



Chapter XIX Infection Control (IC)

Infection Control (IC)



Introduction

Again, this is one of the essential aspects of patient care, yet, not much attention is given to it. This has to change and hospitals have to prevent and control infections as much as they can. There is really no excuse for not having enough sharp disposal containers in the hospital, or that the isolation of the infected patient is not done properly. The hospital staff have to realize that this is the responsibility of everybody and it is for the benefit of all patients and staff.

Scoring:



Infection Control (IC)

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
IC.1.	The hospital designs & implements a coordinated program to reduce the risk of healthcare-associated (HAIs) infections in patients, visitors, and workers.					
	IC.1.1 The program involves all patient care units, and involves staff, patients, patients' families, volunteers and visitors, and involves all support services such as laundry, kitchen, laboratory, housekeeping, and other support services.					
	IC.1.2 The Infection Control Service /or unit is an independent department that reports directly to the highest administrative authority to implement the program.					
IC.2.	The infection control program is based on:					
	IC.2.1 Current scientific knowledge.					
	IC.2.2 Accepted practice guidelines.					
	IC.2.3 Applicable law and regulations.					
IC.3.	Full time personnel carry out the functions of infection control.					
	IC.3.1 At least one full time Infection control practitioner is available, and more should be hired depending on the size & acuity of care delivered in the hospital (one practitioner for every 150-250 beds).					
IC.4.	Qualified personnel carry out the functions of infection control.					
	IC.4.1 The infection control personnel are qualified in infection control practice through education, training, experience, or certification.					
	IC.4.2 The infection control personnel have free access to a computer system to analyze data, and to access the infection control websites on the net.					
	IC.4.3 There is continuous medical education program to update the knowledge and skills of infection control staff.					
IC.5.	The administration supports the infection					



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	control program.					
	IC.5.1 The infection control team reports directly to the highest administrative authority.					
IC.6.	A designated group / committee / or process monitors and coordinates infection control activities in the organization.					
	IC.6.1 The membership of the committee includes representatives from medical staff, nursing and administration as well as the person directly responsible for management of the infection control program.					
	IC.6.2 The committee meets at least quarterly.					
	IC.6.3 There is input to the committee from the Operating Room, Central Sterilization Service, pharmacy, lab, dietary services, housekeeping and other departments as may be required.					
	IC.6.4 Functions of the committee are as follows:					
	IC.6.4.1 Review and revise the hospital infection control policies developed by the infection control team.					
	IC.6.4.2 Evaluate and revise on a continuous basis the procedures and the mechanisms developed by the infection control team to serve established standards and goals.					
	IC.6.4.3 Review and evaluate the reports of healthcare-associated infections surveillance submitted regularly by the infection control team, and suggest appropriate actions to be taken with concerned departments.					



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	IC.6.4.4 Bring to the attention of the infection control team new infection control issues arising in different departments of the hospital and suggest solutions.					
	IC.6.4.5 Revise the yearly plan submitted by infection control service and suggest additions/ changes if necessary. Once approved, the committee chairperson and members shall give this plan the full support needed for implementation.					
	IC.6.4.6 Each member of the committee should act as an advocate of infection control in his/her department, trying to promote its principles and to ensure application of its rules.					
	IC.6.5 The infection control committee is preferably chaired by the hospital administrator or one his senior medical designees.					
IC.7.	Infection control policies that are applicable to the hospital should be combined in a manual.					
	IC.7.1 The Infection control manual is available to all staff, and in all patient care units.					
	IC.7.2 The Infection control manual has clear job descriptions of infection control personnel, functions of infection control committee, and statement of authority.					
	IC.7.3 The Infection control manual has all the policies pertaining to infection control.					
IC.8.	Infection control policies are scientifically sound.					
	IC.8.1 Infection control manual contents to be revised periodically by the infection control personnel and the Infection Control committee. The content needs to be updated based on scientific					



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	recommendations.					
IC.9.	The organization provides education on infection control to staff upon Hiring.					
	IC.9.1 All staff receive an orientation to the hospital's infection control policies upon contracting. Employees' records should show documentation of this.					
IC.10.	There is continuous education on infection control to staff.					
	IC.10.1 Each unit has an accessible copy of the infection control manual.					
	IC.10.2 All personnel are familiar with the infection control policies.					
	IC.10.3 There is periodic staff education on infection control policies, especially when new policies and procedures are put in place or when there are significant trends in infection data.					
IC.11.	There is continuous surveillance of healthcare-associated infections.					
	IC.11.1 There are written policies and procedures, which define the types of surveillance to be carried out and how data will be analyzed and used.					
	IC.11.2 There are written definitions of healthcare-associated infections.					
	IC.11.3 Collection & analysis of surveillance data is ongoing according to policies.					
	IC.11.4 Monitoring includes using indicators related to infection issues that are epidemiologically important to the organization.					
IC.12.	Results of healthcare-associated infections Surveillance are integrated into Quality improvement projects.					
	IC.12.1 The organization uses risk, rate, and trend information to design or modify processes to reduce healthcare-associated infections to the lowest possible level.					
	IC.12.2 The organization compares its healthcare-associated infections rates with other national and					



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Standard	FM (3)	PM (2)	MM (1)	NM (0)	NA
IC.12.3					
IC.12.4					
IC.13.					
IC.14.					
IC.14.1					
IC.14.2					
IC.14.3					
IC.15.					
IC.15.1					
IC.15.2					
IC.15.3					
IC.15.4					



Infection Control (IC)

Standard	Standard	FM (3)	PM (2)	MM (1)	NM (0)	NA
IC.16.	There is a system that separates patients with communicable diseases and those who are colonized or infected with epidemiologically important organisms from other patients, staff and visitors.					
	IC.16.1 There are written policies & procedures that address standard & isolation precautions.					
IC.17.	Facility design and available supplies support isolation practices.					
	IC.17.1 There is at least one negative pressure airborne isolation room in the emergency room and one in every patient care area (one negative pressure room for every 25-50 beds in general hospitals). The need for more airborne isolation rooms shall be decided upon with the Infection Control team depending on the volume of patients in need for airborne isolation that get admitted to the hospital.					
	IC.17.2 The ventilation system serving airborne isolation facilities provides pressure patterns that prevent airborne pathogens from being distributed to other areas of the hospital. Rooms designed for airborne isolation patients are under negative pressure. Air is exhausted to the outside and is not re-circulated unless it is filtered through HEPA Filter.					
	IC.17.3 Room entry is through a work area or ante-room; this will serve as a site for hand- washing, gowning and storage of protective clothing (gloves, aprons, masks).					
	IC.17.4 Toilet, shower or tub and hand washing facilities are provided for each isolation room.					
	IC.17.5 Isolation signs are consistent with the patient diagnosis and are posted in Arabic and English, and indicating the type of precautions required.					
	IC.17.6 Respirator (High filtration) masks (N-95, N-99) are used by staff during direct care of patients on airborne					



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	precautions, and are available on all units likely to admit patients on airborne precautions.				
IC.18.	Disinfectant use is supervised by infection control team and should be in accordance with current recommended practice.				
	IC.18.1 There is review by infection control of purchase of equipment and supplies used for sterilization and disinfection.				
	IC.18.2 Antiseptics and disinfectants are used in accordance with current scientific guidelines and recommended practice.				
	IC.18.3 Environmental safety is observed when disinfectants are used outside Central Sterilization Service.				
	IC.18.3.1 In the endoscopy unit, if glutaraldehydes are used, proper ventilation is in place.				
IC.19.	Central sterilization service policies follow scientific guidelines and are reviewed by infection control.				
	IC.19.1 There are written policies and procedures which advise all areas how to prepare items for transport to Central Sterilization Service.				
	IC.19.2 There are written policies and procedures for Central Sterilization Service on cleaning, decontamination, disinfection, sterilization and storage of sterile items.				
	IC.19.3 There are written policies and procedures on recall of sterilized items if sterilization or disinfection processes were found later to be deficient.				
IC.20.	Central Sterilization Service staff are qualified in the field of sterilization & disinfection.				
	IC.20.1 The supervisor of the Central Sterilization Service has experience, knowledge and certification in sterilization practice.				
	IC.20.2 The staff is able to explain sterilizer's				



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	operation and to name the main parameters to be followed: sterilization time, temperature, and pressure.					
	IC.20.3 Proper sterilization parameters are recorded.					
	IC.20.3.1 Sterilization records are kept for 1 year to allow inspection.					
	IC.20.3.2 Records include load list, daily function test, spore test results, lot number, and name of operator.					
	IC.20.4 Sterilization time and temperature cycles used follow those generally accepted as effective by the industry.					
IC.21.	Centralization of cleaning & disinfection is in place.					
	IC.21.1 All decontamination, cleaning, and sterilization of medical equipments should be done in Central Sterilization Service. None in the respective departments.					
	IC.21.2 Transport of contaminated equipment to Central Sterilization Service is done in a way to prevent spills or aerosolization of infectious fluids.					
IC.22.	Central Sterilization Service design supports its functions.					
	IC.22.1 There is a uni-directional flow of traffic from dirty to clean areas. I.e. decontamination area > packing > sterilization > storage areas.					
	IC.22.2 Traffic control signs are in place.					
	IC.22.3 The dirty area is under negative pressure with exhaust to the outside; the clean area is under positive pressure with at least 10 air cycles / hr.					
	IC.22.4 There is complete physical separation between the decontamination area, the area where clean items are packaged					



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	and sterilized, and the area were sterilized items are stored.				
IC.23.	Central Sterilization Service has measures to ensure staff safety and proper function:				
	IC.23.1 Personal protective equipment is available and used during decontamination: (heavy-duty gloves, waterproof aprons, facemask, goggles or face shield).				
	IC.23.2 Sterilizers are in good working order. (Instructions on sterilizers are available).				
	IC.23.3 Maintenance records for sterilizers are available.				
	IC.23.4 Chemical indicators are used in every package. Biological indicators are used at least weekly. Records of results are kept for one year.				
	IC.23.5 Use of flash steam sterilizer is limited to urgent situations, which preclude use of other sterilizer methods. This use is closely monitored and recorded. Policies in this regard should be written by Central Sterilization Service team & approved by Infection Control team.				
	IC.23.6 Each hospital wrapped and sterilized item is labeled with expiration date or a statement: "sterility preserved unless integrity broken."				
	IC.23.7 Storing conditions meet requirements for temperature humidity, airflow, shelving and containers are easily cleanable and are distant from floors (20 cm), ceilings (40 cm), and side wall (5 cm).				
	IC.23.8 Where ethylene oxide is used, safety and health hazards have been addressed.				
IC.24.	Housekeeping has policies describing their functions.				
	IC.24.1 Housekeeping has written policies describing areas to be cleaned, schedule for cleaning, and procedures to be used for cleaning				



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	different environmental surfaces.					
	IC.24.2 There is review of cleaning procedures, schedules and agents by infection control staff.					
	IC.24.3 All units have a cleaning / disinfection schedule which lists all environmental surfaces to be cleaned. The list has the items to be cleaned, chemicals to be used, frequency of cleaning, and persons responsible for each task.					
IC.25.	The hospital environment is kept clean.					
	IC.25.1 Hospital environment, lockers, and cabinets are clean.					
	IC.25.2 Food is stored under sanitary conditions and is consumed in designated places.					
	IC.25.3 Food refrigerators are clean and are used only for food storage.					
	IC.25.4 There are separate clean & dirty utility areas on each patient care area.					
	IC.25.5 There is a system with written policies on pest control.					
	IC.25.6 Routine environmental microbiological cultures should not be done unless recommended by the Infection Control team.					
IC.26.	There is a system to handle spills and wastes					
	IC.26.1 Hospital staff working in patient care areas are proficient in cleaning of blood / body fluids spills.					
	IC.26.2 There is a blood spill kit in every patient care unit that includes all necessary equipment. Policies on spill kit use should be written.					
	IC.26.3 Waste disposal differentiates between regular waste and infectious waste.					
IC.27.	The mortuary and postmortem area are supervised by infection control.					
	IC.27.1 There are written policies on how to handle bodies post mortem.					



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	IC.27.2 The temperature of the morgue is kept at 2-8°C (36-46°F) and temperature is logged daily.					
	IC.27.3 The morgue is cleaned and disinfected regularly.					
IC.28.	Kitchen environment and functions are supervised by Infection control.					
	IC.28.1 Food containers are properly labeled and expiry dates noted.					
	IC.28.2 Temperature requirements are met during:					
	IC.28.2.1 Storage					
	IC.28.2.2 Preparation					
	IC.28.2.3 Transportation					
	IC.28.3 Food is protected from environment during:					
	IC.28.3.1 Storage					
	IC.28.3.2 Preparation					
	IC.28.3.3 Display					
	IC.28.3.4 Transportation					
	IC.28.4 Fruits and vegetable are washed and disinfected thoroughly.					
	IC.28.5 Garbage containers or receptacles are adequate in number, and are insect and rodent proof and are covered.					
	IC.28.6 Food containers are washed immediately after being emptied from food.					
	IC.28.7 Boards to cut meat, poultry, chicken, or vegetables should be separate and should be immediately washed after use.					
	IC.28.8 Refrigerator temperatures are checked daily and documented on log sheets.					
	IC.28.9 Kitchen environment is clean without areas of stagnant water on floors.					
IC.29.	Kitchen staff hygiene and health is supervised by infection control:					



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	IC.29.1 Hands are washed and cleaned on start of shift, and every time when non-food item is touched.					
	IC.29.2 Hair covered upon handling food.					
	IC.29.3 Gloves are worn while handling raw meat, or vegetables, or fruits.					
	IC.29.4 There is enough hand washing facilities with liquid soap and paper towels in the kitchen.					
	IC.29.5 Personnel with respiratory infections or gastroenteritis are restricted from handling food.					
	IC.29.6 Stool for ova and parasites and stool cultures are done routinely upon hiring, every 3 months thereafter, and after returning back from vacation.					
	IC.29.7 Results of stool analysis and cultures are reviewed by the Infection Control practitioner as soon as they become available.					
IC.30.	There are written policies and procedures that address all the above issues in the kitchen and that are reviewed by infection control.					
IC.31.	Laundry functions are supervised by infection control.					
	IC.31.1 There are written policies and procedures on linen management that cover all steps starting from collecting linen from patients' rooms until completion of the cleaning process.					
	IC.31.2 Clean linen is transported, handled and stored in a way that keeps it protected from contamination and dust.					
	IC.31.3 There is functional separation of clean and used linen during storage and transport.					
	IC.31.4 Linen carts used for clean and used linen are clearly identified.					
	IC.31.5 Loose (un-bagged) linen is not to be put down a laundry chute.					



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Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	IC.31.6 Soiled linen (contaminated with patient's blood, excreta, or other body fluids) and linen from patients under isolation precautions are contained and transported in accordance with current standards:					
	IC.31.6.1 linen is handled as little as possible and with minimum agitation.					
	IC.31.6.2 Appropriate barriers (gloves, gowns, and masks) should be used when handling such linen.					
	IC.31.6.3 Hand washing facilities are located in all areas where un-bagged linen is handled.					
	IC.31.6.4 linen is bagged at the location where it is used, and is not stored or pre-rinsed in patient's care areas.					
	IC.31.6.5 Linen is put into special color-coded and water-proof laundry bags.					
IC.32.	Infection control practices are strictly supervised in hemodialysis unit:					
	IC.32.1 There is sufficient space (1.2 -1.5 meters) between patients to prevent transmission of infection.					
	IC.32.2 There is a clear separation between patient care (contaminated) and office / supply areas (clean).					
	IC.32.3 Standard precautions are strictly implemented in the unit with special emphasis on hand hygiene and the appropriate use of barriers.					
	IC.32.4 An adequate supply of personal protective equipment is available and readily accessible.					
	IC.32.5 Hand disinfectants for waterless hand hygiene should be available at every chair/bed. Sinks are conveniently located, at least one sink for every two patients.					



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	IC.32.6 Sinks are available in adequate number (preferably one for every 2-4 chair/beds) and are conveniently located.					
	IC.32.7 Staff has thorough knowledge about avoiding cross contamination.					
	IC.32.8 Staff practice related to cross contamination is satisfactory.					
	IC.32.9 Sharp disposal containers are located at each chair/bed and elsewhere as needed within the unit.					
	IC.32.10 Infectious wastes are disposed of according to waste disposal hospital policies.					
	IC.32.11 The surfaces of machines and chairs/beds are disinfected after use with an approved disinfectant.					
	IC.32.12 The machine manufacturer's instructions on cleaning the machine are available and adhered to.					
	IC.32.13 Equipment such as blood pressure cuffs, stethoscopes, clamps, scissors and thermometers are allocated to a single patient and are disinfected at the conclusion of each patient treatment.					
	IC.32.14 There is a system in place that ensures that multi-dose vials are adequately labeled and used for one patient only.					
IC.33.	There is a system that protects patients and staff from blood borne pathogens during hemodialysis.					
	IC.33.1 All patients are screened for Hepatitis B and Hepatitis C and HIV at the beginning of dialysis.					
	IC.33.2 Patients whose laboratory tests for HBsAg, anti HBs, HCV, and/or HIV is/are negative should be re-screened every 3-6 months.					
	IC.33.3 All patients susceptible to hepatitis B (negative for HBsAg and anti HBs) are immunized with Hepatitis B vaccine.					



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Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	IC.33.4 All patients infected with Hepatitis B are strictly segregated in a separate room and treated on a separate machine used exclusively for Hepatitis B (not for patients with Hepatitis C or HIV).					
	IC.33.5 All hemodialysis unit employees are screened for Hepatitis B and Hepatitis C upon hiring.					
	IC.33.6 All HBV and HCV susceptible hemodialysis unit employees should be screened annually and as needed after any blood or body fluid exposure.					
	IC.33.7 All hemodialysis unit employees susceptible to Hepatitis B are immunized with Hepatitis B vaccine.					
	IC.33.8 All vaccinated personnel are tested for antibodies to evaluate response, and all non-responders are given a second series of the HBV vaccine.					
	IC.33.9 Records for hepatitis screening and immunization are kept in database (cards, sheet or computerized) to allow a rapid evaluation of the information.					
IC.34.	Hemodialysis water is periodically disinfected and cultured.					
	IC.34.1 Microbiologic monitoring of treated water and dialysate should be performed at least monthly and more frequently if a problem is identified. Water is collected from deionized water outlet before each hemodialysis machine, and from dialysate just exiting from each hemodialysis machine.					
	IC.34.2 Chemical testing of water to be done yearly.					
	IC.34.3 Reverse osmosis water should be decontaminated weekly and documented.					
IC.35.	There are written policies that address all the above issues in the hemodialysis unit.					
IC.36.	Infection control standards are strictly implemented and supervised in the Operating					



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Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	Rooms.					
	IC.36.1 Operating Room environment is clean and dustless.					
	IC.36.2 No closets are built inside theaters.					
	IC.36.3 Minimal items are stored in Operating Room.					
	IC.36.4 Traffic control in Operating Room is observed with policies in this regard written.					
	IC.36.5 Operating Room is maintained at positive pressure with respect to corridors.					
	IC.36.6 Maintain > 15 air changes per hour.					
	IC.36.7 Air is introduced near the ceiling and exhausted near the floor.					
	IC.36.8 All re-circulated or fresh air should be filtered through filters that provide 90% efficiency HEPA filters.					
	IC.36.9 There is clear separation between restricted and non-restricted areas of Operating Room.					
	IC.36.10 Only Operating Room specified clothes are allowed inside the restricted areas of Operating Room.					
	IC.36.11 Large scrubbing sinks are available at entry to each Operating theater.					
IC.37.	Infection control team reviews & supervises construction projects in the Hospital.					
	IC.37.1 There are written policies that address infection control considerations during construction.					
	IC.37.2 There is a system that ensures involvement of infection control prior to any construction projects in the hospital.					
	IC.37.3 Environmental fungal cultures should be routinely done at the end of construction work and reviewed by the infection control team.					
IC.38.	Infection control team reviews & supervises procedures that are associated with increased risk of healthcare-associated					



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Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	infections:					
	IC.38.1 Care of indwelling urinary catheters.					
	IC.38.2 Care of peripheral & central venous catheters.					
	IC.38.3 Respiratory care.					
IC.39.	Gloves, gowns, masks use is supervised by infection control.					
	IC.39.1 Written policies and procedures are available on the appropriate use of gloves, gowns, facemasks, protective eyewear and respirator (High filtration) masks (N-95, N-99...).					
IC.40.	Gloves, gowns, masks are used correctly.					
	IC.40.1 Gloves are properly used:					
	IC.40.1.1 Gloves are worn when there is a potential for contact with blood/body fluid e.g. venipuncture, other vascular access procedures.					
	IC.40.1.2 Gloves are removed and discarded (not washed) after use.					
	IC.40.1.3 Gloves are removed as soon as work on the patient is done, and before leaving room.					
	IC.40.1.4 Contaminated gloves are not used to touch uncontaminated surfaces (telephone, pens, paper, and files).					
	IC.40.2 Gowns or other protective clothes are worn during all the procedures, which are likely to generate splashes or soiling from blood or other body fluids.					
	IC.40.2.1 Gowns are not worn outside of the patient's room or the treatment room unless the employee is escorting /transporting a patient under isolation.					
	IC.40.3 Masks and protective eyewear or					



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Standard	FM (3)	PM (2)	MM (1)	NM (0)	NA
	face shields are worn during procedures which are likely to generate droplets of blood or body fluids.				
IC.41.	Protective personal equipment (gown, gloves, masks, and protective eyewear) is readily available in all patient care areas.				
IC.42.	Hand hygiene is strictly observed in the hospital:				
	IC.42.1 Written policies and procedures on appropriate hand hygiene are available.				
	IC.42.2 Hand hygiene is done according to policies.				
IC.43.	The hospital provides sufficient hand hygiene facilities.				
	IC.43.1 Toilets, hand washing and bathing facilities meet the needs of the hospital and are clean and in good repair.				
	IC.43.1.1 Hand washing sinks should be available in all patients rooms (including clinics and emergency room) and nursing stations.				
	IC.43.2 Hand washing sinks and bathing facilities are supplied with hot and cold water under pressure.				
	IC.43.3 Hand washing sinks are conveniently accessible to staff.				
	IC.43.4 Plain and antiseptic soap and paper towels (not cloth towels) should be available for hand washing.				
	IC.43.5 Hand disinfectants are available in adequate number (one dispenser per patients room in general wards and clinics, one per bed in critical areas and the emergency room, and one in every nursing station.				
IC.44.	Communicable diseases are tabulated and reported to the ministry of health as per written hospital policies and ministry of health guidelines.				
IC.45.	Employee's health is in accordance with scientific recommendations and the Ministry				



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Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	of Health guidelines.					
	IC.45.1 There are written policies and procedures that address employees' health, their immunization, and post exposure prophylaxis.					
	IC.45.2 There is a clinic to provide counseling and medical services related to screening, immunization, and post exposure management.					
	IC.45.3 The screening and immunization data are kept in staff medical records.					
IC.46.	Employee's health and their immunization are practiced according to Policies:					
	IC.46.1 Baseline screening of all employees for hepatitis B, C, HIV and PPD should be done.					
	IC.46.2 The immune status of employees against hepatitis B, measles, mumps, rubella and varicella should be determined by serological testing and the appropriate vaccine administered to those who are susceptible.					
	IC.46.3 Response to hepatitis B vaccination is monitored in vaccinated employees.					
	IC.46.4 Non-responders to hepatitis B vaccine are offered at least a second series of the vaccine.					
	IC.46.5 Employees are screened for TB upon contracting with PPD test, and the test repeated annually for those who are non-reactive.					
IC.47.	Infection control team monitors incidence of exposure of the staff to pathogens in the Hospital:					
	IC.47.1 There is a system for reporting, follow up & management of exposure to open pulmonary TB.					
	IC.47.2 There is a system for reporting, follow up & management of needle stick & sharp injuries.					

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	IC.47.3 There is a system for reporting, follow up & management of exposure vaccine-preventable viruses (chickenpox, measles, mumps, and rubella).					
	IC.47.4 PPD conversion rates and sharp injuries rates are calculated.					
IC.48.	Staff accommodation is healthy (clean, well ventilated, not overcrowded, well maintained, and free from pests).					



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