

MODULE 7 | SAFE PATIENT CARE, PHC STANDARDS AND QUALITY IMPROVEMENT

Infection Prevention and a Safe Care Environment

Practical hospital governance in Punjab, Pakistan

Make safe practice possible on every shift.
Use evidence to find gaps and confirm improvement.

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LECTURE

Infection prevention is a daily management task

Infection prevention and control (IPC) reduces avoidable exposure to infection during care. The MS must organise the people, supplies and follow-up that make safe practice possible.

- Assign IPC duties and resources.
- Check practice and device processing.
- Read infection data correctly.
- Correct risks and verify improvement.

OFFICIAL SOURCE

A principle tied to a named law, standard or official guidance.

WORKING METHOD

A practical control or teaching format to adapt to the authorised system.

TEACHING CASE

An invented hospital example, used to practise applying the correct process.

Study output

A practical IPC action register and a short, evidence-based review of one care area.

Module 7 | Presentation 3 of 5. Allow 45-60 minutes with exercises. All explanations are on the pages; check the cited sources before live use.

The applicable requirement and the improvement method

Keep the source of each requirement clear. A local statutory requirement, a clinical guideline and a teaching checklist serve different purposes.

Applicable local requirements

- Use the PHC Minimum Service Delivery Standards (MSDS) for the hospital category, applicable law, licence conditions and authorised institutional procedures.
- Record the exact standard or order, responsible officer and evidence required. Refer to Lecture 29 for the PHC compliance framework.

WHO guidance and local action

- The World Health Organization (WHO) provides evidence-based IPC guidance and assessment tools. Identify the edition used when adopting a procedure.
- The working methods in this lecture are teaching formats. Approve local duties and procedures through the proper institutional process.

A WHO self-assessment score does not establish compliance with every PHC requirement.

The PHC hospital IPC standards

Category I hospital MSDS, 2024 cover edition. Standards 14-15 identify the IPC programme and sterilization requirements.

Indicators	Requirement in simple terms	Evidence to keep
84: IPC programme	A written plan covering prevention and surveillance.	Plan, responsibilities and surveillance records.
85-86: committee and team	Notified membership and stated roles.	Orders, terms of reference and action records.
87: IPC nurse	A designated, qualified nurse with IPC training.	Job description and qualification record.
88-89: supplies and waste	Suitable systems, supplies and staff training.	Waste plan, facilities and training evidence.
90-92: sterilization	Suitable space, validation and a recall procedure.	Layout, batch records and recall readiness.

Read the full indicator before assessing compliance. The summary does not reproduce every requirement or scoring rule.

Sources: **P1**: IPC-1 and IPC-2, indicators 84-92

The eight WHO IPC programme components

Use the components as a programme map. They are related parts of safe care and are not a ranking of importance.

Programme and knowledge

- 1. IPC programme: an organised programme with trained personnel and leadership support.
- 2. IPC guidelines: written guidance that staff can apply.
- 3. Education and training: practical learning for the work people perform.
- 4. Infection surveillance: a consistent method to detect and measure infections.

Implementation and conditions

- 5. Multimodal strategies: combine supplies, training, reminders and feedback.
- 6. Monitoring and feedback: check practice and use results.
- 7. Workload, staffing and bed occupancy: match care demands with safe capacity.
- 8. Environment and materials: suitable facilities and supplies.

IPC plans need both a clinical method and the resources to carry it out.

Sources: **W1**: eight core components

A practical division of IPC responsibilities

Working arrangement. Adapt these duties to the hospital charter, approved orders and available specialist services.

Role	Main responsibility	Evidence to review
Institutional head / MS	Resolve resource gaps and escalate risks outside delegated powers.	Decisions, resources and unresolved risks.
IPC committee	Review priorities and require follow-up across departments.	Minutes with owners and review dates.
IPC team	Provide technical advice, surveillance, training and audit.	Protocols, data and action reports.
Department and support leads	Implement safe practice in their own areas and shifts.	Observed practice and completed actions.

The IPC team cannot repair a water supply, fill a vacant shift or approve expenditure by itself.

WORKING METHOD | Illustrative material is identified in the text.

The annual IPC work plan

Working format. Prioritise the hospital's actual risks and keep urgent hazards on a separate immediate-action route.

01 Priority Name the risk, location and evidence supporting it.	02 Action State what will change in practice or facilities.	03 Owner Name the officer responsible and the supporting team.
04 Resources Identify staff time, equipment, supplies and funding.	05 Measure Define the result or practice to be checked.	06 Review Set a date, report progress and escalate delay.

A training calendar is one part of the plan. It cannot substitute for essential supplies or engineering work.

WORKING METHOD | Illustrative material is identified in the text.

Capacity, workforce and the risk register

WHO includes workload, staffing, bed occupancy and the built environment within IPC programme design.

What the MS needs to see

- Identify overloaded care areas, unsafe crowding, staff gaps and missing point-of-care supplies. Assess the work on evenings and nights as well as mornings.
- Ask the IPC lead and clinical lead to state the immediate risk, the safe interim arrangement and the resource needed.

How to act on a gap

- Assign a responsible officer and a review time. Where risk cannot be controlled locally, seek an authorised change in capacity or a safe transfer arrangement.
- Keep the evidence, the decision and the remaining risk visible to senior management. An unfilled requisition should not disappear into a file.

Use staffing requirements appropriate to the service and applicable standards. Do not adopt one universal ratio for every hospital unit.

Sources: **W1**: components 7-8 | **W2**: requirements by facility level

Standard precautions apply to all patients

Standard precautions protect patients and workers from recognised and unrecognised sources of infection.

At the point of care

- Assess exposure risk before the task. Use hand hygiene, appropriate personal protective equipment (PPE) and aseptic technique.
- Provide respiratory hygiene, safe patient placement, safe injections and a sharps disposal container close to use.

Across support services

- Use safe cleaning, linen handling and waste arrangements. Process reusable equipment safely between patients.
- Provide accessible supplies and practical instruction. Check the actual method used rather than relying only on a signed policy.

Additional precautions may be needed for a particular infection or transmission risk.

Sources: **W3**: standard precautions

The five moments for hand hygiene

These five situations help staff recognise when to clean their hands during patient care.

Moment	Simple meaning	Management check
Before patient contact	Clean hands before touching the patient.	Supplies are available where care takes place.
Before an aseptic task	Clean hands before a clean or aseptic procedure.	Staff practise the technique used in their work.
After body fluid risk	Clean hands after possible body fluid exposure.	Glove removal includes the required hand hygiene.
After patient contact	Clean hands after touching the patient.	Observation covers ordinary clinical work.
After nearby contact	Clean hands after touching the patient's surroundings.	Audits include shared equipment and bed spaces.

Gloves do not replace hand hygiene. Change gloves when required and do not use one pair across patients.

Sources: **W5**: five moments and glove guidance

PPE and respiratory precautions

PPE means personal protective equipment. Selection depends on the exposure risk and the procedure being performed.

A usable PPE system

- Maintain suitable products, sizes and stock at the point of use. Staff need practice in putting on and removing the required equipment.
- For respirators, provide appropriate fit testing and training in the seal check. A medical mask and a respirator have different purposes.

Early recognition and control

- Give patients with respiratory symptoms clear instructions at entry. Arrange prompt assessment and appropriate placement.
- Coordinate ventilation, patient movement and the required precautions with IPC and clinical staff. Review current infection-specific guidance.

A box of PPE in the store does not show that the required protection is available during the actual task.

Sources: **W3**: PPE and respiratory hygiene | **W4**: additional precautions

Additional precautions for transmission risk

Transmission-based precautions add to standard precautions when the suspected or known organism requires them.

Precaution	Main concern	Administrative requirement
Contact	Spread through contact with a person or contaminated surroundings.	Suitable placement, equipment handling and cleaning.
Droplet	Droplets reaching another person's eyes, nose or mouth.	Appropriate masks, placement and movement arrangements.
Airborne	Infectious particles that can remain suspended in the air.	Suitable ventilation or isolation and appropriate respirators.

Some risks require combined precautions. Let the clinical and IPC assessment determine the correct route and when it can stop.

Sources: **W4**: contact, droplet and airborne precautions

Injection safety and sharps control

A management check based on standard precautions. Staff must follow the approved procedure for the actual medicine and device.

01 Preparation

Provide a clean preparation area and hand hygiene.

02 Single use

Use a new sterile needle and syringe for each injection.

03 Medicines

Protect vial sterility and follow storage and use instructions.

04 Disposal

Place a puncture-resistant sharps container near use.

05 Safe handling

Prevent recapping and unsafe manual needle handling.

06 Replacement

Replace containers before they exceed their safe fill limit.

Use the approved sharps and exposure procedure. An incident should lead to clinical assessment and a review of the unsafe condition.

Sources: **W3**: safe injections and sharps injury prevention

The staff exposure response route

Working method. Every shift needs an accessible route for a needlestick injury, splash or other relevant occupational exposure.

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| 1 | Immediate care | Stop the unsafe task and obtain first aid and urgent clinical assessment under the approved exposure protocol. |
| 2 | Report promptly | Contact the designated occupational health or emergency service. Do not wait for a committee meeting or routine office hours. |
| 3 | Clinical follow-up | Arrange confidential risk assessment, indicated tests, preventive treatment and follow-up through the responsible clinician. |
| 4 | Prevent recurrence | Record the incident and correct contributory causes such as poor container placement, missing equipment or unsafe handling. |

The MS ensures access to a functioning service. Treatment and testing decisions require the current clinical protocol and an authorised clinician.

Sources: **W11**: occupational infections and prevention

An environmental cleaning system

Cleaning staff need a clear method, practical training, suitable supplies and supervision.

Control	What to specify	How the MS can check
Area and task	What is cleaned, when, how and by whom.	Observe the task in a high-risk area.
Product	Correct product, preparation and contact time.	Check instructions and actual use.
Equipment	Dedicated cleaning tools and safe storage.	Inspect the store and work area.
Supervision	A method to assess performance and correct gaps.	Compare checks with observed conditions.

Follow approved product instructions. Do not mix chemicals or assume that a stronger solution is always safer.

Sources: **W6**: cleaning methods, training and supervision

Cleaning, disinfection and sterilization

The required process depends on the device, its intended use and the manufacturer's instructions.

Term	Simple explanation	Important management point
Cleaning	Removes soil and material from the item.	An essential preparation step in safe reprocessing.
Disinfection	Uses an appropriate process to reduce or remove microorganisms.	The required level depends on the item and its use.
Sterilization	Uses a validated process to make the item free of viable microorganisms.	The process and release checks must be reliable.

A visibly clean instrument has not necessarily completed the required disinfection or sterilization process.

Sources: **W7**: decontamination and reprocessing

CSSD traceability and release controls

CSSD means Central Sterile Services Department. This is a working record check for an approved reprocessing system.

01 Receipt

Identify the set or device and where it came from.

02 Process

Record the approved cleaning and processing route.

03 Load

Identify the equipment, cycle, load and operator.

04 Checks

Keep the required cycle and quality-control results.

05 Release

Record who authorised release and any failed checks.

06 Use / recall

Trace issued items and their use where required.

A failed or incomplete release check requires control of the affected items, technical review and an authorised decision before use.

Sources: **W7**: process quality controls and traceability

Device instructions, single-use items and failed loads

IFU means the manufacturer's instructions for use. Procurement and clinical teams must consider safe use and processing before purchase.

Before routine use

- Confirm whether the device is reusable and whether the hospital has the equipment and trained staff needed to follow its IFU.
- Do not create an informal reuse practice for a device labelled single use because stock is short. Obtain an authorised, safe alternative.

When processing fails

- Hold affected items and identify the load, time and possible distribution. Involve CSSD, IPC, engineering and the clinical service.
- If items may already have been used, arrange prompt patient-risk assessment and the appropriate incident response. Preserve the records.

The 2022 WHO standard-precautions guidance instructs disposal of single-use devices after use.

Sources: **W3**: reusable equipment and single-use devices | **W7**: process controls

Water, sanitation and hygiene services

WASH means water, sanitation and hygiene. WASH FIT helps facilities assess risks and plan improvements.

01 Water

Check availability, quality arrangements and a safe backup.

02 Toilets

Check function, cleanliness, privacy and accessibility.

03 Hand hygiene

Check supplies and access where staff provide care.

04 Drainage

Identify leaks, blockages and contamination risks.

05 Cleaning

Match staffing, materials and methods to the area.

06 Continuity

Assign a contact and a response to service failure.

A service interruption needs an immediate clinical risk assessment, safe interim arrangements and a documented restoration plan.

Sources: **W8**: facility risk assessment and improvement

Linen, waste and food service interfaces

Working management checks. Each service requires a responsible lead and an approved method suited to the hospital.

Linen and waste

- Separate clean and soiled linen routes and storage. Handle soiled linen with minimal disturbance and use the approved transport method.
- Segregate waste where it is produced. Verify collection, secure storage and the authorised treatment and disposal route under applicable Punjab requirements.

Food and contracted services

- Require a food-service safety procedure covering receipt, storage, preparation, staff hygiene and safe distribution. Refer technical checks to the responsible specialist.
- Specify responsibilities in service contracts and inspect actual work. Record failures and follow up with both the service lead and contract manager.

Use the applicable waste categories and container system. This lecture does not replace the detailed environmental or food-safety requirements.

Sources: **P1**: indicators 84, 88-89 | **W3**: linen and waste | **W8**: environmental service improvement

Occupational health includes all hospital workers

Clinical staff, cleaners, laboratory staff, waste handlers and maintenance workers can all face occupational risks.

A practical staff programme

- Arrange risk assessment, relevant immunisation and training through occupational health. Include temporary staff and workers employed through contractors.
- Provide confidential advice on exposure, illness and fitness for assigned work. The clinical service should determine necessary precautions or restrictions.

What the MS reviews

- Check access to help on every shift, training coverage, reported exposures and action on repeated hazards.
- Review whether staff can obtain required protection and support. Protect health information and share only what authorised management decisions need.

Fitness and return-to-work decisions need appropriate clinical input and the applicable service procedure.

Sources: **W11**: facility occupational health and safety programmes

Infection surveillance needs a consistent definition

A health care-associated infection (HAI) is assessed using an adopted surveillance definition. Surveillance supports prevention and does not replace clinical diagnosis.

Define the system first

- Specify the infection, area, period, case definition and source records. Use trained reviewers and a consistent method.
- State the denominator. This may be patients, procedures, patient-days or device-days depending on the measure.

Keep the data interpretable

- Use the same rule over time and document any change. A positive culture alone may not meet the selected HAI case definition.
- Record missing data and how cases are checked. Link records securely and restrict access to patient identifiers.

Use the applicable surveillance protocol, including its time windows and exclusion rules. Do not classify every infection after admission by a simple time rule alone.

Sources: **W9**: surveillance design and case definitions

Worked example: a device-associated infection rate

Invented data. The IPC team has verified the cases and central-line days using one stated surveillance protocol.

Numerator	Four qualifying central line-associated bloodstream infections during the month.
Denominator	Eight hundred central-line days in the same unit and month.
Calculation	4 divided by 800, multiplied by 1,000 = 5 infections per 1,000 central-line days.
Meaning	This is a rate based on time exposed to a device. It is not the percentage of patients infected.
Before comparison	Check definitions, patient group, surveillance completeness and the method used to count device-days.

A device-day represents one patient-day of exposure under the chosen counting protocol. It does not mean one new device purchased.

Sources: **W9**: rates and denominator choice

Three different IPC measures

The denominator tells you what the number means. Display it beside the result.

Measure	Invented calculation	What it can show
Hand hygiene compliance	72 actions / 100 observed opportunities x 100 = 72%.	Observed adherence during sampled care.
Device-associated rate	4 infections / 800 device-days x 1,000 = 5 per 1,000.	Infection occurrence relative to exposure time.
Point prevalence	6 patients with HAI / 120 assessed x 100 = 5%.	The proportion with HAI at the survey point.

Do not compare these as if they measure the same thing. A change in observation or case finding can change the reported result.

Sources: **W9**: surveillance measures | **W5**: observing hand hygiene

A suspected cluster needs prompt coordination

Working response. An unusual pattern may require action before the cause has been established.

- | | | |
|---|-----------------------------|---|
| 1 | Protect care now | Alert the clinical and IPC leads. Assess precautions, equipment or product risks, and immediate patient-care needs. |
| 2 | Verify the signal | Check cases, dates, locations, laboratory findings and links. Agree a case definition and start a secure case list. |
| 3 | Coordinate action | Assign an incident lead and bring in microbiology, nursing and relevant support services. Make required notifications through the proper route. |
| 4 | Review and follow up | Track new cases and actions. Decide with the technical team when controls can change and how lessons will enter routine practice. |

An association is a reason to investigate. Do not announce a source or blame an individual before the evidence supports that conclusion.

WORKING METHOD | Illustrative material is identified in the text.

IPC, microbiology and antimicrobial stewardship

Working interface. Antimicrobial stewardship means organised action to improve appropriate antimicrobial use.

Team	Contribution	Shared management question
IPC	Prevention practice, transmission risks and HAI surveillance.	Where is the risk and what control needs strengthening?
Microbiology / laboratory	Reliable specimens, test results and relevant alerts.	Are important results reaching the right team promptly?
Clinical and pharmacy teams	Treatment review and safe medicine use under current protocols.	Are prescribing and review decisions documented?

Use a shared escalation route for unusual resistance patterns. Antibiotic choice and duration remain clinical decisions under the approved guidance.

WORKING METHOD | Illustrative material is identified in the text.

Device and surgical infection prevention programmes

Working management approach. A prevention bundle is a small set of evidence-based practices that staff use together for a defined care process.

A usable clinical programme

- Have the specialist team approve the relevant insertion, maintenance or surgical procedure. State who can perform each task and how competence is checked.
- For invasive devices, ensure a documented indication and a regular clinical review of continued need. Provide the materials required for safe care.

A meaningful audit

- Select important steps and observe whether staff perform them. State the sampling method and what counts as complete adherence.
- Review practice results with infection data and patient outcomes. Follow up missing supplies, workflow defects and training needs.

The full clinical bundle must come from current, applicable specialist guidance. This page is a management framework, not a bedside protocol.

IPCAF is a programme assessment tool

IPCAF means Infection Prevention and Control Assessment Framework. WHO designed it to support improvement at facility level.

Useful purposes

- Assess the IPC programme against the framework and support each answer with current evidence.
- Use the results to identify gaps, set priorities and repeat assessment after improvement work. Record the assessment date and method.

Limits of the result

- The tool is primarily for self-assessment and can also support joint assessment. Completing it does not itself provide WHO certification.
- An assessment level is not an infection rate and does not establish every patient's safety or every PHC requirement. Continue surveillance and practice checks.

Keep the underlying evidence and unresolved gaps visible when reporting the score.

Sources: **W10**: introduction and use of IPCAF

Case: an improved score but repeated ward failures

Invented example. A hospital improves its documented IPC assessment, but a night inspection finds recurring problems.

Observed gaps	Hand-rub dispensers are empty, a sharps container exceeds its fill line and shared equipment lacks a clear cleaning owner.
Immediate response	Restore supplies, arrange safe replacement of the container and establish the equipment-cleaning responsibility.
Management question	Why did routine checks fail to identify and correct these gaps on this shift?
Evidence to review	Supply records, replenishment duties, inspection findings, staffing and previous requests.
Follow-up	Name owners and recheck the same risks across different shifts. Update the action register and the assessment evidence.

An assessment result should lead to reliable daily practice. Preserve accurate findings even when they are unfavourable.

The wider safe care environment

Working escalation map. IPC should connect with facility safety without replacing specialist technical assessment.

Risk	Immediate coordination	Evidence needed for closure
Oxygen or electrical fault	Clinical lead, engineering and the emergency route.	Technical assessment and safe-service confirmation.
Fire or blocked escape route	Activate the applicable emergency procedure and responsible leads.	Corrective work, access checks and required drills.
Water leak or building work	IPC, engineering and the affected clinical unit.	Risk controls, inspection and approved reopening.
Failure of essential equipment	Clinical service, biomedical engineering and administration.	Safe alternative and documented return to use.

Do not close a hazard solely because a purchase request or repair request was sent. Verify the result before marking the action complete.

WORKING METHOD | Illustrative material is identified in the text.

Apply the principles to three situations

Write your answer and the reason before turning to the next page.

1. A lower infection count

Cases fall from six to three. The ward has also stopped sending some specimens and has no complete denominator.

Can the MS report a proven fall in infection risk?

2. A failed release check

An urgent procedure is waiting. A processed load has an unresolved failed quality check.

What must happen before affected items are used?

3. A staff exposure at night

A cleaner sustains a sharps injury. The supervisor says the IPC office opens in the morning.

What should the hospital response provide now?

Write the immediate action, the evidence needed and the person who must decide.

Answers and reasons

Use the evidence, the calculation and the cited source.

1. The data do not establish a reliable improvement.

Review surveillance completeness, case definitions and exposure data. Protect care while correcting the gaps. Report the observed count with its limitations rather than claiming a proven reduction in risk.

2. Control the load and obtain an authorised safe alternative.

CSSD and the relevant technical team must resolve the failure through the approved process. Urgency does not validate an unresolved load. If items were issued, trace them and assess the patient risk.

3. Provide urgent assessment through the exposure route.

The worker needs prompt first aid and clinical assessment under the current protocol, including indicated prevention and follow-up. Record the event confidentially and investigate why the sharp was in an unsafe place.

Correct the immediate hazard, preserve the facts and verify the preventive action.

Sources: **W7**: process controls | **W9**: interpretation | **W11**: occupational infections

Prepare a one-area IPC management review

Use a non-confidential real case or the invented examples in this lecture.

Observe practice

Choose one ward or procedure area. Review a day shift and another shift using the same defined checks.

Make the action register

List the main gaps, immediate controls, responsible officers, resources and review dates.

Check the evidence

Include one clearly defined measure and its denominator. Recheck whether the agreed actions actually worked.

Review question: can another administrator identify the risk, understand the decision and verify that the action improved care?

Next: Lecture 32 - Patient Safety Incidents, Complaints and Learning.

Sources and continued use | 1

Select a source title or its official-source link to open the document.

P1

PHC Minimum Service Delivery Standards for Hospitals

2024 cover edition, CG-01MS-Ed2-01092023. Category I. IPC standards 14-15, indicators 84-92, printed pages 96-105.

Punjab Healthcare Commission | [Official source](#)

W1

WHO guidelines on core components of IPC programmes

2016. Eight programme components, including leadership, surveillance, training, workload, staffing and the care environment.

World Health Organization | [Official source](#)

W2

Minimum requirements for infection prevention and control programmes

2019. Facility requirements by level of care. Use the tertiary facility requirements for a tertiary hospital.

World Health Organization | [Official source](#) | [Tertiary assessment tool, 2023](#)

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Sources and continued use | 2

Select a source title or its official-source link to open the document.

W3

Standard precautions for prevention and control of infections

2022 aide-memoire, WHO/UHL/IHS/IPC/2022.1. Risk assessment, PPE, safe injections, sharps, linen and waste.

World Health Organization | [Official source](#)

W4

Transmission-based precautions for prevention and control of infections

2022 aide-memoire, WHO/UHL/IHS/IPC/2022.2. Additional contact, droplet and airborne precautions for relevant risks.

World Health Organization | [Official source](#)

W5

Five moments for hand hygiene and guidance on glove use

WHO hand hygiene resources. The 2025 questions and answers explain glove use and why gloves do not replace hand hygiene.

World Health Organization | [Official source](#) | [Glove use guidance](#)

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Sources and continued use | 3

Select a source title or its official-source link to open the document.

W6

Environmental cleaning and IPC in health care facilities

2023 training package for facilities in low- and middle-income countries. Cleaning staff, methods, supplies and supervision.

World Health Organization | [Official source](#)

W7

Decontamination and reprocessing of medical devices

2016 manual for health-care facilities. Cleaning, disinfection, sterilization, handling, storage and process controls.

World Health Organization / PAHO | [Official source](#) | [2022 aide-memoire](#)

W8

Water and Sanitation for Health Facility Improvement Tool

WASH FIT, second edition, 2022. Risk assessment and improvement of water, sanitation, hygiene, cleaning and waste services.

World Health Organization / UNICEF | [Official source](#)

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Sources and continued use | 4

Select a source title or its official-source link to open the document.

W9

Surveillance of health care-associated infections

Practical handbook, 2024. Surveillance design, case definitions, measures and interpretation at national and facility levels.

World Health Organization | [Official source](#)

W10

Infection prevention and control assessment framework

IPCAF, 2018, WHO/HIS/SDS/2018.9. A facility assessment tool to identify programme gaps and guide improvement.

World Health Organization | [Official source](#)

W11

Caring for those who care

2022 guide to occupational health and safety programmes for health workers. Includes facility responsibilities and prevention.

World Health Organization / International Labour Organization | [Official source](#) | [Occupational infections](#)

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