



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Infection Prevention and Control Department		
Document:	Administrative Policy and Procedure (APP)		
Title:	Infection Prevention and Control Program		
Applies To:	MCH staff, Patients, Families, Visitors, Trainees, Volunteers and Interns		
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1. PURPOSE:

- 1.1 To eliminate the risk of HAIs and work related infections within the healthcare facility through the implementation of established guidelines and policies.
- 1.2 To coordinate the infection control activities, infection control management functions are delegated to the Infection Prevention and Control Personnel, the Director and the Infection Prevention and Control Committee.

2. DEFINITONS:

- 2.1 Infection Control is the discipline / process by which health care facilities develop and implement specific policies and procedures to prevent the spread of infections among health care staff and patients.
- 2.2 An Infection Prevention and Control (IPC) programme is the most important component of safe, high-quality health service delivery.

3. POLICY:

- 3.1 IC program implemented in the hospital is critical not only to prevent HAIs but also to prepare for and respond to communicable diseases crises like COVID – 19 pandemic etc.
- 3.2 IPC programme with a dedicated, trained team should be in place in each acute health care facility for the purpose of preventing HAI and combating AMR through IPC good practices.
- 3.3 IC Teams need to incorporate a set of essential core components to help plan, organize and implement an IPC programme.
- 3.4 Core components, together with their constituent elements, should be implemented in line with the priorities of the IPC programme and the resources.
- 3.5 All healthcare providers and each department in partnership with the medical staff are responsible for the safety, health and well-being of all patients, families, trainees, volunteers, visitors and hospital staff.
- 3.6 The Infection Prevention and Control (IPC) works under the direct supervision the Infection Prevention and Control Committee and coordinates with Microbiology and Total Quality and Patient Safety Department for priority directed improved patient and systems outcomes. The IPC is responsible for coordinating the multi-disciplinary team responsible for implementing the IPC program which includes all patient care and support services.
- 3.7 The procedures of the Infection Prevention and Control Manual document the principles and programs, which will serve as guidelines for all persons involved in or responsible for providing a safe and sanitary hospital environment for patients, personnel and visitors.
- 3.8 The ultimate goal is to prevent as well as control healthcare-associated infections, actual or potential. Infection control measures are required both by law and professional standards. Participation in the Infection Prevention and Control Program is part of everyone's job description.
- 3.9 Hospital leaders allocate adequate resources such as equipment and supplies for the support of the infection prevention and control program.

- 3.10 When some infection prevention and control functions are outsourced (e.g., sterilization or laundry), the hospital provides oversight and management of the contract through the process described in the leadership.

4. INTRODUCTION

Infection prevention and control program covers a broad range of processes and activities, both direct patient care and in-patient care support that are coordinated and carried out by the hospital. This function also links with external organization support systems to reduce the risk of infection from the environment, including food and water sources. This includes identification (case finding and case confirmation), analysis, reporting and taking actions to reduce the risks of acquisition and transmission of infections among patients, health care workers and visitors. This function coordinates all activities related to the control and prevention of nosocomial infections, i.e. infections acquired in the hospital as well as infections brought into the hospital.

4.1 The goals of infection prevention and control (IPC) are to:

- 4.1.1 Prevent the transmission of infections: Reduce the spread of infectious agents between patients, healthcare workers, and the community.
- 4.1.2 Protect vulnerable populations: Safeguard individuals who are at higher risk of infection, such as those with compromised immune systems, the elderly, or newborns.
- 4.1.3 Promote patient safety: Ensure that healthcare environments do not contribute to patient harm through the acquisition of healthcare-associated infections (HAIs).
- 4.1.4 Improve healthcare quality: Enhance the overall quality of care by minimizing the occurrence of infections, which can lead to complications, longer hospital stays, and higher healthcare costs.
- 4.1.5 Ensure environmental safety: Maintain clean, safe healthcare settings by controlling environmental factors (e.g., hygiene, sanitation) that contribute to infection risk.
- 4.1.6 Educate and train staff: Provide healthcare workers with the knowledge and skills necessary to prevent infections through proper practices, such as hand hygiene and the use of personal protective equipment (PPE).
- 4.1.7 Monitor and improve infection control practices: Regularly assess IPC strategies, identify gaps, and implement continuous quality improvement measures.

4.2 MISSION:

To promote awareness of Health Care Workers and Co-workers, Patients and Visitors about the importance of Infection Prevention and Control measures and to make it part of their daily practice to prevent and control healthcare related infections and to ensure a safe working environment for employee and safeguard patients from infections and providing efficient and effective medical treatment for discovered infections

4.3 VISION:

To go beyond knowing and start doing, a clean , safe and infection free environment for all people within the hospital and that every individual must share the responsibility of protecting themselves, others and the environment from the risk of infection.

4.4 VALUES:

- 4.4.1 Sharing of knowledge and creating a safe culture
- 4.4.2 Excellent , evidence based, patient-centered practice
- 4.4.3 Compassion and respect for the community of practice and those we serve.

4.5 Objectives

- 4.5.1 Decrease healthcare associated infections (HAIs) rates to less than external benchmarks.
- 4.5.2 Proper isolation precautions of infected or suspected cases.
- 4.5.3 Educate physicians, nurses and other hospital staff on hand hygiene and infection control precautions.

4.6 Organizational structure of the IPC program (IPC staffing & responsibilities)

- 4.6.1 There is written approved terms of reference document for the IPC committee containing structure, rules, duties, and members responsibilities.
- 4.7 Infection Control Committee
 - 4.7.1 IPC committee is chaired by the chief executive officer (CEO) or medical director.
 - 4.7.2 The director of IPC program reports directly to the highest administrative authority (chief executive officer (CEO) or medical director of the hospital).
 - 4.7.3 Membership of IPC committee includes:
 - 4.7.3.1 Head of Infection Prevention & Control Department
 - 4.7.3.2 Medical director
 - 4.7.3.3 Head of Nursing Department
 - 4.7.3.4 Head of Quality Management & Patient safety
 - 4.7.3.5 Head of Critical Care Departments (ICU, NICU, PICU)
 - 4.7.3.6 Head of Obstetrics / Gynecology Department
 - 4.7.3.7 Head of Surgery Department
 - 4.7.3.8 Head of Operating Room (OR)
 - 4.7.3.9 Head of Laboratory Department (microbiology)
 - 4.7.3.10 Head of Pharmacy Department
 - 4.7.3.11 Head of Emergency Medicine (ER)
 - 4.7.3.12 Representative from Employee Health Clinic
 - 4.7.3.13 Head of Central Sterile Supply Department (CSSD)
 - 4.7.3.14 Head of Dietary Services Department
 - 4.7.3.15 Head of Environmental Health Department
 - 4.7.3.16 Head of Administrative & Financial department
 - 4.7.3.17 Infection Prevention & Control Department Members
 - 4.7.3.18 Head of Housekeeping / Supportive Services Department"
 - 4.7.3.19 Head of Medical Supply / Inventory Management"
 - 4.7.3.20 Other guest members as needed
- 4.8 Scope of service
 - 4.8.1 The scope of services of Infection Prevention and Control Department includes but not limited to the following: Staff compliance with hospital infection control policy and procedures
 - 4.8.2 The Hospital premises is divided as follows :
 - 4.8.2.1 Out Patient Department (OBS-GYNE and Paediatric Section)
 - 4.8.2.2 Emergency Department and EMT
 - 4.8.2.3 Radiology Department
 - 4.8.2.4 Laboratory Department
 - 4.8.2.5 Central Sterilization Service Department
 - 4.8.2.6 Physical Therapy Department
 - 4.8.2.7 Pharmacy
 - 4.8.2.8 Operating Room
 - 4.8.2.9 Labor and Delivery Unit
 - 4.8.2.10 OBS-GYNE Unit
 - 4.8.2.11 Neonatal Intensive Care Unit
 - 4.8.2.12 Medical Intensive Care Unit
 - 4.8.2.13 Pediatric Intensive Care Unit
 - 4.8.2.14 Pediatric Surgical Care Unit
 - 4.8.2.15 Well Baby Department
 - 4.8.2.16 Nutrition Services
 - 4.8.2.17 Laundry
 - 4.8.2.18 Mortuary
- 4.9 Oversees activities of Infection control in the hospital with the following departments:
 - 4.9.1 CSSD
 - 4.9.2 Physiotherapy
 - 4.9.3 Pharmacy

- 4.9.4 Pest control
- 4.9.5 Kitchen
- 4.9.6 Housekeeping
- 4.10 Organizational Structures
 - 4.10.1 IPCD Vision, Mission and Values
 - 4.10.2 Infection Prevention & Control Committee/Terms of Reference
 - 4.10.3 Statement of Authority/ IPC Responsibilities
 - 4.10.4 IPCD Organizational Chart
 - 4.10.5 IPCD Staff Job Description
- 4.11 Surveillance of Healthcare associated infections & Antimicrobial Resistance (AMR).
 - 4.11.1 Surveillance is done according to updated CDC & MOH manual criteria for the following infection.
 - 4.11.1.1 VAP - Ventilator Associated pneumonia
 - 4.11.1.2 CLABSI - Central Line Associated Blood Stream Infection
 - 4.11.1.3 CAUTI - Catheter Associated Urinary Tract Infection
 - 4.11.1.4 SSI- Surgical Site Infection
 - 4.11.2 MDRO (Multi Drug Resistant Organisms)
 - 4.11.2.1 MRSA (Methicillin Resistant Staphylococcus Aureus)
 - 4.11.2.2 MRACB (Multi Resistant Acinetobacter)
 - 4.11.2.3 VRE (Vancomycin Resistant Enterococcus) and others
 - 4.11.3 Outbreak investigation
 - 4.11.4 Communicable and Reportable Disease to Ministry of Health
 - 4.11.5 Distribution of Data to concerned Departments and Hospital Leaders
 - 4.11.6 Bench Marking with other Hospitals
- 4.12 IPC activities related to MCH staff ,Patients, Families, Visitors,Trainees, Volunteers and Interns and the prevention of AMR transmission.(Hand hygiene program, respiratory protection program. Employee health Program etc .
 - 4.12.1 IPCD Education & Training
 - 4.12.1.1 Internal (conferences, updates, & workshops within the hospital).
 - 4.12.1.2 External (conferences, updates, & workshops outside the hospital).
 - 4.12.2 Hospital Wide Staff Education & Training
 - 4.12.2.1 New Employees Orientation
 - 4.12.2.1.1 New Staff Orientation and Re-orientation
 - 4.12.2.1.2 Education and Training for Linked Nurse
 - 4.12.2.1.3 Periodic Education & Training
 - 4.12.2.2 Participation and celebration of IPC related activities locally and international.
 - 4.12.2.3 Education and Training based on IPC Calendar of Activities and related to Emerging infections
 - 4.12.2.4 Hospital Wide Education (Patient, Family, Care Partners ,Visitor, Students, Interns, Trainee and Volunteers
 - 4.12.2.4.1 Every patients file should have Interdisciplinary Patient/Family Education Record Form and record the education rendered.
 - 4.12.2.4.2 IPC will identify who would be the required learner(s) and to determine the education needs and any barriers that may influence the patient's and family's ability to learn.
 - 4.12.2.4.3 Teaching will be given thru verbal instructions (using the primary language of patient/family when possible) or skills demonstration.
 - 4.12.2.4.4 Providing educational materials as a reinforcement such as educational patient hand outs and or literature approved and or distributed by the Patient and Family Health Education Department. Visual alerts, such as signs and posters, should be placed at the healthcare facility entrances and other strategic

- areas by instructing visitors not to enter as a visitor if they have a fever or respiratory symptoms
- 4.12.2.4.5 Following respiratory hygiene and cough etiquette (e.g., covering mouth and nose with a disposable tissue when coughing or sneezing) in the case an individual develops respiratory symptoms while visiting the facility.
- 4.13 Development or adaptation of guidelines and standardization of effective preventive practices (standard operating procedures) and their implementation.
 - 4.13.1 Prevention of Surgical Site Infection (Nursing Department)
 - 4.13.2 Infection Control in Laboratory
 - 4.13.2.1 Collection and Transport of Specimens
 - 4.13.2.2 Management of Bio hazard Waste
 - 4.13.3 Infection Control in Pharmacy
 - 4.13.3.1 Total parenteral Nutrition Admixture
 - 4.13.3.2 Intravenous Admixture, Chemotherapy and Sterile preparation policy
 - 4.13.3.3 Storage Conditions and Stability Guidelines of vials and non-parenteral medicines.
 - 4.13.3.4 Storage of Medications
 - 4.13.3.5 Antibiotic Utilization Guide
 - 4.13.4 Care of Vulnerable patients (Medical Service)
 - 4.13.4.1 immunocompromised patients
 - 4.13.4.2 Terminally ill patients
- 4.14 Assurance that patient care activities are undertaken in a clean and hygienic environment and supported by adequate infrastructures: Maintaining effective aseptic techniques for health care practices.
 - 4.14.1 Reduce risks associated with procedures, medication preparation and invasive devices
 - 4.14.1.1 Aseptic Technique: Medical Asepsis and Surgical Asepsis
 - 4.14.1.2 Sterilization (CSSD)
 - 4.14.1.2.1 Uni - Directional Flow Approved Disinfectant
 - 4.14.1.2.2 Approved Disinfectant
 - 4.14.1.2.3 Expiration of Single use and reusable item
 - 4.14.1.2.4 Reprocessing of reusable items
- 4.15 Ensuring implementation of at least: - standard precautions - transmission-based precautions - appropriate selection and use of IPC supplies (for example, personal protective equipment, hand hygiene products, antiseptics, etc.) Risk reduction and prevention of Infection practices
 - 4.15.1 Standard precaution
 - 4.15.1.1 Hand Hygiene
 - 4.15.1.2 Personal Protective Equipment (PPE)
 - 4.15.2 Isolation precaution
 - 4.15.2.1 Initiating and Discontinuing Isolation precaution
 - 4.15.2.2 Transport of patient in Isolation Room
 - 4.15.2.3 Expanded precaution:
 - 4.15.2.3.1 Airborne Isolation precaution
 - 4.15.2.3.2 Contact Isolation precaution
 - 4.15.2.3.3 Droplet Isolation precaution
 - 4.15.3 Airborne Infection Isolation (Negative pressure Rooms) Management
 - 4.15.4 Single Room Isolation (Non-Negative Pressure Rooms)
- 4.16 Aseptic Technique: Medical Asepsis and Surgical Asepsis
- 4.17 Outbreak prevention and response, including triage, screening, and risk assessment especially during community outbreaks of communicable diseases & communicable disease reporting.
- 4.18 Health care worker education and practical training.
 - 4.18.1 Staff & Trainees: Hand hygiene, compliance with work practices, appropriate use of personal protective equipment, compliance with all infection control policies and procedure, reporting exposure to communicable illness & needle stick injury etc

- 4.19 **Education of patients, visitors and families** about prevention and control of infection procedures
 - 4.20 Patients: are integrated within the infection control program through education. They are aware of their rights, concerns of their safety and standard precautions to be followed. Some examples of how patients can contribute in reducing HAIs.
 - 4.20.1 Patient has the right to approach health care workers regarding hand hygiene practice before working with patient
 - 4.20.2 Visitors will perform hand hygiene practices with the instruction of assigned healthcare workers and instruct to follow any special instructions from doctors and nurses.
 - 4.20.3 Importance of cleaning hands using soap and water, especially after using the bathroom.
 - 4.20.4 If they cough or sneeze, cover mouth and nose with a tissue and discard the tissue right away. Then clean hands.
 - 4.20.5 If treatment involves a medical device like a urinary catheter, patient should ask the doctors and nurses why it's needed and when it will be removed. Instruct the patient to report any symptoms noted to doctors or nurses.
 - 4.21 Visitors & Families:
 - 4.21.1 All visitors' areas are under infection control supervision.
 - 4.21.2 Visitors are educated on precautions to be taken while being in the surrounding of a patient, the importance of hand hygiene and the isolation precautions required in case of isolated patients.
 - 4.21.3 Visitors are also educated on the importance of not visiting patients while having a contagious / communicable disease.
 - 4.21.4 Infection control department is communicating with the follow up department to assure compliance with the correct visiting time in accordance with the hospital security plan.
 - 4.22 Assessment and feedback of compliance with IPC practices.
 - 4.22.1 Hand Hygiene Monitoring
 - 4.22.2 EZ Clean Consumption, Antimicrobial Soap Consumption
 - 4.22.3 PPE Consumption
 - 4.22.4 Monitoring the rate of Needle stick injury
 - 4.22.5 Monitoring of Compliance with CAUTI, CLABSI, and SSI Bundles.
 - 4.23 Staff Health
 - 4.23.1 For all staff, Trainees and Volunteers
 - 4.23.1.1 Screening
 - 4.23.1.1.1 Pre-Employment (Initial Assessment)
 - 4.23.1.1.2 Annual Screening
 - 4.23.1.2 Vaccination / immunization
 - 4.23.1.2.1 Hepatitis A Vaccine
 - 4.23.1.2.2 Hepatitis B Vaccine
 - 4.23.1.2.3 Varicella Vaccine
 - 4.23.1.2.4 MMR(Measles, Mumps, Rubella)
 - 4.23.1.2.5 Influenza Vaccine
 - 4.23.1.2.6 Meningococcal Vaccine
 - 4.23.2 Exposure Management of HCW,S Exposed to:
 - 4.23.2.1 Sharp injuries/ Blood and Body fluid
 - 4.23.2.2 Pulmonary TB
 - 4.23.2.3 HIV
 - 4.23.2.4 Hepatitis B&C
 - 4.23.2.5 Varicella/ Chickenpox
 - 4.23.2.6 Measles, Mumps, Rubella (MMR)
 - 4.23.3 Work Restriction for sick Health Care Workers who are potentially infectious
 - 4.23.4 Staff Satisfaction and productivity
 - 4.23.4.1 Infection prevention & Control in Staff Accommodation
- 4.24 Assurance of continuous procurement of adequate supplies & equipment relevant for IPC practices

- 4.25 Environmental monitoring (waste management, food service, water and air monitoring) - Monitoring and evaluation of IPC programme (*Process & Outcome indicators*) - Additional Program Components / services
 - 4.25.1 Housekeeping services, CSSD services , laundry services, pharmacy services & FMS etc
 - 4.25.2 Infection Control Risk Assessment & development of annual IC Plan Performance improvement projects
 - 4.25.3 Waste Management
 - 4.25.3.1 Bio-hazardous Waste
 - 4.25.3.2 Non Bio-hazardous Waste
 - 4.25.3.3 Sharps and Needles
 - 4.25.3.4 Spill Management
 - 4.25.4 Construction and Renovation: Site containment and fungal sampling
 - 4.25.5 Pest Control Management
- 4.26 IPCD Team must develop IPCD Program based on below mentioned criteria:
 - 4.26.1 The IPCD program is based on current scientific knowledge, referenced practices guidelines and applicable national laws and regulations.
 - 4.26.2 Each hospital / organization supports a comprehensive infection prevention and control program within the recommendations of the World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC), and the guidelines of the Ministry of Health (MOH) & IC standards of local accrediting body.
 - 4.26.3 All relevant references must be kept in Infection control office and used as reference for updating, answering and facing any scientific debates.
- 4.27 **Frequency of meetings:** (Quarterly or as scheduled in hospital, special meetings will be called by chair when circumstances dictate etc.)
 - 4.27.1 Agenda: (All matters to be addressed by the committee should be brought to the attention of the chairperson, Infection Perfectionists (IP), and/or the appropriate committee members.
 - 4.27.2 Committee coordinator will prepare the agenda & chairman will sign agenda before distribution to all members.
 - 4.27.3 Attendance & Quorum: Appointed members are expected to attend and participate in committee activities. 50 - 60% of committee members plus committee chairman/deputy chairman shall constitute quorum of regular & additional meetings.
 - 4.27.4 Minutes taking: Proceedings of the meetings shall be recorded & prepared by the secretary / IPC coordinator of committee and circulated to all members in a timely manner before next proceeding.
- 4.28 Duties / Functions of IPC Committee: General functions of committee include but not necessarily restricted to the following:
 - 4.28.1 To ensure that hospital IPC practices meet the requirement of accrediting bodies ICA, CBAHI etc.
 - 4.28.2 Pursue opportunities to improve patient care and clinical performance.
 - 4.28.3 Recommend practices to resolve identified infection control problems in care and performance.
 - 4.28.4 Recommend corrective actions to governing bodies when necessary.
 - 4.28.5 Establishes, reviews, and approves the hospital infection prevention and control (IP&C) policies and procedures at least every three years.
 - 4.28.6 Approve the type and scope of surveillance activities including stratified infection risk, focused infection studies, and prevalence and incidence studies.
 - 4.28.7 Determine the amount of time required to conduct infection surveillance, prevention, and control activities.
 - 4.28.8 Discuss Respiratory Protection Program related activities & measures.
 - 4.28.9 Evaluates and revises on a continuous basis the procedures and mechanisms developed by the (IP&C) team to serve established standards and goals.
















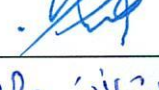
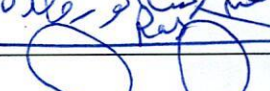



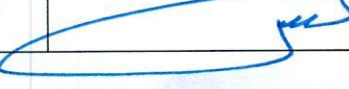
- 4.28.10 Brings to the attention of the (IP&C) any infection control related issues arising in different departments of the hospital and suggests solutions.
- 4.29 Responsibilities of members & attendees:
 - 4.29.1 Attend at least 75% of meetings having read all agenda & papers beforehand.
 - 4.29.2 Act as champions disseminating information and good practice as appropriate.
 - 4.29.3 Identify agenda items to be considered by chair of committee ahead of time.
 - 4.29.4 If unable to attend send apology to chair and secretary and send designee to attend on their behalf.
 - 4.29.5 Contribute to discussion and maintain confidences.
- 4.30 Standard format is being followed for documenting committee meeting
 - 4.30.1 Meeting minutes of IPC committee should incorporate meeting number, date, time, venue, title, list of attendees, absentees & apologies etc.
 - 4.30.2 It should include Agenda / Items, Discussion & Findings, Actions / Recommendations, Responsible Person/s, Time frame & status. (Open / Closed)
 - 4.30.3 Agenda would include call to order, review of previous meeting minutes, Infection control reports (Healthcare-Associated Infection Rates, Multi-Drug Resistant Organisms, MRSA rates, any outbreaks, Hand hygiene compliance rate, Respiratory Protection Program Activities and Components etc.), Departmental Infection control Issues & Solutions e.g. delayed release of culture results from microbiology lab etc., Discussion of antibiogram, Employee health issues (e.g. Not all hospital employees attending the employee health clinic for annual medical checkup /Influenza vaccination refusals etc.), inadequate IPC supply, Issues related to isolation rooms, construction & renovation, outbreaks etc., Adjournment and Closing remarks,
 - 4.30.4 Status of last committee meetings recommendations to be reviewed. (Closed issues to be considered as accomplishments. These accomplishments shall / can be submitted to the management as part of the committee's performance.
 - 4.30.5 Issues that are not yet addressed / accomplished to be considered as pending / Open issues. These pending issues shall be added as agenda in the old business to find solutions to close the issues. If not, it should be closed as 'abandoned', a new alternate solution need to be in place.
 - 4.30.6 If still unresolved need to be escalated to executive committee.
 - 4.30.7 Issues discussed in IPC committee meetings are assigned to concerned representatives and should be traceable, timely followed, monitored and evaluated.
 - 4.30.8 Discussions, conclusions, recommendations, assignments, actions, and approvals are documented in the minutes of the committee meetings.
 - 4.30.9 Minutes are distributed to each committee member and are forwarded to other appropriate staff.

5. REFERENCES:

- 5.1 Association for Professionals in infection Control and Epidemiology (APIC):
 - 5.1.1 It was established in 1972 to provide education & science based information to strengthen & improve practice of infection Control by developing professional and practice standards, education & training programs, scientific journal etc
 - 5.1.2 It established Certification Board of Infection control & epidemiology (CBIC) in 1982 to administer an infection Prevention & control certification Program (CIC)
 - 5.1.3 APIC is a major proponent of zero tolerant perspective for HAIs . This idea requires culture change for Healthcare workers where no infection is perceived as acceptable by any member of healthcare team.
- 5.2 Centers for Disease Control & Prevention (CDC)
 - 5.2.1 The Centers for Disease Control and Prevention (CDC) is the leading national public health institute of the United States formed on July 1, 1946.

- 5.2.2 It especially focuses its attention on infectious disease, food borne pathogens, environmental health, occupational safety and health, health promotion, injury prevention and educational activities designed to improve the health of citizens.
- 5.2.3 In the 1960s, the Centers for Disease Control and Prevention (CDC) began recommending that hospitals conduct surveillance for the occurrence of nosocomial infections.
- 5.3 Food & Drug Administration (FDA):
 - 5.3.1 FDA is responsible for implementing, monitoring & enforcing standards for the safety, efficacy & labeling of all drugs and biologicals for human use.
 - 5.3.2 Activities related to IC teams food, blood, & medical devices (especially single use devices) and antimicrobial products and chemical germicides used with medical devices.
- 5.4 Institute for healthcare improvement (IHI):
 - 5.4.1 Independent not - for - profit organization helping to lead the improvement of healthcare throughout the world.
 - 5.4.2 IHI works to accelerate improvement by building the will for change, cultivating concepts for improving patient care, and helping healthcare systems put those ideas in) action (e.g. Healthcare bundles etc)
- 5.5 National Institute for occupational safety & health (NIOSH)
 - 5.5.1 Established in 1970 & became part of CDC in 1973.
 - 5.5.2 Responsible to conduct laboratory and epidemiological research on occupational hazards.
 - 5.5.3 Decisions regarding type of devices used for employees protection (Respirators, sharp containers) are part of NIOSH mandate.
- 5.6 Occupational Safety & Health Administration (OSHA):
 - 5.6.1 Began infection prevention & control activities in 1973 with publication of blood borne pathogens rules.
 - 5.6.2 OSHA standards focus on determining employee's health risks as a result of exposure to communicable diseases.
- 5.7 World Health Organization ("WHO"):
 - 5.7.1 World Health Organization (WHO) is a specialized agency of the United Nations that is concerned with international public health. It was established on 7 April 1948, and is headquartered in Geneva, Switzerland.
 - 5.7.2 Aim is to ensure health promotion via elimination & eradication of communicable diseases, Antimicrobial resistance, training of health workforce, & improve monitoring data & information. Etc
- 5.8 Gulf Cooperation Council Center for Infection Control (GCC - CIC):
 - 5.8.1 GCC manual was designed to give up-to-date guidelines for the GCC States that provides evidencebased infection control practices for all healthcare settings.
 - 5.8.2 The consistent application of proper infection control principles and practices in all healthcare activities is necessary to achieve the goals of optimum patient safety and ensure best outcomes.
- 5.9 National References:Guidelines of the Ministry of Health (MOH) and Infection Control accrediting body.
 - 5.9.1 Reference of national guidelines / MEMO pertaining to specific programs (National outbreak guidelines, national MERS –CoV guidelines, National guidelines for Haemodialysis & dental units etc)
- 5.10 Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI) Standards 3rd Edition. 1436-2015. Effective 1 January 2016
 - 5.10.1 The mission of the Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI) is to continuously improve the safety and quality of healthcare services in the Kingdom of Saudi Arabia by supporting the healthcare facilities to continuously comply with the accreditation standards. CBAHI does this through the provision of preparation, on-site assessment, monitoring, education, publications and consultation services.

6. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ms. Marilou C. Magallano	IPC Practitioner		November 14, 2024
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Reviewed by:	Dr. Kawther Abdou	Consultant Clinical Pathologist		November 19, 2024
Reviewed by:	Dr. Abdulgani Ibrahim	Head of OT/ ICU		November 19, 2024
Reviewed by:	Mr. Hamed Al Dafery	Head of Public Health & Waste Management		November 20, 2024
Reviewed by:	Dr. Mutlaq Al Dhafeeri	Head of Pharmacy		November 20, 2024
Reviewed by:	Mr. Metab Al Dahomishy	Head of Engineering and Housekeeping Department		November 21, 2024
Reviewed by:	Mr. Abdulaziz Al Anizy	Head of CSSD		November 21, 2024
Reviewed by:	Ms. Noora Al Anizy	Head of Laboratory		November 21, 2024
Reviewed by:	Dr. Abdullah Al Dhaferi	Head of Medical Supply		November 24, 2024
Reviewed by:	Ms. Dalal Khalifa Al Shammari	Head of Dietary Services		November 24, 2024
Reviewed by:	Ms. Awatif Hamoud Al Harbi	IPC Director		November 24, 2024
Reviewed by:	Mr. Sabah Turayhib Al Harbi	Nursing Director		November 25, 2024
Reviewed by:	Mr. Abdullellah Ayed Al Mutairi	QM&PS Director		November 25, 2024
Reviewed by:	Mr. Thamer Al Shamlani	Head of Administrative & Financial Department		November 26, 2024
Reviewed by:	Dr. Thamer Naguib	Medical Director		November 27, 2024
Approved by:	Mr. Fahad Hazam Al Shammari	Hospital Director & IPC Committee Chairman		November 28, 2024