| Deficient IPC support in congregate settings: Regulations and reporting systems to support IPC are frequently lacking in congregate settings that are not directly under the authority of the ministry of health. |
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| 3. Core actions |
| WHO has defined core elements for IPC programmes involved in health care, some of which may also be applicable to congregate and community settings. Some governments have moved actively to establish IPC support structures within and beyond health facilities. |
| (A) Ensure availability of IPC programmes across the spectrum of health care, with core elements including: |
| a formal organizational structure to facilitate proper development and management of IPC policies and strategies; |
| infection control strategies and guidelines, including strategies and guidelines for AMR; |
| training of health-care providers in the principles and practices of IPC; |
| appropriate environment (including the facilities and environmental designs) for application of IPC principles and practices; \Box |
| laboratory and diagnostic support services to inform antimicrobial prescribing , and \Box accurate and timely detection of resistant \Box microorganisms; |
| surveillance systems to enable rapid detection and containment of emerging drug-resistant microorganisms; |
| monitoring and evaluation framework to enable timely adaptation of IPC strategies; |
| |



Strengthen vaccination programmes to reduce the burden of infectious diseases.

 $\textbf{Selected} \square \textbf{IPC practices for prevention of emergence and spread of antimicrobial-resistant microorganisms}$

Hand hygiene

Patient placement

Barrier precautions

Aseptic practices

Appropriate antimicrobial \Box usage

Sterilization and disinfection

Environmental hygiene and waste management

Facility environmental design for appropriate IPC practices

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