

WHO Guidelines on Core Components of Infection Prevention & Control Programmes at the National and Acute Health Care Facility Level



The 2016 World Health Organization (WHO) Guidelines on Core Components of Infection Prevention and Control (IPC) Programmes at the National and Acute Health Care Facility Level build on the original WHO Core Components for Infection Prevention and Control Report published in 2009. They have been developed by international experts adhering to WHO's Guideline Development Process, to support IPC in every country and every health facility across the world, in particular acute health care facilities.

Summary

The objectives of the new Guidelines are:

1. to provide evidence- and expert consensus-based recommendations on the core components of IPC programmes needed at the national and facility level, to effectively prevent health care-associated infections (HAIs) and combat antimicrobial resistance (AMR);
2. to support countries and health care facilities to develop or strengthen IPC programmes and AMR action plans, and improve IPC practices through a feasible, effective and acceptable framework that can be adapted to the local context, while taking account of available resources and public health needs.

Why a new set of guidelines?

1. Increasing acknowledgement of the threats posed by epidemics, pandemics and AMR and international support for IPC as one important part of the solution to protect people from these threats.
2. Renewed focus on the International Health Regulations (IHR) which position IPC as a key strategy for dealing with public health threats of international concern.
3. Sustainable Development Goals 3 and 6 and the requirement for effective, integrated IPC programmes to support quality health service delivery in the context of universal health coverage and water, sanitation and health (WASH) at national and facility levels.

What's new in these Guidelines?

Many of the principles of what constitute the central elements of IPC programmes remain the same as those presented in 2009. However, the following aspects are highlighted as new:

THE APPROACH

- Evidence-based: 3 systematic reviews
- Evidence selection based on quality
- Based on country experience and expert consensus

NEW RECOMMENDATIONS

See next page for summary recommendations/good practice statements

IMPLEMENTATION FOCUS

Commitment to supporting implementation in low-and-middle-income countries

Focus on multimodal behaviour change approaches and bundles

Focus on WASH-IPC integration, environment & human factors

Focus on AMR, IHR and IPC interface

Guideline Recommendations (R) & Good Practice Statements (GPS)

1 IPC programmes	R1a <i>Strong</i> 1b <i>GPS</i>	<p>An IPC programme with a dedicated, trained team should be in place in each acute health care facility for the purpose of preventing HAI and combating AMR through IPC good practices.</p> <p>Stand-alone, active national IPC programmes with clearly defined objectives, functions and activities for the purpose of preventing HAI and combating AMR through IPC good practices should be established. National IPC programmes should be linked to other relevant national programmes and professional organizations.</p>
2 Evidence-based guidelines	R2 <i>Strong</i>	<p>Evidence-based guidelines should be developed and implemented for the purpose of reducing HAI and AMR. Education and training of the relevant health care workers on guideline recommendations and monitoring of adherence with guideline recommendations should be undertaken to achieve successful implementation.</p>
3 Education & training	R3a <i>Strong</i> 3b <i>GPS</i>	<p>At the facility level, IPC education should be in place for all health care workers by utilizing team- and task-based strategies that are participatory and include bedside and simulation training to reduce the risk of HAI and AMR.</p> <p>The national IPC programme should support education and training of the health workforce as one of its core functions.</p>
4 Surveillance	R4a <i>Strong</i> R4b <i>Strong</i>	<p>Facility-based HAI surveillance should be performed to guide IPC interventions and detect outbreaks, including AMR surveillance with timely feedback of results to health care workers and stakeholders and through national networks.</p> <p>National HAI surveillance programmes and networks that include mechanisms for timely data feedback and with the potential to be used for benchmarking purposes should be established to reduce HAI and AMR.</p>
5 Multimodal Strategies	R5a <i>Strong</i> R5b <i>Strong</i>	<p>At the facility level, IPC activities should be implemented using multimodal strategies to improve practices and reduce HAI and AMR.</p> <p>National IPC programmes should coordinate and facilitate the implementation of IPC activities through multimodal strategies at the national or sub-national level.</p>
6 Monitoring, audit & feedback	R6a <i>Strong</i> R6b <i>Strong</i>	<p>Regular monitoring/audit and timely feedback of health care practices should be undertaken according to IPC standards to prevent and control HAIs and AMR at the health care facility level. Feedback should be provided to all audited persons and relevant staff.</p> <p>A national IPC monitoring and evaluation programme should be established to assess the extent to which standards are being met and activities are being performed according to the programme's goals and objectives. Hand hygiene monitoring with feedback should be considered as a key performance indicator at the national level.</p>
7 Workload, staffing & bed occupancy	R7 <i>Strong</i>	<p>In order to reduce the risk of HAI and the spread of AMR, the following should be addressed: (1) bed occupancy should not exceed the standard capacity of the facility; (2) health care worker staffing levels should be adequately assigned according to patient workload.</p>
8 Built environment, materials & equipment	8a <i>GPS</i> R8b <i>Strong</i>	<p>At the facility level, patient care activities should be undertaken in a clean and/or hygienic environment that facilitates practices related to the prevention and control of HAI, as well as AMR, including all elements around the WASH infrastructure and services and the availability of appropriate IPC materials and equipment.</p> <p>At the facility level, materials and equipment to perform appropriate hand hygiene should be readily available at the point of care.</p>