

## Infection Prevention and Control (IPC) Report Hospital Services Management (HSM)

1.1	Do you have a functional IPC Committee? (According to National Guideline)	
1.2	Are the IPC committee related information updated every month?	
1.3	Are the IPC-related files uploaded every month in the website?	
2.1	Do you have an active IPC Team comprising of IPC trained personnel?	
2.2	Meeting occurs on a monthly (reporting month) basis?	
2.3	Is there IPC teams at different wards/ units as per the National Guideline?	
3.1	Do you have an assigned IPC Focal Person?	
3.2	Name of assigned IPC Focal Person	
3.3	Contact number & E-mail of IPC Focal Officer	
3.4	Do you have an assigned IPC Focal Nurse?	
3.5	Name of assigned IPC Focal Nurse	
3.6	Contact number & E-mail of IPC Focal Nurse	
4.1	How many cases of Hospital Acquired Infection (HAI) are reported on last month?( <b>please add operational definition</b> )	
4.2	Central Line-associated Bloodstream Infection (CLABSI) [if applicable]	
4.3	Catheter-associated Urinary Tract Infections (CAUTI)	
4.4	Surgical Site Infection (SSI)	
4.5	Ventilator-associated Pneumonia (VAP) [if applicaple]	
5	Does the facility have microbiological laboratory support (either present on or off site) for routine day-to-day use?	

5.1	Can it refer to Referral hospital?	
6	Is there isolation facility available for highly contagious infectious diseases.	
7	Does the hospital have any system in place to control entrance of patient attendants and visitors?	Yes/no
8.1	Frequency of cleaning of water reservoir (reporting month)	
9.1	Are hand wash stations clean, functioning (running water, soap / alcohol-based hand rub) ?	Yes /no
9.2	Are hand wash stations available with pictorial instructions at all points of care for patients & visitors?	Yes/no
9.3	Are hand wash stations with pictorial instructions at all points of care for health Care providers?	Yes/no
10.1	Does this area follow Protocols for cleaning (floor, sink or any spillage) (According to National Guideline)?	
10.2	Cleaning roster specifying tasks and frequencies	
11.1	Are appropriate materials for cleaning (for example- detergent, mops, baskets, etc.) all available?	Yes/no
11.2	Are those items stocked out on reporting month? (Regular supplied from Store when required or out of stock from store?)	
12	Does your facility have appropriate color coded Medical Waste Management bins with biodegradable poly-bags for waste segregation and the bins properly placed and they used it properly?	
13	Are syringe cutter and needle destroyer available is your facility and being used regularly in the reporting month?	
14	Are the responsible staffs using properly personal safety equipment?	
15	Training of Health care providers & non-health care providers responsible for cleaning	

16	Mention the options available in your facility for final waste management (out house) for both solid and liquid waste (ETP, Chemical treatment, Incinerator, Pit, third party management etc.) Incinerator	ETP <input type="checkbox"/> Chemical treatment <input type="checkbox"/> Incinerator <input type="checkbox"/> Pit <input type="checkbox"/> Third party management <input type="checkbox"/>
17	Method of sterilization used in the facility. (Please specify according to guideline)	Autoclave <input type="checkbox"/> Hot air oven <input type="checkbox"/> Chemical Sterilization <input type="checkbox"/>
18	Are essential types of equipment sterilized (according to National Guideline) at - <ul style="list-style-type: none"> <li>• Special units (SCANU, NICU, ICU, CCU)</li> <li>• Emergency/Casualty units</li> </ul>	Yes/no  Yes/no
19.1	Do you have CSSD(Central Sterile Services Department)? (If Applicable)	
19.2	If yes, do you have trained staff for CSSD?	
20	In Operation Theater area-	
20.1	Floor are Epoxy-coated	
20.2	Donning and Doffing area available	
20.3	OT IPC SOP maintained	
21.1	Are there facilities available for ICU/ OT Fumigation monthly?	
21.2	If yes, was it done on the reporting month(according to SOP) or not? (Please Specify)	