

Overview of the National Infection Prevention and Control Strategic Framework



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Lifehealthcare



OVERVIEW



- Background
- Objectives
- Understanding the requirement of the IPC Strategic Framework (IPC Guidelines)
- Implementation of IPC Guidelines
- IPC Core components
- OHSC (Office of Health Standards Compliance)
- Recommendations
- References



BACKGROUND

- ❑ The National IPC Policy and Strategy (2007) was aligned to the World Health Organization's (WHO) core components for IPC (2016):
 - ❖ with the recent promulgation of the Regulations for Norms and Standards applicable to different categories of health establishments (2018), which include standards for IPC
 - ❖ to assist health facilities to implement the IPC strategic framework a practical implementation manual was developed
- ❑ In the National Infection and Prevention Control Strategic Framework:
 - ❖ IPC guidelines
 - ❖ The primary objective of the WHO IPC guidelines is to provide evidence-based recommendations that is required to be in place at the national and facility level to prevent HAI and to combat AMR through IPC good practices
- ❑ To understand the requirement of the IPC Strategic Framework on IPC guidelines
- ❑ To provide guidance on the implementation of the IPC guidelines at facility level
- ❑ To demonstrate mechanisms that are in place for monitoring and evaluation of the implementation of guidelines in healthcare facilities





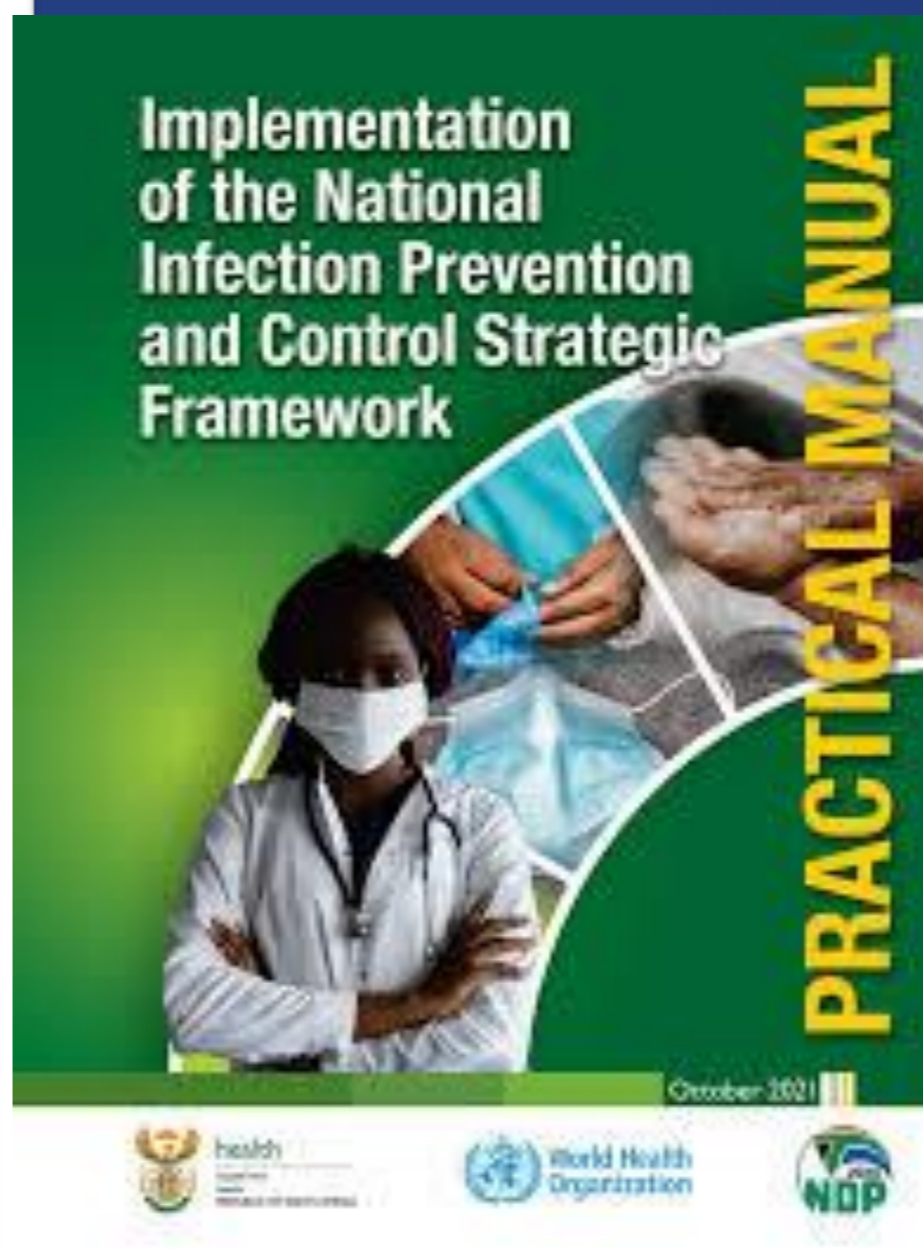
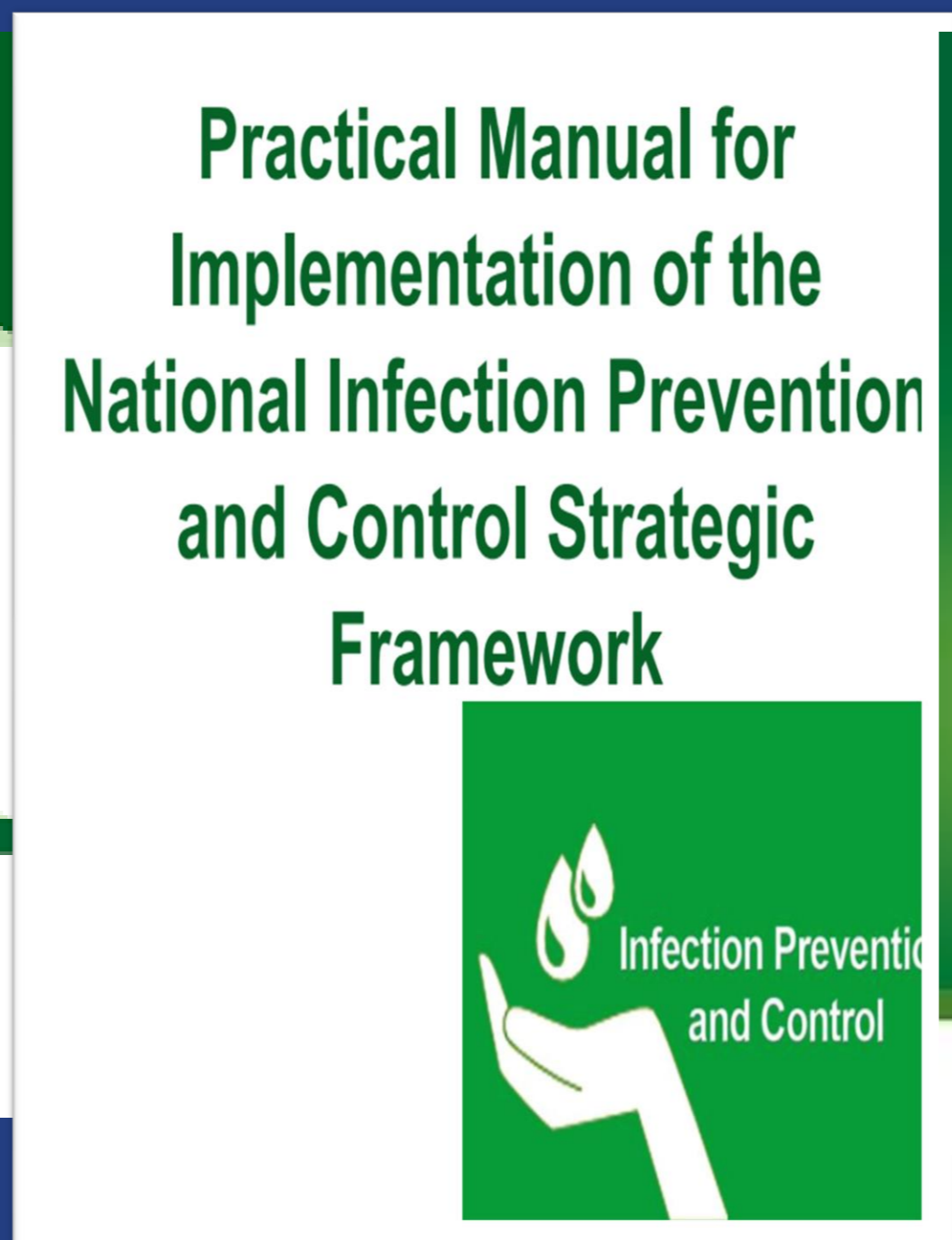
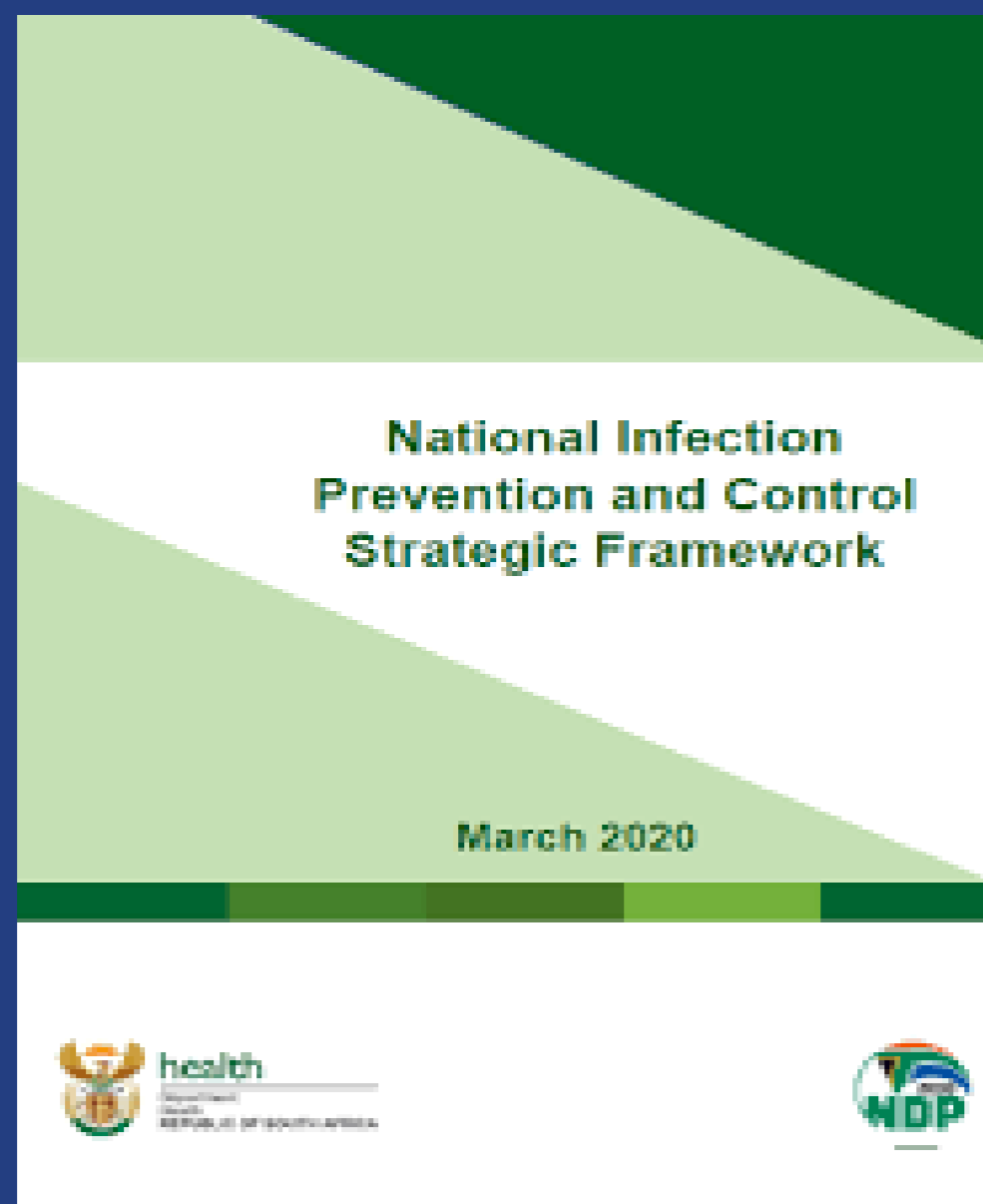
REQUIREMENTS

- The implementation of IPC guidelines to strengthen evidence-based IPC practices
 - ❖ at National, Provincial, District and at facility level towards combating threats posed by epidemics, pandemics and AMR
 - ❖ To achieve the WHO Sustainable Development Goals **3.3** (Infectious diseases) and **6**(Clean water and sanitation) in compliance with the international health regulations
- IPC Guidelines are there for the purpose of reducing HAIs and AMR:
 - ❖ they are a prerequisite for rolling out IPC education and training
 - ❖ monitoring and evaluation of IPC programme in the healthcare facility





IPC GUIDELINES

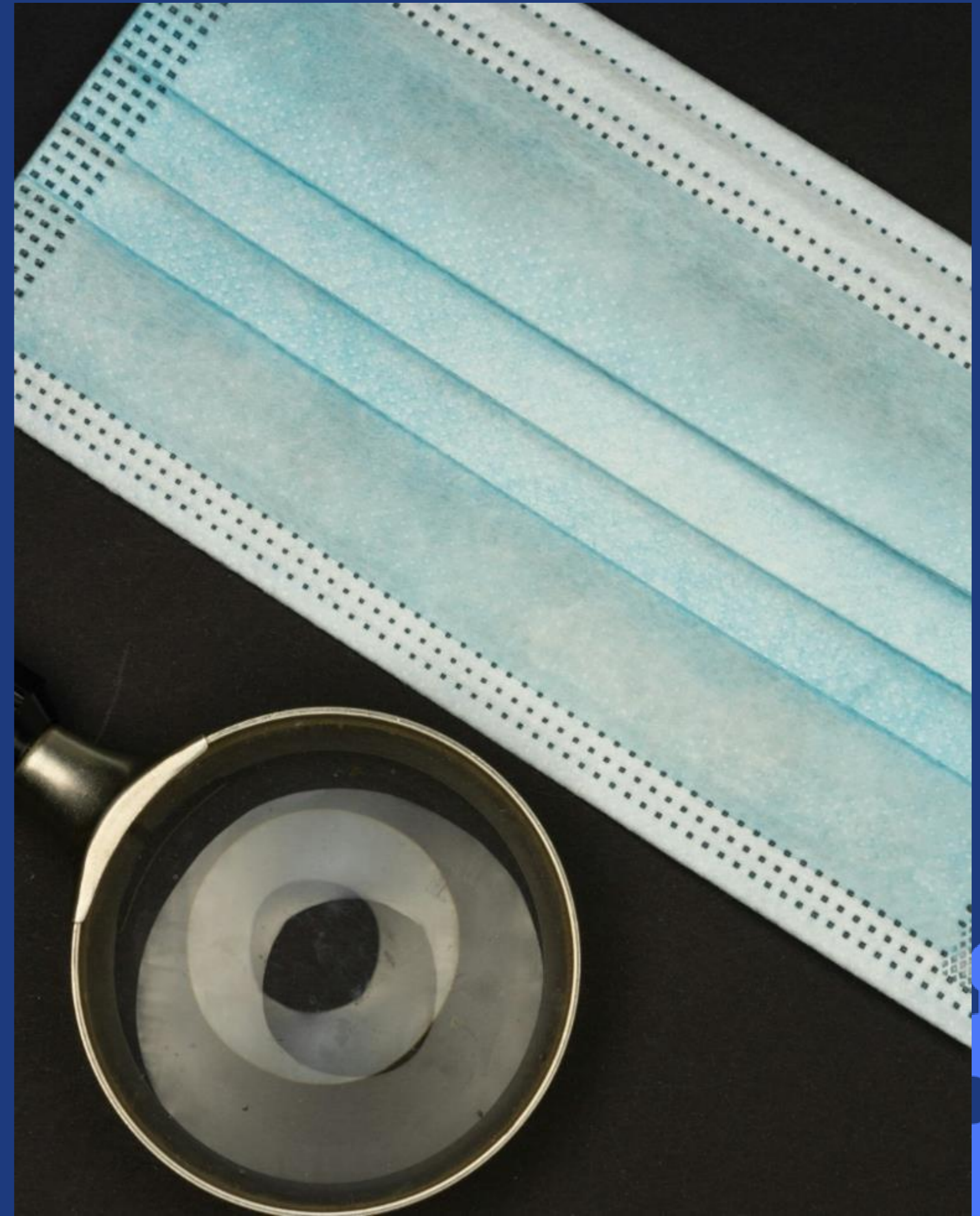




THE MULTIMODAL STRATEGY

MMS consists of several components that are implemented in an integrated way, supported by leadership, increasing accountability via monitoring and feedback, resulting in behavioural change and safe patient care.

- ❖ System change (Build it)
- ❖ Education and training (Teach it)
- ❖ Monitoring and feedback (Check it)
- ❖ Reminders and communication (Sell it)
- ❖ Culture change (Live it)



System change (Build it)

This involves creating an environment that supports IPC practices:

- All healthcare facilities must have IPC guidelines in place according to their level of care.
- This will enable the implementation of the guidelines in the workplace

Education and training (Teach it)

This element focuses on providing healthcare workers with the knowledge and skills necessary to practice effective IPC:

- Monitor implementation of guidelines in the facility
- Facility training programme must include updates and new guidelines developed
- Facility policy formulating committee meeting must be used as a platform for updating managers and supervisors on new/updates on guidelines as well as IPC Committee meetings

Monitoring and feedback (Check it)

This involves regularly assessing IPC practices and providing feedback to healthcare workers to identify areas for improvement and reinforce positive behaviors:

- Implementation of guidelines
- Monitor IPC practices through audits conducted and monitor outcomes
- Feedback must be provided based on interpretation of data
- Feedback must be given in a manner that does not blame individuals but promotes a culture of learning

Reminders and communication (Sell it)

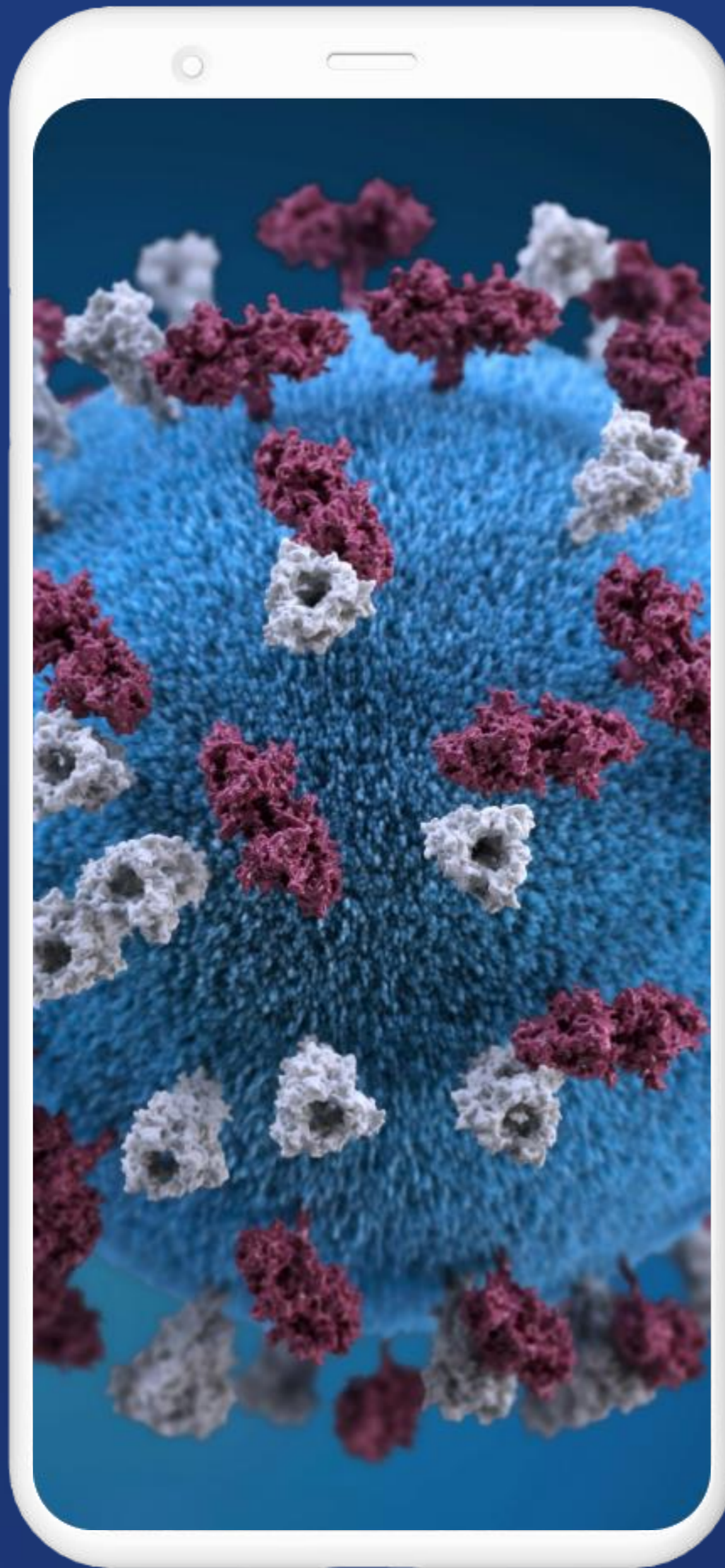
This includes using visual and auditory cues to remind healthcare workers to practice hand hygiene and other IPC measures, such as posters, signs, and audio announcements:

- Posters must be strategically placed as reminders in the workplace
- ❖ such as standard precautions(PPE/Hand hygiene, cough etiquette, mixing of cleaning solutions displayed in the sluice room for cleaners)
- ❖ commemoration of hand hygiene day is part of implementation methods on guidelines on hand hygiene
- ❖ guidelines are disseminated from National, Provincial, District and facility level

Culture change (Live it)

This element emphasizes creating a workplace environment where IPC is prioritised and where healthcare workers feel empowered to report concerns and participate in safety initiatives:

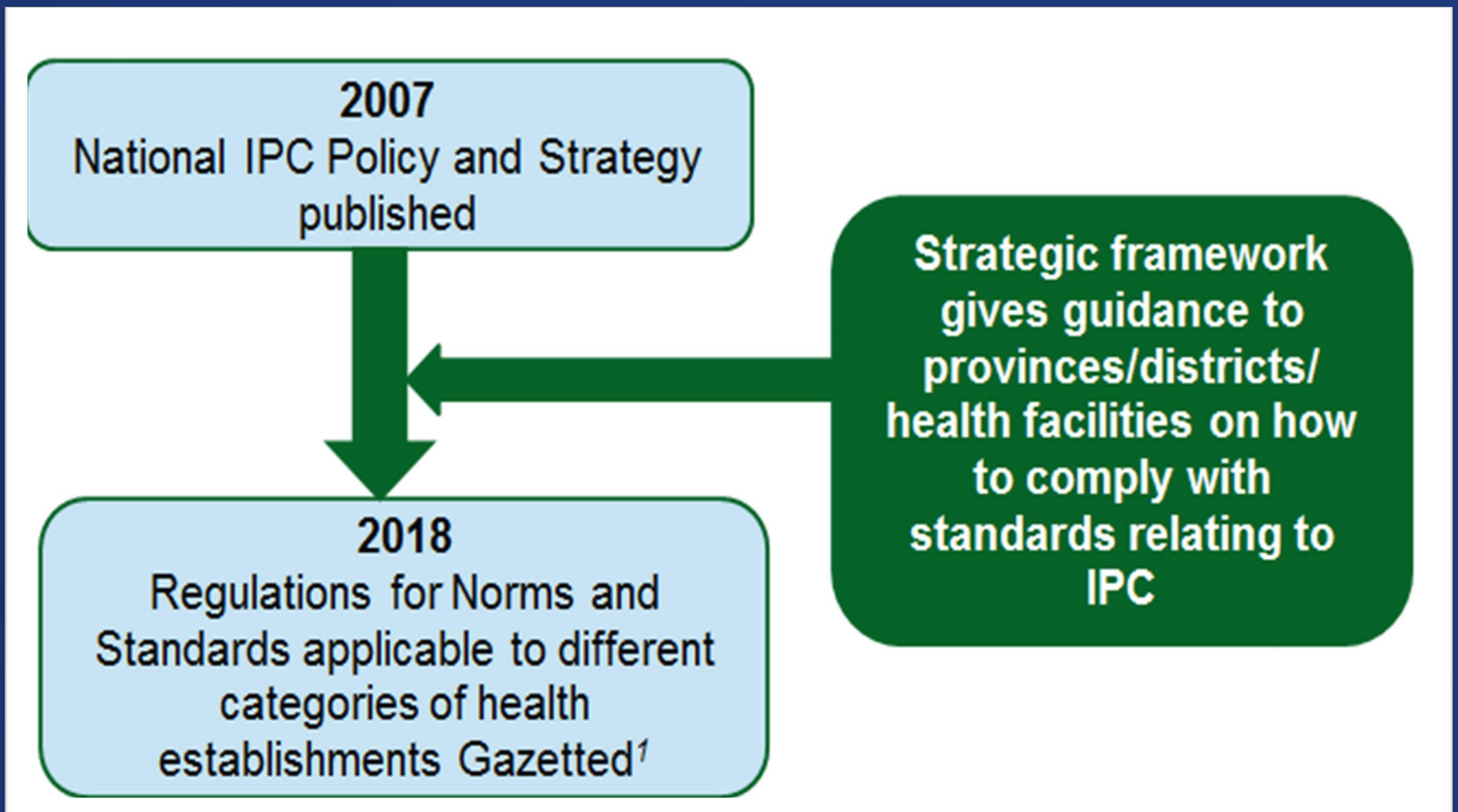
- Implementation of guidelines
- There must be an enabling environment for culture change
- Management must demonstrate support for the interventions at every healthcare level, and be part of the audits conducted at facility level
- Senior Managers must provide funding for equipment and other necessary resources required to provide service required so as to comply with policy guidelines
- Senior Managers must lead as **Champions** and role models for IPC improvement in the facility

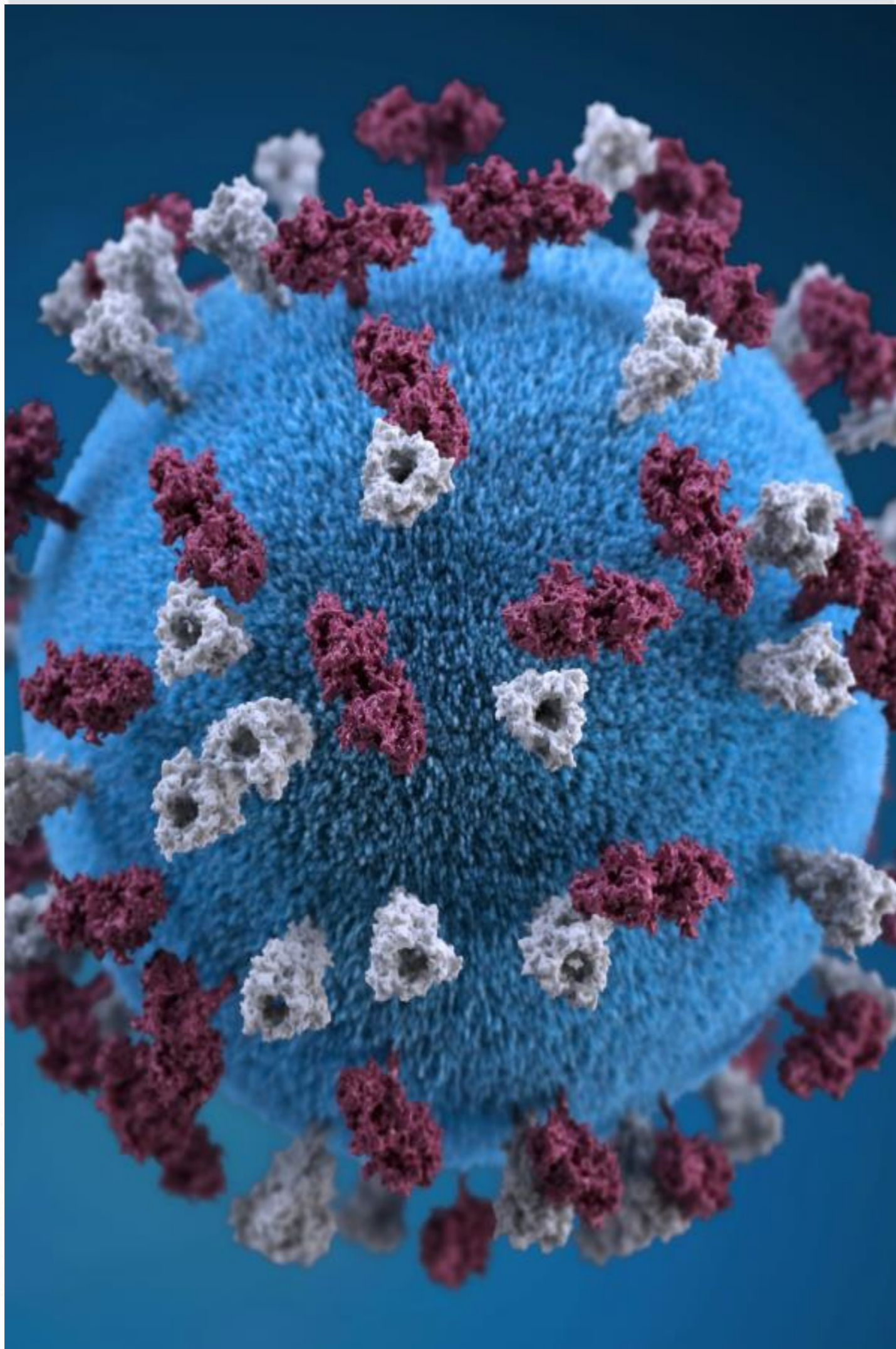


Core component 1: IPC programme

- Staffing- 1:250
- Organizational Structure
- Each Healthcare facility will have an appointed Designated IPC Representative

Core Component 2: Guidelines





Core component 3 : Education and Training

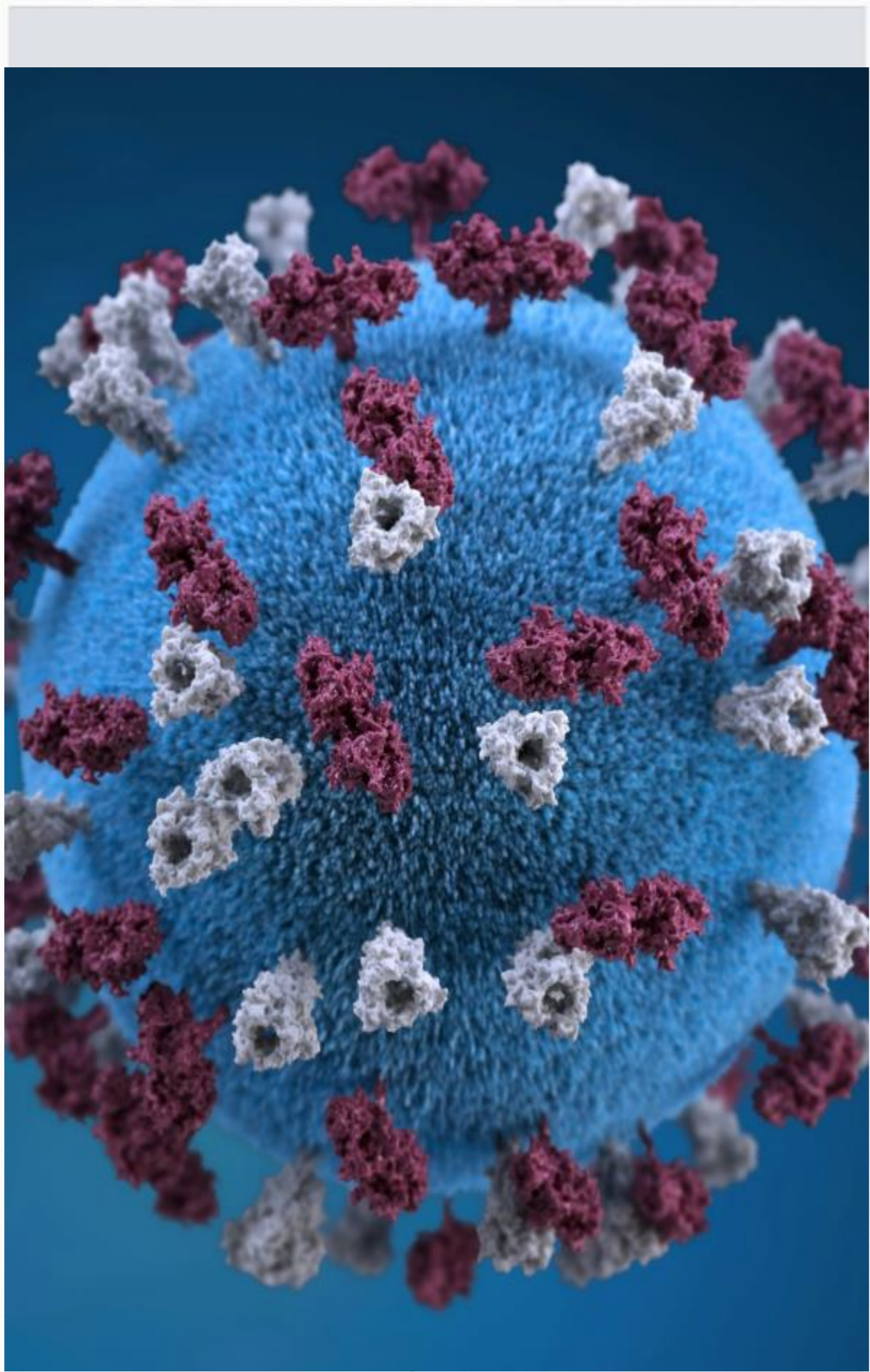
- Commit to attending in-service trainings
- Implementing all trainings
- Adhering to IPC
- Be an ambassador for IPC both within the facility and in the community
- Work with integrity- do the right thing even when nobody watches

Core component 4: Surveillance

- Define HAI
- Trends in HAI pathogens and their resistance profile
- Trends in HAIs and patients at risk
- Outbreaks in both healthcare facilities and in the community
- Effective use of microbiological findings for antimicrobial therapy
- Establishment of audit systems
- Areas for improving quality of patient safety and care



IPC CORE COMPONENTS

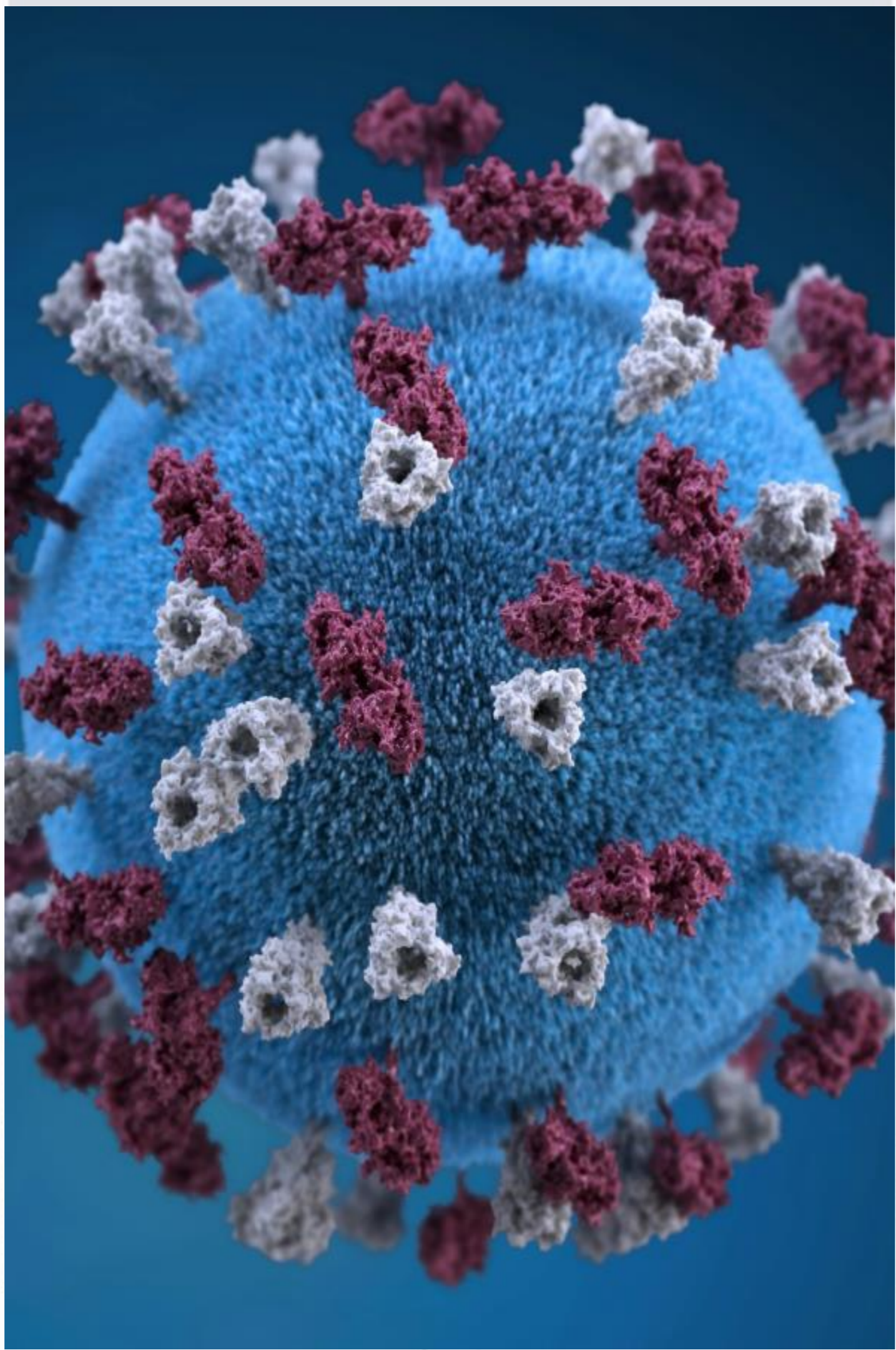


Core component 5 : MMS

- Built it (System change)
- Teach it (E&T)
- Check it (M&E)
- Live it (culture change)
- Sell it (Reminders and communication)

Core component 6: (Monitoring & Evaluation

- Familiarize yourself with the IPC guidelines and audit tools
- IPCAF
- Hand Hygiene
- OHSC



Core component 7 : Workload & Staffing

- Bed occupancy should not exceed the standard capacity of the facility
- Health care worker staffing levels should be adequately assigned according to patient workload.

Core component 8: Built environment

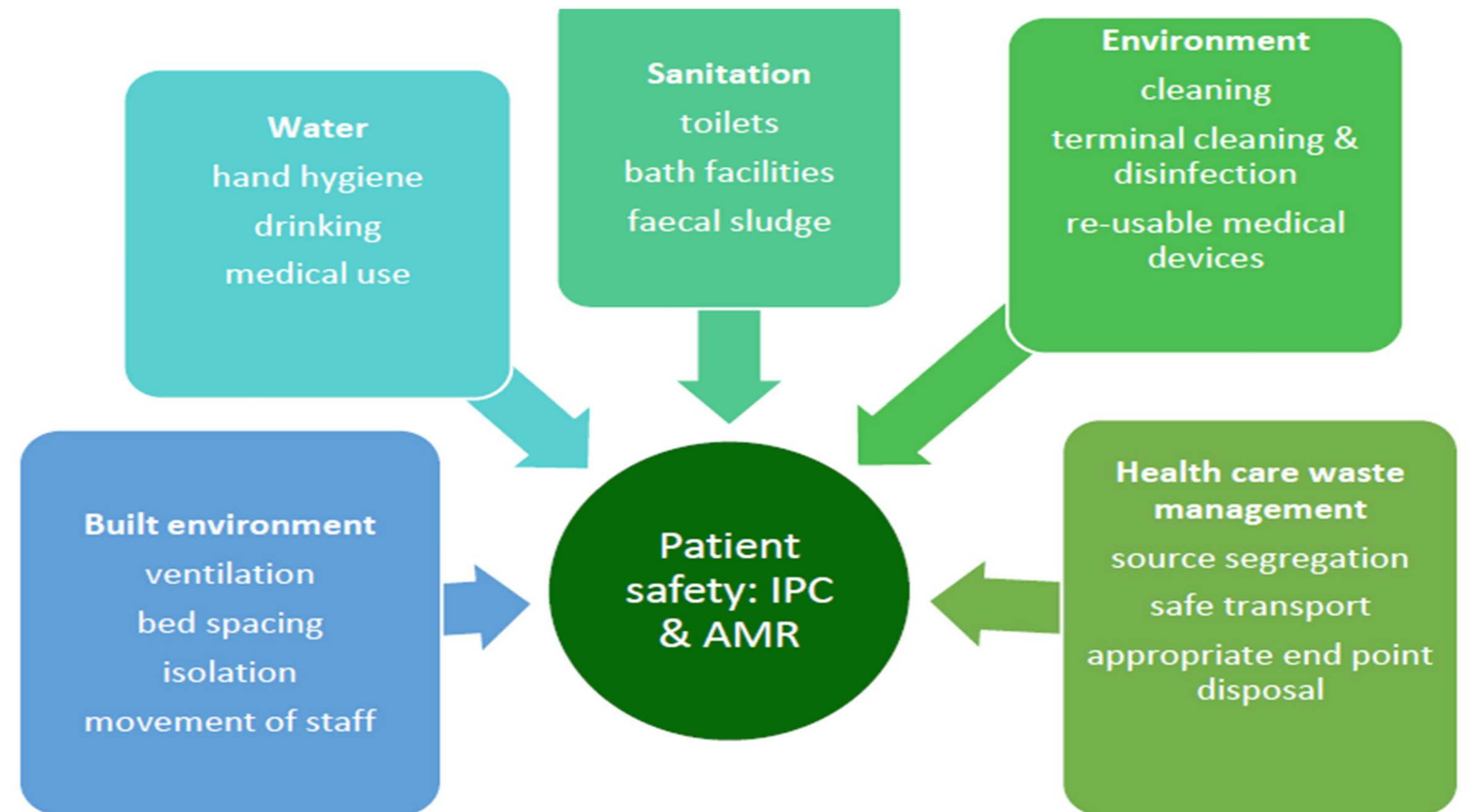
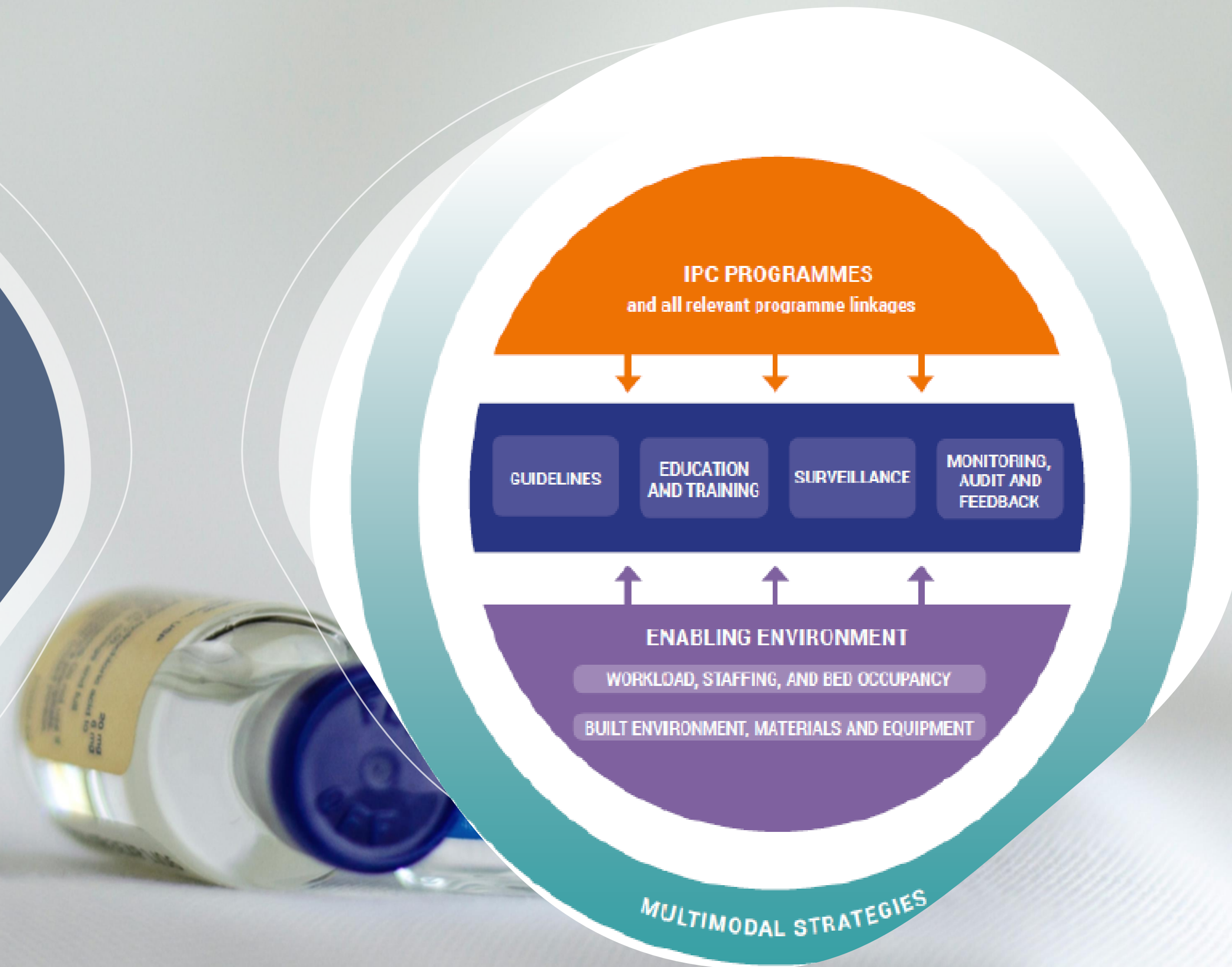
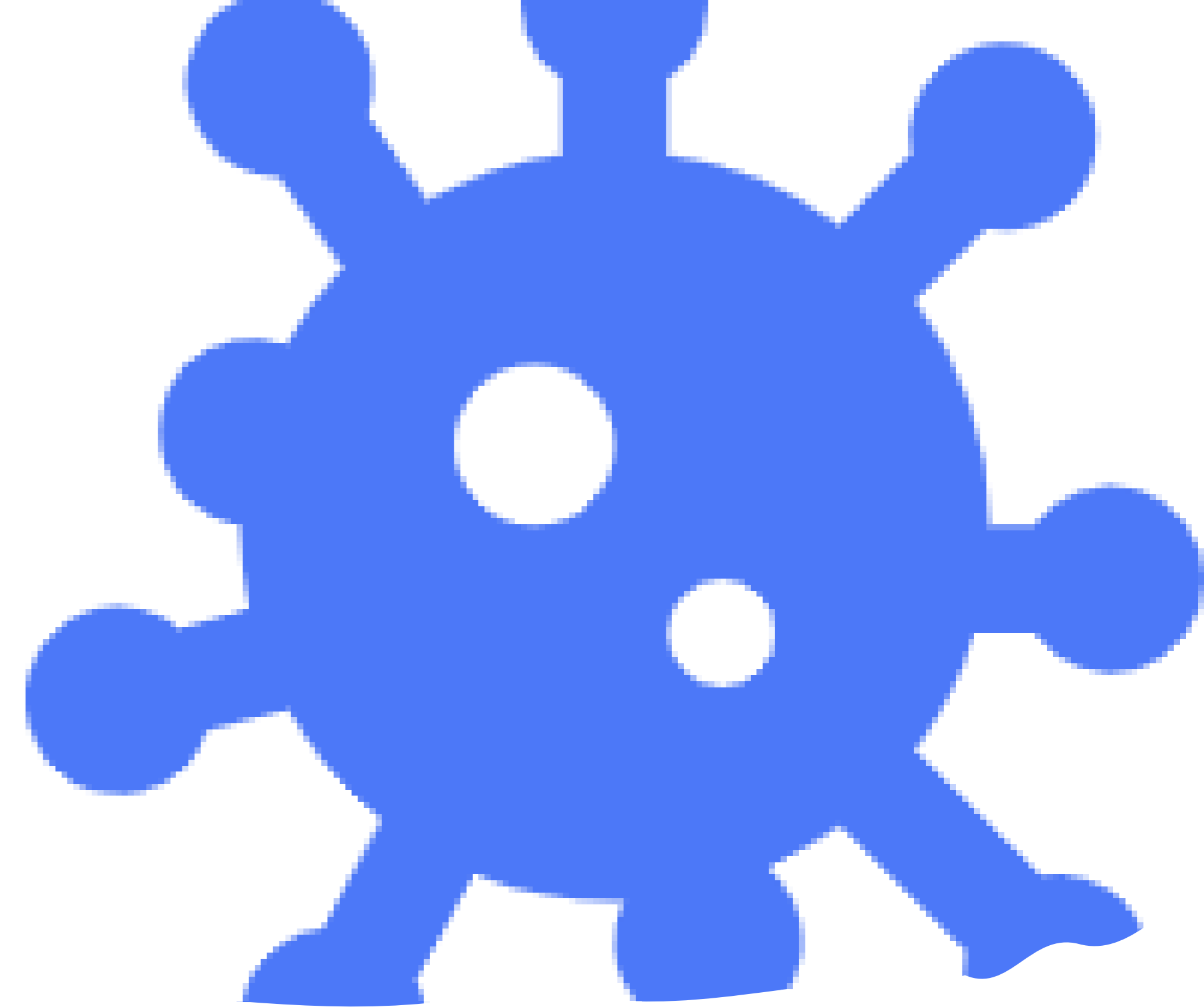


Figure 6: Relationship between the built environment, WASH and IPC & AMR

How the components fit together





**Office of Health
Standards Compliance**



Regulatory Private Acute Inspection tool

Summary of the other requirements:

3.2.1.1.1 National guidelines for strategic priority programmes or health inactivates are available

- National IPC Strategic Framework
- National IPC Framework implementation
- Guidelines for the Prevention and Containment of AMR in SA hospitals
- Guidelines on the Implementation of the AMR Strategy
- WHO guidelines on Tuberculosis IPC
- National IPC Guidelines for TB/MDR-TB and XDR-TB
- National Guidelines on Epidemic Preparedness and Response
- COVID-19 IPC Guidelines
- COVID-19 Outbreak investigation: A practical guide and manual for HCFs
- Guidelines for quarantine and isolation in relation to COVID-19 exposure and infection





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Summary of the other requirements:

- Documented evidence that staff have been trained/informed about the work procedures that are available at facility level:
 - ❖ IPC practices
 - ❖ Standard precautions
 - ❖ Management of patients with contagious infections
- IPC management must be led by trained and experienced health care personnel
- Link Nurses or champions trained and appointed in writing in all clinical and not clinical area
- IPC structure must identify and manage risk in relation to HAIs
- Annual IPC audit is conducted and remedial action taken where gaps identified
- An approved list of cleaning agents, hand soap and alcohol-based hand rub is available for procurement purposes
- An approved list of disinfectants, hand soap and alcohol-based hand rub is available for procurement purposes





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Summary of the other requirements:

□ A strategy to manage HAIs is available:

- ❖ Clear definitions for HAIs
- ❖ Activities to monitor infection rates in the health establishment
- ❖ Activities to monitor ESKAPEE organisms (*Enterococcus faecium*, *Staphylococcus Aureus*, *Klebsiella pneumoniae*, *Acinetobacter baumannii*, *Pseudomonas aeruginosa*, *Enterobacter spp* and *Escherichia coli*)
- ❖ Identification of outbreaks of HAIs
- ❖ Investigation of an outbreak of HAIs
- ❖ Response to limit transmission of infection during an outbreak
- ❖ Response to limit transmission
- ❖ Internal reporting processes
- ❖ External reporting processes
- ❖ Evaluation of the effectiveness of the strategy to prevent and respond to HAIs





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Summary of the other requirements:

- ❑ Standard operating procedures to guide the implementation of IPC practices must be available
- ❑ Comprehensive procedures that cover standard precautions and transmission-based precautions are available:
 - ❖ Effective hand hygiene practices
 - ❖ The use of PPE, including personal respirators
 - ❖ Disposal of sharps and HCRW
 - ❖ Patient isolation
 - ❖ Care of equipment
 - ❖ Environmental control (cleaning of environment and all potentially contaminated surfaces)
 - ❖ Handling and storage of dirty linen
 - ❖ Handling and storage of clean linen
 - ❖ Airborne precautions
 - ❖ Respiratory hygiene or cough etiquette
 - ❖ Droplet precautions
 - ❖ Contact precautions
 - ❖ FED isolation
 - ❖ Measures for the disposal of infected linen





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Summary of the other requirements:

- ❑ **The implementation of standard operating procedures must be monitored**
 - ❖ A hand washing drive or campaign is held at least annually
 - ❖ Hand hygiene audits are conducted and managed effectively
 - ❖ A hand hygiene report is available and communicated to all
 - Overall performance of the facility
 - Performance per unit
 - ❖ Actions taken where gaps identified
- ❑ Particle counts in theatre are performed in accordance with IPC guideline
- ❑ Health care personnel receiving ongoing in-service education according to their roles and responsibilities
 - ❖ The annual in-service education and training plan is available:
 - IPC education
 - Standard precautions
 - Response to disease outbreaks
 - Hand hygiene
 - Use of PPE
 - Management of hazardous and biohazardous spills
- ❑ At least 50% of healthcare personnel have been trained in standard precautions in the previous financial year





Regulatory Private Acute Inspection tool

Summary of the other requirements:

Infection prevention and control programmes

- ❖ The health establishment must maintain an environment, which minimises the risk of disease outbreaks, the transmission of infection to users, healthcare personnel and visitors
- ❖ The health establishment must provide isolation units or cubicles where patients with contagious units can be accommodated
- ❖ The IPC team confirms terminal cleaning following the release of infectious patients from the isolation room

The health establishment must have a disaster management plan, which is communicated to all healthcare personnel and tested annually

- ❖ Health care personnel are trained in the management of the relevant infectious diseases during an outbreak

A programme for the prevention and control of respiratory infections must be in place

- ❖ Respirators approved by a recognised regulatory body are available



RECOMMENDATIONS



Feedback on findings must be communicated at all levels



Results can be used to develop training programmes , in-service training or refresher courses for healthcare facilities



Results of audits can be used to identify gaps and implement action plans on the gaps identified, this can also act as performance review on the implementation of guidelines at facility level

REFERENCES

- ❑ Practical-Manual-for-implementation-of-the-National-IPC-Strategic-Framework-March-2020-1 (1)
- ❑ Core components for infection control prevention and control programmes Geneva: World Health Organization; 2009 (http://www.who.int/csr/resources/publications/WHO_HSE_EPR_2009_1/en/index.html, accessed 18 October 2016)
- ❑ Guidelines on Core Components of infection prevention and control at the national and acute healthcare facility level. WHO 2016
- ❑ <https://www.who.int/infection-prevention/publications/core-components/en/>
- ❑ 29 World Health Organization. Patient Safety and WASH. Global Action on Patient Safety and WASH. Director General Report for the 72nd World Health Assembly. WHO 2019 Available from: <https://www.who.int/gpsc/ipc/en/>
- ❑ <https://ohsc.org.za/inspection-tools/>





"Infection prevention and control is not just a policy—it's a commitment to protecting lives. Every small action, from proper hand hygiene to following protocols, makes a big difference. Together, we create safer environments, healthier communities, and a stronger future. Let's stay vigilant, stay informed, and always put safety first. Prevention starts with us!"