

Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

JAN 08 2016

**ADMINISTRATIVE ORDER**

No. ~~2015~~ 2016-0002

**SUBJECT: National Policy on Infection Prevention and Control in Healthcare Facilities**

**I. RATIONALE**

Infection Prevention and Control (IPC) refers to measures, practices, protocols and procedures all aimed at preventing and controlling the development of new infections acquired in any healthcare facility. According to the World Health Organization (WHO), "Limited data, often of low quality, are available from low- and middle income countries...At any given time, the prevalence of healthcare-associated infection (HAI) varies between 5.7% and 19.1%" in these countries.

HAI is an infection that is not present in a patient at the time of admission but may develop within or after the first forty-eight (48) hours of admission as a result of intervention in a healthcare facility. HAIs are known to lead to excess mortality, extended length of stay in hospitals and additional costs to the patient as well as to the healthcare system. Today, HAI is recognized to be the most frequent adverse event in health care. It is also believed that every single episode of HAI could be preventable with efficient and effective IPC.

In June 2004, the Department of Health issued Department Order No.1187 s. 2004, "Strengthening of Hospital Infection Control Program (HICP) in Department of Health Hospitals." However, the Order was limited to the creation of hospital infection control committees, the designation of hospital infection control program surveillance officer and the development of hospital policies and standard operational procedures. This Order covered only DOH hospitals.

Enabling all healthcare facilities to implement IPC is mandatory considering the development and spread of anti-microbial resistant organisms, emergence of new infectious agents and re-emergence of previously eliminated organisms. Further, because of recent serious threats to the healthcare system, such as the Middle East Respiratory Syndrome Coronavirus (MERS-Cov) and Ebola virus, the IPC needs to be considered as an emergency program to be institutionalized in all healthcare facilities in the country the soonest possible time.

In response to this prevailing epidemiologic trends of infectious diseases and as a special component of the Patient Safety Program, IPC merits the pooling together of ideas of the experts and experiences of healthcare professionals so that policy guidance and a coordinated program on IPC could be established in all types of healthcare facilities nationwide. Thus, the DOH is issuing this administrative order.

## II. OBJECTIVES

### General Objective:

The general objective of this policy issuance is to provide guidance for the establishment and effective implementation of the core components of Infection Prevention and Control in healthcare facilities.

### Specific Objectives:

1. Define the functional structure that shall ensure administrative, fiscal, regulatory, legal, technical, managerial and operational support to IPC in healthcare facilities.
2. Provide technical guidelines for the core components to standardize IPC program and practices.
3. Recommend the competencies and behaviors required of health personnel in order to implement IPC effectively and efficiently.
4. Recommend the surveillance system to report, track and communicate HAI rates and IPC practices.

## III. SCOPE AND COVERAGE

This policy shall apply to all healthcare facilities providing preventive, promotive, curative, restorative and rehabilitative care in the Philippines.

## IV. DEFINITION OF TERMS

1. **Epidemic infection** refers to an outbreak in a community or region of a group of infections of similar nature, clearly in excess of normal expectancy and derived from a common or propagated source.
2. **Hand hygiene** refers to a general term that applies to hand washing, antiseptic hand wash, antiseptic hand rub, or surgical antisepsis.
3. **Healthcare-associated infections or HAI** refer to infections acquired in a healthcare setting.
4. **Healthcare facility** refers to any organization or institution that employs healthcare personnel and care for patients and clients (WHO).
5. **Healthcare waste management** refers to the activities involved in the production, handling, treatment, conditioning, storage, transportation and disposal of waste generated by healthcare establishments.
6. **Infection prevention and control** refers to the discipline which comprises measures, practices, protocols and procedures all aimed at preventing and controlling the development of new infections acquired in healthcare settings.
7. **Multi-drug resistant organisms or MDROs** refer to bacteria that are resistant to many antibiotics.
8. **Personal protective equipment** refers to protective barrier/s used to protect an individual, usually a healthcare worker, against hazardous exposures in the environment like chemical, radiological, biological or other mechanical irritants capable of causing injury or impairment of functions of any part of the body.

9. **Reprocessing** refers to the steps taken to make instrument or equipment that has been previously used or was contaminated ready for use again.

## V. GENERAL GUIDELINES

1. Infection prevention and control is a vital component of quality health care and patient safety. Thus, all healthcare facilities in the Philippines shall implement IPC effectively.
2. **Eight (8) core components** shall be integral in the implementation of the Infection Prevention and Control Program as follows:

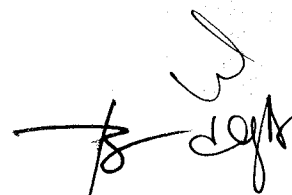
- 2.1 **Organizational Mechanism** – Operational arrangements shall be recommended by the Health Facility Development Bureau (HFDB)-DOH for approval of a national council on infection prevention and control in healthcare facilities for effective, efficient and responsive IPC management, with clear lines of authority and responsibility. The lines of communication and reporting shall follow these lines of authority.

DOH shall provide the enabling and support mechanisms at the national, regional and institution levels to ensure that IPC standards and policies are implemented in healthcare facilities. Likewise, local government units are expected to do the same as majority of hospitals and outpatient services operate under them.

As lead agency for health care, DOH shall convene a National Council for IPC which shall advise the Secretary of Health on matters pertaining to IPC policies, program implementation, issues and progress. The Council shall be composed of representatives of government agencies, non-government organizations, private entities and key stakeholders.

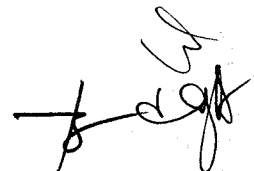
- 2.2 **Capacity Building** – Professional development for the acquisition of necessary knowledge and skills to implement and manage IPC shall be supported by DOH. The HFDB, in coordination with the Health Human Resource Development Bureau, the National Council, and in consultation with pertinent professional organizations, shall develop and/or identify a standard training curriculum and courses that are tailor-made to the different healthcare providers involved in IPC.
- 2.3 **Research and Development** – The DOH and professional organizations shall pursue research to serve as one of the bases for IPC program development. Research results shall be disseminated to appropriate stakeholders and the general public, if necessary.
- 2.4 **Health Regulations** – The DOH shall direct the Health Facilities and Services Regulatory Bureau to enforce IPC standards on healthcare facilities through licensing and accreditation. All healthcare facilities in the Philippines shall require health personnel at all levels of care to undergo basic training and continuing education on IPC.

Through the Food and Drug Administration, DOH shall ensure that pharmaceuticals, food products, disinfectants, health devices and equipment used in healthcare facilities conform to the requirements of IPC.



The Health Policy Development and Planning Bureau shall review the requirements for an effective and efficient IPC to determine if legislation could facilitate in enforcing IPC nationwide.

- 2.5 **Advocacy and Social Mobilization** – IPC shall be promoted as a way of life. The DOH shall advocate for the IPC Program for Healthcare Facilities to the various stakeholders. It is the responsibility of the DOH and healthcare workers to influence policy-makers, decision-makers and the public to prevent and control the spread of infection and promote IPC in all types of healthcare facilities.
  - 2.6 **Inter-Agency Collaboration and Networking** – The IPC programs in healthcare facilities shall be linked through the different levels of care and across geopolitical or LGU boundaries. HFDB shall encourage and assist healthcare facilities to link with agencies and partners for the training, quality assurance of health products and equipment in order to prevent and mitigate HAIs, infectious disease outbreaks and anti-microbial resistance.
  - 2.7 **Client Empowerment** – In line with the principle of Patient Safety, patients, their families and other clients shall be actively engaged and assisted by healthcare workers to make informed decisions regarding their own care and in preventing and controlling infections in healthcare facilities.
  - 2.8 **Monitoring and Evaluation** – A National Council shall recommend the mechanisms to monitor and conduct periodic assessment of IPC implementation in healthcare facilities. The monitoring of IPC implementation will be reinforced by the requirements for the licensing and accreditation of healthcare facilities.
3. The priority areas of IPC that shall be established in healthcare facilities are:
- 3.1. Hand hygiene
  - 3.2. Isolation precautions
  - 3.3. Prevention and control of healthcare-associated infections
  - 3.4. Prevention of transmission of tuberculosis in healthcare facilities
  - 3.5. Prevention and control of drug-resistant organisms in healthcare facilities
  - 3.6. Healthcare facility preparedness to control emerging diseases
  - 3.7. Healthcare environmental sanitation
  - 3.8. Reprocessing of reusable medical devices
  - 3.9. Recording and reporting of healthcare-associated infections
  - 3.10. Antibiotic stewardship
  - 3.11. Surveillance of antimicrobial resistance
  - 3.12. Healthcare personnel health and safety
  - 3.13. Outbreak management
  - 3.14. Healthcare waste management



4. During outbreaks or epidemics of infectious disease affecting one or more geographic areas (as determined by an epidemiologic investigation) all instrumentalities and resources of the DOH shall be mobilized and the DOH structure and protocols to address the specific outbreak or epidemic shall guide all healthcare facilities.

## **VI. SPECIFIC GUIDELINES**

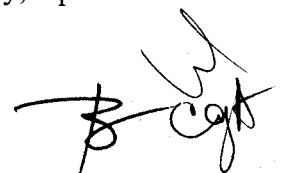
### **A. Organization**

1. **The National Council on Infection Prevention and Control Program in Healthcare Facilities** is hereby created. The Council shall be composed of the following:

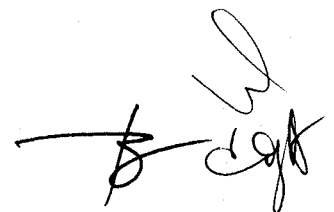
- a. Chairperson: Secretary of Health
- b. Alternate Chairperson: Cluster Head for the Health Facility Development Bureau
- c. Members are the heads or representatives of the following organizations:
  - i. Philippine Hospital Infection Control Society (PHICS)
  - ii. Philippine Hospital Infection Control Nurses Association (PHICNA)
  - iii. Philippine Society of Microbiology and Infectious Diseases (PSMID)
  - iv. Cluster Head, Office for Health Operations
  - v. Director, DOH-Health Facility Development Bureau
  - vi. Director, DOH-Disease Prevention and Control Bureau
  - vii. Director, Epidemiology Bureau
  - viii. Director, National Center for Pharmaceutical Access and Management
  - ix. Research Institute for Tropical Medicine
  - x. Bureau of Quarantine
  - xi. San Lazaro Hospital

The Secretary of Health may appoint other temporary or permanent members of the Council from the various professional organizations.

- d. Roles and Functions of the Council:
  - i. Provide guidance for the review, development and implementation of the IPC Program in Healthcare Facilities;
  - ii. Promote and advocate for the compliance to IPC-related policies, licensing and accreditation requirements by healthcare facilities;
  - iii. Organize the Infection Prevention and Control Technical Working Group which will assist the Council in the (1) documentation of policies, standards and resolutions to issues and problems related to IPC; (2) data management; (3) advocacy and promotion of IPC research and development and (4) development of course, curriculum and training manual for IPC orientation and training.
  - iv. Recommend policy and legislative agenda to be pursued by the DOH, local government units, civil society, professional associations and people's organizations;



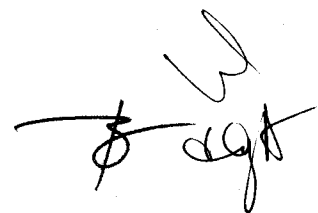
- v. Provide oversight, together with DOH and LGUs, to the implementation, concerns and progress of the IPC program;
  - vi. Convene for a meeting at least once a year to review and approve the annual IPC plan, special projects and progress report prepared by HFDB-DOH
  - vii. Convene emergency or pre-emptive meetings whenever necessary to address urgent issues of infectious nature affecting or threatening public health in the country.
2. **The Health Facility Development Bureau (HFDB)** shall lead in the development and management of the Infection Prevention and Control Program in Healthcare Facilities (IPCPHF). It shall also provide secretariat functions to the Council.
3. Each **DOH Regional Health Office** Director shall designate one responsible Regional IPC Officer and organize regional teams to assist in the implementation and roll out of the IPCPHF to the different healthcare facilities and to manage progress of the program in its respective region, especially through training, monitoring, evaluation and reporting.
4. **Local chief executives of provincial, city and municipal governments and the Chiefs and/or Directors of DOH-administered hospitals** shall be responsible for:
  - a. Organizing an IPC Committee in each hospital, which shall be composed of core members from among those with permanent or regular appointment and of auxiliary members as deemed necessary.
  - b. Authorizing the use of official time, facilities and other resources for the IPC Committee to carry out its functions.
  - c. Providing adequate budget for the rational procurement of resources necessary for the implementation of IPC program in all DOH hospitals (including other health care facilities).
  - d. Informing and coordinating with the DOH Regional Health Office about the status of IPC Committees, and the IPC programs in health facilities.
5. **The head of every healthcare facility** shall be responsible for:
  - a. Organizing, monitoring and supporting the activities of the IPC Team which shall implement the day-to-day requirements of IPC standards in the healthcare facility.
  - b. Designate one most qualified infection control physician and at least one infection control nurse as leaders of the IPC team.
  - c. Ensure that the IPC Team members are qualified, trained and/or certified in an IPC training course accredited by DOH or other accrediting bodies.
  - d. Monitor or track records on IPC procedures and reports provided by the IPC team.
  - e. Address efficiently and effectively all IPC concerns and issues occurring at the healthcare facility level.

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6. The **IPC Committee of each hospital** shall have the following functions:
- a. Formulate and implement IPC policies, guidelines and procedures that are aligned with the IPCPHF.
  - b. Disseminate information and coordinate effectively with all departments, sections and services of the hospital for the implementation of IPC.
  - c. Organize and provide training and guidance to the hospital IPC Team, which is responsible for the day-to-day IPC activities.
  - d. Make medicines, medical supplies, personal protective equipment, and other equipment and materials readily available for the day-to-day implementation of IPC and for contingency as well.
  - e. Design and implement and/or outsource the training and orientation of all health personnel on IPC.
  - f. Meet at least once monthly and whenever necessary in order to consolidate, analyze and act on reports related to IPC.
  - g. Review, approve and submit mandatory healthcare facility reports on IPC to the DOH Regional Health Office.

**B. Technical Guidelines**

1. Technical guidelines on IPC include, but are not limited to, policies and procedures on the following areas:
  - a. Hand hygiene
  - b. IPC in special highly communicable infections, including isolation procedures
  - c. IPC for auxiliary service department or units
  - d. IPC for special patient care areas
  - e. Antibiotic stewardship
  - f. Protection of healthcare personnel
  - g. Reprocessing of reusable medical devices
  - h. Disinfectants for specific medical equipment, devices and areas
  - i. Environmental care
  - j. Healthcare waste management
  - k. Surveillance of HAIs
  - l. Surveillance of anti-microbial resistance
  - m. Outbreak investigation
  - n. Housekeeping procedures
  - o. Health product regulation
2. Healthcare facilities are encouraged to develop, formulate and implement technical evidence-based policies, guidelines and protocols on IPC that are aligned with the national IPC policy.
3. Healthcare facilities shall likewise formulate and adequately document a protocol to monitor its compliance to IPC guidelines and protocols.

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### **C. Human Resources**

1. Staffing – There shall be at least one (1) infection control nurse (ICN) and one (1) infection control doctor (ICD) in every hospital facility. The ratio of at least 1 fulltime ICN for every 100 hospital beds shall be recommended by the DOH to the Department of Budget and Management, with the number of ICNs increasing according to capacity, resources, types of cases/services and needs of the healthcare facility. Outpatient clinics, including those with limited lying-in facilities, shall designate one IPC officer, preferably, a nurse.
2. Healthcare personnel protection – Healthcare workers (HCWs) are exposed to biological risks such as contact to highly communicable diseases. Thus, guidelines to protect HCWs shall be developed, guided by safe technological innovations and engineering controls. The cost of personal protective equipment shall be charged to the employers of HCWs.
3. Training – Administrator of health facilities shall support the training and continuing education of all its HCWS on IPC. Basic IPC lectures shall be made mandatory to IPC Committee and Team members and other HCWs. Progress trainings for continuing education shall be done in coordination with DOH-HFDB.

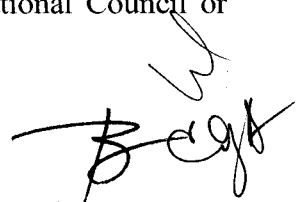
### **D. Microbiology Laboratory Support**

Each healthcare facility shall have access to a licensed microbiology laboratory that provides quality diagnostic services such as:

1. Standard protocols on proper collection, handling, transport, processing and disposal of specimens;
2. Standard procedures for the collection of specimens, isolation and identification of potentially pathogenic microorganisms and interpretation of results, as well as for timely provision of information to parties concerned;
3. Documentation of internal and external quality control procedures applied in the laboratory;
4. Identification of antibiotic susceptibility patterns of bacterial isolates and standard or required reporting of such;
5. Appropriate data storage, retrieval and communication facilities for tracking specimens, report-tracing and preparation of surveillance information related to IPC.

### **E. Environment**

1. Each healthcare facility shall ensure that all patient care activities are undertaken in a hygienic environment that facilitates and supports IPC practices.
2. Hand hygiene facilities shall be available, accessible and installed in strategic areas near patient beds or areas for point-of-care or service.
3. Patient placement requires patient beds to be positioned at least 1 meter apart.
4. Isolation rooms shall be provided for highly communicable or yet unknown new infections and for the severely immune-compromised. These shall be available in all hospital facilities. The HFDB, in coordination with the National Council or





inter-agency technical working group, shall periodically review the requirements for isolation room in various hospital facilities.

**F. Monitoring of the HF IPC Program**

1. The IPC Committee shall be responsible for the monitoring of implementation of the IPC by the IPC Team
2. The IPC Committee and Team shall monitor the compliance of the health facility to the prescribed technical guidelines prescribed by this Policy issuance.
3. Monitoring of compliance shall be documented and such document will be made available to the DOH on a regular basis and when necessary for public health purposes.

**IX. FUNDING MECHANISM**

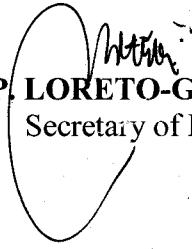
Healthcare facilities and their administrative arm shall allocate budget for the implementation of their respective IPC programs. This shall be included in their respective annual budget. The allocation may be for the following items: payment of salaries and allowances for infection control personnel and committees, training, monitoring and travel, hand hygiene supplies, isolation room requirements, and other requirements for the essential procedures prescribed in the technical guidelines and enabling mechanisms.

**X. REPEALING CLAUSE**

Provisions of previous Orders and related issuances which are inconsistent or contrary to the provisions of this Administrative Order are hereby revised, modified or rescinded. All other provisions of existing issuances that are not affected by this Order shall remain valid and in effect.

**XI. EFFECTIVITY CLAUSE**

This Order takes effect immediately.

  
**JANETTE P. LORETO-GARIN, MD, MBA-H**  
Secretary of Health