



# IMPROVING INFECTION PREVENTION AND CONTROL AT THE HEALTH FACILITY

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Interim practical manual supporting implementation  
of the WHO Guidelines on Core Components of Infection  
Prevention and Control Programmes



World Health  
Organization

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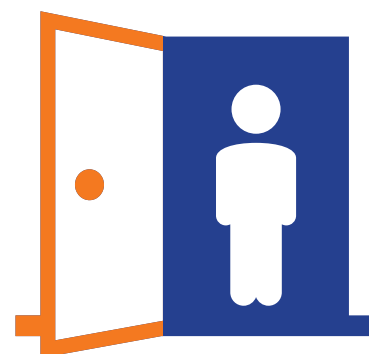
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## ABBREVIATIONS AND ACRONYMS

<b>AMR</b>	antimicrobial resistance	<b>PPE</b>	personal protective equipment
<b>APIC</b>	Association for Professionals in Infection Control and Epidemiology	<b>PPS</b>	point prevalence survey
<b>APSIC</b>	Asia Pacific Society of Infection Control	<b>PSCH</b>	Patient safety climate in healthcare organizations
<b>BSI</b>	bloodstream infection/s	<b>RNAO</b>	Registered Nurses' Association of Ontario
<b>CDC</b>	Centers for Disease Control and Prevention	<b>SAQ</b>	Safety attitudes questionnaire
<b>CUSP</b>	Comprehensive Unit-based Safety Program	<b>SARA</b>	service availability and readiness assessment
<b>ECDC</b>	European Centre for Disease Control and Prevention	<b>SDG</b>	Sustainable Development Goals
<b>GLASS</b>	Global Antimicrobial Resistance Surveillance System	<b>SLMTA</b>	Strengthening Laboratory Management Toward Accreditation
<b>HAI</b>	health care-associated infection	<b>SMART</b>	specific, measurable, attainable, realistic, timely
<b>HHSAF</b>	Hand Hygiene Self-Assessment Framework	<b>SUSP</b>	Surgical Unit Safety Program
<b>HIV</b>	human immunodeficiency virus	<b>TB</b>	tuberculosis
<b>HSC</b>	Hospital safety climate scale	<b>UHC</b>	universal health coverage
<b>HSOPSC</b>	Hospital survey on patient survey culture	<b>USA</b>	United States of America
<b>IHR</b>	International Health Regulations	<b>WASH FIT</b>	water, sanitation and hygiene (WASH) facility improvement tool
<b>ICAN</b>	Infection Control Africa Network	<b>WISN</b>	Workload Indicators of Staffing Need
<b>INICC</b>	International Nosocomial Infection Control Consortium	<b>WHO</b>	World Health Organization
<b>IPC</b>	infection prevention and control		
<b>IPCAF</b>	Infection Prevention and Control Assessment Framework		
<b>JEE</b>	joint external evaluation		
<b>MDRO</b>	multidrug-resistant organism/s		
<b>NGO</b>	nongovernmental organization		
<b>NHSN</b>	National Healthcare Safety Network		
<b>NNIS</b>	National Nosocomial Infections Surveillance System		
<b>PAHO</b>	Pan American Health Organization		





A photograph of a young child with dark skin and short hair, wearing an orange t-shirt and green shorts, crawling on a dark blue patterned blanket on a bed. The child is looking towards the camera with a serious expression. In the background, there are hospital beds with white linens and a mosquito net, and a window with a blue frame. The text 'PART I' and 'INTRODUCTION' is overlaid in large white letters on the left side of the image, with 'PART I' on a solid orange rectangular background.

# PART I

# INTRODUCTION

# PURPOSE OF THE MANUAL

This practical manual is designed to support health care facilities to achieve effective implementation of their infection prevention and control (IPC) programmes according to the World Health Organization (WHO) Guidelines on core components of IPC programmes<sup>1</sup> in the context of their efforts to improve the quality and safety of health service delivery and the health outcomes of the people who access those services. The principles and guidance provided in this manual are valid for any country, but with a special focus on settings with limited resources. The guidelines address eight areas of IPC (Box 1) and a summary of the recommendations can be found in Part II.

The guidelines describe what is necessary (that is, recommendations) to effectively improve IPC, according to the available evidence and wide-ranging expert consensus. This manual offers practical guidance, tips, resources and examples from around the world to support guideline implementation. It also focuses on the development of a sustainable action plan that should be informed by the local context to put into operation the guideline recommendations. Finally, the manual focuses on integrating and embedding IPC within the day-to-day structure and activities of a health care facility.

Although there is no single formula for guideline implementation, the manual draws on current evidence relating to the effectiveness of interventions to support the uptake of guidelines. Furthermore, input and external review of the content have been gathered from many IPC professionals in a wide range of countries across all regions.

## The manual will provide you with:

- a step-wise approach for the implementation of the core components of IPC programmes in the perspective of improvement;
- a clear summary of the core component recommendations for a person tasked with leading IPC improvement in a health care facility;
- a summary of common barriers and practical solutions to support your implementation journey;
- implementation examples from around the world;
- tools to support each implementation step where available, including addressing action planning, advocacy (developing a convincing narrative to win hearts and minds<sup>2</sup>), assessment, guideline development, stakeholder engagement, training and education and many other aspects of IPC implementation.

## Box 1. The eight core components relevant to facility-level IPC programmes

1. IPC programmes
2. Evidence-based guidelines
3. Education and training
4. Health care-associated infection (HAI) surveillance
5. Multimodal strategies
6. Monitoring and audit of IPC practices and feedback
7. Workload, staffing and bed occupancy
8. Built environment, materials and equipment for IPC



<sup>1</sup> <http://www.who.int/infection-prevention/publications/core-components/en/>.

<sup>2</sup> The term "winning hearts and minds" is used in this context to refer to securing the emotional and intellectual support or commitment of key stakeholders as part of the overall process of motivating people and groups to change.

## Target audience

If you are responsible for or involved in implementing IPC in a health care facility, this manual provides practical guidance on how to make the necessary improvements to ensure health care is safer, more effective and of a higher quality by reducing the risk of microbial transmission and health care-associated infections, including the spread of antimicrobial resistance.

The manual is not intended to be a prescriptive list of 'must do's'. Instead, it provides a stepwise approach to implementation based on the evidence and experience of what has worked in a number of settings and introduces examples and ideas from health care facilities around the world which can be used by IPC leads/focal persons and teams within health care facilities.

This is an interim version of the manual. WHO will collect case study examples and lessons learned from health facilities implementing the core components that will feed into future versions of the manual and support the development of additional resources and implementation tools.

## WHO SHOULD USE THE MANUAL?

The main target audience of the manual is IPC leads/focal persons and teams in acute health care facilities (either a tertiary or secondary care facility), that is, those responsible for implementing IPC, including health care facility managers. Where these roles do not yet exist, the manual will be of interest to nurses and others responsible for maintaining a clean, safe and high quality facility. It can also be useful with some adaptations for community, primary care and long-term care facilities as they develop and review their IPC programmes.

It is important to note that IPC implementation is not the sole responsibility of the IPC teams. The activities outlined in this manual require a broad range of skills that can only be met through the continuous development of competencies and collaboration, as well as cooperation and engagement with a range of stakeholders. Therefore, the manual is also relevant to colleagues at the health facility responsible for quality improvement, patient safety, health facility accreditation/regulation, and public health/disease control, including those involved in the implementation and associated assessments of the international health regulations (IHR), water, sanitation and hygiene (WASH), occupational health, antimicrobial stewardship programmes, clinical microbiology and environmental health. In addition, it may be of value to national and district level officers and development partners/non-governmental organizations (NGOs) working in health care facilities.

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