

Infection Prevention and Control (IPC) Reporting Tools
Hospital Services Management (HSM)
DGHS, Mohakhali, Dhaka-1212

IPC Reporting Tools

SL	Questions	Responses	Score	Remarks
1	Do you have a functional IPC Committee? (According to National Guideline) If yes, then 1a. Is the IPC committee related information updated every month? 1b. Are the IPC related files uploaded every month in the website?	Yes: 1/ No: 0 (If yes, provide a notification letter) Yes: 1/ No: 0 Yes: 1/ No: 0		Mandatory (If no, skip question to 4)
2	Do you have an active IPC Team comprising of IPC professionals? If yes, 2a. Meeting occurs on a monthly (reporting month) basis? 2b. Is there IPC teams at different wards/ units as per National Guideline?	Yes: 1/ No: 0 Yes: 1/ No: 0 Yes: 1/ No: 0		
3	Do you have an assigned IPC Focal Person? If yes, Please add the name, contact number & e-mail of the assigned IPC Focal Person Do you have an assigned IPC Focal Nurse? If yes, Please add the name and contact number & e-mail of the assigned IPC Focal Nurse.	Yes: 1 / No: 0 Yes: 1 / No: 0		
4	How many Hospital Acquired Infection (HAI) cases were reported last month? (please add operational definition) 4a. Central Line-associated Bloodstream Infection (CLABSI) [if applicable] 4b. Catheter-associated Urinary Tract Infections (CAUTI) 4c. Surgical Site Infection (SSI) 4d. Ventilator-associated Pneumonia (VAP) [if applicable] Yes: 0/ No: 1 Yes: 0/ No: 1 Yes: 0/ No: 1 Yes: 0/ No: 1		Mandatory Ventilator-associated Pneumonia (VAP).
5	Does the facility have microbiological laboratory support (either on or off-site) for routine daily use? If no, 5a. Can it refer to referral hospital?	Yes: 1 (delivering results timely and reliably) Partial: 0.5 (delivering results not timely and reliably) No: 0 (No support) Yes: 1 No: 0		

6	Is there isolation facility available for highly contagious infectious diseases.	Yes: 1 No: 0		
7	Does the hospital have any system in place to control entrance of patient attendants and visitors?	Yes: 1/ No: 0		Mandatory
8	Frequency of cleaning of water reservoir (reporting month)	Yes (Within 6 month): 1 Partial (Within 1yr): 0.5 No (Within 2yr): 0		Mandatory
9	Are hand wash station clean, functioning (running water, soap/alcohol based hand rub) 9a. Are hand wash stations available with pictorial instructions at all points of care for patients and visitors? 9b. Are hand wash stations available with pictorial instructions at all points of care for Health Care providers?	Yes: 1 Partial: 0.5 No: 0 Yes: 1 Partial: 0.5 No: 0 Yes: 1 Partial: 0.5 No: 0		Mandatory
10	Does this area follow Protocols for cleaning a floor/Sink / any spillage?(According to National Guideline) 10a. Cleaning roster specifying tasks and frequencies.	Yes: 1 / No: 0 Yes: 1/No: 0		
11	Are appropriate materials for cleaning (for example- detergent, mops, baskets, etc.) available? 11a. Were those items stocked out on last month? (Regular supplied from Store when required or out of stock from store?)	Yes: 1 (available and well-maintained) Partial : 0.5 (available but not well maintained) No: 0(no materials available) Yes: 1/ No: 0		Mandatory
12	Does your facility have appropriate color-coded MWM (Medical Waste Management) bins with biodegradable poly-bags for waste segregation and the bins properly placed and they used it properly?	Yes: 1 No: 0		Mandatory
13	Are syringe cutter and needle destroyer available in your facility and being used regularly in the reporting month?	Yes: 1 No: 0		Mandatory
14	Are the responsible staffs using properly personal safety equipment?	Yes: 1 No: 0		
15	Training of Health care provider & non-health care providers responsible for cleaning	Yes: 1 (All are trained) Partial: 0.5(Some are trained) No: 0 (No training last 24 months)		

16	Mention the options available in your facility for final waste management (out house) for both solid and liquid waste.	ETP	Yes:1/ No: 0		Mandatory
		Chemical treatment	Yes:1/ No: 0		
		Incinerator	Yes:1/ No: 0		
		Pit	Yes:1/ No: 0		
		Third party management	Yes:1/ No: 0		
17	Method of sterilization used in the facility. (Please specify according to guideline)	Autoclave	Yes:1/ No: 0		Mandatory
		Hot air oven	Yes:1/ No: 0		
		Chemical Sterilization	Yes:1/ No: 0		
18	Are essential equipment sterilized according to National Guideline? at – <ul style="list-style-type: none"> • Special units (SCANU, NICU, ICU, CCU) • Emergency / Casualty units 	Yes: 1/ No: 0 Yes: 1/ No: 0			Mandatory
19	Do you have CSSD (Central Sterile Services Department)? (If Applicable)	Yes (Available) : 1 Partial (Some) : 0.5 No (Not available): 0			Mandatory
	If yes, do you have trained staff for CSSD?	Yes: 1/ No: 0			
20	In operation Theater area- *Floor are Epoxy-coated *Donning and Doffing area available *OT IPC SOP maintained	*Yes: 1/ No: 0 *Yes: 1/ No: 0 *Yes: 1/ No: 0			Mandatory
21	Are there facilities available for ICU/ OT Fumigation monthly?	Yes: 1/No: 0			Mandatory
	If yes, was it done on the reporting month (according to SOP) or not? (Please Specify)	Yes: 1/ No: 0			