



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 Education and Training		
Applies To:	All MCH Staff, Trainee, Volunteers, New employees		
Preparation Date:	March 03, 2025	Index No:	IPC-APP-006
Approval Date:	March 16, 2025	Version :	5
Effective Date:	April 16, 2025	Replacement No.:	IPC-APP-006(4)
Review Date:	April 16, 2028	No. of Pages:	6

1. PURPOSE:

- 1.1 Provide the HCWs with the basic infection prevention & control principles and practices to prevent and reduce the risk of hospital-acquired infections and their related negative consequences
- 1.2 Basic goal of healthcare education and training is to improve job skills and competence.

2. DEFINITONS:

- 2.1 Training & education is the most important domain of infection prevention & control program to ensure and sustain the competencies of healthcare workers (HCWs) in infection control practices by limiting the chances of infectious disease transmission among HCWs, patients, sitters, and visitors. This can be achieved by ensuring all HCWs are properly informed, trained and provided with the required knowledge and skills on infection control best practices.
- 2.2 Competence implies an expert level of knowledge and skill that is transferable to the practice of infection prevention and control.
- 2.3 Learning is a way to transform knowledge, insights, and skills into behavior.
- 2.4 Accountability is being responsible for one's own actions and disclosing the results in a transparent manner.

3. POLICY:

- 3.1 Educational program courses and training workshops shall cover all kinds of IPC personnel of different specialties and categories (MCH staff, trainee, volunteers, new employees, lab, OR, etc...) and provides education on infection control for patients, families, and visitors.
- 3.2 IPC department provides continuous education and training (formal & on- job training) for HCWs on infection prevention & control with competency assessment.
- 3.3 Annual infection control training program is based on need assessment and include basic and specialized infection prevention & control training sessions.
- 3.4 IPC department provides orientation and training on basics of infection prevention & control for newly hired HCWS before or maximum within 1 month of joining the work.
- 3.5 Competency assessment should be conducted for all Health Care Workers based on assigned area and nature of work in order to have skilled & competent workforce.
- 3.6 Staff working in Intensive care units ICU, NICU PICU etc must undergo competency assessment for care bundles for prevention of CLABSI, CAUTI, VAE etc. HCWs working in ER must have valid competency Assessment for Respiratory Triage etc & likewise the job specific competency assessment for OR, CSSD & lab staff.
- 3.7 Roles of Infection Prevention & Control Department at healthcare facilities (HCFs) for BICSL:
 - 3.7.1 BICSL stands for Basic Infection Control Skills License. It is a mandatory program providing basic skills in infection prevention & control for healthcare workers (HCWs) to be applied at healthcare facilities to reduce the risk of transmission of infection and to create a safe working environment for HCWs, parents and visitors.

- 3.7.2 Basic Infection Control Skills License (BICSL) Training Program is implemented based on the national regulations and guidelines for all HCWs in the Healthcare Facilities.
- 3.7.3 The HCFs' BICSL trainer is responsible for all BICSL training and licenses that were issued to healthcare workers in his/her facility and ensuring that the license is granted only to the healthcare workers who are competent with all the training requirements.
- 3.7.4 Entering the data of all trained HCWs through the electronic system and issuing the BICSL cards for the trained HCWs with TWO years validity.
- 3.7.5 Construct BICSL training plan for healthcare facility' HCWs and apply educational materials based on the approved BISCL guidelines and related documents.
- 3.7.6 Establish a mechanism to follow up validity and expiry date of BICSL licenses of staff.
- 3.7.7 All HCWs are having valid, printed, and hang BICSL cards during the working hours .Ensure that all HCWs have BICSL licenses.
- 3.7.8 **All IPC practitioners in the healthcare facility have a valid BICSL trainer certification based on the national regulations and guidelines.**
- 3.7.9 **Trainee Certificate:** BICSL License Certificate with is mandatory for all healthcare workers among healthcare facilities. It is also required for all students and volunteers after passing all the license's requirements and achieving the learning objectives of the program.

4. PROCEDURE:

- 4.1 The Infection Control Team shall:
 - 4.1.1 Assess training needs of the staff and provide required training through awareness programs, in service education, on-the-job training and like activities, in coordination with the Continuing Medical Education (CME) Department.
 - 4.1.2 Organize regular training programs for the staff for essential infection control practices that are appropriate to their job description and work requirements.
 - 4.1.3 Provide re-training and/or orientation of staff and review the impact of training. Provide education as needed to any department/unit in the hospital in case which may include but not limited to:
 - 4.1.3.1 Increase rate of infection/ outbreaks.
 - 4.1.3.2 Increase incidence of infection control improper practices.
 - 4.1.3.3 New and emerging infectious/communicable diseases(e.g. Monkey pox)
 - 4.1.3.4 Problems appear only in department.
 - 4.1.3.5 Competency evaluation of staffs are documented initially and repeatedly, as appropriate for the specific job or task.
- 4.2 Orientation
 - 4.2.1 All new employees must go through the infection control orientation program before they will be posted on their area of work.
- 4.3 In service Education
 - 4.3.1 In co-ordination with nursing education department 6 lectures/year on infection control topics will be given by infection control team and invited doctors.
- 4.4 Education for Housekeeping staff
 - 4.4.1 Periodic education will be given on policy & procedures for environmental hygiene, hand hygiene, cleaning of blood spillage etc.
- 4.5 Infection Prevention & Control department MUST provide health education on infection control for patients, families and visitors.
 - 4.5.1 IPC team must ensure the availability of the following:
 - 4.5.1.1 Bilingual infection prevention & control health education & awareness material must be designed/ formulated to help in the education of the patients and visitors, e.g. Posters, Brochures, pamphlets, booklets, leaflets etc. containing information easy to understand with help of pictorial display.
 - 4.5.1.2 The educational material must be posted and available in all patient care areas, waiting areas, entrances at the place easily seen and readable by patients' families

& visitors. e.g hand hygiene, cough etiquette, COVID 19 & MERS educational material etc.

4.5.1.3 In the patient care areas/units, education provided to patients and visitors must be structured and documented in patient's files.

4.5.1.4 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 etc education must be provided on how to don / doff PPE and perform hand hygiene before entering isolation room. Education must also include importance of not visiting patients under isolation precautions for their safety. etc

4.6 Basic Infection Control Skills license (BICSL) Training Program is implemented & all HCWs in the hospital have been trained and received BICSL license.

4.6.1 Updated BICSL trainer's guide is available for the trainer and all BICSL educational materials are updated accordingly.

4.6.2 BICSL License Certificate with 2 YEARS VALIDITY is mandatory for all healthcare workers among healthcare facilities according to the above-mentioned categories. It is also required for all students and volunteers after passing all the license's requirements and achieving the learning objectives of the program.

4.7 Components of BICSL Program

4.7.1 Significant Introduction Must be Started With:

4.7.1.1 Define the BICSL program.

4.7.1.2 List the BICSL components.

4.7.1.3 Identify the validity period of BICSL license according to MOH regulations

4.7.2 Explain and Demonstrate the BICSL Components:

4.7.2.1 Hand Hygiene (HH) See Policy IPC-APP-013

4.7.2.1.1 Define hand hygiene (HH).

4.7.2.1.2 Explore HH types and explain the difference between them.

4.7.2.1.3 Explain the HH 5 moments.

4.7.2.1.4 Elaborate the HH techniques and its duration.

4.7.2.1.5 Demonstrate the HH techniques.

4.7.2.1.6 Request the participant to demonstrate hand hygiene practices and correct any noted mistakes during the session.

4.7.2.1.7 When the hands are visibly soiled. - When caring for patients known or suspected to have Spore-Forming Pathogens such as Clostridium difficile

4.7.2.2 Personal Protective Equipment (PPE)

4.7.2.2.1 Define personal protective equipment (PPE).

4.7.2.2.2 Gown, Surgical mask, Respirator (N95 mask), Goggles, Face shield, Gloves.

4.7.2.2.3 Explain the Indications for use.

4.7.2.2.4 Explain and demonstrate proper donning.

4.7.2.2.5 Explain and demonstrate proper doffing.

4.7.2.2.6 Teach participants the correct methods for putting on and taking off the N95 respirator.

4.7.2.2.7 Explain and demonstrate the appropriate disposal of PPEs.

4.7.2.2.8 Request the participant to demonstrate correct PPE donning and doffing including sequence and disposal.

4.7.2.2.9 The trainer corrects any observed mistakes during the session and asks the participant to repeat several times until he/she applies the correct practices.

4.7.2.3 Biological Spill Management

4.7.2.3.1 Explain the causes of biological spills in healthcare facilities.

4.7.2.3.2 Explains the difference between types of spill kits.

4.7.2.3.3 Explain the components of biological spill kits.

- 4.7.2.3.4 Explain the types of PPEs required in the dealing and managing of biological spills.
- 4.7.2.3.5 Demonstrate the implementation of biological spill kit technique.
- 4.7.2.3.6 Demonstrate management of biological spills and correct any observed mistakes during the session.
- 4.7.2.4 Needle Stick Injury (NSI) Management:
 - 4.7.2.4.1 Define the needle stick injury (NSI) and its possible causes in healthcare facilities.
 - 4.7.2.4.2 Explain the immediate required measures for the management of NSI according to the MOH or healthcare facility internal policy.
 - 4.7.2.4.3 Explain safe injection practices and how to prevent NSI.
 - 4.7.2.4.4 Explain the reporting process of NSI according to the healthcare facility internal policy.
 - 4.7.2.4.5 Explain the requirements for post-exposure management and follow-up measures according to the healthcare facility internal policy.
- 4.7.2.5 Transmission-Based Precautions:
 - 4.7.2.5.1 Define the transmission-based precautions.
 - 4.7.2.5.2 Identify the types of transmission-based precautions.
 - 4.7.2.5.3 Explain the general instructions of isolation precautions for all healthcare workers, patients, and visitors.
 - 4.7.2.5.4 Explain the general instructions for environmental cleaning and disinfection.
 - 4.7.2.5.5 Explain the considerations of patient-care equipment and instruments/devices used for isolated patients.
- 4.7.2.6 Fit Test
 - 4.7.2.6.1 Explain fit test steps at the beginning of the session.
 - 4.7.2.6.2 Fill out the required forms (Medical Assessment Form, Fit Test Completion Form Only for Qualitative Fit Test).
 - 4.7.2.6.3 Teach participants the correct methods for putting on and taking off the N95 respirator.
- 4.7.2.7 Powered Air Purifying Respirator (PAPR):
 - 4.7.2.7.1 Define the PAPR and its indications for use.
 - 4.7.2.7.2 Demonstrate PAPR assembly and check the airflow and charging.
 - 4.7.2.7.3 Demonstrate the proper donning of PAPR.
 - 4.7.2.7.4 Demonstrate the proper doffing of PAPR and disassembly.
 - 4.7.2.7.5 Give instructions regarding cleaning and disinfection of PAPR parts.
 - 4.7.2.7.6 The trainer should ask any non-fit participant to demonstrate correct PAPR donning and doffing and correct any observed mistakes during the session.

4.8 Annual infection control training program is based on need assessment and include basic and specialized infection prevention & control training sessions

- 4.8.1 Basic goal of healthcare education and training is to improve job skills and competence of HCWs.
- 4.8.2 Workplace training in healthcare is a response to importance and emerging issues in the field and tends to be problem focused.
- 4.8.3 Workplace education is tied to administrative and financial goals, productivity, and the need to benchmark against the best professional practices. Learning retention increases when immediate application follows instruction.
- 4.8.4 Needs assessments or performance improvement studies identify deficiencies in knowledge, skills, or attitude and serve as the basis for educational program development.
- 4.8.5 Need assessment is a process for determining the needs, or "gaps," between a current and desired outcome.

4.9 IPC department provides continuous education and training (formal & on- job training) for HCWs on infection prevention & control with competency assessment.

- 4.9.1 Training & education is the most important domain of infection prevention & control program to ensure and sustain the competencies of healthcare workers (HCWs) in infection control practices by limiting the chances of infectious disease transmission among HCWs, patients, sitters, and visitors. This can be achieved by ensuring all HCWs are properly informed, trained and provided with the required knowledge and skills on infection control best practices. Further, by engaging leadership support to provide the necessary resources for implementing trainings on infection prevention & control best practices & establishing auditing tools on performance measurements to ensure the accountability of leadership and HCWs.
- 4.9.2 Competence implies an expert level of knowledge and skill that is transferable to the practice of infection prevention and control.
- 4.9.3 Learning is a way to transform knowledge, insights, and skills into behaviour.
- 4.9.4 Accountability is being responsible for one's own actions and disclosing the results in a transparent manner.
- 4.9.5 Competency assessment should be conducted for all Health Care Workers based on assigned area and nature of work in order to have skilled & competent workforce.
 - 4.9.5.1 Staff working in Intensive care units ICU, NICU PICU etc must undergo competency assessment for care bundles for prevention of CLABSI, CAUTI, VAE etc
 - 4.9.5.2 HCWs working in ER must have valid competency Assessment for Respiratory Triage etc & likewise the job specific competency assessment for OR, CSSD & lab staff.
 - 4.9.5.3 Competency done for Hand Hygiene and PPE use ONLY is not enough. The IPCD or IPC link staff will train, monitor the progress of staff and evaluate the outcome of competency.

5. MATERIALS AND EQUIPMENT:

5.1 Forms and Records:

- 5.1.1 N/A

5.2 Materials and Equipment

- 5.2.1 N/A

6. RESPONSIBILITIES:

- 6.1 IPCD and IPC link staff
- 6.2 All MCH Staff, Trainee, Volunteers, New employees

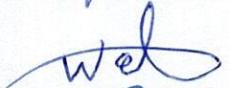
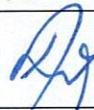
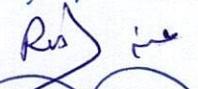
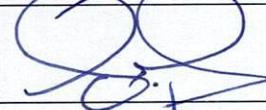
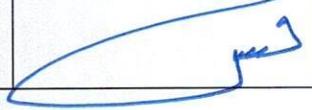
7. APPENDICES:

- 7.1 N/A

8. REFERENCES:

- 8.1 General Directorate of Infection Prevention and Control in Healthcare Facilities (GDIPC). Basic Infection Control Skills License (BICSL) Manual. February 2025 Version 3.0
- 8.2 Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI) Standards 3rd Edition. 1436-2015. Effective 1 January 2016

9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ms. Marilou C. Magallano	IPC Practitioner		March 03, 2025
	Ms. Wadha Mohd Al Shammari	IPC Coordinator		March 03, 2025
Reviewed by:	Ms. Awatif Hamoud Al Harbi	IPC Director		March 06, 2025
Reviewed by:	Mr. Sabah Turayhib Al Harbi	Nursing Director		March 09, 2025
Reviewed by:	Mr. Abdulellah Ayed Al Mutairi	Quality & Patient Safety Director		March 11, 2025
Reviewed by:	Dr. Thamer Naguib	Medical Director		March 13, 2025
Approved by:	Mr. Fahad Hazam Al Shammari	Hospital Director & IPC Committee Chairman		March 16, 2025