

Policy Title: Infection Control Training In Laboratory

Department/Unite:

Infection Control Unit.

Policy Number:

UOJ-MSA-IC-P/26

Replaces No.:

Creation Date: 10/12/2022

Effective Date:

Review Date:

Revision History

Subject	Changes made	Done by	Revision date

1. **CONDITIONS:**

1.1 Laboratory 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 cabinet.

6.5 Laboratory safety

6.5.1 Restrict access to the laboratory with a sign incorporating the universal biohazard symbol must be posted at the entrance to the laboratory.

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

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

6.5.4 Biological safety cabinets (class BII) is tested and certified at least annually.

6.5.5 Plastic tubes replaced the glass ones to avoid sharp injuries.

6.5.6 Eye wash station and a shower must be available for immediate action after exposure.

6.6 Working area

6.6.1 Read cultures (plates) is destroyed in a special autoclave before disposal as regular waste.

6.6.2. Separation of the work areas with no overlapping of items.

6.6.3 Any remaining open vials are thrown after the end of the work.

6.6.4 Refrigerators and freezers used to store potentially infectious materials labeled with the universal biohazard symbol.

6.6.5 Temperature logs for refrigeration are complete and action is taken when temperature is out of parameters.

6.6.6 Laboratory specimens are transported in clean, closed containers.

6.7 Specimen taking area

6.7.1 Dedicated room for specimen taken away from the work area.

6.7.2 Hand washing supply is available inside the room.

6.7.3 All required PPEs available inside the room.

6.7.4 PPEs is appropriately used during sample taken.



جامعة جدة
University of Jeddah
(059)

إدارة الخدمات الطبية
Medical Services Administration

رؤية جامعة جدة
الجامعة السعودية الحديثة
NEW SAUDI UNIVERSITY VISION

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

5497-313-36-f9JK7CcTVQjMFAAnEb8ZQQQ==6/20/2023 9:52:14 AM

Page 5 of 6

Prepared By:

Name: Mr. Nawaf A. Alzahrani

Position: Supervisor, Infection Control Unit

Date: 10/12/2022

Signature: 

Reviewed By:

Name: Dr. Eman Balbaid

Position: Supervisor, General Clinics

Date:

Signature: 

Recommended By:

Name: Mrs. Ahlam Alrefai

Position: Supervisor, Quality&Patient Safety Unit

Date:

Signature: 

Approved By:

Name: Dr. Mansour Tobaigy

Position: Supervisor, Medical Services Administration

Date:

Signature: 