

Subject : Infection Control Protocol		
Document no : SOP-HSE-009	Date of effect : 05-April-2011	
Prepared by : Dr.Sumaya Alghassan	Revision number : 000	
Approved by : Sameer AlZayani	Controlled by : Zahra AlHammedi	

| Infection Control Protocol |

Revision History			
Revision No	Date	Description of Changes	By
000	15-07-10	Original created based on ISO 9001:2008 requirements	ZHA009

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INFECTION CONTROL PROTOCOL

Introduction

This protocol is in place to guide all APMT clinic healthcare professionals on good practice in infection prevention and control. Every health worker is important in helping to minimize the risk of cross-infection - for example by making sure that hands are properly washed in-between patients, clinic area is clean and disinfected properly, and making sure that instruments are sterilized.

This includes the general principles of standard infection prevention and control, decontamination, achieving and maintaining a clean clinical environment, what to do in case of invasive injury like needle stick.

Goals and Objectives

To ensure that all medical staff will be guided properly in day to day activity in the clinic with regards to infection control and prevention.

Table of Contents

The general principles of infection prevention and control

1. Hand Hygiene
2. Using Personal Protective Equipment
3. Safe handling and disposal of sharps
4. Safe handling and disposal of chemical waste
5. Managing blood and bodily fluids
 - Collection, Handling, Labeling specimens
 - Spillage accidents
6. Decontaminating equipment
 - Cleaning
 - Disinfection
 - Sterilization
7. Achieving and maintaining a clean clinical environment
8. Managing accidental exposure to blood-borne virus
9. Management reporting

1. Hand Hygiene

Hands should be decontaminated before direct contact with patients and any after activity or contact that contaminates the hands, including following the removal of gloves. Hands that are visibly dirty or potentially grossly contaminated must be washed with soap and water and dried thoroughly.

Hand preparation increases the effectiveness of decontamination. You should:

- Keep nails short, clean and polish free
- Avoid wearing wrist watches and jewelry, especially rings with ridges or stones

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- artificial nails must not be worn
- any cuts and abrasions should be covered with a waterproof dressing
- Remove your wristwatch and any bracelets and roll up long sleeves before washing your hands (and wrist).

In addition, bear in mind the following points:

Facilities – adequate hand washing facilities is available and easily accessible in all patient areas, treatment rooms and kitchens, so all medical staffs should use it.

Basins in clinical areas should have elbow or wrist lever operated mixer taps or automated controls and be provided with liquid soap dispenser, paper hand towels and foot-operated waste bins.

Alcohol hand gel must also be available at ‘point of care’ in all treatment settings.

2. Using Personal Protective Equipment

Personal protective equipments (PPE) are used to protect both yourself and your clients from the risk of cross-infection. It may also be required for contact with hazardous chemicals and some pharmaceuticals.

It includes items like:

- Gloves
- Aprons
- Masks
- Goggles or visors
- Disposable gloves

Disposable plastic apron, mask, visors and eye protection should be worn whenever there is a risk of contaminating the clothing with blood and body fluids most especially when a patient is known having Hepatitis B or other contagious disease.

Disposable gloves should be worn whenever there might be contact with blood and body fluids, mucous membranes or non intact skin. They are not a substitute for hand washing.

These PPE’s should be put on immediately before the task to be performed, then removed and discarded as soon as the procedure completed. Hands must always be washed following their removal. Put in the yellow bag.

3. Safe handling and disposal of sharps

Sharps include **needles, scalpels, stitch cutters, glass ampoules and any sharp instrument**. The main hazards of a sharps injury are hepatitis B, hepatitis C and HIV.

To reduce the risk of injury and exposure to blood-borne viruses, it is vital that sharps are used safely and disposed of carefully.

- Sharps are not passed from hand to hand, put in the tray to pass
- Giving verbal announcement when passing sharps
- Needles should not be bent or broken before disposal

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- Dispose syringe and needle as one unit
- Never re-cap or re-sheath needles
- Sharps container should be store away from the public and be filled up to two thirds only.
- Staffs should take personal responsibility in disposing any sharps that they use.
- Sharps should be disposed as soon as the procedure is done.

4. Safe handling and disposal of chemical waste

There is a contract between APM Terminals Bahrain and Bahrain Waste Management Company to dispose of medical waste generated in the clinic.

All waste should be labeled and put in a proper color coded bags:

- Yellow bag for clinical waste
- Black bag for household waste
- Sharp bins for sharps

Monthly the waste management company will collect the bags and the sharp containers.

5. Managing blood and bodily fluids

Collecting, handling and labeling of specimens

All staffs should be trained to handle specimens safely.

- In collecting samples wear protective equipment in an appropriate sterile and seal container
- Handle the sharps carefully and dispose in sharp container
- Put patient APMT ID # in the tube
- Take care not to contaminate the outside or label of the tube and forms.
- Make sure specimens are tested immediately
- Show the result to the POD

Spillages

Spillages should be addressed quickly and efficiently. Any spillage is disinfected properly taking into account the surface where the incident happened – hard surface or carpet. Wear gloves

- Small spills of blood and body fluids should be cleaned with gauze then moistened with germicide then allow to air dry.
- Large spills should be flooded with liquid germicide while cleaning then decontaminate with germicide chemical then allow to air dry.
- Dispose the gauze in the yellow bag for collection.

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6. Decontaminating equipment and clinic surface area

Inadequate decontamination has frequently been associated with outbreaks of infection in clinical settings. To ensure that control of infection is maintained at a very high level, all medical staff should be aware and trained.

Decontamination is a combination of processes – cleaning, disinfection, and sterilization. Gloves should always be worn during cleaning and decontaminating process.

Cleaning

- Use water and Hydrex to remove visible contamination.
- Manual cleaning should be performed with care

Disinfection

- Uses chemical agents.
 - Dittol Soaking solution to soak the instruments before drying and packing.
 - Sodium Hydrochlorite solution – ¼ cup bleach + 1 gallon water prepared daily.
 - Use undiluted Dittol solution to clean surfaces

Sterilization of instruments and other disposable items

- Pack the instruments and other disposable items by using the sterile packaging case. Write the date of production/sterilization and date of expiry.
- Put in the autoclave machine

Sterilizing temperature in centigrade	Minimum hold in minutes
134-137	3
126-129	10
121-124	15

7. Schedule to maintain a clean clinical environment

In general clinical practice a schedule that details the items and places to be cleaned and decontaminated should be in place. This should be based on **associated risk**.

Type of risk	Equipment description	Level of cleaning needed	Examples
High	Equipment that: <ul style="list-style-type: none"> • enters the body cavity • penetrates the skin • touches the break of the skin or membranes 	Clean, decontaminated after each patient.	Surgical instruments
Medium	Equipment that	Clean and	Bedpan,

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	touches intact skin or mucous membranes	decontaminated Between each patient	laryngoscope, otoscope
Low	Equipment that does not touch broken skin or mucous membrane or physical contact with patients	Clean and disinfected after use Daily	Ophthalmoscope receiver, a bed frame chairs, laboratory All clinic areas and surfaces

8. Managing accidental exposure to blood-borne virus

This can occur when the medical staff is exposed to patient's blood and body fluids:

- **percutaneous injury – needle stick, from instruments, bone fragment or bite that break the skin**
- **Exposure of broken skin – abrasions and cuts**
- **Exposure of mucous membranes like the eyes and the mouth**

Report the incident to the physician.

Managing the exposure

- **Encourage bleeding of the wound by applying gentle pressure – do not suck.**
- **Wash well under running water**
- **Dry and apply dressing**
- **In the eyes or mucous membrane, irrigate with cold water, rinse several times**
- **Injury from unused instruments no further action required.**
- **Make a risk assessment when injured with used instrument or needle stick. Use the table below.**
- **Take permission to take blood of the source for testing of hepatitis B.**

Exposed person	Treatment when source is found to be		Unknown or untested
	HBsAg positive	HBsAg negative	
Unvaccinated	<ul style="list-style-type: none"> • Administer HBIG 0.06ml/kg IM x 1 • initiate hepB vaccine 	initiate hepatitis B vaccine	initiate hepatitis B vaccine
Previously vaccinated	Test the person for anti-HBs <ul style="list-style-type: none"> • if adequate – no treatment • if inadequate – hepatitis B booster dose 	No treatment	No treatment

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Known responder	non- <ul style="list-style-type: none"> • HBIG x 2doses • HBIG x 1 dose ,plus 1 dose hepatitis B vaccine 	No treatment	If known high risk source, may treat as if source is HBsAg positive
Response unknown	Test expose person for Anti-hepatitis B <ul style="list-style-type: none"> • If adequate, no treatment • If inadequate – HBIG x 1 dose, plus booster dose hepatitis B vaccine 	No treatment	Test exposed person for anti- hepatitis B <ul style="list-style-type: none"> • If adequate, no treatment • If inadequate –1 booster dose hepatitis B vaccine

9. Management Report

A medical condition report should be done in writing about any incident happened then send to MMS.

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