	Sinks to be cleaned twice a day or more as needed.		
	03	Walls, windows, ceiling and doors to be cleaned weekly and when necessary.		
	04	Type of disinfectant to be used according to area.		
	If conducting assessment in <b>Operating Theatre</b> , verify by observation that there is a <b>written schedule</b> detailing <b>specific Operating Theatre</b> housekeeping practices as follows:			
	01	At the beginning of every day, all flat surfaces (tables, chairs, etc.) are wiped with a clean, lint-free, moist cloth.		
	02	Between every case, all surfaces and mattress pads are wiped with a disinfectant cleaning solution; and all flat surfaces that have had immediate contact with a patient or body fluids are wiped with a disinfectant cleaning solution.		
	If conducting the assessment in <b>Operating Theatre</b> , verify by observation that a <b>thorough cleaning in Operating Theatre</b> is performed at the end of each day as follows:			
	01	All Operating Theatre, sub-sterile areas, scrub sinks, scrub or utility areas, and hallways are completely cleaned.		
	02	Equipment is completely cleaned, regardless of whether they were used during the 24-hour surgery period.		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS
<b>Standard 14, cont.</b>	03	The following surfaces, furniture and equipment are wiped with a cloth soaked in disinfectant cleaning solution (from the top to bottom, where applicable):		
		• Operating lamp		
		• Lamps		
		• Chairs		
		• Sinks		
		• Countertops		
		• Counters		
		• Doors		
		• Handles on cabinets		
		• Other furniture		
		• Room equipment		
		• Walls		
	04	Operating table top is decontaminated with 0.5% chlorine solution; and sides, base and legs are wiped with a damp cloth and disinfectant cleaning solution.		
	05	Each mop-head is placed in decontamination solution for 10 minutes, washed and rinsed after use.		
	<b>Irrespective of the area</b> , verify by observation that the health care provider uses the following while performing the above-mentioned housekeeping tasks: <i>(applicable to general areas and Operating Theatre)</i>			
	01	Utility gloves		
02	Plastic or rubber apron			
03	Mask			
04	Protective eye wear			
05	Boots			
06	Detergent and water for low-risk areas such as waiting rooms and administrative areas			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS
<b>Standard 14, cont.</b>	07	Disinfectant such as 0.5% chlorine solutions for high-risk areas, including toilets, latrines and areas contaminated with blood and body fluids		
	08	Two or three buckets: one with disinfectant cleaning solution and one or two with clean water for rinsing		
	09	Wet dusting—not dry ( <b>Never do dry sweeping.</b> )		
<b>Standard 15</b> The assessed areas (departments, units, sections, functional areas) are visibly clean.	Verify that the following areas are visibly clean (i.e., no clutter, waste, blood stains, etc.):			
	01	Floors		
	02	Doors and door knobs/handles		
	03	Windows		
	04	Walls		
	05	Ceiling		
	06	Ceiling fan(s)		
	07	Shelves or cupboards		
	08	Countertops and table tops		
	09	Operating Theatre tables		
	10	Operating Theatre lamps		
	11	Storage areas		
	12	Furniture		
	13	Beds (e.g., recovery beds, labour/delivery beds)		
	14	Chairs		
	15	Wheel chairs		
	16	Linen		
	17	Sinks (e.g., laundry sinks, sinks for surgical scrubbing)		
	18	Patient bathrooms		
	19	Patient toilets		
	20	Oxygen cylinders/concentrators		
21	Suction machines			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A		COMMENTS
<b>Standard 15, cont.</b>	22	Anaesthesia equipment			
	23	Suction machines			
	24	Refrigerator ( <i>Kitchen, Laboratory</i> )			
	25	Freezer ( <i>Kitchen, Laboratory, Mortuary</i> )			
	26	Vehicles, stretchers and/or trolleys used to transport food, patients and medical equipment			
<b>Standard 16</b> Hand hygiene is performed as per the National IPC Guidelines.	Verify by observation of <b>at least two</b> providers that hand hygiene is performed:		P1	P1	
	01	Before direct contact with patient			
	02	After direct contact with the patient			
	03	Before wearing gloves			
	04	After removing gloves			
	05	After visiting toilet			
	Verify by observation of <b>at least two</b> providers that the correct procedure for hand hygiene is performed: <b>Note: If there is no requirement for hand hygiene during the time of assessment, ask the provider to demonstrate.</b>				
	<b>If handwashing is carried out using soap and water</b> , the procedure is performed following these steps:		P1	P2	
	01	Thoroughly wets hands with running water.			
	02	Applies a handwashing agent (liquid soap).			
	03	Vigorously rubs all areas of hands and fingers for 10–15 seconds, paying close attention to areas covering thumbs, palms and backs of the hands including between fingers, tips of fingers and under nails.			
	04	Rinses hands thoroughly with clean running water.			
	05	Dries hands with paper towel or single-use towel using tapping technique (no rubbing), or air-dries.			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A		COMMENTS
<b>Standard 16, cont.</b>	If hand hygiene is carried out <b>using waterless antiseptic hand rub</b> , the procedure is carried out following these steps: <b>Note: Criteria applicable for areas where the use of alcohol hand rub is recommended.</b>	P1	P2	
	01 Hands are not visibly soiled.			
	02 Enough alcohol-based hand rub is applied to cover the entire surface of the hands and fingers (~5 mL).			
	03 Rubbing of the solution is done carefully over the hands (covering thumbs, palms and backs of the hands including between fingers, tips of fingers and under nails) until thoroughly dry.			

SECTION A: TOTAL NUMBER OF STANDARDS	16
Total standards observed	
Total standards achieved	
Percentage achievement (standards achieved / standards observed x 100)	

## SECTION B: PERFORMANCE STANDARDS FOR CLINICAL AREAS

REGION: \_\_\_\_\_

NAME OF INSTITUTION: \_\_\_\_\_

ASSESSORS: \_\_\_\_\_

ASSESSMENT TYPE (Indicate Baseline, Internal or External): \_\_\_\_\_

DATE (DD/MM/YYYY): \_\_\_\_\_

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A	COMMENTS
<b>SECTION B: PERFORMANCE STANDARDS FOR CLINICAL AREAS (Surgical, Ob/Gyn, Medical, Paediatrics, ICU, Casualty, Other Outpatient Clinics)</b>			
<b>Standard 17</b> There are sufficient linens; their handling is in accordance with National IPC Standards.	Verify by observation, records review and interviews (the latter only applicable if necessary) that the following are sufficient:		
	01 At least <b>eight sheets</b> per every bed (applicable for admission wards) <b>Note: Assessor to verify by checking sheet inventory and interviewing nursing staff whether sheets in circulation are sufficient, i.e., eight per every bed.</b>		
	02 Green and/or blue for theatre		
	03 Drapes for theatre		
	04 Waterproof bags ( <i>Admission Wards and Theatre</i> ) <b>OR</b> Laundry hamper that is waterproof ( <i>Admission Wards and Theatre</i> )		
	Verify by observation and interview that the service area handles linen as follows:		
	01 Soiled linen is separated from non-soiled linen during bed-making.		
	02 Linen is not sorted in patient care areas. <b>Note: Linen sorting is defined as inspecting and removing foreign, and in some cases dangerous, objects (e.g., sharps or broken glass) from soiled linen before washing.</b>		
	03 Linen is not washed in patient care areas.		
<b>Standard 18</b> There are sufficient materials and supplies for safe injections in the health care facility and available to health care providers.	Verify by observation and interview that the health care facility: <b>Note: All functional areas need to achieve this standard for the hospital to achieve the same.</b>		
	01 Has single-use injection devices such as auto-disable syringe or retractable syringe (e.g., vanish point)		
	02 Does not re-use needles and syringes		
	Verify by observation in wards, review of inventory in store and interviews with responsible staff that:		
	01 There were no stock-outs of the above-mentioned items in the past 15 consecutive days.		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS
<p><b>Standard 19</b> The hospital has a “transmission-based precautions” system for patients documented or suspected to be infected with highly transmissible or epidemiologically important diseases.</p>	Verify by observation and interview in all wards that:			
	01	Triage to identify highly transmissible or epidemiologically important diseases (e.g., TB, measles, meningitis, scarlet fever, rubella, impetigo) is practiced as per isolation guidelines.		
	02	Patients are admitted with specific “transmission-based precautions” according to the diagnosis or presumed infection, in addition to the standard precautions, until the patients are treated or the initial diagnosis is ruled out:		
		<ul style="list-style-type: none"> <li>• Airborne precautions</li> </ul>		
		<ul style="list-style-type: none"> <li>• Droplet precautions</li> </ul>		
	<ul style="list-style-type: none"> <li>• Contact precautions</li> </ul>			
	03	The information is registered in:		
	<ul style="list-style-type: none"> <li>• Patient records</li> </ul>			
	<ul style="list-style-type: none"> <li>• Admission book</li> </ul>			
	For patients with diagnosis or presumed diagnosis of <b>airborne-transmitted infections</b> , verify by observation that:			
01	There is an airborne isolation room/ward.			
02	The patient is placed in a private room or cohorted with a patient(s) who has active infection with the same disease, but no other infection.			
03	The windows are open to the outside (or closed if there is negative pressure ventilation for exhausting the air outside).			
04	Room door is kept closed.			
05	There is a sign outside of the door.			
06	Traffic is limited to the essential personnel and one family member only (no children under five years).			
07	Personnel and/or guardian (if susceptible to the infection) wears mask covering mouth and nose ( <b>preferably N95 mask</b> ; if absent, a surgical mask can be worn).			
08	Personnel remove and discard mask immediately after leaving the room and place in a plastic bag or waste container with tight-fitting lid.			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS
<b>Standard 19, cont.</b>	09	Patient wears mask covering mouth and nose, if transport or movement out of the room is needed.		
	10	Provider notifies area receiving the patient.		
	For patients with diagnosis or presumed diagnosis of <b>droplet-transmitted infections</b> , verify by observation that:			
	01	There is a droplet isolation room/ward.		
	02	Patient is placed in a private room <b>or cohorted</b> with a patient who has active infection with the same disease, but no other infection, <b>OR</b> maintain 1 metre between the infected patient and other patients and visitors.		
	03	There is a sign outside the door or on patient's bed.		
	04	Windows are open to the outside.		
	05	Room is kept open.		
	06	If private room is not available, provider maintains separation of at least 1 metre (3 feet) between patients.		
	07	Traffic is limited to the essential personnel and one family member only (no children under 5 years).		
	08	Personnel and/or guardian (if susceptible to the infection) wears mask covering mouth and nose, and goggles (or face shield) when working within 1 metre of the patient.		
	09	Transport of patient is limited to essential purposes only.		
	10	Patient wears mask covering mouth and nose during transportation.		
	11	Provider notifies area receiving the patient.		
	For patients with diagnosis or presumed diagnosis of infections transmitted through <b>direct or indirect contact</b> , verify by observation that:			
	01	There is a contact isolation room/ward.		
	02	Patient is placed in a private room or placed with a patient who has active infection with the same microorganism(s), but no other infection.		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A		COMMENTS
<b>Standard 19, cont.</b>	03	There is a sign outside of the door or on patient's bed.			
	04	Traffic is limited to the essential personnel and one family member only (no children).			
	05	Shared patient care equipment are decontaminated, cleaned and dried. Disposable gloves are used when performing examination or in contact with infectious material. Otherwise, dedicated equipment need to be used.			
	06	Personnel and/or guardian wears clean, non-sterile gloves and clean, non-sterile gown when entering the room.			
	07	Gloves are removed before leaving the patient's room.			
	08	Gown is removed before leaving the patient's room.			
	<b>Standard 20</b> The health care facility adheres to IPC practices while giving intramuscular injections.	Verify by observation of <b>two applications</b> of intramuscular (IM) injection, whether the provider: <b>Note: If there are no IM injections, simulations should be done to assess provider.</b>		IM1	
01		Considers the 9R's (right: patient, medicine, time, route, dose, injection device, formulation, storage and disposal).			
02		Prepares necessary supplies, which include sterile, single-use injection devices, 60–90% alcohol and clean cotton swabs.			
03		Explains the procedure to the patient.			
04		Performs proper hand hygiene before the procedure.			
05		Washes injection site with soap and water, if needed.			
06		Uses sterile needles for reconstituting each unit of medication.			
07		Wipes the top of the vial with a cotton swab soaked in 60–90% alcohol and allows drying, if necessary.			
08		Opens the pack while observing sterility.			
09		Attaches the needle to the syringe by holding the base of the needle and the barrel of the syringe.			
10		Draws the fluid into the syringe in the recommended way.			
11		Applies a clean cotton swab or gauze over the injection area.			
<b>Standard 20, cont.</b>	12	Disposes needle and syringe in a safety box immediately after the procedure at the point of use, without removing, recapping or breaking the needle.			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A		COMMENTS
	13	Covers sharps containers when ¾ full for transport.			
	14	Performs proper hand hygiene after the procedure.			
<p><b>Standard 21</b> The health care facility adheres to IPC practices while placing and maintaining an intravascular device (which includes peripheral intravenous catheters and central venous catheters).</p> <p><b>Note:</b> A central venous catheter is a large-bore catheter that is inserted into one of the body's main central veins; typically includes internal jugular vein, subclavian vein or femoral vein, and also includes peripherally inserted central catheter lines (PICC lines) and hemodialysis catheters.</p>	Verify by observation whether the intravenous (IV) device/line is inserted at an appropriate location in service provision area: <b>Note: At least one peripheral line and one central line inserted in two separate patients shall be evaluated in each unit.</b>		P1	P2	
	01	If <b>central venous catheter</b> , insertion is conducted in a procedure area (not at the bedside).			
		If <b>peripheral intravenous catheter</b> , insertion is conducted at the bedside or in any other clean location within the hospital.			
	Verify by observation that the health care provider properly carries out pre-insertion preparations:		P1	P2	
	01	<b>For central venous catheter insertion</b> , prepares necessary equipment and supplies, including IV solutions, peripheral IV catheter(s) or needle(s), tourniquet, antiseptic, sterile IV device, sterile gloves, mask and site drape.			
		<b>For peripheral intravenous catheter insertion</b> , prepares IV solutions, antiseptic and examination gloves.			
	02	Explains procedure to the patient (where applicable).			
	03	Performs proper hand hygiene before touching any of the IV set devices.			
	04	Checks IV solution to ensure that it is intact, unexpired, uncontaminated and correct.			
	05	Opens the infusion set, assembles parts if necessary, and inserts the infusion set into the solution bag or bottle using a non-touch technique to avoid contamination (maintains sterile field for central venous catheter insertion).			
06	Uses sterile needles for reconstituting each unit of medication.				

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A		COMMENTS
<b>Standard 21, cont.</b>	Verify by observation that the health care provider properly inserts the peripheral IV line or central IV line using aseptic technique:		P1	P2	
	01	Applies tourniquet (applicable for peripheral lines and peripherally inserted central catheters [PICC lines]).			
	02	<b>For central venous catheter insertion</b> , puts on sterile gloves, masks, gown and hat prior to insertion (assistant to wear PPE also).			
		<b>For peripheral intravenous catheter insertion</b> , puts on clean gloves (and other PPE if necessary).			
	03	Cleans the site appropriately with proper antiseptics: 2% chlorhexidine gluconate, <b>OR</b> 10% povidone iodine, <b>OR</b> 60–90% alcohol (if using povidone iodine, waits for two minutes before insertion).			
	04	Does not palpate the insertion site after applying antiseptic.			
	05	Inserts needle or catheter with bevel up; then releases tourniquet and secures the needle/catheter by placing a narrow piece of tape (around 1 cm) under the hub with the adhesive side up, and crosses tape over the hub. Then, places a second piece of tape directly across the hub of the needle or catheter. <b>Note: For central line, uses a central line catheter, preferably a tunnelled one, and secures it appropriately.</b>			
	06	Places a transparent adherent dressing to hold the device or needle (if absent, places clean or sterile gauze square and secures with tape).			
	07	Disposes of medical waste (e.g., cotton wool) in a container with a leakproof plastic bag, and any sharps into a safety box.			
	08	Removes gloves and places in a leakproof container.			
	09	Performs hand hygiene after the procedure.			
10	Does not leave a needle(s) in infusion bottles.				
<b>Standard 21, cont.</b>	Verify by observation that the health care provider properly maintains the peripheral IV line or central IV line to prevent infections:		P1	P2	
	01	Documents the date and time of needle or cannula or central line insertion in the case notes (or tagged).			
	02	Changes dressing when wet or after 72 hours as appropriate.			
<b>Standard 21, cont.</b>	03	Changes tape dressing when wet or loose (if line is secured with tape).			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A		COMMENTS
	04	Examines for and documents signs of infection at injection site every day.			
	05	Labels infusion bottles with date and time of insertion.			
	06	Changes infusion bottles and/or plastic bags with parenteral solutions every 24 hours.			
	07	Changes infusion bottles or plastic bags with lipid emulsion given within 12 hours.			
	08	Changes infusion sets every 72 hours, or whenever damaged.			
	09	Changes tubing used to administer blood, blood products or lipid emulsions; should be replaced within 24 hours.			
	10	<b>Central lines</b> are removed when no longer needed (e.g., can switch to peripheral line) or if there are signs of infection. Removal schedule to follow physician's recommendations (as central lines stay for longer duration).			
		<b>Peripheral lines</b> are removed when no longer needed, or if there is a sign of infection, or if blocked, or after one week.			
<b>Standard 22</b> Wound management is performed according to National IPC Guidelines.	Verify by observation that the health care provider: <b>Note: Standard is applicable only in Casualty, Surgical, Ob/Gyn, Labour.</b>				
	Performs proper preparation for the procedure:				
	01	Prepares necessary supplies, including PPE, dressing tray and containers for waste disposal.			
	02	Explains the procedure to the patient.			
	03	Performs hand hygiene before the procedure.			
	04	Puts on clean examination gloves (and other PPE, if applicable).			
	Removes the old wound dressing using aseptic technique:				
	01	Removes old wound dressing (if applicable) and places in a container with leakproof plastic bag.			
	02	Removes gloves and places in a leakproof container.			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS	
<b>Standard 22, cont.</b>	Applies new dressing using aseptic techniques:				
	01	Performs hand hygiene and puts on new set of examination gloves.			
	02	Cleans the wound with the hospital's recommended solution using sterile forceps.			
	03	Applies sterile dressing as per prescription and secures it with tape or bandage as applicable.			
	Disposes the generated medical waste and instruments properly:				
	01	Removes all used instruments and places them in 0.5% chlorine solution for 10 minutes.			
	02	Discards all used sharps in a safety box immediately.			
	03	Removes gloves (and other PPE worn, if applicable) and disposes of them appropriately.			
<b>Standard 23</b> Decontamination and cleaning of instruments is carried out according to National IPC Guidelines.	Verify by observation that:				
	01	Instruments and other items are soaked (fully immersed) in 0.5% chlorine solution for 10 minutes immediately after use. <b>(If using other decontaminant solutions, then decontamination should be performed according to MoHSW guidelines and manufacturer's instructions.)</b>			
	02	Decontamination solution is changed daily or more often if necessary.			
	Verify by observation or simulation that the health care provider:				
	01	Wears proper PPE:			
		• Utility gloves			
		• Mask and eyewear protection or face shield when dealing with blood or body fluids			
		• Plastic apron			
	• Gumboots or closed shoes				

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS
<b>Standard 23, cont.</b>	02	Utilizes: <ul style="list-style-type: none"> <li>• Soft brush</li> <li>• Liquid detergent</li> </ul>		
	03	Scrubs instruments and other items under the surface of soapy water, completely removing all blood and other foreign matter.		
	04	Disassembles instruments and other items with multiple parts, and cleans in the grooves, teeth and joints with a brush.		
	05	Rinses the instruments and other items thoroughly with clean water (preferably running water).		
	06	Allows instruments and other items to air-dry or dries with a clean towel.		
	07	Washes hands after removing gloves and other PPE.		
	<b>Standard 24</b> The health care facility adheres to IPC practices while placing and maintaining urinary catheters.	Verify by observation and interview that health care provider performs proper preparation before the procedure:		
01		Gathers necessary equipment (Foley's catheter of appropriate size, jelly, sterile gloves, normal saline, swabs, urinary bag, syringe, hanger).		
02		Explains the procedure to the patient.		
03		Performs hand hygiene.		
If genitalia are soiled and necessitate cleaning, performs three steps:				
01		Puts on a pair of clean examination gloves.		
02		<b>If woman</b> , separates the labia and gently washes the urethral area and inner labia with water and soap if necessary.		
		<b>If man</b> , retracts foreskin, and gently washes the head of the penis and foreskin with water and soap if necessary.		
03		Removes gloves and discards them in a leakproof plastic bag.		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A	COMMENTS
<b>Standard 24, cont.</b>	Otherwise, provider skips the above steps and continues with the following antisepsis steps:		
	01 Puts on sterile gloves.		
	02 Cleans the urethral meatus with a non-alcoholic antiseptic solution:		
	If <b>woman</b> , separates and holds the labia apart and preps the urethral area two times with an antiseptic solution, using either cotton applicators or a sponge forceps with gauze squares.		
	If <b>man</b> , pushes back the foreskin and holds the head of the penis, and preps the head of the penis and the urethral opening two times with an antiseptic solution, using either cotton applicators or a sponge forceps with gauze squares.		
	Provider inserts catheter using aseptic technique:		
	01 Inserts catheter into urethral orifice using a “non-touch” technique (i.e., the part of the catheter that comes into contact with the urethra is not touched to avoid contamination).		
	02 Carefully removes or secures catheter, depending on whether it is a straight or indwelling catheter:		
	If <b>straight catheter</b> is being used:		
	• Allows urine to slowly drain to the collection container.		
	• Gently withdraws straight catheter.		
	If <b>indwelling catheter</b> is being used:		
	• After urine appears, connects the catheter to the urine collecting tubing (or to the closed collection system if available).		
	• Inflates balloon (the volume of inflating agent should be according to specification) and secures it properly to the thigh or lower abdomen.		
	• Ensures that there is no obstruction or kinks in tubing.		
Provider properly maintains the indwelling catheter to prevent infection:			
01 Does not allow the urinary bag to touch or rest on the floor.			
02 Avoids raising the urinary bag above the level of the bladder (if temporarily done, the tubing needs to be clamped).			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS
	03	Checks daily for signs of infection.		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS
<b>Standard 24, cont.</b>	04	Changes catheter for long-term catheterization after 14–21 days, if there are no signs of infection.		
	05	Empties bags regularly and whenever full.		
	06	Documents date of insertion on case notes or tags on patient.		
<b>Standard 25</b> The health care facility follows safe practices for last offices procedure.	Verify by observation or interview with health care provider that:			
	Facility staff prepare all supplies needed to carry out last offices:			
	01	Gloves		
	02	Gown		
	03	Plastic apron		
	04	Goggles/eye shield (if needed)		
	05	Boots		
	06	Face mask covering mouth and nose		
	07	Washcloths		
	08	Basin with water and soap		
	09	Towels		
	10	Bandages		
	11	Strapping		
	12	Container with 0.5% chlorine solution		
	13	Container with a leakproof plastic bag to dispose of waste		
	14	Special linen/mortuary sheets		
	15	Cotton		
	16	Antiseptics		
	Facility staff properly perform the following bedside processes as a part of last offices procedure:			
	01	Remove tubes and devices (IV lines, endo-tracheal tubes, naso-gastric tubes, catheters) from the body and disposes of them appropriately.		
02	Remove soiled clothing and handle them appropriately.			
03	Place absorbent pad or cotton-wool under the perineal area and pack all other orifices with cotton-wool balls.			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS	
<b>Standards 25, cont.</b>	04	Identify dead bodies through tagging.			
<b>Standard 26</b> Phlebotomy procedures are carried out as per the World Health Organisation (WHO) best phlebotomy practice guidelines.	Verify that:				
	01	The person(s) doing phlebotomy has been trained on the procedure.			
	02	Provider ensures that the indications for blood sampling are clearly defined, either in patient's notes, laboratory form or written protocol.			
	03	Provider assembles all the equipment needed for the procedure and places it within safe and easy reach on a tray or trolley, ensuring that all the items are clearly visible. Depending on the indications, these items include:			
		• Supply of laboratory sample containers and slides			
		• Well-fitting, non-sterile gloves			
		• Single-use blood-sampling devices (safety engineered devices or needles and syringes)			
		• A tourniquet			
		• Alcohol swabs for skin disinfection			
		• Gauze or cotton-wool ball to be applied over puncture site			
	• Leakproof transportation bags and containers				
Provider identifies and prepares the patient appropriately: <i>(applicable only if the patient is conscious)</i>					
01	Gives self-introduction to the patient, and asks the patient to state his/her full name.				
02	Checks that the laboratory form matches the patient's identity (i.e., <b>matches the patient's details with the laboratory form</b> ) to ensure accurate identification.				

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A	COMMENTS
<b>Standard 26, cont.</b>	Provider performs an appropriate selection of the site:		
	01 Locates a vein of a good size that is visible, straight and clear, and applies the tourniquet about 4–5 finger widths above the venepuncture site and re-examines the vein.		
	02 Does not collect blood from an existing peripheral venous access site (applicable for inpatients).		
	Provider performs hand hygiene and puts on gloves:		
	01 Washes hands with soap and water, and dries with single-use towels or air-dries, <b>OR</b>		
	If hands are not visibly contaminated, cleans with alcohol rub.		
	02 After performing hand hygiene, puts on well-fitting, non-sterile gloves.		
	Provider performs proper disinfection of the site:		
	01 Uses alcohol swab.		
	02 Starts cleaning from the centre of the venepuncture site and works downwards and outwards to cover an area of 2 cm or more. <b>(Applies firm but gentle pressure and proceeds for about 30 seconds.)</b>		
	03 Allows the site/area to dry.		
	Provider performs venepuncture as follows:		
	01 Asks the patient to form a fist so the veins are more prominent.		
	02 Enters the vein swiftly at a 30 degree angle or less, and continues to introduce the needle along the vein at the easiest angle of entry.		
	03 Once sufficient blood has been collected, releases the tourniquet <b>before</b> withdrawing the needle.		
	04 Withdraws the needle gently and applies gentle pressure to the site with a clean gauze or dry cotton-wool ball.		
	05 Asks the patient to hold the gauze or cotton-wool in place, with the arm extended and raised.		
	06 Asks the patient <b>not</b> to bend the arm, because doing so causes a haematoma.		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A	COMMENTS
<b>Standard 26, cont.</b>	Provider completes proper filling of the laboratory sample tubes:		
	01 Uses one hand to fill the tube or uses a needle shield between the needle and the hand, holding the tube to prevent needle-sticks.		
	02 Pierces the stopper on the tube with the needle directly above the tube, using slow and steady pressure.		
	03 Does not press the syringe plunger because additional pressure increases the risk of haemolysis.		
	04 Does not remove the stopper because it will release the vacuum.		
	05 If the sample tube does not have a rubber stopper, injects extremely slowly into the tube, as minimizing the pressure and velocity used to transfer the specimen reduces the risk of haemolysis.		
	06 Does not recap and remove the needle.		
	07 Inverts the tubes containing additives for the required number of times (as specified by the local laboratory) before dispatch.		
	08 Performs hands hygiene again.		
	09 Checks the insertion site to verify that it is not bleeding; then thanks the patient and says something reassuring and encouraging before the person leaves.		
Properly prepares samples for transportation:			
01 Packs laboratory samples safely in a plastic leakproof bag with an outside compartment for the laboratory request form. Placing the requisition on the outside helps avoid contamination.			

SECTION B: TOTAL NUMBER OF STANDARDS	10
Total standards observed	
Total standards achieved	
Percentage achievement (standards achieved / standards observed x 100)	





# SECTION C: SPECIFIC PERFORMANCE STANDARDS FOR FUNCTIONAL AREAS

REGION: \_\_\_\_\_

NAME OF INSTITUTION: \_\_\_\_\_

ASSESSORS: \_\_\_\_\_

ASSESSMENT TYPE (Indicate Baseline, Internal or External): \_\_\_\_\_

DATE (DD/MM/YYYY): \_\_\_\_\_

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS
<b>SECTION C: SPECIFIC PERFORMANCE STANDARDS FOR FUNCTIONAL AREAS</b>				
<b>Operating Theatre and Minor Theatre</b>				
<b>Standard 27</b> The Operating Theatre follows the standards for effective traffic flow and activity pattern.	Verify by observation that the Operating Theatre(s) has signs designating:			
	01	Unrestricted areas		
	02	Transition zones		
	03	Semi-restricted areas		
	04	Restricted areas		
	Verify by observation in the <b>transition zone</b> that:			
	01	There is a changing area (room and toilet).		
	02	Staff change from "street clothes" into surgical attire.		
	03	Traffic is limited to authorized personnel only.		
	Verify by observation in the <b>semi-restricted area</b> that:			
	01	Traffic is limited to patients and authorized personnel only.		
	02	There is closed storage space for sterile and HLD supplies.		
	03	Personnel are in surgical attire and wear head covers.		
	04	Personnel wear clean, closed shoes/boots.		
	05	There are doors limiting access to the restricted area of the surgical unit.		
	Verify by observation in <b>restricted area</b> during <b>at least one</b> surgical procedure that:			
	01	Doors to the Operating Theatre are kept closed during the entire procedure, except during movement of personnel, patients, supplies and equipment.		
02	The number of personnel entering the Operating Theatre during the surgical procedure is limited to those necessary to perform the procedure and/or authorized to observe.			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A	COMMENTS	
<b>Standard 28</b> Surgical hand-scrubbing is performed as per the National IPC Guidelines.	Verify by observation and simulation that:			
	Provider is hygienically allowed to carry out or assist a surgical procedure:			
	01	Removes all jewellery (rings, watches and bracelets) from fingers, hands and forearms.		
	02	Has short and healthy fingernails.		
	03	Has unpolished nails.		
	04	Recommended surgical hand-scrubbing facilities are available.		
		<ul style="list-style-type: none"> <li>The scrubbing area has elbow-operated taps.</li> </ul>		
	Provider properly follows all the surgical hand-scrub steps as per National IPC Guidelines:			
	01	Turns on and adjusts the water.		
	02	Wets hands and arms up to the elbow under clean running water; always holds hands above the level of the elbow.		
	03	Holds hands above the level of the elbow, wets hands thoroughly and applies soap.		
	04	Cleans under the nails (with nail cleaner if present).		
	05	Applies soap generously.		
	06	Using circular motion to avoid abrasions, begins at the fingertips of one hand, and lathers and washes between fingers, continuing from fingertips to elbow; continues washing for 3–5 minutes.		
	07	Washes surfaces between fingers, sides of hands, tips of fingers, palms and dorsum of hands, up to the elbow of one arm.		
08	Repeats procedure for the second hand and arm.			
09	Rinses each arm separately, fingertips first, holding hands above level of elbows.			
10	Dries hands in finger-up, vertical position with a sterile towel; wipes from fingertips to elbow.			
11	Applies 5 mL (about one teaspoon) of a waterless, alcohol-based hand rub to hands, fingers and forearms, and rubs until dry.			
12	Repeats application and rubbing two more times for a total of at least 2 minutes, using a total about 15 mL of hand rub.			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A		COMMENTS
<b>Standard 28, cont.</b>	13	Holds hands above the level of the waist and away from the body, and avoids touching anything.			
<b>Standard 29</b> Scrubbed personnel follow aseptic techniques during surgical procedures.	Through observation during <b>at least two</b> surgical procedures, verify whether scrubbed personnel:		SP1	SP2	
	01	Have removed or confined other jewellery (e.g., necklaces).			
	02	Wear clean scrub suit covering bare arms (one or two pieces).			
	03	Wear clean surgical cap or hood that covers hair.			
	04	Wear gumboots or impervious closed shoes.			
	05	Wear sterile gown.			
	06	Wear sterile surgical gloves.			
	07	<b>Wear double gloves if the surgical gloves are reused, and/or if the procedure involves coming in contact with large amount of blood or other body fluids (e.g., caesarean sections, orthopaedic) and/or if the procedure is longer than 30 minutes.</b>			
	08	Wear protective eyewear.			
	09	Wear face masks covering mouth and nose.			
	10	Touch only sterile items or areas.			
	11	Replace sterile gloves, as promptly as safety permits, if they become contaminated or torn during the procedure.			
	12	Keep their arms and hands within the sterile field at all times.			
	13	Keep their forearms above the waist level.			
	14	Keep talking to a minimum in the presence of a sterile field.			
15	<b>Never</b> place hands under the upper arms.				

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A		COMMENTS
<b>Standard 30</b> Non-scrubbed personnel follow aseptic techniques during surgical procedures.	Through observation during <b>at least two</b> surgical procedures, verify whether non-scrubbed personnel: <b>Note: Standard applies to runners and other personnel present during surgical procedure.</b>		SP1	SP2	
	01	Have removed rings, watches and bracelets (only applicable for runners).			
	02	Have removed or totally confined other jewellery (e.g., necklaces) (only applicable for runners).			
	03	Wear clean scrub suit (theatre clothes). <b>Note: It is preferable that non-scrubbed personnel wear long-sleeved suit that covers bare arms.</b>			
	04	Wear clean surgical cap or hood that covers hair.			
	05	Wear clean, closed shoes that will provide protection from fluids and dropped items.			
	06	Wear mask covering mouth and nose.			
	07	Stay at the periphery of the Operating Theatre, keeping a distance away from sterile areas.			
<b>Standard 31</b> Proper skin preparation and other best practices for preventing the risk of surgical site infections is performed for patients prior to surgery.	Verify by observation and interview that prior to surgery:				
	01	Patient skin is gently washed with soap and water if visibly dirty.			
	02	Provider uses Ministry-approved antiseptics.			
	03	Prior shaving is avoided. If hair must be cut, trimming with scissors is done immediately before surgery.			
	04	Sterile forceps and new cotton or gauze squares soaked in antiseptic are used.			
	05	Patient skin is cleaned starting from the incision site outwards.			
	06	Enough time is allowed for the antiseptic to dry.			
	07	Unless contraindicated, warm IV fluids.			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A		COMMENTS
<b>Standard 32</b> The health care facility follows safe practices in the Operating Theatre.	Verify by observation that: <b>Note: The assessor must put on appropriate attire and enter Operating Theatre.</b>			
	01 “Hands-free” techniques are followed while passing sharp instruments during procedures, both in operating room and other procedure rooms.			
	02 A small Mayo forceps is used when holding the scalpel blade, putting the scalpel blade on or taking it off, or loading the suture needle.			
	03 Tissue forceps—not fingers—are used to hold tissue when using a scalpel or suturing.			
	04 Suture needles are removed from suture packets and passed in a needle holder.			
	05 Needles and sutures are manipulated with forceps rather than gloved fingers.			
	06 Sharps are removed from the field immediately after use.			
<b>Standard 33</b> The sterile field remains sterile during surgical procedures.	Through observation during <b>two</b> surgical procedures, verify whether:	SP1	SP2	
	01 Sterile fluids, equipment and supplies are opened and delivered to the sterile surface without contacting the edges of the wrapper or container.			
	02 Non-scrubbed personnel open wrapped supplies by the wrapper flap farthest away from them first, and the nearest wrapper flap last.			
	03 Sterile items are presented to the scrubbed person or placed securely on the sterile field.			
	04 Solutions are poured slowly into the container held by the scrubbed person or placed near the table edge.			
	05 Sterile pick-up forceps are pre-packed and used to open wraps or to pick up gauze or sterile supplies or instruments for one patient only.			
<b>Standard 34</b> Instrument and swab count is performed according to National IPC Standards.	Through observation during <b>two</b> surgical procedures, verify whether:	SP1	SP2	
	01 Instrument and swab count is performed before the surgeon makes the incision.			
	02 Instrument and swab count is performed before the closure of the peritoneum.			
	03 Instrument and swab count is recorded and documented.			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A	COMMENTS
<b>Central Sterilization Supply Department / Instrument Processing Areas and Practices</b>			
<b>Standard 35</b> The Central Sterilization Supply Department/Unit functions properly as per National IPC Guidelines.	Verify by observation that the CSSD has areas designated as follows:		
	01 The “dirty” receiving/clean-up area		
	02 The “clean” work area		
	03 The clean equipment storage area		
	04 The sterile storage area		
	Verify by observation that the “dirty” receiving/clean-up area has equipment and functions as follows:		
	01 A receiving counter		
	02 Two sinks (one for rinsing and one for cleaning) with clean water supply (applicable if cleaning is done by handwashing method)		
	If cleaning of instruments is done in the CSSD, verify by observation whether the provider:		
	01 Wears:		
	• Utility gloves		
	• Mask and eyewear protection or face shield		
	• Plastic apron		
	• Gumboots or enclosed shoes		
	02 Utilizes:		
	• Soft brush		
• Detergent (liquid)			
03 Scrubs instruments and other items under the surface of water, completely removing all blood and other foreign matter.			
04 Disassembles instruments and other items with multiple parts and cleans in the grooves, teeth and joints with a brush.			
05 Rinses the instruments and other items thoroughly with clean water.			
06 There is a clean equipment counter for allowing the instruments to air-dry.			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A	COMMENTS
<b>Standard 35, cont.</b>	Verify by observation that the “clean” work area has equipment as follows:		
	01   A large work table		
	02   Shelves for holding clean and packaged items		
	03   A high-pressure steam sterilizer or dry heat oven		
	Verify by observation that clean equipment storage area has equipment as follows:		
	01   Storage space for clean equipment on shelves (enclosed)		
	02   An office desk for recordkeeping		
	Verify by observation that the sterile storage area functions as follows:		
	01   Items are stored in closed cabinets or shelves.		
	02   Storage area is kept clean, dry, dust free and lint free.		
	03   Packs and containers are stored with sterile items off (at least 15 cm) the floor and away from ceilings and walls.		
	04   No cardboard boxes are used for storage.		
	05   Supplies are dated and rotated (first to expire should be first used, or FEFO).		
06   There is limited access to authorized personnel only in the clean and storage areas.			
<b>Standard 36</b> Instruments are sterilized according to the standard as per National IPC Guidelines.	Verify by observation and record review that:		
	<b>If steam sterilization</b> (autoclave) is used:		
	01   Maintenance log exists.		
	Routine maintenance is performed as follows:		
	01   Daily cleaning of the outlet screen/pin-trap, the chamber, door gasket and the carriage/loading cart used to hold the packs in the sterilizer		
	02   Weekly flushing of the exhaust line, <b>OR</b> Otherwise as per manufacturer’s manual		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS
<b>Standard 36 , cont.</b>	03	All jointed instruments are opened or are in unlocked position.		
	04	All instruments are disassembled.		
	05	Instruments, including kidney dishes and gall pots, are not stacked on each other.		
	06	Packs are not oversized. Maximum dimensions or weight: 30x30x50 cm or 5 kg.		
	07	The sterilizer is not overloaded; the packs and containers are not compressed.		
	08	Items are processed for 20 minutes for unwrapped items or 30 minutes for wrapped items at 121°C (250°F) and 106 kPa in the sterilizer.		
	09	Packs are allowed to dry completely before removing (usually about 30 minutes).		
	10	Packs are allowed to reach room temperature before storing.		
	11	Sterilization conditions are recorded (time, temperature and pressure).		
	Monitoring for effectiveness of sterilization is performed as follows:			
	01	Each load is monitored with <b>chemical indicators</b> (internal and external chemical test strips), colour change as per manufacturer's instructions, <b>OR</b>		
<b>Biological indicator</b> monitoring is in place (baccilus stearothermophilus), absence of growth if culture is done, <b>OR</b>				
If <b>mechanical indicator</b> is used (i.e., manual or automatic recording chart with time, temperature and pressure for each load), the chart or log is completed and reviewed after each load.				
<b>If dry-heat sterilization</b> is used:				
01	Maintenance log exists.			
Routine maintenance is performed as follows:				
01	Bi-weekly cleaning of the sterilizer is completed, or sooner if necessary.			
02	Bi-weekly checking of the functionality of the temperature gauge is completed, or as per manufacturer's manual.			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS
<b>Standard 36 , cont.</b>	03	Items are processed at 170°C (340°F) for 1 hour after achieving the desired temperature (total cycle between 2–2.5 hours), <b>OR</b>		
		Items are processed at 160°C (320°F) for 2 hours after achieving the desired temperature (total cycle between 3–3.5 hours).		
	04	Sterilizer is not overloaded (there should be adequate space between packages and oven walls, at least 7–8 cm).		
	Monitoring for effectiveness of sterilization is performed as follows:			
	01	There is a manual or automatic recording chart with time, temperature and pressure for each load.		
	<b>If chemical sterilization is used:</b>			
	01	Disassembled instruments are totally immersed in glutaraldehyde (concentration according manufacturer's instructions) for 10 hours in a container with lid.		
	02	There is a label on the container indicating the starting time of sterilization.		
	03	There is a label on the container indicating the date of reconstitution.		
	04	The solution is used within 7 days.		
<b>Labour Room</b>				
<b>Standard 37</b> The health care facility follows safe practices in the labour rooms.	Verify by observation of <b>one</b> delivery process that the health care provider follows IPC precautions while conducting pelvic assessment: <b>Note: Verbal consent needs to be sought from the labouring mother.</b>			
	01	Performs proper hand hygiene.		
	02	Puts on sterile gloves.		
	03	Cleans the perineum using the hand that will not be used for the pelvic examination.		
	04	Uses three washcloths or swabs soaked in soap and water solution, povidone or chlorhexidine to clean the perineum, one for each labia and one for the introitus.		
	05	Cleans the perineum using downwards and backwards motion.		
	06	Uses the thumb and index finger of the non-exam hand to separate the labia.		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS
<b>Standard 37, cont.</b>	07	Does not withdraw fingers until the examination is complete.		
	08	Performs proper hand hygiene after removing gloves.		
	09	Performs limited vaginal examination (e.g., every four hours or as needed).		
	10	Performs limited bladder catheterization.		
	11	Avoids shaving of perineal area.		
	12	Performs rupture of membranes only when necessary; it is avoided as a routine.		
	Verify by observation whether normal delivery procedure and resuscitation of a newborn are performed by the health care provider following National IPC Guidelines:			
	01	Wears shoes that have enclosed toes and heels.		
	02	Wears clean rubber or plastic apron.		
	03	Wears protective eye wear.		
	04	Wears face masks covering mouth and nose or face shield.		
	05	Performs hand hygiene as per National IPC guidelines.		
	06	Uses sterile pick-up forceps.		
	07	Uses sterile package for each delivery.		
	08	Puts on sterile gloves. <b>Double gloving is required.</b>		
09	Performs episiotomy only if it is necessary; not a routine procedure.			
10	Wipes baby's eyes with sterile cotton/gauze as soon as the head is out.			
11	Dries the baby quickly and thoroughly with clean, dry towel/cloth immediately after birth.			
12	Clamps and cuts the umbilical cord using sterile scissors/blade under cover of a gauze swab to prevent blood spurting.			
13	Keeps baby wrapped in a dry, clean towel/cloth.			
14	Uses separate clean tubes, masks and other resuscitation equipment if needed.			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS
	15	If applicable, repairs episiotomy using forceps to hold tissue when suturing (not fingers), and observes aseptic technique.		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS	
<b>Standard 37, cont.</b>	16	Cleans the perineal area with non-alcoholic based antiseptic solution after repair.			
	17	Inspects the placenta and membranes for completeness before removing gloves.			
<b>Intensive Care Unit</b>					
<b>Standard 38</b> The facility provides Intensive Care Unit services complying with IPC standards.	Verify by observation and interviews with staff whether:				
	01	There is closed storage space for sterile and HLD supplies.			
	02	Traffic is limited to authorized personnel only.			
	03	Doors to the ICU are kept closed except during movement of personnel, patients, supplies and equipment.			
	04	Special attire is worn (scrub suit or special ICU uniforms and closed shoes).			
<b>Medical Laboratory and/or Blood Bank</b>					
<b>Standard 39</b> There are sufficient materials, supplies and equipment for high-quality and safe implementation of laboratory-related procedures	Verify by observation and interviews with staff to determine whether:				
	01	Standard safety equipment are available and accessible:			
		• Biosafety cabinet(s)			
		• Covers for centrifuge(s)			
		• Spill kit(s)			
		• First aid kit(s)			
	02	HIV rapid test kits are available and stored in such a way that they can be accessed at any time by the clinician responsible for post-exposure prophylaxis (PEP) (N/A if not applicable).			
		An adequate cold storage area is available:			
	03	• Freezer(s)			
• Refrigerators					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS
<b>Standard 40</b> General bio-safety and IPC practices are followed in the laboratory as per National IPC Guidelines.	Verify by observation of staff whether:			
	01	No food or beverages are stored in refrigerators for reagent and biological specimen storage.		
	02	Laboratory workers wear appropriate PPE during receiving and analysing specimens.		
	03	Specimens are placed in containers that prevent leakage during collection, handling, processing, storage and transportation.		
	04	Rejection or decontamination of contaminated forms is done		
	05	Rejection of contaminated containers is done		
	06	Staff change gloves and wash hands in between patient and procedures.		
	07	All pipetting is done with mechanical assistance (e.g. bulbs, semiautomated pipettor) to avoid dangers from liquid or aerosols. <b>NOTE: Pipetting by mouth is never done.</b>		
	08	Clinical laboratory coats are only worn inside the laboratory.		
	09	Staff record information, use phone and open doors after removing gloves and washing hands.		
	10	Entry to the working area of the laboratory is restricted to authorized personnel only.		
11	Certified and maintained biosafety cabinet (or an acceptable alternative processing procedure) is used for all specimens or organisms considered to be highly contagious by airborne routes.			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A	COMMENTS
<b>Radiology and Imaging</b>			
<p><b>Standard 41</b> The health care provider follows safety practices in radiology and imaging services.</p>	<p>Verify by observation and simulation that the health care provider: <b>Note: For disinfection of radiology machine parts and surfaces, disinfectants that are recommended by the manufacturer need to be used.</b></p>		
	01 Disinfects ultrasound machine transducers and cords before they are used on a patient/client.		
	02 Disinfects ultrasound table before every procedure and in between patients.		
	03 Disinfects CT scan table and gantry prior to scanning each patient.		
	04 Disinfects MRI scanner table, inside the bore of the MRI system and other items that come into contact with a patient before each procedure.		
	05 Disinfects MRI positioning pads and sponges before each patient.		
	06 Wears appropriate PPE and ensures contrast aseptically.		
	07 Wears appropriate PPE and performs interventional radiologic procedures aseptically.		
	08 Uses sterile instruments during invasive procedures, e.g., HSG, IVU.		
	09 Disposes waste according to National IPC Guidelines.		
	10 Uses sterile instruments during invasive procedures, e.g., HSG, IVU.		
	11 Hazardous radioactive waste is placed in a large container labelled with the radiation symbol, showing the radionuclides activity on a given date, the period of storage required for the materials to decay to background levels, and marked with "Caution! Radioactive Waste."		
	12 Hazardous radioactive waste (stored in specific marked area, preferably lead-shielded storage room or alternatively room with concrete walls 25 cm thick) is disposed according to National IPC Guidelines upon decay to background level.		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS
<b>Pharmacy and Main Store</b>				
<b>Standard 42</b> Storage procedures in the pharmacy and main store are properly followed according to National IPC Standards.	Verify by observation that:			
	01	All stored items are properly organised with designated location using labelling and bin cards for easy inventory and supply.		
	02	Storage procedures are properly followed (ordering, documentation system, monitoring, retooling plan and preventive maintenance).		
	03	Items/commodities arranged according to FEFO/FIFO.		
	04	All appropriate forms (issue vouchers, ledgers, bin cards, and Report and Request forms [R&R forms]) are available and appropriately used.		
	05	Inflammables are separated from non-inflammables.		
	06	Food store is separated from other items in a way that prevents contamination.		
<b>Standard 43</b> Antiretrovirals for post-exposure prophylaxis management are available.	Verify by observation and record review that:			
	01	Antiretrovirals (ARVs) for PEP are stored in such a way that they can be accessed at any time by the clinician responsible for PEP.		
	02	HIV rapid test kits are stored in such a way that they can be accessed at any time by the clinician responsible for PEP (ignore if not applicable).		
<b>Standard 44</b> IPC-related supplies and equipment meet a minimum stock requirement for the facility.	Verify by observation and review of records that the stock for the following IPC-related supplies and materials meet the minimum stock requirements for the facility:			
	01	Sterile surgical gloves		
	02	Clean examination gloves		
	03	Elbow-length gloves for manual removal of placenta (gauntlet gloves)		
	04	Utility gloves		
	05	Plastic apron		
	06	Area-specific attire (e.g., kitchen)		
	07	Protective eyewear		
	08	Face masks covering mouth and nose		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS
<b>Standard 44, cont.</b>	09	Caps		
	10	Gumboots		
	11	Lead aprons		
	12	Lead hand gloves		
	13	Ganado lead covers		
	14	Surgical attire		
	15	N95 masks for airborne isolation ward, or kept in case of emergency		
	16	Alcohol hand rub		
	17	Ethyl or isopropyl alcohol (60–90%)		
	18	Cetrimide and chlorhexidine gluconate (2–4%), e.g., Savlon, <b>OR</b> chlorhexidine gluconate (2–4%), e.g., Hibiclens, Hibiscrub, Hibitane, <b>OR</b> iodine preparations (0.5–3%), e.g., Lugol’s, <b>OR</b> iodophors (usually not diluted), e.g., Betadine, <b>OR</b> other MoHSW-approved antiseptics.		
	19	Liquid detergents		
	20	Chlorine solution, powder or tablets (precepts)		
	21	Glutaraldehyde 2–4%		
	22	Standard colour-coded waste bins (yellow, red, blue/black) <b>Note: Standard bins should have the following specifications:</b> Plastic with strong handle, made with good durable material/PVC; user friendly with pedal/lever; size correlating with amount of waste generated; and bin lid must have a handle.		
	23	Colour-coded bin liners (yellow, red, blue/black)		
	24	Sharp containers		
	25	White bed sheets for wards and clinics		
	26	Green and/or blue for theatre		
	27	Soap and detergent		
	28	Waterproof bags		
29	Drapes			
30	Laundry hamper			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS
<b>Standard 44, cont.</b>	Verify by observation and review of records that the supply of the above-listed items is consistent:			
	01	The pharmacy and stores department has not experienced stock-outs of the above items in the past 15 consecutive days.		
<b>Laundry</b>				
<b>Standard 45</b> The health care facility handles and transports linen according to National IPC Standards.	Verify by observation and interviews (the latter done only when the observation method is not possible) that:			
	01	While handling soiled linens, workers consistently wear the following PPE:		
		• Utility gloves		
		• Plastic apron		
		• Protective eyewear		
		• Mask		
		• Gumboots		
	Verify proper linen handling by observation in the wards and interviews with laundry staff:			
	01	Soiled linen is separated from non-soiled linen.		
	02	Linen is checked for foreign objects such as instruments, needles, human tissue and personal property.		
	03	Laundry workers perform hand hygiene after handling used linen.		
	Verify the proper collection and transport of linen:			
	01	Used linen is collected in the wards in leakproof containers.		
	02	Used linen is transported from the wards to the laundry in leakproof containers with lids or covers, to avoid leaking.		
	03	Carts, marked trolleys or other leakproof containers are cleaned before taking clean linen back to the wards.		
04	Clean linen is covered or wrapped during transportation.			
05	Soiled mattresses are cleaned by wiping with 0.5% chlorine solution and letting them dry before putting clean linen on them.			
06	A clean trolley is used to distribute linen.			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS	
<b>Standard 45, cont.</b>	07	Clean linen is handled as little as possible.			
	08	Extra linen is not left in patients' rooms.			
	09	Items are checked for cleanliness and rewashed if necessary.			
	10	Washed linen is placed in clean containers or on clean surfaces.			
<b>Standard 46</b> The health care facility has laundry facilities for washing and storing linen according to the standard, as per National IPC Guidelines.	Verify by observation that:				
	01	Laundry facilities are onsite, even if sub-contracted.			
	Verify that the laundry has a proper physical plant and equipment:				
	There are separate areas for:				
	01	Receiving and sorting			
	02	Washing linen			
	03	Ironing, folding, repair and storage of clean linen			
	04	There are washbasins with running water, <b>OR</b>			
		There are washing machines for washing clothes.			
	Verify that the washing of linen is performed as follows:				
	01	Heavily soiled linen (or all linen irrespective of whether they are soiled or not, if handwashing is to be done) is decontaminated with 0.5% chlorine.			
	02	At the laundry facility, linen is checked for foreign objects such as instruments, needles, human tissue and personal property.			
	03	Laundry workers perform hand hygiene after handling used linen.			
	04	Soiled linen is washed separately from non-soiled linen.			
	05	<b>If washing by machine</b> , all linen is washed in a machine according to manufacturer's instructions, <b>OR</b>			
		<b>If washing by hand</b> , the entire item is washed in water with liquid or powdered soap to remove all soil, even if not visible; then rinsed in clean water.			
	06	Items are checked for cleanliness and rewashed if necessary.			
07	Washed linen should be placed in clean containers or on clean surfaces.				

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS
<b>Standard 46, cont.</b>	08	Laundry workers perform hand hygiene after handling used linen.		
	Verify proper drying, checking and folding of linen:			
	01	Linens are dried completely in a machine or by air.		
	02	If air-dried, linens are dried in direct sunlight if possible, keeping fabric off the ground and away from dust or moisture.		
	03	After linens are completely dry, they are checked for holes and thread-bare items. If present, items must be discarded or repaired before re-use or storage.		
	04	Clean, dry linen is ironed and folded.		
	Verify proper storage of linen:			
	01	Linen is kept in clean, closed storage areas.		
	02	Physical barriers are used to separate folding and storage rooms from soiled areas.		
	03	Shelves are kept clean.		
	04	Handling of stored linen is minimal.		
	05	If laundry service is outsourced, the laundry staff should be oriented on linen processing as per National IPC Guidelines.		
	Verify proper distribution of linen:			
	01	Clean linen is protected until distribution.		
	02	A clean trolley is used to distribute linen.		
	03	Clean linen is handled as little as possible.		
	04	Extra linen is not left in patients' rooms.		
	05	Items are checked for cleanliness and rewashed if necessary.		
	06	Washed linen is placed in clean containers or on clean surfaces.		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A	COMMENTS	
<b>Mortuary</b>				
<b>Standard 47</b> The health care facility follows safe practices for postmortem procedures and mortuary services.	Verify by observation:			
	01	Presence of essential postmortem/autopsy equipment:		
		• Operating scissors		
		• Dissecting scissors		
		• Dissecting forceps		
		• Bone-cutting forceps		
		• Saw		
		• Suture needles		
		• Probes		
		• Retractors		
		• Metal mallet		
		• Rib shears		
		• Knives		
		• Operating scalpel		
	02	Availability of formalin		
03	Functioning refrigerators for preserving dead bodies			
04	Appropriate PPE used when handling the body:			
	• Gloves			
	• Gowns			
	• Plastic apron			
	• Protective eyewear (if needed)			
	• Face mask covering mouth and nose			
05	PPE is used by relatives and guardians assisting with bathing the dead body.			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A	COMMENTS	
<b>Main Health Care Facility Kitchen</b>				
<b>Standard 48</b> The health care facility provides kitchen services complying with National IPC Standards.	Verify by observation the availability of:			
	01	Sufficient cleaning facilities (water supply, soap, equipment, sinks/buckets and basins)		
	02	Working drainage system		
	03	Safe place for keeping utensils/dishes, free from dust, flies and moisture		
	04	Appropriate means food storage:		
		• Refrigerator		
		• Cupboards		
	Verify that:			
	01	Cooked food is stored and transported in leakproof containers.		
	02	Food is served with clean utensils.		
	03	Food is not accessible to animals and insects (rats, mice, cockroaches).		
	04	All food handlers have been screened for diarrhoeal or contagious skin infections on the day of assessment, and have had analysis of stool, urine, skin diseases and respiratory tract infections within six months.		
<b>Health Care Waste Management at Final Disposal Point and Incinerator</b>				
<b>Standard 49</b> The health care facility promotes practices to keep its grounds clean.	Observe whether:			
	01	There are sufficient dust bins outside of the hospital (on the grounds) for general waste, to avoid littering.		
	02	The grounds (outside of the hospital) are clean.		
<b>Standard 50</b> Waste collection and transportation from the site of generation to the point of storage is done safely.	Verify by observation or interviews that:			
	01	Sharps containers are transported when $\frac{3}{4}$ full.		
	02	Waste collection is done at least twice a day or when the container reaches $\frac{3}{4}$ full.		
	03	Appropriate carts, trolleys or wheelbarrows are used for transportation.		
	04	Trolleys, carts and wheelbarrows are labelled for health care waste use only.		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS
<b>Standard 50, cont.</b>	05	Decontamination for transportation facilities is done every day at the end of the day following waste collection.		
	06	Appropriate PPE are worn during transportation of waste.		
<b>Standard 51</b> Waste storage and transportation to an onsite or offsite final disposal site is performed according to the standards as per National IPC Guidelines.	Verify by observation that the waste storage area:			
	01	Has an impermeable, hard floor with good drainage that is easy to clean and disinfect.		
	02	Is easily accessible to staff in charge of handling waste.		
	03	Can be locked.		
	04	Has easy access for waste collection vehicles.		
	05	Is not accessible to animals, insects or birds.		
	06	Is not near the food stores or food preparation areas.		
	07	There is a written plan for a short-term storage of waste (maximum of two days) and cleaning of storage area and containers.		
	Verify that for waste transportation (offsite or an incinerator that is not close to the storage area):			
	01	Waste is packed in a leak-proof container/vehicle prior to transportation.		
	02	Waste is transported in vehicles or containers used only to transport waste.		
	03	Vehicles transporting waste have a cover or trap to prevent waste from littering during transportation.		
	04	Hazardous waste is labelled before transportation to the treatment/disposal site.		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A	COMMENTS	
<b>Standard 52</b> The health care facility has proper mechanism for treatment and final disposal of waste.	Verify that:			
	Contaminated waste onsite is:			
	01	Incinerated <b>OR</b>		
		Disposed in special pit		
	If the waste is <b>incinerated</b> :			
	01	The area is not accessible to other staff, the community or domestic animals.		
	02	During incineration, there are only flames and not smoke.		
	03	Ash from incinerated material is disposed as non-contaminated waste.		
	04	There is no waste lying around the grounds.		
	If the waste is <b>disposed in a special pit</b> :			
	01	The area is not accessible to other staff, the community and domestic animals (e.g., has a fence around it).		
	02	The special pit is at least 50 metres away from any water source, and it is not located in an area with floods.		
	03	The special pit must have a minimum diameter of 1.5 metres and depth of 3–4 metres.		
04	There is no waste lying around the grounds.			
<b>Administration</b>				
<b>Standard 53</b> The health care facility has a written preventive plan for strengthening IPC practices at the facility level, to minimize the risk of health-care-associated infections to patients/clients and health care workers at large.	Verify with the health care facility director or manager that:			
	01	All new employees are oriented to IPC practices.		
	02	There is a written schedule for regularly updating all staff in IPC.		
	03	Facility provides hepatitis B immunization to all staff, and all staff are vaccinated.		
	04	Facility has a regular system of screening food handlers: <b>routinely</b> for diarrhoeal or contagious skin infections, and <b>biannually</b> for analysis of stool, urine, skin diseases and respiratory tract infections.		
	05	Periodic screening of TB for HCWs working in TB wards/clinics, Radiology and Imaging Department and other high-risk areas is carried out.		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS
<b>Standard 54</b> The health care facility has an established Quality Improvement Team according to MoHSW recommendations.	Verify by observation, interview and document review:			
	01	Number of team members is 7–10, depending on the size and complexity of the hospital.		
	02	Availability of skills mix in the committee, with representation of different functional areas:		
		<ul style="list-style-type: none"> <li>Medical Officer In-Charge is an active member of the team.</li> </ul>		
		<ul style="list-style-type: none"> <li>Procurement/Supplies staff are actively represented in the team.</li> </ul>		
	03	The QI leadership structure is well-defined with an appropriate selected chairperson and a secretary.		
	04	The committee has identified Work Improvement Team (WIT) members at all departments/sections.		
	05	The team has nominated a PEP focal person.		
<b>Standard 55</b> The health care facility has a functional IPC/Quality Improvement Committee.	Verify by observation, interview and document review:			
	01	The IPC/QI Committee has a clearly defined schedule for the following meetings:		
		<ul style="list-style-type: none"> <li>Meetings for the IPC/QI Committee itself</li> </ul>		
		<ul style="list-style-type: none"> <li>Meetings between the IPC/QI Committee and hospital management</li> </ul>		
		<ul style="list-style-type: none"> <li>Meetings among the IPC/QI Committee and WITs</li> </ul>		
	02	IPC/QI meetings are conducted according to schedule (minutes).		
	03	Evidence of internal monitoring assessments conducted according to functional areas <b>at least quarterly</b> .		
	04	Evidence of internal supportive supervision/mentoring and coaching.		
	05	All assessment data and records are properly maintained and displayed.		
	06	Evidence of cause analysis guiding the identification and selection of interventions conducted for each functional area and for the facility at large.		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS
<b>Standard 55, cont.</b>	07	Evidence of feedback on implementation of interventions given by IPC/QI Committee to hospital management team (i.e., medical officer in-charge at regional and district levels), and departmental/ward in charges and WITs.		
	08	Presence of up to date action plans tracking the implementation of the interventions (implementation reports).		
<b>Standard 56</b> The health care facility budget includes IPC supplies.	Verify by interviews with staff responsible for budgeting (e.g., accountant <b>and/or</b> supplies/procurement officer <b>and/or</b> pharmacy/store person <b>and/or</b> matron/medical officer in-charge <b>and/or</b> health secretary, or whomever else is responsible as applicable) and review of records that the health care facility has a <b>budget outlining the below items</b> , which are essential for proper implementation of IPC standards:			
	01	Sterile surgical gloves		
	02	Clean examination gloves		
	03	Elbow-length gloves for manual removal of placenta (gauntlet gloves)		
	04	Utility gloves		
	05	Plastic apron		
	06	Area-specific attire (e.g., kitchen)		
	07	Protective eyewear		
	08	Face masks covering mouth and nose		
	09	Caps		
	10	Gumboots		
	11	Lead aprons		
	12	Lead hand gloves		
	13	Ganado lead covers		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, N/A	COMMENTS
<b>Standard 56, cont.</b>	14	Surgical attire		
	15	N95 masks for airborne isolation ward, or kept in case of emergency		
	16	Alcohol hand rub		
	17	Ethyl or isopropyl alcohol (60–90%)		
	18	Cetrimide and chlorhexidine gluconate (2–4%), e.g., Savlon, <b>OR</b> chlorhexidine gluconate (2–4%), e.g., Hibiclens, Hibiscrub, Hibitane, <b>OR</b> iodine preparations (0.5–3%), e.g., Lugol's, <b>OR</b> iodophors (usually not diluted), e.g., Betadine		
	19	Liquid detergents		
	20	Chlorine solution, powder or tablets (precepts)		
	21	Glutaraldehyde 2–4%		
	22	Standard colour-coded waste bins (yellow, red and blue/black) <b>Note: Standard bins should preferably (if possible) have the following specifications:</b> plastic with strong handle, made with good durable material/PVC; user friendly with pedal/lever; size correlating with amount of waste generated; and bin lid must have a handle.		
	23	Colour-coded bin liners (yellow, red, blue/black)		
	24	Sharps containers		
	<b>Standard 57</b> Operational plans to deal with prioritized gaps in IPC exist.	Verify by review of records and interview with Quality Improvement Team (QIT) that operational plans have been developed/exist and include:		
01		List of verification criteria marked with “N” per department/functional area		
02		Prioritized gaps		
03		Causes of gaps (cause analysis)		
04		Indicate responsible person for implementing intervention		
05		List support needed to address the gap		
06		Action plans to address the identified gaps developed in a <b>participatory manner</b> with WITs, ward/unit in-charge and health management team		
07		Defined date by when intervention should be accomplished		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A	COMMENTS	
<b>Standard 58</b> The health care facility follows the standards for effective traffic flow and activity patterns.	Verify that there are signs marking traffic flow to every section or department of the health care facility (including presence of an emergency exit):			
	01 Laboratory			
	02 CSSD			
	03 Isolation areas			
	04 Operating room			
	05 Labour and delivery areas			
	06 ICU			
	07 Neonatal Unit/Nursery			
	08 Mortuary			
	09 Laundry			
	10 Waste storage areas			
	11 Wash rooms			
	12 Emergency exit			
<b>Standard 59</b> The health care facility has a safe drinking water source or supply for health care providers, patients and clients (especially those who cannot afford to bring their own).	Verify that the health care provider:			
	Correctly uses methods to make water safe for drinking such as:			
	01	Boils water for 5 minutes at boiling point, <b>OR</b>		
		Chlorination by adding 10 mL of 0.5% chlorine solution to 20 litres of water, <b>OR</b>		
		Water source treatment, <b>OR</b>		
		Filtration method, <b>OR</b>		
		Facility provides boiled water		
02	Correctly stores the clean water in a clean container, preferably one with a narrow mouth, or uses water dispensers.			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, N/A	COMMENTS
<b>Standard 60</b> The health care facility has an appropriate system to report accidental exposures to blood and body fluids, has a good recordkeeping system, and utilizes data for targeted prevention of exposures and improving the quality of post-exposure prophylaxis services provided.	Verify by observation and interview with either the medical officer in-charge, matron, health quality improvement team (HQIT), trained health care provider responsible for PEP, or focal person for PEP that:		
	01 Trained health care provider responsible for PEP is available in 24 hours.		
	02 Evidence of immediate reporting and documentation of exposures is done.		
	03 There is a good recordkeeping system for the PEP report forms/register/summary forms.		
	04 Follow-up assessments and testing at 2 weeks, 4 weeks, 6 weeks, 12 weeks and 6 months for exposed individuals is appropriately done and well-documented.		
	05 HIV counselling and testing services for the source individuals are available and accessible.		
	06 Trained health care provider responsible for PEP completes all the documentation and sends a report to the next HQIT appropriate level following the National IPC Guidelines.		
	07 The facility sends PEP monthly summary forms to the next level as per MoHSW guidelines.		

SECTION C: TOTAL NUMBER OF STANDARDS	34
Total standards observed	
Total standards achieved	
Percentage achievement (standards achieved / standards observed x 100)	



## SECTION D: STANDARDS SUMMARY SHEET

REGION: \_\_\_\_\_

NAME OF INSTITUTION: \_\_\_\_\_

ASSESSORS: \_\_\_\_\_

ASSESSMENT TYPE (Indicate Baseline, Internal or External): \_\_\_\_\_

DATE (DD/MM/YYYY): \_\_\_\_\_

*Note: Refer to applicable standards table to determine total number of criteria.*

FUNCTIONAL AREAS	TOTAL NUMBER OF CRITERIA	CRITERIA ACHIEVED	
		NUMBER	% (PERCENTAGE)
<b>PRACTICE SETTINGS</b>			
Operating Theatre (Standards: 1–18, 23, 27–34)	27		
CSSD (Standards: 1–5, 7–16, 23, 35, 36)	18		
Labour and Delivery (Standards: 1–18, 20, 21, 23–26, 37)	25		
ICU (Standards: 1–21, 23–26, 36, 38)	27		
Laboratory and Blood Bank (Standards: 1–16, 18, 26, 39, 40)	20		
Radiology (Standards: 1–16, 19, 41)	18		
Mortuary (Standards: 1–5, 7, 8, 10–16, 18, 23, 47)	17		
Dental Unit/Clinic (Standards: 1–16, 18, 19, 23, 36)	20		
Medical Ward (Standards: 1–21, 23–26, 36)	26		
Paediatric Ward (Standards: 1–21, 23, 25, 26, 36)	25		
Surgical Ward (Standards: 1–26, 36)	27		
Ob/Gyn Ward (Standards: 1–26, 36)	27		
Care and Treatment Clinic (CTC) for HIV (Standards: 1–16, 18, 19, 26)	19		
Outpatient Clinics (Standards: 1–16, 18, 19, 26)	19		
Casualty (Standards: 1–26, 36)	27		
Physiotherapy (Standards: 1–16, 18)	17		
<b>SUPPORT FUNCTIONS</b>			
Administrative Functions (Standards: 53–60)	8		
Pharmacy and Stores (Standards: 1–16, 18, 42–44)	20		
Main Hospital Kitchen (Standards: 1–5, 7, 10–16, 48)	14		
Laundry (Standards: 1–5, 7, 8, 10–16, 45, 46)	16		
Health Care Waste Storage and Final Disposal (Standards: 1–5, 7, 8, 10, 15, 49–52)	13		
<b>AVERAGE FACILITY SCORE</b>			

