


Using the Core Components of Infection Control Programmes During the Ebola Outbreak
Hosted by Dr. Valeska Stempliuk, WHO IPC Lead, Sierra Leone
Sponsored by the World Health Organization – Clean Care is Safer Care




INFECTION PREVENTION AND CONTROL

Using the Core Components of Infection Control Programmes During the Ebola Outbreak

Dr. Sergey Eremin
 Medical Officer, World Health Organization

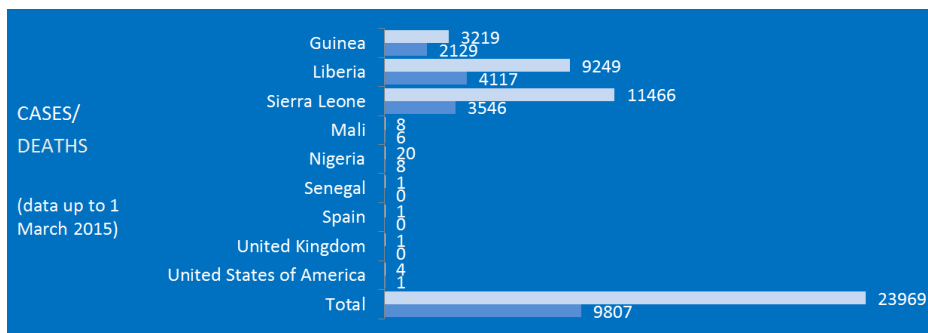
Hosted by Dr. Valeska Stempliuk
 WHO IPC Lead, Sierra Leone



Sponsored by
 WHO Patient Safety Challenge
 Clean Care is Safer Care

www.webbertraining.com March 11, 2015

WHO Ebola situation report, March 4, 2015



● total of health worker infections reported across the three most-affected countries since the start of the outbreak is **839**, with **491** deaths



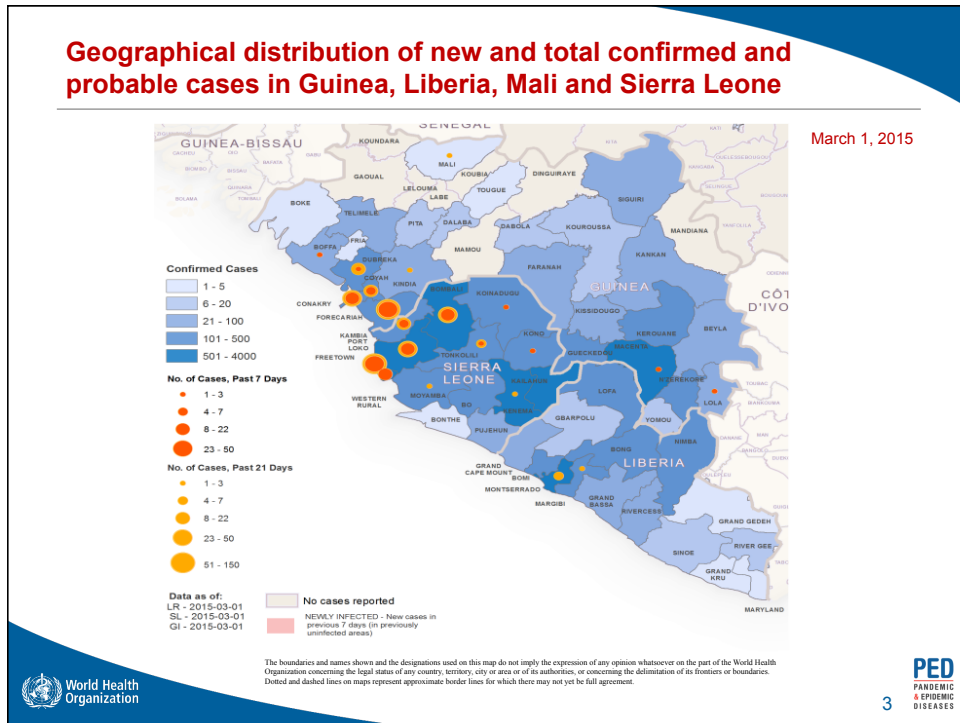
<http://apps.who.int/ebola/current-situation/ebola-situation-report-4-march-2015>



2

Hosted by Dr Benedetta Allegranzi, World Health Organization
A Webber Training Teleclass
www.webbertraining.com

Using the Core Components of Infection Control Programmes During the Ebola Outbreak
Hosted by Dr. Valeska Stempljuk, WHO IPC Lead, Sierra Leone
Sponsored by the World Health Organization – Clean Care is Safer Care



Since March 2014, WHO has produced over 45 guidance documents to support the Ebola response

World Health Organization

Based on **evidence** and expert review

Covering all aspects of outbreak response

Responsive to **needs** from the field

Strengthening **national capacities** to prepare and respond

Case Management and Infection Prevention and Control

Strategy and Coordination

Community Engagement and Social Mobilization

Surveillance, Contact Tracing, Laboratory

Safe and Dignified Burial

Travel

TRAVEL TO AND FROM EBOLA-AFFECTED COUNTRIES IS LOW-RISK. HERE IS WHAT YOU NEED TO KNOW

WHO


Hosted by Dr Benedetta Allegranzi, World Health Organization
A Webber Training Teleclass
www.webbertraining.com

Using the Core Components of Infection Control Programmes During the Ebola Outbreak
 Hosted by Dr. Valeska Stempljuk, WHO IPC Lead, Sierra Leone
 Sponsored by the World Health Organization – Clean Care is Safer Care


WHO Interim IPC guidance for EVD

Interim Infection Prevention and Control Guidance for Care of Patients with Suspected or Confirmed Filovirus Haemorrhagic Fever in Health-Care Settings, with Focus on Ebola

August 2014




➔



INFECTION PREVENTION AND CONTROL


Interim Infection Prevention and Control Guidance for Care of Patients with Suspected or Confirmed Filovirus Haemorrhagic Fever in Health-Care Settings, with Focus on Ebola


December 2014



August - September 2014
December 2014

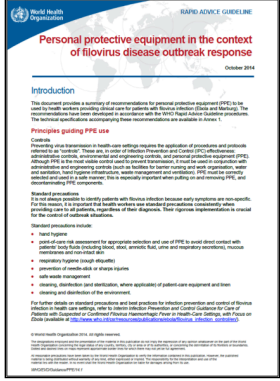
http://who.int/csr/resources/publications/ebola/filovirus_infection_control/en/





PPE


- WHO developed **recommendations** and **technical specifications** for PPE to be used by HWs providing clinical care for patients with filovirus infection




Annex 1: PPE technical specifications

Item	Technical specifications
Single gloves	<ul style="list-style-type: none"> • Used with the aid of the box • Do not touch the outer surface without box must pressure • Do not touch the inner surface and accessories for • Permeable to water • Adequately tested to ensure fit and to become loose during initial use • Must be made of suitable material • Must be made of suitable material • Must be made of suitable material
Face shield	<ul style="list-style-type: none"> • Must be made of suitable material • Must be made of suitable material • Must be made of suitable material
Full length protective suit	<ul style="list-style-type: none"> • High level protection • Must be made of suitable material • Must be made of suitable material • Must be made of suitable material
Particulate respirator	<ul style="list-style-type: none"> • Must be made of suitable material • Must be made of suitable material • Must be made of suitable material

http://apps.who.int/iris/bitstream/10665/137410/1/WHO_EVD_Guidance_PPE_14.1_eng.pdf



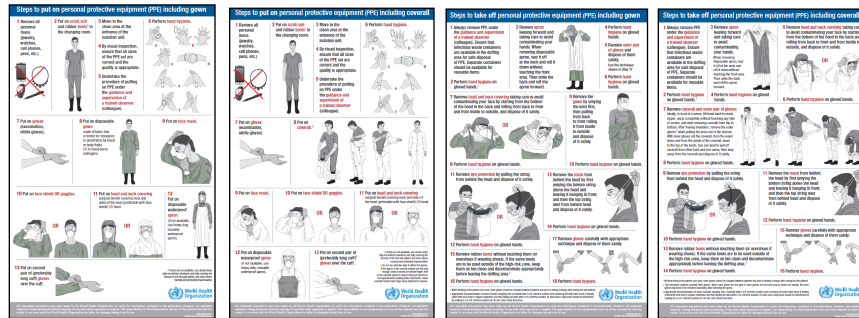


Hosted by Dr Benedetta Allegranzi, World Health Organization
 A Webber Training Teleclass
www.webbertraining.com

Using the Core Components of Infection Control Programmes During the Ebola Outbreak
 Hosted by Dr. Valeska Stempljuk, WHO IPC Lead, Sierra Leone
 Sponsored by the World Health Organization – Clean Care is Safer Care

PPE

- How to put on and how to remove personal protective equipment - posters



<http://who.int/csr/resources/publications/ebola/ppe-steps/en/>



More on WHO Ebola portal



<http://apps.who.int/ebola/>



Hosted by Dr Benedetta Allegranzi, World Health Organization
 A Webber Training Teleclass
www.webbertraining.com

Ebola-painted picture of IPC...



Core components for IPC programmes

Core components

✓ Checklist

- Organization of IPC programmes
- Technical guidelines
- Human resources (training, staffing, occupational health)
- Surveillance of diseases and of compliance with IPC practices
- Microbiology laboratory support
- Clean and safe environment
- Monitoring and evaluation of IPC programmes
- Links with public health and other services

Using the Core Components of Infection Control Programmes During the Ebola Outbreak

Hosted by Dr. Valeska Stempljuk, WHO IPC Lead, Sierra Leone
Sponsored by the World Health Organization – Clean Care is Safer Care

Core components for IPC programmes

- Safe health-care practices in a safe environment are key in preventing transmission of HAIs and AMR.
- An IPC programme is essential in minimizing transmission of infectious diseases and in preparing for and preventing outbreaks
- All core components are required for an effective IPC programme.
- Each core component should be implemented in line with local priorities and available resources and should be adapted for implementation at both national and health-care facility levels.

AIDE-MEMOIRE
Core components of infection prevention and control programmes in health care

CORE COMPONENT	National health authority	Local health-care facility
Organization of IPC programmes	<ul style="list-style-type: none"> Establish a national authority with defined role, vision, mission and budget Ensure progressiveness and coordination of IPC activities for communicable diseases 	<ul style="list-style-type: none"> Designate leadership and authority for the IPC programme and coordinate national staff, scope, functions and adequate budget Ensure progressiveness and response procedures within the sector or communicable disease emergencies
Technical guidance ¹	<ul style="list-style-type: none"> Develop and disseminate evidence-based guidance for prevention and management of infections Develop guidelines for emergency response for health-care workers and IPC professionals Define standards for adequate staffing levels Address preventive measures to protect non-affected hospital in-patients 	<ul style="list-style-type: none"> Adapt and implement guidelines at the local level Provide basic training for all health-care workers Provide specialized training for IPC professionals Ensure adequate staffing levels, numbers, skills and training Implement measures to protect staff against contagious risks
Surveillance and assessment of compliance with IPC practices	<ul style="list-style-type: none"> Coordinate, gather and document evidence and conduct the national level surveillance and compliance activities Standardize case definitions and surveillance systems Provide assessment of IPC practices and other related processes in a health-care institutional culture 	<ul style="list-style-type: none"> Assess local context and define local objectives, priorities and surveillance activities Conduct appropriate surveillance, in line with local needs and national guidelines, and report to appropriate authorities Monitor compliance with IPC practices in a health-care culture
Microbiology laboratory	<ul style="list-style-type: none"> Standardize laboratory techniques Provide laboratory guidance, IPC activities and infrastructure Ensure adequate equipment 	<ul style="list-style-type: none"> Ensure good quality microbiology laboratory services Establish liaison and communication between laboratory and IPC activities Implement laboratory assessment
Environment	<ul style="list-style-type: none"> Define "minimum requirements" for IPC practices Set up regular monitoring and reporting mechanisms of IPC programmes in health-care facilities Provide evaluation in a non-punitive culture 	<ul style="list-style-type: none"> Identify infection risks in the environment and implement appropriate interventions Conduct regular monitoring Ensure regular reports on processes, activities and status of the local IPC programme Provide evaluation of performance in a non-punitive culture
Link with public health and other services	<ul style="list-style-type: none"> Develop procedures for building links and response in collaboration with public health services 	<ul style="list-style-type: none"> Establish links with public health activities and implement IPC in other health-care services

1. For more details on a Core Component, please refer to the respective "Core Component" chapters of the Second Meeting Informal Network on Infection Prevention and Control in Health Care (Geneva, Switzerland, 26-27 June 2010).

2. For more details on a Core Component, please refer to the respective "Core Component" chapters of the Second Meeting Informal Network on Infection Prevention and Control in Health Care (Geneva, Switzerland, 26-27 June 2010).

3. For more details on a Core Component, please refer to the respective "Core Component" chapters of the Second Meeting Informal Network on Infection Prevention and Control in Health Care (Geneva, Switzerland, 26-27 June 2010).

4. For more details on a Core Component, please refer to the respective "Core Component" chapters of the Second Meeting Informal Network on Infection Prevention and Control in Health Care (Geneva, Switzerland, 26-27 June 2010).

World Health Organization • 2011 • www.who.int



Country example: Cambodia

<p>Core components for infection prevention and control programmes</p> <p>Report of the Second Meeting Informal Network on Infection Prevention and Control in Health Care</p> <p>Geneva, Switzerland, 26-27 June 2010</p>	<p>KINGDOM OF CAMBODIA NATION RELIGION KING</p> <p>Ministry of Health</p> <p>NATIONAL INFECTION CONTROL POLICY</p> <p>12 December, 2009</p>	<p>KINGDOM OF CAMBODIA NATION RELIGION KING</p> <p>Ministry of Health</p> <p>INFECTION CONTROL IN HEALTH CARE FACILITIES CAMBODIA</p> <p>NATIONAL STRATEGIC PLAN 2010 – 2015</p> <p>Second Draft 15 January 2009</p>	<p>KINGDOM OF CAMBODIA ROYAUME DU CAMBODGE</p> <p>Ministry of Health</p> <p>Infection Prevention and Control Guidelines for Health Care Facilities</p> <p>July 20, 2010</p>
--	---	--	---

Other documents: surveillance protocols, assessment tools etc



Hosted by Dr Benedetta Allegranzi, World Health Organization
A Webber Training Teleclass
www.webbertraining.com

Using the Core Components of Infection Control Programmes During the Ebola Outbreak
 Hosted by Dr. Valeska Stempljuk, WHO IPC Lead, Sierra Leone
 Sponsored by the World Health Organization – Clean Care is Safer Care

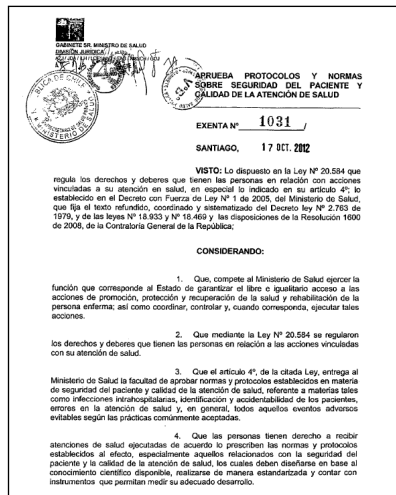
Lessons Learned

- Need for comprehensive strategy to enhance IPC
 - Efforts directed to SARS, avian flu, TB, etc. were disaggregated and not efficient to build IPC capacity in the country
- Need for integrated approach
 - WHO: improve liaison/collaboration among IPC-related initiatives
 - MoH: vertical programmes disclosed discrepancies
- Creation of national resources centres can foster in-country capacity building
- Political will + combination of efforts = WORKS!



13

Country example: Chile



- New regulation in Chile on patient safety and quality of care:
 - mandatory infection control programs in **all** public and private healthcare facilities
 - these IPC programs are defined by a norm based on the WHO **core components**



14

Using the Core Components of Infection Control Programmes During the Ebola Outbreak
 Hosted by Dr. Valeska Stempljuk, WHO IPC Lead, Sierra Leone
 Sponsored by the World Health Organization – Clean Care is Safer Care

Core components: assessment tools

Core components for infection prevention and control programmes

Assessment tools for IPC programmes

Assessment results for 'Organization of IPC programme': 54%

Assessment results for 'IPC leadership is established': 33%

Assessment results for 'Rapid evaluation summary national': 80%

Country example: Saudi Arabia*

All MoH hospitals from January through April 2013

Total Facility Score

Region	Total Facility Score
Central area	58.2
Western area	54.5
Southern area	53.7
Eastern area	46.3
Northern area	45.8
National	51.4

Figure 1. Showing the total facility score of IPC components in different regions.

National

Component	Score
Public health Links	51.3
Monitoring & Evaluation	47.0
Environment	51.4
Microbiology lab support	56.2
Surveillance of HAI	49.5
Human resources	43.7
Technical guidelines	57.8
Organization of IPC program	54.5
Total Facility Score	51.4

Figure 2. Showing the total facility score of IPC components in national level.

*Assiri, A.M., et al. (2014) Evaluation of Infection Prevention and Control Programmes (IPC), and Assessment Tools for IPC-Programmes at MOH-Health Facilities in Saudi Arabia. Open Journal of Nursing, 4, 483-492. <http://dx.doi.org/10.4236/ojn.2014.47051>

1. Organizational structure

National health authority	Local health-care facility
<ul style="list-style-type: none"> ■ Establish a nationwide authority with qualified staff, scope, functions and budget. ■ Ensure preparedness and coordination of IPC elements for communicable diseases. 	<ul style="list-style-type: none"> ■ Designate leadership and authority for the IPC programme with dedicated qualified staff, scope, functions and adequate budget. ■ Establish preparedness and response procedures within the HCF for communicable diseases emergencies.

- In the context of the EVD outbreak:
 - Oversight of skilled IPC supervisors/IPC focal points
 - Dedicated IPC staff, external support, link nurses...
 - core administrative controls
 - behavioural interventions

2. Technical guidelines

National health authority	Local health-care facility
<ul style="list-style-type: none"> ■ Develop and disseminate evidence-based guidelines for prevention and management of infections. 	<ul style="list-style-type: none"> ■ Adapt and implement guidelines at the local level.

- In the context of the EVD outbreak:
 - SOP and protocols for triage, hand hygiene; PPE; cleaning, disinfection, & sterilization; prevention and management of injuries from sharp instruments; waste management; injection safety, IPC at community level...

Using the Core Components of Infection Control Programmes During the Ebola Outbreak
 Hosted by Dr. Valeska Stempljuk, WHO IPC Lead, Sierra Leone
 Sponsored by the World Health Organization – Clean Care is Safer Care

Standard Precautions

- Routine precautions to be applied in **ALL** situations for **ALL** patients
 - whether or not they appear infectious or symptomatic
 - especially important for EVD because the initial manifestations are non-specific

Standard precautions in health care

Background
 Standard precautions are meant to reduce the risk of transmission of infections and other pathogens from health-care workers and equipment to patients. They are the basic form of infection control precautions that can be used in all situations, in the case of patients.

Hand hygiene
 Hand hygiene is a major component of standard precautions. It is the most effective method to prevent transmission of infections. Standard precautions include hand hygiene, use of personal protective equipment (PPE) to protect the caregiver and the patient, and use of safe injection and blood and body fluids practices.

Safe injection and blood and body fluids practices
 Safe injection and blood and body fluids practices in health-care settings. The control of spread of pathogens from the source to the recipient is crucial. Safe injection and blood and body fluids practices include: using central venous catheters, separating syringes through aseptic technique during the entire use, separating syringes and needles, and using aseptic technique as part of standard precautions.

Respiratory hygiene and cough etiquette
 Respiratory hygiene and cough etiquette are important for preventing the spread of infections in health-care settings. Practices include: covering the mouth and nose with a tissue or elbow when coughing or sneezing, disposing of tissues immediately, and avoiding hand-to-hand contact with respiratory secretions.

Respiratory hygiene and cough etiquette
 Cover the nose and mouth when coughing, sneezing or blowing nose. Dispose of used tissue and hand hygiene immediately after contact with respiratory secretions.

Personal protective equipment (PPE)
 PPE is used to protect health-care workers from exposure to infectious agents. Practices include: wearing gloves, gowns, and masks when caring for patients with respiratory secretions, and using eye protection when splashing is expected.

Safe disposal of sharps and other waste
 Safe disposal of sharps and other waste is essential for preventing the spread of infections. Practices include: using sharps containers, and disposing of sharps and other waste in a safe and secure manner.

Environmental cleaning
 Environmental cleaning is essential for preventing the spread of infections. Practices include: cleaning and disinfecting surfaces, and using appropriate cleaning agents.

Waste disposal
 Waste disposal is essential for preventing the spread of infections. Practices include: separating waste into different categories, and disposing of waste in a safe and secure manner.

Standard precautions in health-care facilities
 Standard precautions in health-care facilities include: hand hygiene, use of PPE, safe injection and blood and body fluids practices, respiratory hygiene and cough etiquette, safe disposal of sharps and other waste, and environmental cleaning.

Key elements at a glance

- Hand hygiene**
 - Wash hands frequently with soap and water, especially before and after patient contact, and before and after touching body fluids, secretions, or excretions.
 - Use alcohol-based hand sanitizer when hands are not soiled and when soap and water are not available.
 - Wash hands for at least 20 seconds.
 - Use gloves when touching blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, or surfaces with any visible blood or fluid.
 - Remove gloves after each patient contact and before going to another patient. Perform hand hygiene immediately after removal.
- Gloves**
 - Wear when touching blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, or surfaces with any visible blood or fluid.
 - Change gloves immediately and completely after each patient contact with any visible blood or fluid.
 - Remove gloves after each patient contact and before going to another patient. Perform hand hygiene immediately after removal.
- Fluid precautions (eyes, nose, and mouth)**
 - Wear eye protection (goggles or face shield) and a mask when providing care to patients with any visible blood or fluid.
 - Change eye protection and mask immediately and completely after each patient contact with any visible blood or fluid.
 - Remove eye protection and mask after each patient contact and before going to another patient. Perform hand hygiene immediately after removal.
- Respiratory hygiene and cough etiquette**
 - Wash hands frequently with soap and water, especially before and after patient contact, and before and after touching body fluids, secretions, or excretions.
 - Use alcohol-based hand sanitizer when hands are not soiled and when soap and water are not available.
 - Wash hands for at least 20 seconds.
 - Use gloves when touching blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, or surfaces with any visible blood or fluid.
 - Remove gloves after each patient contact and before going to another patient. Perform hand hygiene immediately after removal.

EPIDEMIOLOGIC AND PANDEMIC ALERT AND RESPONSE
 © World Health Organization, 2014

<http://www.who.int/csr/resources/publications/standardprecautions/en/>

3. Human resources

National health authority	Local health-care facility
<ul style="list-style-type: none"> ■ Develop content for training programme for health-care workers and IPC professionals. ■ Define standards for adequate staffing levels. ■ Address preventive measures to protect staff against biological risks. 	<ul style="list-style-type: none"> ■ Provide basic training for all health-care workers. ■ Provide specialized training for IPC professionals. ■ Ensure adequate staffing levels (numbers, skills and training). ■ Implement measures to protect staff against biological risks.

- In the context of the EVD outbreak:
 - Pre- and in-service training of HCWs; ToT; advanced IPC training for national professionals/implementers

**Using the Core Components of Infection Control Programmes During the Ebola Outbreak
Hosted by Dr. Valeska Stempljuk, WHO IPC Lead, Sierra Leone
Sponsored by the World Health Organization – Clean Care is Safer Care**

Country example: Sierra Leone



Healthcare workers in a training session for the IPC (Infection Prevention Control) in Freetown, Sierra Leone, March 3, 2015. (Nina deVries/ VOA)

<http://www.voanews.com/content/sierra-leone-launches-new-initiative-to-stop-ebola-spread/2668668.html#:~:VpUoD94INUUs.linkedin>



21

4. Surveillance and assessment of compliance with IPC practices

National health authority	Local health-care facility
<ul style="list-style-type: none"> ■ Coordinate, gather and document available data on HAIs at the national level and report to interested parties. ■ Standardize case definitions and surveillance methods. ■ Promote assessment of IPC practices and other relevant processes in a blame-free institutional culture. 	<ul style="list-style-type: none"> ■ Assess local context and define local objectives, priorities and surveillance methods. ■ Conduct appropriate surveillance, in line with local needs and national objectives, and report to appropriate authorities. ■ Monitor compliance with IPC practices in a blame-free culture.

- In the context of the EVD outbreak:
 - Screening and triage
 - Compliance monitoring



22

**Hosted by Dr Benedetta Allegranzi, World Health Organization
A Webber Training Teleclass
www.webbertraining.com**

5. Microbiology laboratory

National health authority	Local health-care facility
<ul style="list-style-type: none"> ■ Standardize laboratory techniques. ■ Promote interactions between IPC activities and laboratories. ■ Define biosafety standards. 	<ul style="list-style-type: none"> ■ Ensure good quality microbiology laboratory services. ■ Establish liaison and communication between laboratory and IPC activities. ■ Implement biosafety standards.

- In the context of the EVD outbreak:
 - Screening; timely reporting; safe sample taking

6. Environment

National health authority	Local health-care facility
<ul style="list-style-type: none"> ■ Define “minimum requirements” for IPC purposes. 	<ul style="list-style-type: none"> ■ Identify infectious risks in the environment and implement appropriate interventions.

- In the context of the EVD outbreak:
 - Prioritize WASH
 - Strategies for moving to handrub and soap and water as a standard of care

Using the Core Components of Infection Control Programmes During the Ebola Outbreak
Hosted by Dr. Valeska Stempliuk, WHO IPC Lead, Sierra Leone
Sponsored by the World Health Organization – Clean Care is Safer Care

7. Monitoring and evaluation of programmes

National health authority	Local health-care facility
<ul style="list-style-type: none"> ■ Set up regular monitoring and reporting mechanisms of IPC programmes in health-care facilities. ■ Promote evaluation in a non-punitive culture. 	<ul style="list-style-type: none"> ■ Conduct regular monitoring. ■ Submit regular reports on processes, outcome and status of the local IPC programme. ■ Promote evaluation of performance in a non-punitive culture.

- In the context of the EVD outbreak:
 - Health & safety assessments
 - Mapping needs

8. Link with public health and other services

National health authority	Local health-care facility
<ul style="list-style-type: none"> ■ Define procedures for building links and channels of communications with public health services. 	<ul style="list-style-type: none"> ■ Establish links with public health activities and represent IPC to other HCF services.

- In the context of the EVD outbreak:
 - Community links; malaria, TB, HIV etc

Using the Core Components of Infection Control Programmes During the Ebola Outbreak
Hosted by Dr. Valeska Stempljuk, WHO IPC Lead, Sierra Leone
Sponsored by the World Health Organization – Clean Care is Safer Care

Country example: Liberia

- Liberia Health System Minimum Standards for Safe Care Provision by Healthcare Facilities in the Context of Ebola
 - Developed by the IPC taskforce to address core components of IPC.
 - Adaptation of the “Core Components for Infection Prevention and Control Programmes (WHO, 2008)
 - Administrative controls
 - Supply and Equipment
 - Personnel/Staffing and Training
 - Triage
 - WASH/Waste Management
 - Isolation unit
 - Miscellaneous



An excerpt: administrative controls

Assessment of Standard Operating Procedures

	Criterion	Facility Type			Comments/Interpretation
		Hospital	HC	Clinic	
Administrative controls					
<input type="checkbox"/> Yes <input type="checkbox"/> No	IPC focal point identified with TOR	X	X	X	Also ensure dedicated time to perform duties
<input type="checkbox"/> Yes <input type="checkbox"/> No	IPC committee exists and has TOR	X	X	--	Ask for document. TOR should include the following elements: IPC committee meets on regular basis (e.g., 1-2/month), addresses HCF IPC issues, follows up on previously defined action points and defines actions for the future.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Budget allocated to support IPC Program	X	X	X	For public facilities, these data will come from the CHT; for private facilities, information should come from the owner/operator. There should be items in the budget that cover IPC supplies, and the time required of the IPC focal point.
<input type="checkbox"/> Yes <input type="checkbox"/> No	MOHSW-approved IPC SOP available in facility (OBSERVE)	X	X	X	The SOP should be available in the facility for staff to review including vaccinators and cleaners
<input type="checkbox"/> Yes <input type="checkbox"/> No	Clear referral system is in place	X	X	X	In case an EVD case is suspected, the HCF is aware of and able to refer the patient immediately/ as soon as possible to an EVD structure (ETU or other EVD structure)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Reliable communication device (e.g., mobile phone)	X	X	X	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Job-aids (e.g., poster) posted (OBSERVE)	X	X	X	A minimum of one job aid related to IPC other than triage (e.g. hand hygiene, sharps management) is posted in the facility
<input type="checkbox"/> Yes <input type="checkbox"/> No	Job-aids are present on wards regarding twice daily re-triage of in-patients (OBSERVE)	X	X	-	This refers to three times daily temperature check and daily symptom screening of in-patients, to assess whether there is EVD with onset in hospital
<input type="checkbox"/> Yes <input type="checkbox"/> No	SOP is available for staff exposure to body fluids and needle-stick injuries (OBSERVE)	X	X	X	SOP should address different routes of exposures and testing and prophylaxis recommendations.
<input type="checkbox"/> Yes <input type="checkbox"/> No	SOPs for laboratory bio-safety are available in the facility (OBSERVE)	X	X	--	SOPs should address minimizing staff exposures, safe transportation and processing of samples, and proper disposal of hazardous materials.
<input type="checkbox"/> Yes <input type="checkbox"/> No	SOP for cleaning, disinfection of environmental and reusable material and equipment is available (OBSERVE)	X	X	X	SOPs should address minimizing staff exposures, safe transportation and processing of samples, and proper disposal of hazardous materials.
<input type="checkbox"/> Yes <input type="checkbox"/> No	A schedule and tool for internal IPC practice and monitoring is available	X	X	-	



Hosted by Dr Benedetta Allegranzi, World Health Organization
A Webber Training Teleclass
www.webbertraining.com

Using the Core Components of Infection Control Programmes During the Ebola Outbreak Hosted by Dr. Valeska Stempljuk, WHO IPC Lead, Sierra Leone Sponsored by the World Health Organization – Clean Care is Safer Care

Minimum Standards for Safe Care Provision: Electronic Database

Liberia Health System Minimum Standards for Safe Care Provision by Healthcare Facilities in the Context of Ebola

The Infection Prevention and Control (IPC) taskforce was tasked to develop a checklist that would be used to determine if clinics, health centers and hospital can safely operate during the Ebola outbreak at the same time as providing the path for sustainable safe health care. The goals of this document are NOT to provide an overall assessment of health facility, but rather to provide a checklist of minimum standards that ensure that a health facility can operate and provide care in an environment that is safe for both patients and staff.

These standards were developed to address core components of IPC: administrative controls (i.e., IPC structure with defined focal point and budget, triage and patient placement, staff training and health), environmental controls (i.e., waste management, water and sanitation) and Personal Protective Equipment (PPE). The development of this document is an adaptation of the document "Components for Infection Prevention and Control Programmes (WHO, 2005)". Each of these areas is critical in ensuring that care is delivered in a safe and effective manner for both staff and patients.

As these are the "Minimum Standards", a facility must be able to say yes to each and every one in order to safely operate. Due to resource availability, some standards are only applicable in larger health facilities such as hospitals and health centers (HCs).

*Required

General Information

Name of Facility *

Level *

- Public
- Private

Location

Sectors only applicable to health facilities in Montserrat, otherwise please state county and location

- Sector 1
- Sector 2
- Sector 3
- Sector 4
- Other

Facility type

- Hospital
- Health centre

Administrative controls

	Yes	No	N.A.
IPC focal point identified with TOR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IPC committee exists and has TOR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Budget allocated to support IPC Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MORH approved IPC SOP available in facility (OBSERVE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clear referral system is in place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reliable communication device (e.g. mobile phone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job-aids (e.g. poster) posted (OBSERVE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job-aids are present on wards regarding twice daily triage of in-patients (OBSERVE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SOP is available for staff exposure to body fluids and needle-stick injuries (OBSERVE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SOPs for laboratory bio-safety are available in the facility (OBSERVE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SOP for cleaning, disinfection of environmental and reusable material and equipment is available (OBSERVE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A schedule and tool for internal IPC practice and monitoring is available.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

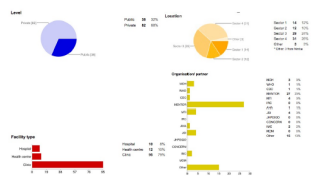


Minimum standards: sample report

SAMPLE REPORT Liberia Ministry of Health National Infection Control and Prevention Task Force

Liberia Health System Minimum Standards for Safe Care Provision by Healthcare Facilities in the Context of Ebola Database report
Based on 120 responses collected 13 Feb 2015 - 28 Feb 2015

1. Overview



High Priority Facilities Captured	Number of designated high priority HCFA	Number of responses captured	Number re-assessed (% of captured HCFA responses)
Sector 1	2	2 (100%)	1 (50%)
Sector 2	19	18 (94%)	5 (27%)
Sector 4	32	17 (53%)	6 (35%)

2. Performance by IPC standards as of 28 Feb 2015

2.1 Functioning triage*

* Limited designated entry points, all people entering the facility are triaged, have washing points/thermometers/ PPE

	Number assessed	Number of functioning triage (%)
Sector 1	11	9 (85%)
Sector 2	20	7 (34%)
Sector 3	28	19 (68%)
Sector 4	37	12 (32%)
Other	8	5 (62%)
Unknown	8	1 (12%)
Total	113	63 (49%)

2.2 Other IPC standards*

* 15/50 standards are deemed as key components and analysed.

	Sector 1 N = 11	Sector 2 N = 20	Sector 3 N = 28	Sector 4 N = 37	Other N = 8	Unknown N = 8	Overall N = 113
IPC focal point	8 (73%)	10 (50%)	19 (68%)	15 (41%)	1 (12%)	3 (38%)	56 (50%)
Referral system	5 (45%)	12 (60%)	24 (86%)	11 (30%)	1 (12%)	5 (62%)	55 (51%)
Reliable communication device	10 (91%)	11 (55%)	23 (82%)	12 (32%)	2 (25%)	4 (50%)	62 (55%)
Job-aids	10 (91%)	23 (75%)	21 (75%)	30 (81%)	2 (25%)	5 (62%)	91 (81%)
Staff trained in WASH	10 (91%)	23 (75%)	19 (67%)	30 (81%)	2 (25%)	4 (50%)	85 (75%)
1 month of IPC supply	8 (73%)	16 (80%)	19 (67%)	11 (30%)	1 (12%)	5 (62%)	57 (50%)
No reuse of needles	9 (82%)	26 (80%)	29 (82%)	31 (84%)	2 (25%)	4 (50%)	98 (87%)
Sharp containers	9 (82%)	22 (75%)	28 (82%)	30 (81%)	3 (38%)	5 (62%)	95 (84%)
System for standard waste disposal	0 (54%)	0 (21%)	15 (54%)	17 (46%)	1 (12%)	1 (12%)	46 (41%)
Functioning incinerator	0 (45%)	0 (21%)	11 (39%)	10 (27%)	1 (12%)	2 (25%)	35 (31%)
Functioning latrine	10 (91%)	20 (85%)	27 (96%)	31 (84%)	2 (25%)	5 (62%)	96 (85%)



Hosted by Dr Benedetta Allegranzi, World Health Organization
A Webber Training Teleclass
www.webbertraining.com

Using the Core Components of Infection Control Programmes During the Ebola Outbreak
Hosted by Dr. Valeska Stempliuk, WHO IPC Lead, Sierra Leone
Sponsored by the World Health Organization – Clean Care is Safer Care

3 top priorities for IPC

- **Implementation of IPC core components in ALL health care settings**

Preventing amplification of the outbreak

→

Restoration of basic health services

→

Health systems strengthening
- **Implementation of IPC strategies in the communities**

IPC package applied by community HCW, common set of messages

→

Work with WASH partners on community strategies

→

Community vigilance and sustainable improvement
- **Building national and local IPC human resources**

Core group of national IPC trainers, advanced IPC curriculum

→


Advanced IPC training of identified HCF focal points

→

Involvement of a broad range of health professionals of all levels

IPC and health & safety assessment and quality improvement, M&E

IHR and IPC



IPC:

An IHR core capacity

- One of the key indicators of the IHR implementation
- Preparedness strategies of permanent, continuing IPC programmes are fundamental for a successful outbreak response

Hosted by Dr Benedetta Allegranzi, World Health Organization
A Webber Training Teleclass
www.webbertraining.com

Using the Core Components of Infection Control Programmes During the Ebola Outbreak
Hosted by Dr. Valeska Stempliuk, WHO IPC Lead, Sierra Leone
Sponsored by the World Health Organization – Clean Care is Safer Care

The next WHO teleclass

May 5, 2015

10 YEARS OF WHO *CLEAN CARE IS SAFER CARE*; WHY YOU SHOULD BE A PART OF THE SOCIAL PANDEMIC THAT IS *SAVE LIVES: CLEAN YOUR HANDS*

Prof. Didier Pittet
World Health Organization

www.webbertraining.com/schedulep1.php

Thanks to Teleclass Education
PATRON SPONSORS



Hosted by Dr Benedetta Allegranzi, World Health Organization
A Webber Training Teleclass
www.webbertraining.com