

Assessment tool on infection prevention and control **minimum requirements** for **primary** health care facilities



Introduction

The WHO assessment tool on infection prevention and control (IPC) minimum requirements for primary health care facilities is a tool to support the implementation of the WHO minimum requirements for IPC programmes¹, which are derived from the core components for IPC programmes². Users should be familiar with the WHO IPC minimum requirements before using this tool.

Purpose of this tool

The tool will assist primary health care facilities to assess their situation regarding the WHO minimum requirements for each IPC core component and to identify those that still need to be achieved or improved. It is based on selected indicators included in the WHO IPC assessment framework (IPCAF) at the facility level³.

The WHO *Strengthening IPC in primary care manual*⁴, supporting implementation of the IPC core components, outlines five steps for implementing IPC programmes to help maximize the likelihood of success and overcome some of the process complexity. Step 2 involves conducting a baseline assessment to establish an understanding of the current situation of IPC in the facility, including strengths and weaknesses, with a view to guiding action planning for improvement. Step 4 (evaluating impact) is concerned with assessing the effectiveness of the action plan. This tool is a valuable instrument to support steps 2 and 4 of this process. The manual⁴, as well as the core components' guidelines² and minimum requirements¹ documents, provide definitions and explanations that will help the interpretation of the indicators included in this tool.

¹ Minimum requirements for infection prevention and control. Geneva: World Health Organization; 2019 (<https://www.who.int/publications/i/item/9789241516945>), accessed 19 April 2023).

² Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. Geneva: World Health Organization; 2016 (<https://www.who.int/publications/i/item/9789241549929>).

³ Infection prevention and control assessment framework at the facility level. Geneva: World Health Organization; 2018 (<https://www.who.int/teams/integrated-health-services/infection-prevention-control/core-components>), accessed 19 April 2023).

⁴ Strengthening infection prevention and control in primary care: a collection of existing standards, measurement and implementation resources. Geneva: World Health Organization; 2021 (<https://www.who.int/publications-detail-redirect/9789240035249>), accessed 19 April 2023).

This tool is not intended to be used as an audit tool. Its purpose is to help self-assess, plan, organize and implement a facility-based IPC programme according to the WHO minimum requirements¹. The tool provides a structured approach to determine the status of implementation of each of the core components of IPC activities recommended to be available in primary health care facilities. Most importantly, this tool should be used in a spirit of improvement to identify areas that still need to be tackled and to develop targeted plans to have at least the minimum requirements for IPC in place at the primary care level.

Who should complete and use this tool?

This tool should be completed by the health professional in charge of IPC (that is, the IPC link person⁵ or equivalent in a primary care facility) and responsible for organizing and implementing IPC activities at the facility level. Alternatively, this tool may be completed by those who have an understanding and knowledge of the IPC capacity within the facility.

How is it structured?

This tool is structured according to the eight sections reflecting the eight WHO IPC core components and minimum requirements at the primary care facility level², covering a total of 26 indicators. These indicators are based on evidence and expert consensus and have been framed as statements. As these are minimum requirements, the total score will be the sum of all 'yes' responses for each core component.

⁵ Nurse or doctor (or other health professional) in a ward or within the facility (for example, staff working in clinical services such as intensive care unit or maternal and neonatal care, or water, sanitation and hygiene or occupational health professionals) who has been trained in IPC and links to an IPC focal point/team at a higher level in the organization (for example, IPC focal point/team at the facility or district level). IPC is not the primary assignment of this professional but, among others, he/she may undertake tasks in support to IPC. For example, these may include supporting implementation of IPC practices, providing mentorship to colleagues, monitoring activities, and alerting on possible infectious risks. Source: Core competencies for infection prevention and control professionals Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/9789240011656>, accessed 19 April 2023).

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Core component 1. IPC programme		
Question	Yes/No	Comments
1. Is there a trained IPC link person ⁵ , with dedicated (part-) time available within your primary care facility?		
2. Is there at least one IPC-trained health and care officer ⁶ available at the next administrative level (for example, district) to supervise IPC activities in primary care facilities within the area?		
Core component 2. IPC guidelines		
Question	Yes/No	Comments
1. Does your facility have locally adapted/developed standard operating procedures (SOPs)/guidelines addressing ALL ⁷ the following IPC measures: <ul style="list-style-type: none"> • hand hygiene • decontamination of medical devices and patient care equipment • environmental cleaning • health care waste management • injection safety⁸ • health and care worker protection and safety • aseptic technique • triage of infectious patients • basic principles of standard and transmission-based precautions⁹? 		
2. Are the SOPs/guidelines in your facility based on national or international guidelines (if they exist)?		
3. Do you routinely (for example, once per year) monitor the implementation of at least some ¹⁰ of the IPC SOPs/guidelines in your facility?		

⁶ This group of professionals should be trained to achieve a higher level of knowledge covering all areas relevant to IPC, including patient and health care worker safety and quality improvement. To maintain high-level expertise, it is important that all IPC specialists undergo regular updates of their competencies. Source: Core competencies for infection prevention and control professionals Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/9789240011656>, accessed 19 April 2023).

⁷ A 'yes' is defined as having SOPs/guidelines for all of the listed IPC elements. If any one element is not present/available, then this is a 'no'.

⁸ Includes aspects of improving working conditions, detection of occupational diseases, health surveillance of workers, pre-employment screening and vaccinations.

⁹ Transmission-based precautions are to be used in addition to standard precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent transmission. They are based on the routes of transmission of specific pathogens (for example, contact versus droplets). More information can be found in the United States Centers for Disease Control and Prevention Guidelines for Isolation Precautions (<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>, accessed 19 April 2023).

¹⁰ "Some" is defined as at least two or more IPC SOPs regularly monitored.

Core component 3. IPC education and training		
Question	Yes/No	Comments
1. Do all new front-line health and care workers receive education and training on IPC SOPs/guidelines upon employment?		
2. Do all new cleaning staff receive education and training on IPC SOPs/guidelines upon employment?		
3. Are IPC link persons ⁵ in your primary care facility specifically trained in IPC practices?		
4. Are IPC officers at the next administrative level (that is, district level) specifically trained in IPC?		
Core component 4. Health care-associated infection surveillance		
<i>There are no minimum requirements for core component 4. This is not part of the overall score.</i>	Comments	
If health care-associated infection surveillance is performed, is it done according to national or sub-national plans (for example, detection and reporting of reportable diseases and outbreaks affecting the facility catchment area)?		
Core component 5. Multimodal strategies for the implementation of IPC interventions		
Question	Yes/No	Comments
1. Do you use multimodal strategies ¹¹ to implement IPC interventions (at the very least) to improve ALL the following IPC practices: <ul style="list-style-type: none"> • hand hygiene • safe injection practices • decontamination of medical instruments and devices • environmental cleaning? 		
Core component 6. Monitoring/audit of IPC practices and feedback		
Question	Yes/No	Comments
1. Is there a monitoring system for IPC infrastructure indicators (for example, soap or alcohol-based handrub product consumption) in your primary care facility?		
2. Is there a monitoring system for IPC process indicators (for example, compliance with hand hygiene or injection safety standard practices) in place in your primary care facility?		

¹¹ Multimodal strategies comprise measures to support the implementation of IPC improvement interventions and commonly focus on: 1) system change (infrastructure and human resources for IPC); 2) training and education; 3) monitoring and feedback; and 4) communications/reminders.

Core component 7. Workload, staffing and bed occupancy¹²

Question	Yes/No	Comments
1. Are there systems in place to reduce overcrowding ¹³ according to existing SOPs/guidelines?		
2. Are staffing levels assessed in your facility to ensure that they are appropriate according to patient workload, using WHO and/or national tools (national norms on patient/staff ratio) ¹⁴ ?		
3. Is a system in place in your facility to improve staffing levels when staffing they are considered to be too low ¹⁵ according to the assessment?		

Core component 8. Built environment, materials and equipment for IPC at the facility level¹⁶

Question	Yes/No	Comments
1. Are water services available from a source on the premises at all times and of sufficient quantity for basic IPC activities ¹⁷ according to national guidelines?		
2. Are functioning hand hygiene stations (that is, alcohol-based hand rub solution or soap and water and clean single-use towels) available at ALL points of care?		
3. Are there a minimum of two functional, improved sanitation facilities ¹⁸ available on-site, one for patients and one for staff?		
4. Is there energy/power supply available at least during working hours for all critical uses (for example, electronic medical devices, general lighting of areas where health care procedures are performed and lighting of toilet facilities and showers, pumping and treating water, sterilization and decontamination, incineration or alternative treatment technologies)?		

¹² Particularly for these questions, the IPC team may need to consult with other relevant teams in the facility to be able to respond to questions accordingly.

¹³ Examples include a system for patient flow, a triage system including a referral system, and a system for the management of consultations.

¹⁴ The WHO Workload indicators of staffing need method provides health managers with a systematic way to determine how many health workers of a particular type are required to cope with the workload of a given health facility and aid decision-making (<https://www.who.int/publications/i/item/9789241500197>, accessed 13 April 2023).

¹⁵ 'Too low' is defined as per the tool used to assess staffing levels in core component 7, question 2.

¹⁶ This component can be assessed in more detail using the WHO water and sanitation for health facility improvement tool (WASH FIT) (<https://www.who.int/publications/i/item/9789240043237>, accessed 19 April 2023). Particularly for these questions, the IPC team may need to consult with other relevant teams in the facility to be able to respond to questions accordingly and accurately.

¹⁷ Examples include drinking, hand washing, personal hygiene, medical activities, sterilization, decontamination, cleaning and laundry.

¹⁸ Improved sanitation facilities include flush toilets into a managed sewer or septic tank and soak-away pit, VIP latrines, pit latrines with slab and composting toilets. To be considered usable, a toilet/latrine should have a door that is unlocked when not in use (or for which a key is available at any time) and can be locked from the inside during use. There should be no major holes or cracks or leaks in the toilet structure, the hole or pit should not be blocked, water should be available for flush/pour flush toilets. It should be within the grounds of the facility and it should be clean as noted by the absence of waste, visible dirt and excreta, and insects.

5. Is environmental ventilation ¹⁹ (natural or mechanical) present and functioning (well maintained) as intended in patient care areas?		
6. Are there materials for cleaning (for example, detergent, mops, buckets, etc.), available at ALL times?		
7. Is there a space or rooms for cohorting ²⁰ /physical separation of patients with similar pathogens or syndromes if temporarily needed (for example, tuberculosis, measles, cholera, viral hemorrhagic fevers (Ebola virus disease, Marburg virus disease, severe acute respiratory syndrome) ²¹ ?		
8. Is personal protective equipment ²² available at ALL times and in sufficient quantity for appropriate use for both standard and transmission-based precautions for all health and care workers?		
9. Do you have functional waste collection containers for non-infectious (general) waste, infectious waste, and sharps waste in close proximity ²³ to all waste generation points?		
10. Does your health facility provide a dedicated decontamination area and/or sterile supply department (either present on- or off-site and operated by a licensed decontamination management service) for the decontamination and sterilization of medical devices and other items and or equipment?		
11. Do you have sterile and/or disinfected equipment ²⁴ ready for use and available?		

¹⁹ Natural ventilation: outdoor air driven by natural forces (for example, winds) through building purpose-built openings, including windows, doors, solar chimneys, wind towers and trickle ventilators. Mechanical ventilation: air driven by mechanical fans installed directly in windows or walls or in air ducts for supplying air into, or exhausting air from, a room. More information at: <https://apps.who.int/iris/handle/10665/44167>, accessed 19 April 2023.

²⁰ Cohorting strategies should be based on a risk assessment conducted by the IPC team.

²¹ Negative pressure ventilation conditions in isolation rooms may be necessary to prevent transmission of some organisms (for example, multidrug-resistant tuberculosis).

²² Personal protective equipment: medical non-sterile and surgical sterile gloves, surgical masks, goggles or face shields and gowns are considered as essential personal protective equipment. Respirators and aprons should also be available in adequate quantities in all facilities for use when necessary.

²³ Waste containers should be placed within visible, easy to reach areas.

²⁴ Sterilized or disinfected according to quality standards. More information available at: <https://www.who.int/publications/i/item/9789241549851> and <https://www.who.int/publications/i/item/WHO-UHI-IHS-IPC-2022.4>, accessed 19 April 2023.

Interpretation

Count your total 'yes' responses overall and for each core component. A total score of 26 (100%) means you have achieved the minimum requirements for IPC at the primary care level. If your score is less, this means you have not achieved all the minimum requirements. Review the areas identified by this evaluation as requiring improvement in your facility and develop an action plan to address them. To undertake this task, consult the WHO *Strengthening IPC in primary care manual*⁶, which will provide you with guidance, templates, tips and examples from around the world, as well as with a list of relevant IPC improvement tools. Keep a copy of this assessment to compare with repeated uses in the future.

Adding up subtotal scores	
Core component	Total 'yes' responses
1. IPC programmes	/2
2. IPC guidelines	/3
3. IPC education and training	/4
4. Health care-associated infection surveillance (not scored)	
5. Multimodal strategies	/1
6. Monitoring/audits of IPC practices and feedback	/2
7. Workload, staffing and bed occupancy	/3
8. Built environment, materials and equipment for IPC at the facility level	/11
Final total score	/26