

PHC Infection Control Audit Tool / PHC - ICA - 2019

Version1 / Jan 2019

Approved
[Signature]

Date:

Region/ Governorate	
PHC Name	
PHC Director Name	
Mobile number	
E-mail	
Date of visit	
Participants From PHC	

Scores	Definition:
2	Fully compliant
1	Partially Compliant
0	Non- Compliant
N/A	Not Applicable

Activities	Meaning
O	Observation
SI	Staff Interview
D	Documents Review
PF	Personal File
MR	Medical Records

Weight:	Defintion:
Critical	Immediate threat to patient or staff safety
High	Highly Affect the integrity and the function of the Infection Control program
Medium	Affecting the integrity or function of IPC program

	Standards	Sub-Standard	Weight	Activities	Score	Comments
1	Infection Control Program	1.01 There is an Infection Control program which involves patients and staff in all patient care areas and support services . It is based on current scientific knowledge, referenced practices guidelines and applicable national laws and regulations.	Critical	D SI		
		1.02 The primary healthcare center leaders continuously support and monitor the implementation of the infection control program.	High	DR SI		
		1.03 There is infection control committee with representatives from all relevant staff (e.g.,medical staff, nursing staff, dental staff, lab staff, pharmacy, Infection control, adminstration and housekeeping) to coordinate the program.They should meet regulary (at least quarterly).	High	D		
		1.04 There is at least one trained infection control practitioner assigned to manage the infection control program (either doctor or nurse / full timer or part timer).	Critical	D PF SI		
		1.05 Infection Control policies and procedures manual is available.	High	D SI		
		1.06 Continuous education and training for all PHC staff (all new staff upon hiring and on annual basis) on infection control standards.	High	D PF SI		

Standards		Sub-Standard	Weight	Activities			Score	Comments
2	IC Tools & Supplies	2.01	There is a list of infection control supplies by MOH code number and specifications. Note: All supplies present must be in conformity with the approved MOH specifications	Medium	D	O		
		2.02	Disinfectants and personal protective equipment (gown,gloves, masks, and protective eyewear) are easily accessible and available in adequate amount with proper qualities.	Critical	O	SI		
		2.03	Visual alerts for Hand Hygiene (WHO 5 moments, how to hand wash, how to hand rub), PPE (donning and doffing), cough etiquette, etc., are available, hanged and easily cleanable. Note: No papers are allowed in patient treating area.	High	O			
		2.04	IC practitioner continuously monitor adequacy of facilities & availability of supplies required for hand hygiene, PPE, and disinfectants on regular basis.	High	D	O		
3	Hand Hygiene	3.01	Hand washing facilities and supplies (sinks with hot and cold water, Plain and antiseptic soap, paper towels) are available and easily accessible (at least one per patient care area: clinics, dressing rooms, collection specimens room, etc.).	High	O			
		3.02	Hand wash sinks are dedicated for hand washing and not for other purposes.	High	O	SI		
		3.03	Alcohol based hand rub dispensers are available and easily accessible (at least one per patient care area: clinics, dressing rooms, collection specimens room, etc.).	High	O			
		3.04	Health care workers are performing hand hygiene properly (appropriate technique for the recommended duration)	Critical	O	SI		
		3.05	Hand hygiene compliance rates are regularly monitored, Results are discussed in IC committee meetings for corrective actions.	High	D			
4	Personal Protective Equipment (PPE)	4.01	PPE supplies are selected properly according to the task with right donning and doffing techniques.	Critical	O	SI		
5	Aseptic Technique Part (1)	5.01	For invasive procedures, sterile devices and supplies are used (e.g., a sterile syringes, needles and medications after patient's skin antiseptics with approved antiseptics wipes except for some vaccination / sterile dressings and supplies are used for wound dressing / ...etc.)	Critical	O	SI		
		5.02	Staff adhere to " No Touch " technique (e.g., during wound dressing, insertion of peripheral venous cannula, etc.).	Critical	O	SI		
		5.03	Single used items (e.g., needles and syringes) are used only once and discarded after use.	Critical	O	SI		
		5.04	Single used vials are available and used only for single procedure (single-dose vials are not stored for future use even on the same patient). If multi-dose vial is used, it should be dedicated for a single patient.	Critical	O	SI		
		5.05	Preparation & dilution of medication are only done by ready-made single-dose sterile solutions.	High	O	SI		
		5.06	Separate clean area is available for preparation of medications (e.g, away from patient's treatment areas)	High	O	SI		
		5.07	Supplies are brought to patient's care area only when needed, and after he/she leaves all remaining single items used or not, are discarded, while reusable ones are send for reprocessing (even unused items with intact original wrap).	High	O	SI		

Standards		Sub-Standard		Weight	Activities			Score	Comments
5	Aseptic Technique Part (2)	5.08	The rubber self-sealed cap of a medication vial or an IV solution bottle is disinfected with alcohol prior to access.	Critical	O	SI			
		5.09	IV solution bottles (IV drip solution) are only accessed through the self-sealed rubber cap and never leave the needle inside (it is only dedicated for one patient).	High	O	SI			
		5.10	Sterile solutions (ready made single dose solutions) are used in nebulizers, humidifiers, or any aerosol generator. All used accessories (e.g., humidifying cup, mask, ..etc.) are disposed, if disposable or cleaned and disinfected, if reusable after each use.	High	O	SI			
6	Respiratory Hygiene & Cough Etiquette	6.01	Visual alerts are posted at the entrance of PHC to instruct patients and people accompanying them to practice Respiratory Hygiene/Cough Etiquette.	Medium	O				
		6.02	At vital sign clinic every patient with Respiratory Symptoms is provided with surgical mask and asked to practice Hand Hygiene.	Critical	O	SI			
		6.03	Patients with Respiratory Symptoms are taken to the doctor to be treated before others, and if it is crowded encourage them to sit 1 – 1.5 meters away from others in common waiting areas.	Critical	O	SI			
		6.04	Doctors are trained on updated MERS-Cov guidelines, and they know the definition and how to deal with suspected cases.	Critical	D	SI			
7	Transmission Based Precautions	7.01	Staff are aware and comply with transmission-based precautions (start isolation of patients with communicable diseases and those who are colonized or infected with epidemiologically important organisms from other patients and staff - reporting of communicable diseases as required by laws and national regulations).	High	D	SI			
8	Laboratory	8.01	Access is restricted with a sign incorporating the universal biohazard symbol posted at the entrance.	High	O				
		8.02	Eating, drinking, handling contact lenses, and storing food are not permitted.	Medium	O	SI			
		8.03	There is a dedicated room for collection of specimens that is equipped with hand washing sink and proper PPE (gloves and gowns if needed).	High	O	SI			
		8.04	Soiled specimens are collected and stored properly in preparation for transport (specified refrigerator)	High	O	SI			
9	Dental Services Part (1)	9.01	No reprocessing of instruments is carried inside the dental clinic (all the contaminated items are sent to the sterilization service unit SSU).	Critical	O	SI			
		9.02	Contaminated dental instruments are transferred to the SSU in a closed, sealed, and puncture resistant containers.	Critical	O	SI			
		9.03	If transportation to SSU is not expected within two hours, instruments inside transferring containers are sprayed with transportation gel/spray before sending them.	High	O	SI			
		9.04	Dental handpieces should be cleaned, lubricated and sterilized according to manufacturer instructions.	Critical	O	SI			
		9.05	Single-use devices (eg.,endodontic broaches ,saliva ejectors, anesthesia carpule...etc.) are discarded immediately after each patient.	Critical	O	SI			
		9.06	Single dose solutions (saline) are used for irrigation during Surgical procedures or Endo treatment.	Critical	O	SI			

Standards		Sub-Standard	Weight	Activities			Score	Comments	
9	Dental Services Part (2)	9.07	Dental care personnel use one-handed recapping (scoop technique) for recapping needles.	High	O	SI			
		9.08	Clinical contact surfaces (frequently touched surfaces in the patient-care area) e.g. light handles, bracket trays, switches on dental units, hoses to the air-water syringe and handpieces, computer equipment are either barrier protected (changed between patients) or cleaned and disinfected after each patient. Note: cleaning and disinfecting should be done at the end of the shift even if barrier was used.	High	O	SI			
		9.09	To ensure that water quality meets regulatory standards for drinking water during routine dental treatment: Appropriate dental unit waterlines treatment products and devices (filters) are used. Disinfection of dental unit waterlines is performed as per manufacturer's recommendations. Flushing for few minutes in the morning and 20 – 30 seconds after each patient.	Medium	D	SI			
		9.10	A pooled water sample taken from all dental unit waterlines (e.g., air water syringe, handpiece, ultrasonic scaler) is tested at least semiannually (the maximum acceptable level is 500 CFU/ml of heterotrophic water bacteria).	Medium	D				
		9.11	Dental care personnel apply standard precautions while performing dental x-rays.	High	O	SI			
10	Medical Stores	10.01	Medical stores are physically separated from patients care areas and dirty areas, there is NO personal items, foods or drinks.	High	O				
		10.02	Medical stores are of adequate capacity, secured, away from contamination, air vents and direct sunlight.	Critical	O				
		10.03	Storage shelves are made of easily cleanable materials, regularly cleaned, and at least 40 cm from the ceiling, 20 cm from the floor, and 5 cm from the wall.	High	D	O			
		10.04	Medical stores have controlled ventilation with adjusted temperature and humidity (temperature ranges from 22 °C to 24 °C / relative humidity up to 70%).	High	D	O			
		10.05	No Items are kept in the original shipping boxes, especially in the clinical areas.	High	O				
11	Infectious Medical Waste Part (1)	11.01	supplies required for waste segregation (waste containers, colored coded bags, and sharp containers) are of appropriate sizes, adequate in number and easily accessible at points of production, and meet MOH approved specifications.	High	O				
		11.02	Sharp containers are wall mounted or held on a stand at points of production.	High	O				
		11.03	All discarded needles in the sharp containers are NOT bent, broken, separated or recapped except in some clinics (e.g dental).	High	O	SI			
		11.04	No infectious medical waste or sharps are observed outside specified containers.	High	O	SI			
		11.05	Medical waste bags/sharp containers are securely closed after being filled to 3/4 of its maximum capacity and labeled with date and place of production.	High	O	SI			
		11.06	Collection & transportation of medical waste is done by allocated workers wearing proper PPE (heavy duty gloves with aprons, mask and face shield if needed), at fixed times and on demand. Housekeepers carry the waste away from his/her body	High	D	O	SI		
		11.07	Infectious medical waste is transported in closed and impervious specified carts with biohazard sign. Carts are cleaned after each use or at least daily.	High	O	SI			

Standards		Sub-Standard	Weight	Activities			Score	Comments
11	Infectious Medical Waste Part (2)	11.08	Medium	D	O	SI		
		11.09	High	O				
		11.10	Medium	D	O	SI		
		11.11	High	D	MR	SI		
12	Housekeeping & PHC Environment	12.01	High	O				
		12.02	Critical	D	SI	O		
		12.03	High	D	SI	O		
		12.04	High	O	SI			
		12.05	High	O	SI			
		12.06	High	D	SI	O		
		12.07	High	D	SI			
		12.08	High	SI	O			
		12.09	High	D	SI	O		
13	Cleaning/Disinfection of Medical Equipment	13.01	Critical	O	SI			

Standards		Sub-Standard	Weight	Activities			Score	Comments
14	Employee Health	14.01	Data of screening baseline (pre-employment screening for hepatitis B, C, HIV and PPD) and annual, immunization, needle stick/sharps injuries, blood/body fluid exposures and post exposure management are kept in staff health records.	High	MR			
		14.02	The employee's immune status against hepatitis B, measles, mumps, rubella and varicella are determined by documented vaccination, or serological evidence of immunity, or documented clinical / laboratory evidence of disease with lifelong immunity.	Medium	MR			
		14.03	All necessary vaccine(s), according to national regulations and staff immunization policies, are available and administered to those who are susceptible.	Medium	D	MR		
15	CSSD Part (1)	15.01	The PHC provides sterilization services and none of the sterilization activities are carried out by individual departments outside sterilization service unit SSU.	Critical	D	SI	O	
		15.02	Staff is qualified (by certification, education, or training) and able to explain all procedures of instruments reprocessing.	Critical	O	SI	PF	
		15.03	There is physical separation between the clean areas (packaging and storing areas) and decontamination area (2 or 3 zones).	High	O			
		15.04	Work flow is an unidirectional flow from dirty to clean areas with traffic control signs.	Critical	O			
		15.05	All surfaces, walls & floors are solid, non-porous, easy to clean and withstand frequent cleaning and disinfection.	Medium	O			
		15.06	Emergency eyewash safety station is available in decontamination area and accessible within 30 meters or 10 seconds of potential chemical exposure.	Medium	O			
		15.07	Closed containers or designated transportation bags are used to collect contaminated items in such a way that prevents spills and spread of infection & it should be decontaminated after each use, different containers should be used for transportation of sterilized instruments.	Critical	O	SI		
		15.08	For manual cleaning at least two deep sinks are available with measured indicator. Items are submerged and cleaned using heavy duty gloves under water level to prevent aerosolization. Another sink is available for washing hands.	Medium	O			
		15.09	Cleaning supplies are available (e.g., brushes with various shapes and sizes, detergents that are used as per policies & procedures, ... etc.)	High	O			
		15.10	Washer disinfectors, ultrasonic cleaners are used properly to match approved standards (selection of cycles and parameters, monitoring performance and results as per manufacturer's recommendations) indicators are used. Operating instructions with records for preventive maintenance are available.	Critical	D	O		
		15.11	After cleaning, the items are checked for: • Cleanliness (inspection of items by magnifying lenses to be returned back to decontamination area if soiled). • Function and lack for defects (to be maintained or replaced if not functioning well).	High	O	SI		
		15.12	Operating instructions for sterilizers with records for preventive maintenance are available.	High	D			
		15.13	instruments should be packed individually with chemical indicator in each one.	Critical	O	SI		

Standards		Sub-Standard	Weight	Activities			Score	Comments
15	CSSD Part (2)	15.14	High	O	SI			
		15.15	Critical	D	O			
		15.16	Critical	D				
		15.17	High	O	SI			
		15.18	Medium	D	O			
		15.19	High	D				