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Section I : Administrative

Section II : Job Description

Section III : Internal Policy & Procedures

Section IV : Departmental Manual
Section I Administrative

1. Vision

We are committed towards excellence in infection prevention and promoting a safe environment for patients and Health Care Workers (HCW).

1.2 Mission

Implement the recommended infection control guidelines throughout continuous care on the basis of hospital surveillance, education and training of Health Care Workers (HCW), promoting research and continuous quality improvement.

1.3 Values

1.3.1 Islamic Ethic Code
1.3.2 Excellence
1.3.3 Leadership and teamwork
1.3.4 Honesty
1.3.5 Transparency and accountability
1.3.6 Lifelong
1.4 Scope of Services

1.4.1 The Department is concerned for the following:

1.4.1.1 Education

1.4.1.1.1 Education for the Health Care Workers (HCW) including orientation for new employee.

1.4.1.1.2 On-going staff education including lectures, demonstration, group discussion, brochures and newsletter publication.

1.4.1.2 Surveillance:-

1.4.1.2.1 Continuous process of collection, analysis and interpretation of data from different hospital units about nosocomial infection, risk factors and causative organisms which is necessary for planning, implementation, evaluation of the preventive programmes and anticipating outbreaks.

1.4.1.3 Outbreak Management:-

1.4.1.3.1 Infection control team immediately act in coordination with the concerned department in case of outbreak.

1.4.1.3.2 Investigations and infection control recommendations are being taken to control the outbreak.

1.4.1.4 Notification:-

1.4.1.4.1 According to the MOH regulation, the communicable diseases and scorpion/snake bites and animal bites are reported to the MOH in the form of daily, weekly, monthly and annual reports.

1.4.1.5 Waste Management

1.4.1.5.1 Ensure implementation of Waste Management guidelines and recommendations are followed by all hospital staff.

1.4.1.5.2 Coordination to other department e.g., CSSD, Nutrition, EHC:-

1.4.1.6 Antimicrobial Policy-

1.4.1.6.1 To ensure that the antimicrobial policy and recommendations of antimicrobial committee are implemented.
1.4.1.7 Coordination to MOH:-

1.4.1.7.1 The department is receiving the updated circular for the MOH regulation to implement it. (e.g. notification, dealing with epidemics, new employee regulation).

1.4.1.8 Post exposure management:-

1.4.1.8.1 The department provide updated guidelines for post exposure prophylaxis for HCW (needle stick injury, TB and varicella exposure).

1.4.1.9 Product Evaluation:-

1.4.1.9.1 New product are evaluated by the department from the Infection Control point of view before purchasing to the hospital.

1.4.2 Infection Control Committee are representatives from different departments / units including:-

- Department of Medicine
- Paediatrics
- Surgery
- Operating Room (OR)
- Intensive Care Units (MICU, SICU, NICU)
- Microbiology Unit
- Nursing Department
- Pharmacy
- Quality Assurance
- Members of the Infection Control Team
- Other members with special interests may be invited at discretion of the committee (ad hoc appointment) e.g., Nutrition Department, Housekeeping and CSSD.

The committee meets monthly to deal with current developments and problems.

1.5 Client and Suppliers

1.5.1 Clients are:-

- patients
- Visitors
- Health Care Personnel (HCP)
- CSSD
- Housekeeping
- Laundry
- Nutrition Department.

1.5.2 Suppliers are:-

- Information Technology
- Medical Records,
- Laboratory
- Ministry of Health (MOH)
1.6 Goals and Objectives

1.6.1 Goals

1.6.1.1 Protecting the patient.
1.6.1.2 Protecting the health care workers.
1.6.1.3 Providing healthy environment.

1.6.2 Objectives

1.6.2.1 Establish an administrative structure so that all aspects of infection control can be coordinated and supervised.
1.6.2.2 Maintain a good standard of cleanliness and hygiene within the hospital.
1.6.2.3 Monitor wards, clinics and other hospital facilities for incidence of infection in order to have an early warning system of increased rate and, or appearance of dangerous infection.
1.6.2.4 Isolation patients with virulent and communicable infections or those infected with antimicrobial resistant microorganisms with serious clinical concern.
1.6.2.5 Isolate patients who are unduly susceptible to infection.
1.6.2.6 Provide an education program for staff so that they know their responsibilities in matters of infection control.
1.6.2.7 Monitor standards of nursing and medical care to maintain sound sterile techniques and adherence to isolation precautions.
1.6.2.8 Monitor the health of employees to limit opportunities of infection spread between staff and patients.
1.6.2.9 Monitor the proper use of sterilization and disinfecting methods.
1.6.2.10 Advising staff on all aspects of infection control and maintain a safe environment for patient.
1.6.2.11 Providing basic manual of policies and procedures and ensure that written guidelines are implemented.
1.6.2.12 Establishing a system of surveillance of hospital infection in order to identify patients at-risk and problem areas that need intervention. Methods for surveillance may include case findings by ward rounds and chart reviews, reviews of laboratory reports, and targeted prevalence or incidence surveys.
1.6.2.13 Investigating and controlling outbreaks of infection in collaboration with medical and nursing staff.

1.6.2.14 Ensuring staff health by immunization and post-exposure management.

1.6.2.15 Ensuring that an antibiotic policy is in existence.

1.6.2.16 Ensuring that waste management guidelines and policies are followed.

1.6.2.17 Performing other duties as required, e.g., kitchen inspections, pest control, etc.

1.6.2.18 Notification Reports of specific communicable diseases according to MOH regulation.
1.7 ORGANIZATIONAL STRUCTURE

- Supervisor
- Deputy Supervisor
- Coordinator
- Infection Control Committee
- Public Health Specialists
- Data Entry Personnel
- Epidemiologist
- Practitioners
- Secretaries
1.7 ORGANIZATIONAL STRUCTURE

Prof. Abdulkarim Al-Aska

Dr. Sarah Al-Subaei

Infection Control Committee

Prof. A. Al-Aska - Supervisor
Dr. Sarah Al-Subaei - Deputy Supervisor
Prof. A. Kambal - Prof. & Consultant in Microbiology
Dr. Ali Somily - Microbiologist
Dr. Abdulaziz Bin Saeed - Chairman, Family Medicine
Dr. Abdulaziz Al-Zeeri - Chairman, ICU
Dr. Bader Al-Sobaih - NICU, Head
Dr. Massoud Ahmad - OR Director
Dr. Mohd Mustafa - Anaesthesia Dept
Dr. Najwa Abd El-Latif - Coordinator
Dr. Khawater Bakhaly - Epidemiologist
Dr. Maha Qabeel - ICD Resident
Mr. John Garcia - Quality Management
Mr. Omar Al-Hassan - IC Head Nurse
Ms. Rosario Monasterial - ICN
Ms. Layla Khalifa - ICN
Ms. N. Francesca Bambilla - ICN
Ms. Riyadhelle Saymo - ICN
Ms. Mercy Tortibio - ICN, KAUH

Public Health Specialists
Data Entry Personnel
Dr. Khawater Bakhali

Mr. Omar Hassan
Ms. Rosario Monasterial
Ms. Laila Khalifa
Ms. N. Francesca Bambilla

Ms. Nelita P. Cruz
Mr. Mohammad Barrak
1.8 STAFFING PLAN

1.8.1 Nursing Staff Daily Activities are as follows:-

1.8.1.1 The Daily Rounds are as follows:

1.8.1.1.1 First Level (Paediatrics, OB/GYNAE)
1.8.1.1.2 Second Level (Surgical, Medical, OR)
1.8.1.1.3 Third Level (Surgical, Medical)
1.8.1.1.4 ICUs
1.8.1.1.5 A/E, OPD, Nutrition Department
1.8.1.1.6 Other hospital department e.g., laboratory, dental and CSSD

1.8.1.2 The following Duties are added to the Daily Rounds:

1.8.1.2.1 Participate in Annual Assessment of the nursing staff every Saturday and Tuesday. (monthly rotation)
1.8.1.2.2 Participate in In-service training, infection control update and Core Orientation Programmes’ of Nursing Department. (monthly Rotation)
1.8.1.2.3 Help in preparing monthly reports for TB, Vaccination, Malaria, HIV and all other notifiable diseases.
1.8.1.2.4 Screening of Physiotherapy Department, Burn Unit, ROWPL and RDU. Monthly Rotation.
1.8.1.2.5 Help in preparing Monthly report of hospital acquired infection.

1.8.2 Coordinator

1.8.2.1 Help in consultation for Infection Control Infection issues
1.8.2.2 Help in updating Infection Control guidelines
1.8.2.3 Coordinate with different hospital departments, other hospitals and Ministry of Health.

1.8.3 Epidemiologist

1.8.3.1 Concern with all nosocomial surveillance statistics
1.8.3.2 Prepare monthly and annual reports
1.8.3.3 Outbreak surveillance

1.8.4 Staffing Coverage:-

1.8.4.1 During vacation time of the department supervisor, the deputy supervisor is carrying out his duty.
1.8.4.2 During vacation of one of the nurse, his / her duty is carried out by other nursing staff.

1.8.4.3 At least two infection control nurses are available during vacation and Eid holidays.

1.8.4.4 During vacation time of infection control coordinator, 2 nurses carried out her duty.

1.8.4.5 During vacation time of infection control epidemiologist, 2 nurses carried out her duty.

1.9 COMMUNICATION AND REPORTING

1.9.1 Infection Control department meet daily to discuss new events and make daily consultations.

1.9.2 ICC held monthly meeting discussing infection control issues, team activity, monthly report and other related important issues related to infection control.

1.9.3 Minutes of the previous meeting, agenda and monthly report are send to all members thru electronic message. A copy of these reports are send to the Chief of Staff thru electronic message.

1.9.4 Monthly report of KAUH is discussed in the committee meeting.

1.9.5 Annual report is prepared and discussed by the committee members.

1.9.6 The monthly report copy of each wards is given to the concerned ADONs.

1.9.7 In case of Infection Control problem, immediate communication is taking with the concerned department and discuss the matter with recommendation according to the guidelines and policy of infection control.

1.9.8 IC team coordinate with the KAUH infection control nurse for updating policy and guidelines recommend infection control measures according to the raise issues.

1.9.9 Communication with the MOH for notification, reporting and receiving updated circulars.

1.9.10 Infection Control team meet daily to discuss new events and make daily consultations.

1.9.11 ICC held monthly meeting discussing infection control issues, team activity, monthly report and other related important issues related to infection control.
1.9.12 Minutes of the previous meeting, agenda and monthly report are send to all members thru electronic message. A copy of these reports are send to the Chief of Staff thru electronic message.

1.9.13 Monthly report of KAUH is discussed in the committee meeting.

1.9.14 Annual report is prepared and discussed by the committee members.

1.9.15 The monthly report copy of each wards is given to the concerned ADONs.

1.9.16 In case of Infection Control problem, immediate communication is taking with the concerned department and discuss the matter with recommendation according to the guidelines and policy of infection control.

1.9.17 IC team coordinate with the KAUH infection control nurse for updating policy and guidelines recommend infection control measures according to the raise issues.

1.9.18 Communication with the MOH for notification, reporting and receiving updated circulars.
1.0 CONDITION:
This policy applies to all infection control staff.

2.0 PURPOSE:
2.1 To ensure proper hand hygiene procedures.
2.2 To prevent diseases transmitted through hands of health care workers, watchers and visitors.

3.0 POLICY:
3.1 Health Care Worker should follow the indications for hand hygiene.
3.2 Health Care Worker should practice the proper steps for hand hygiene.

4.0 PROCEDURE:
4.1 The infection control staff will monitor hand hygiene practice of physician, nurses, watchers and visitors according to infection control guidelines in the different area of the hospital.
4.2 The attach checklist will be filled by the infection control staff.
4.3 Records will be kept in the infection control file.
4.4 Quarterly statistics will be prepared to be discussed in the infection control committee monthly meeting.

5.0 FORMS AND ATTACHMENT:
Hand hygiene checklist
# Hand Hygiene Checklist

**KING KHALID UNIVERSITY HOSPITAL**  
**INFECTION CONTROL DEPARTMENT**

**HAND HYGIENE CHECKLIST**

<table>
<thead>
<tr>
<th>NO</th>
<th>QUESTIONS</th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sink / Alcohol gel are available in the area.</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>Staff fingernails are short and clean.</td>
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<tr>
<td>3</td>
<td>Staff hands are free from jewelries.</td>
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<tr>
<td>4</td>
<td>Staff performed hand hygiene before handling patients.</td>
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<tr>
<td>5</td>
<td>Staff performed hand hygiene in between procedures for the same patient.</td>
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<tr>
<td>6</td>
<td>Staff performed hand hygiene in between patient.</td>
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<tr>
<td>7</td>
<td>Staff performed hand hygiene after contact with dirty surfaces.</td>
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<tr>
<td>8</td>
<td>Staff washed hands if visibly soiled.</td>
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<tr>
<td>9</td>
<td>Staff performed the proper steps for hand hygiene</td>
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<tr>
<td>10</td>
<td>Staff performed the proper steps for hand scrub.</td>
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<tr>
<td>11</td>
<td>Watchers / visitors washed hands after contact with patient under transmission based precaution.</td>
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<tr>
<td>12</td>
<td>Visitors and watchers washed hands after contact with dirty surfaces.</td>
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</tr>
</tbody>
</table>

**Comment:**

________________________________________________________

________________________________________________________

**Name:** __________________________

**Signature:** ____________________
1.0 CONDITION:

1.1 This policy applies to all infection control staff.

2.0 PURPOSE:

2.1 To ensure proper preparation of food and milk formula.
2.2 To ensure sanitary hygiene in the kitchen and formulary room.

3.0 POLICY:

3.1 Food handlers should follow infection control guidelines for food preparation.
3.2 Formula room staff should follow infection control guidelines for milk and food formula preparation.

4.0 PROCEDURE:

4.1 The infection control staff will monitor infection control practice (mentioned in infection control manual) in the kitchen and formula room.
4.2 The attach checklist will be filled by the infection control staff.
4.3 Record will be kept in the infection control file.
4.4 Quarterly statistics will be prepared to be discussed in the infection control committee monthly meeting.

5.0 FORMS AND ATTACHMENT:

5.1 Kitchen checklist
5.2 Formula checklist
**KING KHALID UNIVERSITY HOSPITAL**  
**INFECTION CONTROL DEPARTMENT**

### Checklist for Kitchen Inspection:

<table>
<thead>
<tr>
<th>SUBJECT:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clean work area, surfaces and cooking equipments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Spilled food is cleaned up immediately</td>
<td></td>
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<tr>
<td>3. Shelves are cleaned, they should be at least 12 inches above the floor.</td>
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<tr>
<td>4. Prevent contamination by insects, rodents, sewage back flow or drip.</td>
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<tr>
<td>5. Adequate hand washing facilities should be available.</td>
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<tr>
<td>7. Food handlers keep their personal clothing and overalls clean.</td>
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</tr>
<tr>
<td>8. Disposable gloves should be worn when handling food which is to be eaten without further processing.</td>
<td></td>
<td></td>
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<tr>
<td>9. Disposable utensils is properly discarded after one use.</td>
<td></td>
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<tr>
<td>10. Minimize the period between cooking food and serving it.</td>
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<tr>
<td>11. Cold food is stored below 50°C (41°F) for 24 hours maximum.</td>
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<tr>
<td>12. Hot food is stored above 60°C.</td>
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<tr>
<td>13. Raw foods are processed in a separate area from cooked foods.</td>
<td></td>
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<tr>
<td>14. Raw meat is <strong>stored</strong> in a separate area from processed food in appropriate temperature required.</td>
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</tr>
<tr>
<td>15. Food utensils should be machine – washed at a minimum temperature of 60°C (140°F) and a final rinse of at least 80°C for 1 minute.</td>
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<tr>
<td>16. Food utensils and cutleries properly dried with disposable tissues before use.</td>
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<tr>
<td>17. Food is transported under clean conditions, properly covered to prevent contamination.</td>
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</tr>
<tr>
<td>18. Food handlers dealing with uncooked meat are wearing disposable gloves.</td>
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<tr>
<td>19. Food handlers wearing gloves and face masks properly while serving food.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Strictly follow proper method of <strong>waste disposal guidelines</strong> and maximum every 12 hours.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ICD Checklist/kitchen Inspection/20 July 2009
### Checklist for Formula Preparation:

<table>
<thead>
<tr>
<th><strong>SUBJECT:</strong></th>
<th><strong>YES</strong></th>
<th><strong>NO</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Supplies (e.g., gowns, bottles, and nipples, disinfectant) are adequate to implement hygienic technique in the preparation of infant formula.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Multi-used bottles and nipples are cleaned well before autoclaving.</td>
<td></td>
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<tr>
<td>3. Other multi-used utensils that can not be autoclaved can be chemically disinfected.</td>
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<tr>
<td>4. Sterilized water is used for infant formula preparation</td>
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<tr>
<td>5. Trash containers in the infant formula preparation room are covered and must have a foot operated lid.</td>
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<tr>
<td>6. A sufficient number of trained staff are available to ensure the continuity and quality of preparation and distribution of infant formula.</td>
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<tr>
<td>7. Staff working in the infant formula preparation room practice good personal hygiene.</td>
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<tr>
<td>8. Commercially sterile ready-to-feed and liquid – concentrate formulas are used when available and nutritionally appropriate. The powdered form formula are used only when alternative commercially sterile liquid products are not available.</td>
<td></td>
<td></td>
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<tr>
<td>9. Expired or damaged infant formula products is discarded.</td>
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<td></td>
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<tr>
<td>10. Care is taken to avoid freezing temperatures (0°C, 32°F) or excessive heat (35°C, 95°F).</td>
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</tr>
<tr>
<td>11. The infant formula order include the following: a. Patient’s name b. Patient’s medical file number. c. Patient’s location. d. Formula name plus additives. e. Caloric density / volume / feeding frequency. f. Name of authorizing physician. g. Date of order</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Maintain formula order records for individual patients.</td>
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</tr>
<tr>
<td>13. During formula preparation, no other activities (such as heavy cleaning) is taking place. Doors to the formula preparation room is kept closed.</td>
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<td></td>
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<tr>
<td>14. Only authorized personnel are allowed to enter the formula preparation room.</td>
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</tr>
<tr>
<td>15. Hygienic technique are practiced for all formula preparation.</td>
<td></td>
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</tr>
<tr>
<td>16. Commercially sterile water is used for preparation of infant formula. Distilled, deionized, or bottled waters that are not commercially sterile must be sterilized.</td>
<td></td>
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</tr>
<tr>
<td>17. Opened cans of formula is covered and labeled with expiration date. These cans are stored in a clean, secured location.</td>
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<tr>
<td>18. Writing, preparing of labels occur away from the formula preparation area (such as in the anteroom), to avoid a break in aseptic technique.</td>
<td></td>
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<tr>
<td>19. Labels of prepared formulas is checked against the individual patient’s feeding order before dispensing the formula to the patient unit.</td>
<td></td>
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<tr>
<td>20. There is a safe, hygienic transport of infant formula that ensure maintenance of the appropriate temperature (4°C, 40°F)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1.0 CONDITION:
This policy applies to all infection control staff.

2.0 PURPOSE:
2.1 To ensure proper disposal for waste management.
2.2 To prevent over used of orange bag.

3.0 POLICY:
Health Care Worker should follow the guidelines for waste management.

4.0 PROCEDURE:
4.1 The infection control staff will monitor waste management practice of physician, nurses, watchers and visitors according to infection control guidelines in the different area of the hospital.
4.2 The attach checklist will be filled by the infection control staff.
4.3 Record will be kept in the infection control file.
4.4 Quarterly statistics will be prepared to be discussed in the infection control committee monthly meeting.

5.0 FORMS AND ATTACHMENT:
Waste Management checklist.
# KING KHALID UNIVERSITY HOSPITAL
## INFECTION CONTROL DEPARTMENT

### WASTE MANAGEMENT CHECKLIST

<table>
<thead>
<tr>
<th>NO</th>
<th>QUESTIONS</th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Trash cans are available.</td>
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<tr>
<td>2</td>
<td>Trash cans lid are properly closed.</td>
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<tr>
<td>3</td>
<td>Non-risk waste are disposed in <strong>black</strong> bags.</td>
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<tr>
<td>4</td>
<td>Risk waste are disposed in <strong>yellow</strong> bags.</td>
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<tr>
<td>5</td>
<td>Sharp waste are disposed in sharp box.</td>
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<tr>
<td>6</td>
<td>Anatomical / animal parts are disposed in <strong>red</strong> bags.</td>
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<tr>
<td>7</td>
<td>Collected waste bags / sharp boxes are 3/4 filled.</td>
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<tr>
<td>8</td>
<td>Filled waste bags are collected in the dirty room.</td>
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<tr>
<td>9</td>
<td>Filled waste bags are collected regularly from the area at specified time.</td>
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<tr>
<td>10</td>
<td><strong>Yellow</strong> bags are collected in special cart with biohazard waste stickers.</td>
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<tr>
<td>11</td>
<td>Collection areas are cleaned and disinfected before placing new waste bags.</td>
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</tbody>
</table>

**Comment:**

____________________________________________________________________________________
____________________________________________________________________________________

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Filled by: ____________________
Signature: ____________________
1.0 **CONDITION:**
All Infection Control Department personnel, trainees and visitors.

2.0 **PURPOSE:**
To facilitate evacuation of infection control department in case of fire with minimal injuries as possible.

3.0 **DEFINITIONS:**
3.1 Horizontal evacuation where all employees can move from one area to another in the same floor.
3.2 Vertical evacuation where all employees can leave the building to the assembly point.

4.0 **POLICY:**
All infection control staff should evacuate the departmental area in case of uncontrolled fire.

5.0 **PROCEDURES:**
5.1 **DO NOT PANIC,** as panic may cause serious injuries than that caused by the fire.
5.2 **ALERT** staff near to the fire.
5.3 **RESCUE** any person in immediate danger if it does not put you in imminent danger.
5.4 **ACTIVATE** the fire alarm.
5.5 The personnel should make the decision to evacuate or to fight the fire. If the fire is at the beginning of the flame, use the fire extinguisher. If the fire reach the ceiling, evacuate the area.

5.6 All the door should be closed, confirm that no one is inside the building. If any person need help, personnel should help each other to evacuate to outside.

5.7 If you need to open the door, try to feel the door first. If it is hot, open the door slowly and protect your face.

5.8 In case of heavy smoke, cover your face or crawl under the smoke.

5.9 If you are on fire, stop, drop down to the floor and roll.

5.10 For horizontal evacuation, personnel will go to the right direction near Renal Dialysis Unit (RDU). If the fire is nearby RDU, go to the left side, Sleeping Disorder Unit.

5.11 In case of vertical evacuation, do not use the elevator and use the stairs straight to the assembly point.

5.12 When you are safe, call 953, identify the fire location and the cause of fire.

5.13 Personnel can return to the department when CODE is WHITE at the end of the indent.
1.0 CONDITION:
This policy applies to all infection control nurses.

2.0 PURPOSE:
To ensure food safety and prevent transmission of feco-oral infectious diseases from food handlers.

3.0 POLICY:
3.1 Collect stool samples from food handlers every 6 months.
3.2 Collect stool samples from food handlers for new employees and coming from vacation.

4.0 PROCEDURE:
4.1 The infection control nurse will take food handlers list from the kitchen supervisor.
4.2 Infection control nurse will submit sterile containers for stool collection with a request for pathogenic microbiological and parasitological examination.
4.3 Discuss laboratory results with infection control coordinator.
4.4 Inform the supervisor about the staff with positive laboratory results.
4.5 In cooperation with the supervisor, the infected staff will be manage by employees health clinic according to infection control guidelines mentioned in infection control manual chapter 14 for management and treatment.
4.6 The nurse will follow the staff management (continuous working with treatment or restriction with treatment).
4.7 If the staff was restricted from work, the nurse will offer another three containers for stool collection after treatment. Three negative laboratory results should be obtain before resuming work.
4.8 The result will be documented in infection control file.
4.9 The report will be discuss in the infection control committee monthly meeting.
1.0 CONDITION:
This policy applies to all infection control nurse.

2.0 PURPOSE:
To ensure that cleaning of water of hospital hydrotherapy pool is microbiologically acceptable.

3.0 POLICY:
3.1 Environmental screening for hydrotherapy pool in Physiotherapy Department every other week.

3.2 Environmental screening for hydrotherapy pool in Burn Unit every other week.

4.0 PROCEDURE:
4.1 Use aseptic technique during taking the sample.

4.2 At the end of the week, take the samples from the drain, sink, and water according to the attached sheet.

4.3 Send samples to the laboratory immediately with the request from infection control.

4.4 Discuss laboratory results with infection control coordinator.

4.5 Inform the concerned unit about the laboratory results.

4.6 In case of heavy growth or pathogenic organism, the area must be cleaned properly and re-sampling will be done later.

4.7 The results will be documented in infection control file and in the monthly report.

5.0 FORMS AND ATTACHMENTS:
Screening form for hydrotherapy area.
1.0 **CONDITION:**
This policy applies to all infection control hospital staff.

2.0 **PURPOSE:**
To minimize infection from post exposure to blood/body fluids.

3.0 **POLICY:**

3.1 Health care workers involved in the sharp injury and blood/body fluids exposure will inform his/her supervisors and infection control staff immediately.

3.2 After duty hours, inform emergency room doctor on duty for management.

3.3 Non-immune Health Care Workers will receive prophylactic vaccine and immunoglobulin in cases involved **hepatitis B** cases.

3.4 Early diagnosis and early treatment in cases involving **hepatitis C** cases.

3.5 Providing prophylactic antiretroviral treatment in case involving **HIV patients**.

4.0 **PROCEDURE:**

4.1 Treatment of exposure site

4.1.1 Encourage bleeding of the site

4.1.2 Wash site with plenty of water

4.1.3 Disinfect exposure site

4.1.4 Put dressing on exposure site

4.2 **Make an exposure report**

4.2.1 Fill up the needle stick/splash injury notification form completely

4.2.2 Inform infection control nurse and unit supervisor

4.2.3 The unit supervisor must review the incidence form and ensure that all data are complete and correct.
4.3 Evaluation of exposure source

4.3.1 Send blood sample for hepatitis B markers, anti-HCV, and anti-HIV screening.

4.3.2 If the source is negative for hepatitis B, hepatitis C, and HIV, no further management will be done.

4.4 Evaluate the HCW

4.4.1 Send blood sample for hepatitis B markers, anti-HCV, LFT (for hepatitis C) and anti-HIV screening.

4.4.2 Check if HCW received the 3 doses of hepatitis B vaccine. If the HCW has not been vaccinated or has not completed the 3 doses, advise him to complete the vaccine series (0,1,6).

4.5 If HCW received 3 doses of Hepatitis B vaccine and he/she does not know his immune status, advise to check anti-HBs level.

4.5.1 If the source is HBsAg positive

4.5.2 If HCW is unvaccinated, HBIG is given. Hepatitis B vaccination series is also started at the same time.

4.5.3 If HCW is vaccinated, determine if he is a good responder or non-responder.

4.5.4 If HCW is a good responder (anti-HBs level is ≥10IU/ml), no treatment is necessary.

4.5.5 If HCW is a non-responder (anti-HBs level is <10IU/ml), HBIG is given as soon as possible preferably within 24 hours (but not later than 7 days) after exposure and hepatitis B vaccine series started at the same time. If HCW refused to be revaccinated, a second dose of HBIG can be given one month later.

4.5.6 If HCW’s antibody response status is unknown, screen HCW for anti-HBs and manage as non-responder until the release of laboratory screening result.

4.5.7 If the source HBsAg status is unknown, manage the HCW as if the source is positive.

4.6 If the source is positive for Hepatitis C

4.6.1 HCW early diagnosis of HCV infection is important. Send blood sample for HCV PCR after 2-8 weeks.

4.6.2 Follow-up testing (eg. 4-6 months) for anti-HCV and ALT activity.

4.6.3 If HCV infection is identified, a short course of interferon is started and refer to Infectious Diseases (ID) unit.

4.7 If the source is positive for HIV

4.7.1 Post-exposure prophylaxis of Zidovudine (ZDV) and Lamivudine (3TC) for 4 weeks should be initiated as soon as possible within 24-36 hours. A third drug can be added in high risk transmission and refer to ID unit.

4.7.2 Follow-up anti-HIV testing should be performed for at least 6 months.
4.7.3 If the source’s HIV status is unknown, evaluation of each case is considered according to the likelihood of HIV infection in the source and how dangerous is the exposure of the HCW.
1.0 CONDITION:
This policy applies to all infection control hospital staff.

2.0 PURPOSE:
To ensure early diagnosis and management for tuberculous patients.

3.0 POLICY:
3.1 Notification of positive microbiological laboratory results to the concerned treating physician.
3.2 Smear positive for acid fast bacilli.
3.3 Culture positive for mycobacterium species.
3.4 Culture with presumptive mycobacterium tuberculosis complex.
3.5 Culture positive for mycobacterium complex.
3.6 Notification of confirmed tuberculous cases to the Ministry of Health (MOH) in the weekly, and monthly reports.

4.0 PROCEDURE:
4.1 Infection Control Staff will inform the positive microbiological laboratory sample to the treating physician through the head nurse.
4.2 The name and date of the notification will be recorded in the TB file.
4.3 If the patient was not admitted, or does not have an out-patient appointment, patient-relation officer (PRO) in coordination with the infection control staff and the head nurse to arrange an appointment.
4.4 The treating physician will fill the MOH notification form.
4.5 The notification form will be sent every Saturday as a part of the weekly report.
4.6 Patient will be followed-up by the infection control staff to see the outcome of the treatment (after one year).
4.7 In the first week of each Gregorian month, two reports will be sent to the MOH.

4.8 One concern for the new cases that have been sent thru the weekly report of the previous month of the same year (see the attached blank form).

4.9 The second concern for the outcome of old cases that have been notified for the same month of the previous year (see the attached blank form).

4.10 All the reports are finally signed by the tuberculosis notification officer who is a member of the infection control committee.