

Policy Title: Infection Control Training In ER		
Department/Unite: Infection Control Unit.	Policy Number: UOJ-MSA-IC-P/25	Replaces No.:
Creation Date: 10/12/2022	Effective Date:	Review Date:

Revision History			
Subject	Changes made	Done by	Revision date

1. **CONDITIONS:**

1.1 Internal Medicine , Nursing , Psychiatry and department

2. **PURPOSE:**

2.1 Updated infection control policy and procedures in the department.
2.2 Staff aware about the policy and procedures and it is accessible for them.
2.3 Improve the knowledge to present high quality serves

3. **DEFINITIONS:**

3.1 specific job training for Healthcare Personnel (HCP) on infection control policies and procedures.
3.2 Employee training for infection prevention and control strategies such as; Hand Hygiene, Environmental disinfection, Waste Management, to reduce spread of microorganisms.
3.3 Adherence to aseptic techniques and appropriate use of Personnel Protective Equipment (PPE).

4. **Related**

Documents:

4.1 Hand Hygiene (UOJ-MSA-IC-P/09)
4.2 Medical Waste Management (UOJ-MSA-IC-P/12)
4.3 Personal Protective Equipment (UOJ-MSA-IC-P/30)

5. **POLICY:**

5.1 It is the University of Jeddah Medical Administration to decrease risk of infection each time they are exposed to blood/body substance and non-intact skin. Since it is possible to become infected from a single exposure, exposures must be prevented whenever possible.

6. **PROCEDURES:**

6.1 Hand Hygiene.
6.1.1 Hand hygiene supply is available.
6.1.2 HCP demonstrate appropriate techniques for hand washing and hand rubbing.
6.1.3. Visual alerts are available:
6.1.3.1 WHO 5 moments
6.1.3.2 How to Hand Rub (beside alcohol dispensers)
6.2 Personal Protective Equipment:
6.2.1 Sufficient and appropriate PPE are available and readily accessible to HCP.
6.2.2 Staff use personal protective equipment appropriately.

6.3 Environmental disinfection

6.3.1 There is a cleaning schedule and is applied

6.3.2 Environmental surfaces are clean and is free from soil.

6.3.3 Housekeeping surfaces (e.g., floors, walls, and sinks) cleaned with MOH approved detergent/disinfectant using double/ or triple bucket technique or scrubbing machines.

6.3.4 Housekeeping equipment is kept clean and dry after use.

6.3.5 There is one spill kit, at a minimum in the department.

6.3.6 Health care personnel demonstrate appropriate technique for management of blood and/or body fluids.

6.3.7 Appropriate PPE, e.g. gloves, masks, gowns and protective eyewear, worn by housekeepers during their routine activities.

6.3.8 ER staff are responsible for cleaning of all environmental surfaces in ER areas except floors, walls, and bathrooms

6.4 Waste Management

6.4.1 All types of waste containers are available in sufficient number and placed in easy access sites and away from traffic.

6.4.2 Sharp items (e.g., needles, scalpel blades, broken metal instruments, and burs) are placed in an appropriate sharps container (puncture resistant, color-coded, and leak-proof).

6.4.3 Used needles are not manipulated or recapped and are promptly disposed into sharp containers.

6.4.4 Staff sticks to the approved policies of proper medical waste segregation (no dangerous medical waste or sharps are observed outside specified containers).

6.4.5 No overfilling of medical waste bags and sharp boxes

6.4.6 Medical waste bags and sharp containers are closed tightly after being filled by 3/4 its maximum capacity and labeled with department and date.

6.5 ER safety

6.5.1 Eating, drinking, smoking, handling contact lenses, and storing food for human consumption must not be permitted in ER areas.

6.5.3 All manipulation of infectious materials that may generate aerosols conducted in a biological safety cabinets.

7. **RESPONSIBILITIES** 7.1 Accountable to the Infection Prevention Control Practitioner/Committee.

8. **Appendix:** N/A

9. **REFERRANCES:** 9.1 Ministry of Health Manual for Infection Control

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