MoH Code of Practice for Infection Prevention and Control

Directorate General for Disease Surveillance & Control
Sultanate of Oman - Ministry of Health
MoH Code of Practice for Infection Prevention and Control

Infection prevention and control (IP&C) occupies a pivotal position in today’s health care system. It is considered as an essential standard of quality and safety for all health care facilities. Good infection prevention is vital to ensure that people who use different services provided by MoH receives safe and effective care.

Effective prevention and control of infection must be part of everyday practice and be applied consistently by all MoH staff. Good management and organizational processes are crucial to make sure that high standards of infection prevention (including cleanliness) are developed and maintained. This Code of practice for the MoH health care facilities aims to insure that IP&C services are implemented and delivered following evidence-based standards and practices are uniform throughout our institutes. Implementing consistent IP&C standards and practices sets the frame work of the service, responsibilities, monitoring and expectations at the level of health care facilities and centrally within MoH headquarters represented by the Directorate General for Disease Surveillance and Control.

Failing to follow best practice could seriously compromise the safety of patient’s service or healthcare workers. The implication of this is linked to increase in health care associated infections and outbreaks of infections by pathogens such as MRSA, MDROs, or even tuberculosis.

As Minister of Health, I am addressing the responsibilities shared by all of us in the health care system to make the service we provide not only safe for our clients, but of quality that stands its position alongside other international health care systems.

Dr. Ahmed Al Saidi, Minister of Health
MoH Code of Practice for Infection
Prevention and Control

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Target users:
- All MoH health care providers
- Health care facilities under or supervised by MoH
- All Infection Preventionists (IP)
- All health care workers

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Abbreviations:
BBVs: Blood Borne Viruses
CDIPC: Central Department of Infection Prevention and Control
CRE: Carbapenem-resistant Enterobacteriaceae
DGDSC: Director General for Disease Surveillance and Control
HCAI: Health Care Associated Infections
HCF: Health Care Facility
HCW: Health Care Worker
ICC: Infection Control Committee
ICT: Infection control team
IP&C: Infection Prevention and Control
IP: Infection Preventionist
MoH: Ministry of Health
MRSA: Methicillin-resistant Staphylococcus Aureus
VRE: Vancomycin - resistant Enterococci
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MoH Code of Practice for Infection
Prevention and Control (2015)

Definitions:

- **Code**: A system of principles or rules used to symbolize the content of a message.

- **Conduct**: The manner in which a person behaves, especially on a particular occasion or in a particular context.

- **Contractors**: Companies, staff, or external workers who provides MoH services, but is not directly employed by it or its institution.

- **Environment**: The totality of a patient’s surroundings when in health care facility premises. This includes the fabric of the building and related fixtures, fittings and services such as air and water supplies.

- **Health Care-Associated Infections (HCAIs)**: An infection occurring in a patient in a health care facility in whom the infection was not present or incubating at the time of admission or which is acquired by a health care worker in the course of their clinical duties.

- **Health care worker**: Any person whose normal duties concern the provision of treatment, accommodation, or related services to patients and who has access to patients in the normal course of their work. This term includes both front-line clinical and para clinical staff, and some staff employed in facilities management, such as cleaning staff and engineers or those managing disinfection and sterilization services.

- **Medical Devices**: Refers to all products, except medicines, used in health care for diagnosis, prevention, monitoring, or treatment. The range of products is very wide. It includes stethoscopes, thermometers, heart valves, and hospital beds; resuscitators and radiotherapy machines; surgical instruments and syringes; wheelchairs and walking frames.
Introduction and Document Statement:

The measures for prevention and control of HCAIs, should be part of everyday practice, and applied consistently by everyone. It is particularly important to have high awareness of the potential of HCAIs occurrence in both patient and HCWs to ensure early and rapid diagnosis. The accumulating evidence-based knowledge in the prevention and control of HCAIs (surveillance) should guide the continuous review of their implementation and practice promotion. Although it is not possible to prevent all infections; all health care providers should consistently demonstrate good infection control and hygiene practices.

The MoH in the Sultanate of Oman is firmly committed to reducing HCAIs in all of its health care facilities. The CDIPC has produced a number of documents and policies including a comprehensive document on infection prevention and control standards for guidance to achieve best practices. This Code insures the commitment of all health care providers with IP&C standards, policies and procedures, best practice and evidence-based care.

1. Document Purpose:

1.1. To insure strict compliance of all health care providers with infection prevention and control standards, policies, best practice, and evidence-based care.

1.2. To help all bodies involved in health care practice plan and implement how to prevent and control HCAIs. It sets out criteria by which managers of MoH health care facilities are to ensure that patients are cared for in a clean environment, with the goal of reducing the risk of HCAIs aiming towards zero tolerance.

1.3. When commissioning services, a health care provider should satisfy him or herself that contractors have appropriate systems in place to keep patients, staff, and visitors safe from acquiring HCAIs.

1.4. In case of a failure of HCF to observe the Code, the CDIPC through the DGDSC, reserves the right to act as follows:

1.4.1. Issue an improvement notice via the office of his Excellency the Undersecretary for Health Affairs to the concerned HCF management with a re-auditing date

1.4.2. If, upon re-auditing, the failure persist without legitimate reason, the facility will be reported for a significant failure to the office of his Excellency the Minister of Health and place it on “special measures” that imply clarifications and relevant actions to rectify the failure.

2. Application of the Code for the Prevention and Control of HCAIs:

2.1 The Code applies to health care provided directly by MoH HCFs or others supervised by it. Each facility is expected to have systems in place sufficient to apply evidence-based protocols and to comply with the relevant provisions of the Code so as to eliminate the risk of HCAIs to patients, staff, and visitors. This includes but is not necessarily restricted to:
• Primary health care clinics
• Polyclinics
• Hospitals
• Emergency services
• Ambulatory care
• Health care
• Isolation units
• Transplant units
• Long term care institutions
• Other HCFs supervised by MoH

2.2 All MoH HCFs must take the content of each supporting policy and/or guideline produced by CDIPC and other relevant references endorsed by MoH which are intended to eliminate risk of HCAIs in the organization.

2.3 The CDIPC will be responsible for providing specific policies and procedures on different practices as well as other publications of importance to the provision of an effective IP&C program.

2.3.1 The CDIPC will regularly audit and supervise application and compliance of all MoH HCFs with the standards of IP&C.

2.3.2 When commissioning services, a MoH institution to which this Code applies, should satisfy itself that contractors have appropriate systems in place to reduce or eliminate risk of infection for patients, staff, and visitors.

2.3.3 Good leadership, management, and organization is crucial to establishing high standards of IP&C.

2.3.4 The systems for the prevention and control of HCAIs are expected to address:
• Leadership support of the IP&C program including resources.
• Management arrangements to include access to accredited microbiology services, clinical leadership, and other organizational information or data.
• Application of evidence-based protocols and practices for both patients and staff.
• Education, training, information, and communication.
• Surveillance of HCAIs, antimicrobial use/stewardship, and Multi-Drug-Resistant Organisms
• Use of surveillance (auditing) data and information to guide improvements in patient safety and reduction of HCAIs.
• Infection prevention policies and procedures for all clinical and non-clinical services.
• The evaluation, recommendation, and maintenance of medical devices/products.
• Infection clusters and outbreak management.
• The health of HCWs.
• The safe disposal of medical waste and the provision of a clean and safe environment.
• The contribution to planning, design, construction and renovation of HCF.
• Assurance of effective cleaning, disinfection and sterilization of instruments and equipment.

3. The Code for Prevention and Control of HCAIs

It is presented under five main headings:

3.1 Management and Organization
3.2 The Environment
3.3 Surveillance of HCAIs
3.4 Clinical Protocols
3.5 Health Care Workers

3.1 Management and Organization :

3.1.1 General duties to protect patients, staff and visitors from acquiring HCAIs. An MoH institution must ensure that:

3.1.1.1 Patients, staff, and visitors are protected against risks of acquiring HCAIs, through the provision of appropriate care, in suitable facilities, consistent with good clinical practices.

3.1.1.2 Patients presenting with an infection or who acquire an infection during treatment are identified promptly and managed through a good clinical practice for the purposes of treatment as well as the prevention of further transmission.

3.1.2 Duty to have in place appropriate management systems for IP&C: Each MoH institution must ensure that it has in place appropriate arrangements with defined responsibilities for HCWs, contractors, and others concerned with the provision of health care in order to protect patients from the risks of acquiring HCAIs. In particular, these arrangements must include:

3.1.2.1 An agreement between MoH, through the office of his Excellency Undersecretary of Health Affairs, and the director general of a health care facility or a region outlining its collective responsibility for minimizing the risks of infection and the general means by which it prevents and controls such risks.

3.1.2.2 Arrangements and plans to prevent and control HCAIs demonstrated through the extension of IP&C responsibilities to the community, all professional groups, health institutions, clinical specialties, and leaderships where appropriate for the required support.
3.1.2.3 The institution should ensure mechanisms by which adequate resources are available to implement and sustain effective means for the prevention and control of HCAIs. These resources should include implementing an appropriate quality assurance framework, IP&C infrastructure, and IP&C program.

3.1.2.3.1 Infection control infrastructure should encompass the following elements:

3.1.2.3.1.1 For acute, secondary, tertiary, and long term HCFs, an ICT consisting of an appropriate mix of both nursing, medical expertise with special training in IP&C, and appropriate administrative and analytical support, including adequate information technology.

3.1.2.3.1.2 For ambulatory setting, a trained nurse as Preventionist or another designated person responsible for IP&C matters.

3.1.2.3.1.3 There should be 24-hour access to a nominated and qualified IP&C doctor, or a communicable disease control physician, preferably with knowledge in IP&C.

3.1.2.3.2 The IP&C program should:

3.1.2.3.2.1 Perform an IP&C program risk assessment at least annually.

3.1.2.3.2.2 Identify priorities for actions, based on the risk assessment.

3.1.2.3.2.3 Set goals and measurable objectives based on the risk assessment and other factors.

3.1.2.3.2.4 Provide evidence through measurement that relevant policies have been implemented to reduce HCAIs in all departments/services.

3.1.2.3.2.5 Report progress against the goals and objectives of the program in their annual report.

3.1.2.3.2.6 Provide education and training for staff and visitors.

3.1.2.3.2.7 Participate in evaluation of medical devices and supplies as appropriate.

3.1.2.3.2.8 Supervise the IP&C aspects of construction and renovation.

3.1.2.3.2.9 Participate or oversee other IP&C issues.
3.1.2.3.3 The designation of a qualified physician as Director/Head of the IP&C department/section accountable administratively directly to the executive director of the organization, however, functionally to the CDIPC. The role of the CDIPC is to:

3.1.2.3.3.1 Be responsible for the ICT within the organization.
3.1.2.3.3.2 Oversee, adapt, and/or develop local IP&C policies and their implementation.
3.1.2.3.3.3 Report directly to the Chief Executive (not through any other officer) and the board of the institution.
3.1.2.3.3.4 Have the authority to challenge inappropriate clinical hygiene practice as well as inappropriate antibiotic prescribing decisions.
3.1.2.3.3.5 Assess the impact of all existing and new policies on HCAIs and make recommendations for change.
3.1.2.3.3.6 Be an integral member of the organization’s board, quality assurance, and patient safety teams.
3.1.2.3.3.7 Provide regular presentations of HCAIs status in the institution to the HCF board.
3.1.2.3.3.8 Review of statistics on incidence of alert organisms (e.g. MRSA, CRE, *Clostridium difficile*) and conditions, outbreaks and serious untoward incidents.
3.1.2.3.3.9 Show evidence of appropriate actions taken to deal with infection occurrences.
3.1.2.3.3.10 Produce an annual report on the state of HCAIs in the organization for which he or she is responsible and report it to the CDIPC.
3.1.2.3.3.11 Ensure that relevant staff, contractors and other persons whose normal duties are directly or indirectly involve patient care, receive suitable and sufficient training, information and supervision on the measures required to prevent and control risks of infection.
3.1.2.3.3.12 Oversee a surveillance program to ensure the implementation of key policies and practices, and to collect analyzed-data and disseminate information about key infections and infection issues.
3.1.2.3.3.13 Collaborate with microbiology and other laboratory services to integrate their role into the IP&C program.

3.1.2.3.4 Designate infection preventionists for the program to work hand in hand full partnership with the Medical Director. The responsibilities of the Infection Preventionist shall include but may not be limited to the following:

3.1.2.3.4.1 Report directly to the Head ICT and/or Medical Director of the IP&C Program.
3.1.2.3.4.2 Work with the Medical Director to carry out the responsibility for the IP&C program within the organization.
3.1.2.3.4.3 Provide an input and supervise the development and implementation of IP&C policies and procedures for all organizational departments and services.

3.1.2.3.4.4 Have the authority and responsibility to challenge inappropriate IP&C practices and provide guidance for best practices.

3.1.2.3.4.5 Participate in assessing the impact of all existing and new policies and procedures on HCAIs and make recommendations for change.

3.1.2.3.4.6 Be an integral member of the infection control committee, construction and renovation teams, selected nursing committees, quality assurance and patient safety teams and other appropriate committees.

3.1.2.3.4.7 Coordinate and participate in the performance of the annual infection control program risk assessment.

3.1.2.3.4.8 Provide regular educational presentations on IP&C practices to staff and participate in content development of infection presentations by other departments and for the community.

3.1.2.3.4.9 Perform surveillance of HCAIs and policies and procedures as directed by the Infection Control Committee or the Medical Director, based on the risk assessment and to ensure that key policies and practices are being implemented appropriately.

3.1.2.3.4.10 Review statistics on incidence of alert organisms (e.g. MRSA, CRE, Clostridium difficile) and conditions, outbreaks and Serious Untoward Incidents.

3.1.2.3.4.11 Present surveillance data to the infection control committee and other committees or clinical groups in coordination with the Medical Director and as requested.

3.1.2.3.4.12 Coordinate with physicians for the prompt initiation and discontinuing of isolation and other barrier precautions. (Note: In many programs the infection control nurse or any nurse has the authority to implement isolation in order to avoid delays and thus spread organisms).

3.1.2.3.4.13 Show evidence of appropriate actions taken to deal with infection occurrences as requested.

3.1.2.3.4.14 Review medical devices, supplies and equipment to determine safety or infection risk prior to use and during use and work with the appropriate departments to ensure safety.

3.1.2.3.4.15 Work closely with the Central Sterile Processing Department to ensure safe disinfection and sterilization procedures in all areas of the organization.
3.1.2.3.4.16 Serve as IP&C consultant to all departments and services for questions, crisis management and improvement projects and other solutions for infection prevention.

3.1.2.3.4.17 Perform infection cluster and outbreak investigations in coordination with the Medical Director and other staff.

3.1.2.3.4.18 Participate in producing an annual report on the state of HCAIs in the organization.

3.1.2.3.4.19 Ensure that relevant staff, contractors and other persons whose normal duties are directly or indirectly concerned with patient care receive suitable and sufficient training, information and supervision on the measures required to prevent and control risks of infection. Work with safety and facilities to ensure patient safety during construction and renovation.

3.1.3 Ensure that there is a policy addressing, where relevant, admission, transfer, discharge and movement of patients between departments, within and between health care facilities. There should be evidence of joint planning between the ICT and the bed managers for planning patient admissions, transfers, discharges, and movements between departments and other health care facilities. Where necessary, the ambulance service may need to be involved in such planning.

3.1.4 Duty to provide information on HCAIs to patients and the public
An MoH institution must ensure that it makes suitable and sufficient information available to patients and the public about the organization’s general systems and arrangements for preventing and controlling HCAI, including:

3.1.4.1 Encouraging vigilance for infections and infection risks in patients.
3.1.4.2 Compliance by visitors with hand washing and visiting restrictions.
3.1.4.3 Reporting breaches of hygiene by patients and visitors to patient relation officer or admin personal on duty.
3.1.4.4 Explanation of incident/outbreak.
3.1.4.5 Management providing information across organizational boundaries such as pre-admission screening, post-operative wound surveillance.

3.1.5 The patients should be informed about:

3.1.5.1 Any particular considerations regarding the risks and nature of any HCAIs that are relevant to their care.
3.1.5.2 Any preventive measures relating to HCAIs that a patient ought to take.
3.1.5.3 The role and responsibilities of individuals in the prevention and control of HCAIs when visiting patients.

3.1.6 The provision of information on patient’s transfer to another HCF:
All MoH HCF must ensure that it provides suitable and sufficient information on each patient’s infection status whenever it arranges for a patient’s transfer from
the care of one organization to another so that any risks to the patient and others from infection may be minimized.

3.1.7 Duty to ensure co-operation
An HCF must ensure its staff, contractors and others involved in the provision of health care co-operate with it, and with each other, so far as necessary to enable the body to meet its obligations under this Code.

3.1.8 Duty to ensure adequate laboratory support
An MoH institution must ensure that services are provided by a microbiology laboratory in connection with the arrangements it makes for IP&C and the laboratory has in place appropriate standards and protocols for its operations.

3.2 The Environment:

3.2.1 Duty to provide and maintain a safe, clean and appropriate environment for health care as well as for the patients and their relatives.
An MoH institution, must ensure that:

3.2.1.1 Premises and facilities are managed in accordance with the best practice guidance.

3.2.1.2 There are institution’s environmental policies that take into account CDIPC policies, guidelines and/or advice given by relevant experts and relevant advisory bodies. These policies should be guided by IP&C standards of practices’ policy. These policies include, but are not be restricted to:

- Housekeeping
- Cleaning, decontamination, disinfection and sterilization
- Laundry
- Planning, design, construction and renovation
- Heating, ventilation and air conditioning (HVAC)
- Medical waste management
- Planned preventive maintenance
- Pest control
- Food services

3.2.1.3 All parts of the premises where health care is provided are suitable for the purpose, are kept clean and are maintained in good physical repair and condition.

3.2.1.4 The cleaning arrangements detail the standards of cleanliness required in each part of its premises and that a schedule of cleaning frequencies is publicly available.

3.2.1.5 There is adequate provision of suitable hand wash facilities and antibacterial hand rubs.

3.2.1.6 There are effective arrangements for the appropriate decontamination of instruments and other equipment.
3.2.1.7 The supply and provision of linen and laundry supplies reflects Hospital Laundry Arrangements for Used and Infected Linen, which should be revised from time to time.

3.2.1.8 Clothing worn by staff when carrying out their duties (including uniforms) is clean and fit for purpose.

3.2.2 Duty to provide sufficient resources dedicated to keeping the environment clean and fit for purpose:

3.2.2.1 An MoH institution should make sure resources and supervision are provided for:
- Building and refurbishment
- Maintenance of utilities, including air handling systems
- Clinical waste management
- Planned preventive maintenance
- Pest control
- Management of potable and non-potable water supplies
- Food services including food hygiene and food brought into the organization by patients, staff and visitor

3.2.2.2 Designates lead Managers for cleaning and decontamination of equipment used for treatment (a single individual may be designated for both areas). The decontamination lead should have responsibility for ensuring that a coordinated decontamination program is implemented in relation to the organization and that it takes proper account of relevant national guidelines.

3.2.3 Duty to provide adequate isolation facilities

3.2.3.1 A MoH institution has the duty to ensure implementing relevant IP&C surveillance policies in relation to its size, spectrum of care and risk assessment priorities. This includes:

3.3 Surveillance of HCAIs:

3.3.1 Ensuring that there is a policy(s) for clinical and laboratory surveillance of HCAIs performed by laboratory personnel and the IP and others with oversight from IP&C head/director.

3.3.1.2 Standardized, validated definitions and processes are used to perform surveillance.

3.3.1.3 Surveillance policies and guidelines are adequately prepared, implemented, evaluated periodically and updated based on the risk assessment.
3.3.1.4 Regular process surveillance is performed of HCW adherence to hand hygiene, isolation and other standard precautions and the organization’s policies and procedures.

3.3.1.5 Surveillance data are collected on a regular basis, and analyzed monthly. They are reported at least quarterly to the ICC and the CDIPC in MoH.

3.3.1.6 Makes suitable and sufficient information available to leadership, staff, committees and others.

3.3.1.7 Utilizes surveillance results to target improvement, quality and patient safety in the organization.

3.3.2 Duty to assess risks of acquiring HCAIs and to take action to reduce or control such risks

An MoH Institution must ensure that it has:

3.3.2.1 Made a suitable and sufficient assessment of the risks to patients and staff in receipt of health care with respect to HCAIs (e.g., risk assessment).

3.3.2.2 Identified the steps that need to be taken to reduce or control those risks.

3.3.2.3 Record its findings in relation to the two items above

3.3.2.4 Implemented the steps identified.

3.3.2.5 Determine whether further steps need to be taken to reduce or control HCAIs

3.3.2.6 Communicated risks and solutions to appropriate personnel.

3.4 Clinical care protocols:

3.4.1 Duty to adhere to policies and protocols applicable to IP&C practices.

All MoH HCF must, in relation to preventing and controlling the risks of HCAIs, have:

3.4.1.1 The appropriate core policies concerning the matters mentioned below:

- Standard (universal) infection control precautions.
- Policies for the Isolation of patients.
- Processes to manage medical devices.
- Policies for aseptic and sterile technique.
- Procedure for major outbreaks of communicable infections: The degree of details should reflect local circumstances, e.g. a low risk single specialty facility will not require the same arrangements as a district general hospital.
- Safe handling and disposal of sharps.
- Methods to prevent occupational exposure to BBVs, including prevention of sharps injuries and other infections, e.g., tuberculosis, meningitis, influenza, emerging infections.
- Management of occupational exposure to BBVs and post exposure prophylaxis.
- Authority to Close wards, departments and premises to new admissions: a system should be in place for the provision of advice by the ICT to the Chief Executive and Medical Director.
- Antimicrobial restriction and stewardship policies.
- Polices to ensure environmental cleanliness and sanitation in all areas of the organization.
- Reporting HCAIs to the CDIPC and reporting should include procedures for dealing with Serious Untoward Incidents.
- Control of infections with specific alert organisms taking account of local epidemiology and risk assessment. These must include, as a minimum, MRSA, VRE, CRE, Clostridium difficile infection, and Transmissible Spongiform Encephalopathies. Please refer to the MDROs policy.
- Emergency management processes involving infectious agents.
- Education of all staff, visitors and patients about infection risks and prevention strategies.
- Other policies that might be deemed important.

3.4.1.2 The policies implemented in accordance with this Code and supervised by the CDIPC.
3.4.1.3 There must be evidence of a rolling program of revision, edit, and update to the IP&C polices.
3.4.1.4 All policies must be clearly marked with a review date and should be referenced to validated guidelines, standards, laws etc.

3.5 Health Care Workers

3.5.1 Duty to ensure that HCWs are free of and are protected from exposure to communicable infections during the course of their work, and that all staff are suitably educated in the prevention and control of HCAIs:

3.5.1.1 Ensure that there are appropriate occupational health policies for the prevention and management of communicable infections in HCWs.
3.5.1.2 Ensure that all staff and employees can access relevant occupational health services which should include:

3.5.1.2.1 Health screening for communicable diseases.
3.5.1.2.2 Management of exposure to HCAIs, including provision for emergency treatment out of hours.
3.5.1.2.3 Relevant immunizations.
3.5.1.2.4 Management of BBVs, such as: identifying and managing hepatitis B, HIV- and hepatitis C-infected HCWs and restricting their practice as necessary.
3.5.1.3 Liaising with the DGDSC when advice is needed on privileges and procedures which may be carried out by BBV-infected HCWs, and when patient tracing, notification and offer of BBV testing may be needed.

3.5.1.4 Ensuring that prevention and control of infection is included in orientation programs for new staff, and in training programs for all staff.

3.5.1.5 Ensuring that there is a program of ongoing education for infection prevention for existing staff (including support staff, agency/locum staff, and staff employed by contractors).

3.5.1.6 Ensuring that there is a record of training and updates for all staff.

3.5.1.7 Providing orientation and training programs for new staff and ongoing education at least annually for existing staff should incorporate the principles and practice of IP&C which include:

3.5.1.7.1 Updating on IP&C policies, e.g. standard precautions.

3.5.1.7.2 Hand hygiene importance.

3.5.1.7.3 Regular feedback on importance of surveillance and HCAIs results.

3.5.1.7.4 Discussion of outbreaks and infection cluster incidents.

3.5.1.7.5 Examples of good hygiene practices.

3.5.1.7.6 Actions needed to correct deficiencies.

3.5.1.7.7 Other topics as appropriate.

3.5.1.8 Ensuring that the responsibilities of a member of staff for prevention and control of infection are reflected in their job description, and in any personal development plan or appraisal.
References:


INFECTION PREVENTION AND CONTROL IS EVERYONE’S BUSINESS