AUDIT :	ICA-2019 / Version 4 - 1/1/2019

Region	
Hospital Name:	
Hospital Type:	
Bed Capacity:	
City Name	
Auditor 1: Name & Mobile number	
Auditor 2: Name & Mobile number	
Email:	
Date of Visit:	
Participants present (e.g. CEO, Infection Control Head, Hospital Officials etc)	

Date:

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

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

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

	Standards		Sub-Standard	Weight	Activities			Score	Comments
1	Hospital Leadership Support	1.01	Adequate resources are allocated to infection control Department (e.g., offices, internet access, IT support ...etc.)	High	O	SI			
		1.02	Adequate infection control supplies are provided to HCWs for successful IC program (e.g., PPE, disinfectants ...etc.)	Critical	D	O	SI		
		1.03	Infection control team is given full authority to implement the Infection Control (IC) policies & procedures.	High	D	SI			
		1.04	Hospital leaders support IC personnel supervision when some functions are outsourced (e.g. laundry or dietary services)	High	D	SI			
2	Infection Control Department	2.01	**For hospitals ≥ 150 beds:** the director of IC department is a full timer personnel qualified in infection control through certification, training **and** experience for two years at least.	High	PF	SI			
		2.02	**For hospitals < 150 beds:** the director of IC department is a full timer personnel qualified in infection control through certification, training **or** experience for two years at least.	High	PF	SI			
		2.03	The director of IC program reports directly to the highest administrative authority (General director or medical director of the hospital).	High	D				
		2.04	At least one full time IC practitioner is assigned for every 100 regular beds including medical departments, surgical departments, dental units ...etc.	Critical	D	SI			
		2.05	An additional one IC practitioner / 30 beds in critical care units e.g., ICU, PICU, ER, burn unit ...etc. (at least one)	Critical	D	SI			
		2.06	An additional one IC practitioner / 120 dialysis patients per day (at least one)	Critical	D	SI			
		2.07	Infection control practitioners are qualified in infection control through certification, training, or experience for one year at least.	High	PF	SI			
		2.08	Infection control practitioners have updated infection control skills and knowledge through continuous medical education program and attendance of IC scientific activities.	High	PF	SI			

3	Infection Control Committee	3.01	IC committee is chaired by the hospital director or the medical director	High	D				
		3.02	Membership of IC committee includes medical staff, nursing staff, microbiology, OR, CSSD, pharmacy, dietary services, housekeeping, and other departments as needed.	Medium	D				
		3.03	IC committee meets on a regular basis (at least quarterly).	Critical	D				
		3.04	Functions of IC committee include but not limited to (revision and evaluation of the IC yearly plan, review and approval of IC policies & procedures, review of surveillance data, ...etc)	High	D	SI			
4	Infection Control Program	4.01	There is a program to reduce the risk of (HAIs) which involves patients, staff, trainees, volunteers, families and visitors.	Critical	D	SI			
		4.02	The program is applied to all areas of the hospital according to the scope of services.	High	D	O	SI		
		4.03	The IC program is based on current scientific knowledge, referenced practices guidelines and applicable national laws and regulations.	High	D	SI			
5	Infection Control Annual Plan	5.01	The annual plan is based on Infection Control Risk Assessment - **ICRA** (i.e., addresses processes, procedures and devices that are identified by the IC practitioners to be associated with risk of HAIs).	Critical	D	SI			
		5.02	The plan includes goals for patient safety (e.g., standard precautions, transmission based isolation precautions, Healthcare bundles, and patient/family education)	High	D	SI			
		5.03	The plan includes goals for staff safety (e.g., staff immunization, post exposure management, and staff education).	High	D	SI			
		5.04	There is a system or a tool to monitor achievements of the annual plan's goals.	High	D	SI			
6	Infection Control Manual (IC Policies & Procedures)	6.01	Infection control policies & procedures are developed by IC department to be approved by IC committee (P&P are based on scientific references approved by MOH (GCC, CDC, WHO & APIC)).	High	D				
		6.02	Infection control policies & procedures are organized in one manual that is well- distributed and available in all hospital areas.	High	D	O	SI		
		6.03	Infection control policies & procedures are revised periodically by the infection control department every 2-3 years, or when required.	High	D				
7	Infection Control Education & Training	7.01	IC department provides continuous education and training (formal & on- job training) for HCWs on infection control with competency assessment.	High	D	PF	SI		
		7.02	IC department provides orientation and training on basics of infection control for newly hired HCWs within 3 months of joining the work.	High	D	PF	SI		
		7.03	IC department provides education on infection control for patients, families and visitors.	Medium	D	SI			
8	Hand Hygiene	8.01	There are written infection prevention policies and procedures for hand hygiene, including types, indications, supplies, techniques and monitoring.	Critical	D	SI			
		8.02	Hand washing facilities and supplies are available & easily accessible (sinks with hot & cold water / plain and antimicrobial soap / towels), one for every 2-4 beds in the critical care areas and at least one per patient's room.	High	O				
		8.03	Alcohol - based hand rub dispensers are available in adequate numbers (one dispenser per patient's bed, one at every nursing station and at any service areas).	High	O				
		8.04	Hand hygiene compliance rates are regularly monitored, Results are discussed in IC committee meetings for corrective actions.	High	D				
		8.05	Reporting of Hand Hygiene Compliance Rates is active and ongoing (i.e., reliable data is passed through regional coordinator to the central body of national hand hygiene program in timely manner).	Critical	D				
		8.06	Visual alerts for Hand Hygiene are available (WHO 5 moments - how to hand wash - how to hand rub) and HCWs are knowledgeable about it.	Critical	O	SI			
		8.07	HCWs (8 - 10) are performing hand hygiene properly (appropriate technique and recommended duration).	Critical	O	SI			
9	Personal Protective Equipment (PPE)	9.01	There are written infection prevention policies and procedures for PPE including types, indications, donning, doffing, disposal and safety.	High	D	SI			
		9.02	PPE is available in all patients care areas in adequate amounts and proper qualities.	High	D	O	SI		
		9.03	PPE is used according to the standard and/or transmission-based precautions through regular training on proper usage, and safety measures by infection control practitioners.	High	O	SI			
		9.04	N95 respirator fit testing is conducted for all HCWs every 2 years or when required.	High	D	SI			

10	Isolation Precautions	10.01	There are written policies and procedures for standard and transmission based precautions, including types, duration of isolation, patient transport, and visitors control.	High	D	SI			
		10.02	There is a clinical hand washing facility with hands free operation inside the patient's room which is provided with private toilet and shower (for isolation room in ICU, toilet and shower are optional).	High	O				
		10.03	**Standard pressure isolation rooms fulfill other MOH specifications:** • Self-closing door • Walls and ceiling are smooth, without decorative parts or acute angles and painted with antimicrobial paint that is easily cleaned and disinfected with approved MOH detergent/disinfectants • Floor are covered with vinyl without connections or cracks • Angles between wall, ceiling and floor are rounded	Medium	O				
		10.04	PPE and hand hygiene supplies are available outside the patient's room at the corridor or in the anteroom (if provided). If the entry of isolation room is through an ante-room, it is used as a site for hand washing and donning of PPE.	High	O	SI			
		10.05	All PPE are doffed inside the patient's room except N95 respirator which is removed outside AIIR after closure of the door of patient's room.	High	O	SI			
		10.06	Visitors receive proper instructions from assigned personnel before entering into an isolation room, and they comply with recommended PPE	Medium	O	SI			
		10.07	A log book is used for HCWs and visitors who had entered the isolation room, when needed.	High	D	SI			
		10.08	Non-critical patient-care equipment are single use or dedicated to one patient.	Medium	O	SI			
		10.09	**The signs used to indicate categories of isolation precautions are :** 1) Clear and visible for HCWs and visitors 2) Bilingual (in Arabic & English). 3) Color coded and compatible with diagnosis (**Examples**: contact: green, airborne: blue, and droplet: pink or or red).	High	O	SI			
		10.10	Sputum specimens for tuberculosis are collected in AIIR (Airborne Infection Isolation Room), and any attendant HCW is using a fit tested sealed checked N95 respirator.	High	O	SI			
		10.11	The receiving unit or facility is informed about the required isolation precautions and availability of appropriate PPE is ensured.	High	MR	SI			
		10.12	The transfer of patient under isolation precautions is restricted to medically necessary purposes, selecting, whenever possible, low traffic time & route.	High	O	SI			
		10.13	**For transport patient under contact isolation precautions:** • Contain and cover all skin lesions and infected or colonized areas of the patient's body with clean bandages and clean linens.	High	O	SI			
		10.14	**For transport patient under droplet/airborne isolation precautions:** • Instruct the patient to wear a surgical mask and follow respiratory hygiene and cough etiquette. • Cover exposed skin lesions with clean bandages and/or clean linens.	High	O	SI			
		10.15	HCWs who are transferring the patient under droplet/airborne isolation precautions do not need to wear respiratory protection during transport if the patient is masked and all skin lesions are covered.	Medium	O	SI			
		10.16	According to current scientific guidelines, there is screening policy for newly admitted or transferred patients to all critical care units (e.g., ICU, Cardiac CCU, NICU...) to identify those who require isolation precautions.	Critical	D	SI			
		10.17	Portable chest x-ray is available for usage in isolation room when needed.	Medium	O	SI			
11	Aseptic Technique Part (1)	11.01	There is a written policy and procedure for clean, aseptic and sterile techniques.	High	D	SI			
		11.02	Separate clean area is available for preparation of medications (i.e., away from patients' treatment areas)	High	O	SI			
		11.03	For invasive procedures, sterile devices and supplies are used after patient's skin antisepsis (e.g., a sterile syringes, needles and medications are used after skin antisepsis with approved antiseptic wipes).	Critical	O	SI			
		11.04	A peripheral venous cannula is properly fixed, with a clearly written date of insertion, and if needed, routinely changed every 72 hours.	High	O	SI			
		11.05	Preparation & dilution of medication are only done by ready-made single-dose sterile solutions.	High	O	SI			
		11.06	Single-dose or single-use vials are used for a single patient and a single procedure/injection (i.e., single-dose vials are not stored for future use even on the same patient).	High	O	SI			

11	Aseptic Technique Part (2)	11.07	Needles and syringes including prefilled syringes, and vacutainer holders are used for a single procedure/injection.	High	O	SI			
		11.08	Cartridge devices such as insulin pens are used for only one patient.	High	O	SI			
		11.09	Supplies are brought to patient's care area only when needed and after patient discharge, all remaining single-use items are discarded while reusable ones are sent for reprocessing, even unused items with intact original wrap.	High	O	SI			
		11.10	Whenever possible, multi-dose vial is used for a single patient, with recorded patient's name and date when it has been opened and accessed for the first time, and discarded after 28 days unless the manufacturer specifies a different shorter or a longer date (i.e., reuse life).	High	O	SI			
		11.11	If multi-dose vials are used for more than one patient, they are be kept and accessed only in the medication preparation area of the pharmacy (away from patients' treatment areas).	High	O	SI			
		11.12	The rubber self-sealed cap of a medication vial or an IV solution bottle is disinfected with alcohol prior to access.	High	O	SI			
		11.13	IV solution bottles are only accessed through the self-sealed rubber cap.	High	O	SI			
		11.14	Administration of IV sets, including secondary sets and add-on devices, that are continually used to infuse crystalloid solutions (hypotonic, isotonic, or hypertonic), are replaced not more frequently than 96-hour intervals, but at least every 7 days.	High	O	SI			
		11.15	Administration of IV sets that are used to administer blood, blood products, or lipid emulsions, or dextrose/amino acid TPN solutions are replaced within 24 hours of initiating the infusion.	High	O	SI			
		11.16	For a ventilated patient, ventilation circuits are only changed when visibly soiled or mechanically malfunctioning.	High	D	SI			
		11.17	Sterile solutions are used in nebulizers, humidifiers, or any aerosol generator and changed between patients or every 24 hours for the same patient.	High	O	SI			
		11.18	A sterile urine bag is continuously connected to urinary catheter and evacuated with proper technique and appropriate PPE.	Medium	O	SI			
		11.19	HCWs use mask during insertion a catheter or injection into spinal or epidural space.	High	O	SI			
12	MERS-CoV	12.01	There is a written policy and procedure for suspected or confirmed MERS-CoV patients based on updated MOH guidelines.	Critical	D	SI			
		12.02	HCWs have received continuous job-specific infection control training on MERS-CoV and comptetency is done.	High	D	PF	SI		
		12.03	Written reminders for updated definitions of suspected cases of MERS-CoV are available in the emergency department & staff are quite familiar with these definitions.	Critical	O	SI			
		12.04	There is a designated triage areas in ER and Hemodialysis unit (and employee health clinic only in case of MERS-CoV outbreaks) for suspected MERS-CoV cases that is physically separated from other areas.	Critical	O				
		12.05	Visual triage for MERS-CoV is activated in ER and haemodialysis unit.according to updated MOH MERS-CoV guidelines.	Critical	O	SI			
		12.06	Patients who have acute respiratory symptoms and people accompanying them are instructed to wear surgical masks and placed in a dedicated separated waiting area with distance between them accorrding to updated MOH MERS-CoV guidelines.	Critical	O	SI			
		12.07	Visual signs for patients and visitors on recommended Hand Hygiene & Respiratory Hygiene/Cough Etiquette practices are posted in the emergency department and inpatient areas.	High	O				
		12.08	The hospital has MOH approved flowchart with policies & procedures for suspected or confirmed cases of MERS-CoV.	High	D	SI			
		12.09	Hospital has log for HCWs who contact with a confirmed case to record the presence of fever, symptoms of acute respiratory illness, diarrhea, vomiting or nausea before starting their shift	High	D	SI			
		12.10	Nasopharyngeal Swabs from patients is performed by trained personnel.	Critical	D	SI			
		12.11	HCWs preform aerosol generating procedures (AGP) on any suspected or confirmed MERS-CoV cases in a negative pressure room or single room with a portable HEPA filter using proper PPE (e.g., N95 mask, eye protection, gloves, and gown).	Critical	O	SI			
13	Employee Health Program Part (1)	13.01	There is a written policies and procedures for employees' health related issues (i.e., pre-employment counseling and screening, immunization, post exposure management and work restriction).	High	D	SI			
		13.02	There is a special clinic for employees' health that provides pre-employment counseling and screening, immunization, post exposure management and work restriction.	High	D	O	SI		
		13.03	All employees have a baseline screening for hepatitis B, hepatitis C, HIV and tuberculosis (TB).	High	MR				
		13.04	The immune status of newly hired staff against hepatitis B, measles, mumps, rubella and varicella are determined by documented vaccination, serological evidence of immunity, documented clinical / laboratory evidence of disease with life long immunity). Appropriate vaccine(s) is administered to those who are susceptible.	Medium	MR				

13	Employee Health Program Part (2)	13.05	The influenza vaccine is administered annually to targeted HCWs as per MOH recommendations.	Medium	MR	SI			
		13.06	Newly hired staff are screened for tuberculosis upon contracting with PPD test. The test is repeated annually for those who are non-reactive and PPD conversion rates are monitored and calculated.	High	MR				
		13.07	There is an implemented system for reporting, follow up and management of exposure to open pulmonary TB, MERS COV, chicken pox, measles, mumps, and rubella.	High	D	SI			
		13.08	There is an implemented system for reporting, follow up, and management of sharp or needlestick injuries and blood or body fluid exposures.	Critical	D	SI			
		13.09	The Employee health clinic team regularly monitors different types of staff exposure andrecommend corrective actions to prevent recurrence, e.g., devices with safety mechanisms (self-sheathing needles-retractable needles and scalpels ... etc,.).	High	D	SI			
		13.10	Reporting through electronic system is active and ongoing (i.e., reliable reports of sharp or needlestick injuries and blood or body fluid exposures are sent to GDPIC through the EPINet or HESN system in a timely manner)	Critical	D	SI			
		13.11	Updated medical records (or copies) are available for all personnel of supportive services (i.e., kitchen, laundry, housekeeping, waste management …etc.)	High	MR				
		13.12	There are regular training activities for employee health program.	High	D	PF	SI		
		13.13	The screening, immunization, and post exposure management data are kept in staff medical records.	High	MR				
		13.14	Exposed health care workers are isolated when needed (either home isolation in staff accommodation or identified rooms in the hospital for HCWs isolation).	High	O	SI			
		13.15	Approved MOH policies for work restriction are strictly applied.	High	D	SI			
14	Outbreak Management	14.01	There is a written policy and procedure for outbreak management (i.e., determination, investigation and control of outbreaks of HAIs) according to updated GDIPC outbreak guidelines.	Critical	D	SI			
		14.02	There is a defined outbreak management team.	Critical	D				
		14.03	The outbreak management team members are qualified, trained, having experience and skills to detect and deal with outbreaks.	High	PF	SI			
		14.04	Investigation and control measures of outbreaks with written/documented action plan are led by director of IC department.	Critical	D	SI			
		14.05	In case of an outbreak, infection control department actively notifies IC regional directorate and report it according to GDIPC outbreak guidelines.	Critical	D	SI			
		14.06	Infection control department actively notifies and report outbreaks to GDIPC according to approved guidelines.	Critical	D	SI			
		14.07	Infection control practitioners receive immediate notification from hospital laboratory regarding critical values. (i.e., MDROs results, positive cultures…), and updated log book for these critical values is available in IC department.	Critical	D	SI			
		14.08	There is monthly report of HAI's outbreaks including ZERO report.	Critical	D				
	Antimicrobial Resistance Program (AMR)	15.01	The antibiogram is regularly discussed by ASP committee & action plan and interventions to improve the use of antimicrobials are developed (hospital ≥150 beds).	High	D				
		15.02	There is a written policy and procedure for Antimicrobial Resistance Program (AMR) inculding Antimicrobial stewardship	High	D	SI			
		15.03	There is antimicrobial stewardship committee, which is chaired by a physician and pharmacist to co-lead the program (the ASP committee meets on a regular basis, at least biannually).	High	D				
		15.04	Membership of the AMR committee includes clinicians, pharmacy, microbiologist(s), IC practitioners, critical care units, infectious diseases department, OR and surgical department, nursing department, and other departments as needed.	High	D				
		15.05	Hospital leaders support AMR program and dedicate necessary human, financial and information technology resources.	High	D	SI			
		15.06	Stewardship program is implemented in hospital for monitoring and tracking of antibiotic prescription and resistance patterns (hospital ≥150 beds).	Medium	D	SI			
		15.07	The antibiogram is prepared by hospital microbiologist at least every 6 months and reported to GDIPC as per MOH regulations (hospital ≥150 beds).	High	D				
		15.08	Information about the antibiotic use and resistance is regularly reported (with analysis and interpretation) to doctors, nurses and other relevant staff. There is implementation of restriction policy for certain antibiotics (colistin, vancomycin, Tygacycline, carbapenems …. ect.).	High	D	SI			
		15.09	Education about AMR and optimal prescription of antimicrobials are provided repeatedly (at least bianually).	High	D	SI			

16	Housekeeping & Hospital Environment	16.01	There is a written policy and procedures for hospital environment & housekeeping	High	D	SI			
		16.02	There is a written policy and procedures for pest control (regular schedule and pest threshold / pesticides list / time and place of exposure).	High	D	SI			
		16.03	There is a written policy and procedure for safe handling of blood/body fluids spills.	High	D	SI			
		16.04	Each unit has a schedule of cleaning/ disinfection activities log that records responsible worker, used agents, methods of cleaning and the environmental surfaces intended to be cleaned.	Critical	D	SI			
		16.05	Cleaning agents and disinfectants are consistent with hospital's policies and MOH specifications and used in the correct method (e.g., dilution and contact time... etc.)	High	D	O	SI		
		16.06	There are separate clean and dirty utility rooms in each patient care area.	High	O				
		16.07	Allocated staff for housekeeping are trained on hand hygiene, use of PPE, methods of cleaning, and proper and safe mixing of chemicals. Only experienced housekeeping staff are allowed in critical care areas.	High	D	O	SI		
		16.08	Hospital environment, lockers, and cabinets are regularly cleaned, dry and dust free.	Critical	D	O			
		16.09	Bedside curtains are clean, free of stains and changed regularly & when visibly contaminated.	High	D	O	SI		
		16.10	Terminal cleaning process is done properly when indicated by using updated detailed checklist.	Critical	D	O	SI		
		16.11	Terminal cleaning process after discontinuation of isolation is supervised by the in-charge nurse, and in case of an outbreak by infection control practitioner	High	D	O	SI		
		16.12	Biological spill kits are available in all patient care units and HCWs are capable of using them properly.	High	O	SI			
		16.13	Random, undirected environmental microbiological cultures (for air, water, or environmental surfaces) are not recommended routinely. Only directed microbiologic sampling is conducted when indicated and approved by the regional IC team.	Medium	D	SI			
17	Cleaning/Disinfection of Medical Equipment	17.01	Medical equipments are cleaned/disinfected properly as per hospital's policies and manufacturer recommendations (regularity, recommended products, methods,... etc.)	Critical	D	O	SI		
18	Infectious Medical Waste	18.01	There is a written policy and procedures that covers infectious waste management (sorting, collection, transport, storage, PPE,... etc.)	High	D	SI			
		18.02	Except in GENERAL WARDs, supplies and consumables required for waste segregation (waste containers, colored coded bags, and sharp containers) are of appropriate sizes, adequate in number at points of production, and meet the approved national regulations.	High	O				
		18.03	Sharp containers are wall mounted or holded on a stand in critical areas & isolation rooms	High	O				
		18.04	In GENERAL WARDs, all clinical procedures are performed using procedural trolley equipped with biohazard waste bag and sharp container.	High	O	SI			
		18.05	Needles are not bent, broken, separated or recapped.	High	O	SI			
		18.06	No infectious medical waste or sharps are observed outside specified containers.	High	O				
		18.07	Medical waste bags are collected after being securely closed when filled to 3/4 of its maximum capacity and labelled with the date and place of production.	High	O	SI			
		18.08	Sharp boxes are collected after being securely closed when filled to 3/4 of its maximum capacity and labelled with the date and place of production.	High	O	SI			
		18.09	Collection & transportation of medical waste are done by allocated workers wearing proper PPE at fixed times and on demand.	High	D	O	SI		
		18.10	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			
		18.11	The medical waste store is consistent with the approved national specifications (adequate in space, away from traffic, secured, well ventilated with temperature <18 °C., provided with water source & adequate drainage, and its walls & floors are easily cleanable).	Medium	D	O	SI		
		18.12	Infectious medical waste is transported outside the hospital every 24 hours to be disposed through the nationally approved system for medical waste management.	Medium	D	O	SI		
		18.13	Allocated infectious waste workers are vaccinated against blood borne pathogens and trained on hand hygiene, use of PPE and safe handling of waste.	High	D	MR	SI		

19	Medical Stores	19.01	There is a written policy and procedures for the medical storage.	High	D	SI			
		19.02	Medical storage areas are of adequate capacity, regularly cleaned, secured and away from contamination, air vents and direct sunlight.	Critical	D	O			
		19.03	Medical storage areas have controlled ventilation with adjusted temperature and humidity (temperature ranges from 22 °C to 24 °C / relative humidity up to 70%)	High	D	O			
		19.04	Storage shelves are at least, 40 cm from the ceiling, 20 cm from the floor, and 5 cm from the wall.	Medium	O				
		19.05	Storage shelves are made of easily cleanable material, e.g., fenestrated stainless steel, Aluminium or hard plastic.	High	O				
		19.06	Sterile and clean items are completely separated from personal items, foods and drinks.	High	O				
		19.07	No Items are kept in the original shipping boxes, especially in the clinical areas.	High	O				
20	Construction & Renovation	20.01	There is a written policy and procedures for IC considerations during demolition, renovation, and construction projects.	Medium	D	SI			
		20.02	IPC team is involved prior to, during, and after any construction, demolition, and renovation project (Planning, ICRA, IC permit, continuous follow - up and authority to stop the project).	High	D	SI			
		20.03	IPC measures are followed during the construction, demolition, and renovation projects by using infection control risk assessment (ICRA).	High	D	O	SI		
21	Airborne Infection Isolation Rooms (AIIRs)	21.01	There is at least one AIIR for every 25 beds in general wards.	CrItical	D	O			
		21.02	At least one AIIR for each 8 beds in the ICU/NICU/PICU departments	Critical	D	O			
		21.03	At least one AIIR for each 12 beds in the emergency room	Critical	D	O			
		21.04	AIIRs fulfill all MOH specifications for standard isolation rooms + windows are sealed and fixed (i.e., could not be opened) / openings in walls and ceiling are sealed and airtight / doors are properly designed and well sealed.	High	O				
		21.05	Airborne Infection Isolation Rooms (AIIRs) are under negative pressure (minimum -2.5 Pascal) with air totally exhausted to outside (100%) through High-Efficiency Particulate Air (HEPA) filters. The exhaust air ducts are independent of the building exhaust air system.	Critical	D				
		21.06	There is 100% fresh air supply (i.e. return of air is not permitted) from central AC or concealed separate unit. All components of AIIR ventilation unit (supply & exhaust) are connected to emergency power supply to maintain air pressurisation in the event of power failure.	Critical	D	O			
		21.07	There is a fixed monitor outside the patient room in the corridor to continuously monitor the pressure difference between the patient room and corridor, with activation of audiovisual alarm when the ventilation system failed.	Critical	O				
		21.08	**There is evidence of regular monitoring of negative pressure difference of AIIRs:** • Daily when in use (i.e., a patient is isolated inside). • Weekly when not in use (i.e., no patient is isolated). • Monthly check by biomedical personals	High	D	O			
		21.09	HEPA filter is changed on a regular basis and according to manufacturer's recommendations.	Critical	D				
		21.10	There is evidence that air exchange of AIIR is ≥ 12 air changes per hour (≥ 12 ACH) with regular monitoring (at least quarterly).	High	D				
		21.11	AIIRs are used **only** for isolation of suspected or confirmed cases with airborne infectious diseases.	High	D	O	SI		
22	Disinfectants and Antiseptics Supplies	22.01	Infection control team is involved in the evaluation and purchase of antiseptics and disinfectant supplies.	High	D	SI			
		22.02	Antiseptics and disinfectants are used in accordance with current scientific guidelines and recommended practices.	High	D	O	SI		
23	Single Use Items (SUI)	23.01	According to current scientific guidelines and MOH regulations, no reuse for single use items.	Critical	D	O	SI		
24	HAIs Surveillance Part (1)	24.01	There are a written policies and procedures for surveillance of health care associated infections, using CDC-NHSN definitions which are approved by MOH (e.g., VAP, CLABSI, CAUTI, SSI and MDROs according to the hospital's scope of services).	Critical	D				
		24.02	Adequate number of computers and a reliable internet service are available for surveillance to be carried out continuously without any interruption.	High	O				
		24.03	IC practitioners are well trained regarding electronic IC-HESN surveillance system and familiar with CDC-NHSN definitions approved by GDIPC-MOH.	Critical	D	SI			
		24.04	IC-HESN surveillance system is carried out in all critical care units (active, prospective, targeted and patient based surveillance).	Critical	D	SI			
		24.05	SSI surveillance is applied according to GDIPC guidelines (i.e. selecting only 1 - 3 types of high risk procedures or most common surgeries for at least 6 months).	Critical	D	SI			

24	HAIs Surveillance Part (2)	24.06	Surveillance data (targeted patients, numerators, denominators and device utilization ratio) are validated by IC practitioners at least once monthly.	Critical	D	SI			
		24.07	Surveillance data are regularly collected & reported to IC regional directorate and GDIPC-MOH through IC-HESN electronic surveillance system.	Critical	D	SI			
		24.08	Results of surveillance are regularly analyzed, interpreted and communicated to staff and concerned departments.	High	D	SI			
		24.09	Results of surveillance are regularly reviewed by the IC committee, and an action plan is developed and followed up accordingly (at least once quarterly).	Medium	D	SI			
		24.10	Results of surveillance are used to reduce HAIs through well designed quality improvement projects.	Medium	D	SI			
25	Patient's Care Bundles For Prevention Of HAIs & MDROs	25.01	There are written policies and procedures concerning patient's care bundles for prevention of VAP, SSI, CAUTI, CLABSI, and MDROs.	High	D				
		25.02	Hospital adopts and implements patient's care bundle for prevention of VAP according to GDIPC guidelines and data are regularly collected, analyzed, evaluated and corrective interventions are considered (or taken) accordingly.	High	D	O	SI		
		25.03	Hospital adopts and implements patient's care bundle for prevention of SSI according to GDIPC guidelines and data are regularly collected, analyzed, evaluated and corrective interventions are considered (or taken) accordingly.	High	D	O	SI		
		25.04	Hospital adopts and implements patient's care bundle for prevention of CAUTI according to GDIPC guidelines and data are regularly collected, analyzed, evaluated and corrective interventions are considered (or taken) accordingly.	High	D	O	SI		
		25.05	Hospital adopts and implements patient's care bundle for prevention of CLABSI according to GDIPC guidelines and data are regularly collected, analyzed, evaluated and corrective interventions are considered (or taken) accordingly.	High	D	O	SI		
		25.06	Hospital adopts and implements patient's care bundle for prevention of MDROs according to GDIPC guidelines and data are regularly collected, analyzed, evaluated and corrective interventions are considered (or taken) accordingly.	High	D	O	SI		
		25.07	Patient's care bundles are followed daily by nursing staff of critical care units. IC practitioners check the compliance and validate the data (at least once weekly).	High	D	O	SI		
		25.08	Data of patient's care bundles are regularly reported to IC regional directorate and GDIPC-MOH through IC-HESN electronic system.	High	D	SI			
26	Endoscopy	26.01	There is a written policy and procedures for infection control in the endoscopy unit.	Critical	D				
		26.02	The procedure room(s) and the decontamination area are physically separated.	Critical	O				
		26.03	Procedure room is equipped with a separate, dedicated hand washing sink with hand free controls.	High	O				
		26.04	Endoscopes are kept moist and free of visible contamination after the procedure until the start of decontamination process (flushed & wiped with a special detergent).	High	O	SI			
		26.05	Soiled endoscopes are transported safely in a suitable closed container to the reprocessing area.	High	O	SI			
		26.06	Reusable heat-stable accessories that break the mucosa (critical high risk items e.g., biopsy forceps) are sent to CSSD for sterilization after each use.	High	O	SI			
		26.07	Reprocessed endoscopes and accessories are stored safely and securely (uncoiled, hanging vertically in a clean, dry, and well ventilated storage cabinet).	High	O	SI			
		26.08	There is effective manual or computer-based tracking system that records details of endoscopes usage, reprocessing & storage.	High	D	SI			
		26.09	Bronchoscopy is performed only in a room with negative air pressure (-2.5 Pa), a minimum of 12 air exchanges per hour, and discharged through HEPA filtration system.	Medium	D	O			
27	Hemodialysis Unit (HD) Part (1)	27.01	There is a written policy and procedures for infection control in haemodialysis unit.	Critical	D				
		27.02	The minimum floor area of an individual hemodialysis patient's station is 80 feet (7.43 m2) and the distance separating adjacent dialysis chairs/beds is not less than 1.2 m.	Critical	O				
		27.03	Special room is available for central venous line insertion, and it is equipped with appropriate hand washing facility and required PPE.	Medium	O				
		27.04	**If hemodialysis unit is a standing alone facility,** Airborne Infection Isolation Room – AIIR is available to provide care for patients with suspected MERS-CoV infection.	Critical	O	SI			
		27.05	**If hemodialysis unit is related to other healthcare facility,** there is an AIIR to provide care for patients with suspected MERS-CoV infection **or** an applied written protocol to transfer them to the related healthcare facility to get their dialysis sessions while applying Airborne Infection Isolation Precautions.	Critical	D	O	SI		

27	Hemodialysis Unit (HD) Part (2)	27.06	Easy accessible hand washing sinks are available in adequate number. (one for every 2-4 chair/beds)	High	O					
		27.07	Alcohol hand rub dispensers are available. (one for every patient's chair/bed)	Critical	O					
		27.08	Appropriate PPE are available and used according to standard and/or transmission based precautions (gloves: clean/sterile - gowns: clean/sterile - face shield or goggles - surgical mask or N95 respirators).	High	O	SI				
		27.09	Central Venous Catheter (CVC) selection, insertion, maintenance, connection and disconnection are done according to CDC guidelines.	Critical	O	SI				
		27.10	Patient and staff members wear masks for all Central Venous Catheter (CVC) access connections.	High	O	SI				
		27.11	Common medication carts or trays are strictly prohibited.	Critical	O					
		27.12	For preparation of medications, a central area (clean area) is specified for this purpose, and this area is physically separated from patient's treatment areas (contaminated areas).	High	O					
		27.13	Unused supplies or medications within the patient's station are not used on other patients and never returned to the common clean area.	Critical	O	SI				
		27.14	Patient care equipment such as blood pressure cuffs, stethoscopes, scissors and thermometers are allocated to a single patient during the whole session and are **disposed** (if single use) or **cleaned and disinfected** (if reusable) at the end of each patient's treatment session.	Critical	O	SI				
		27.15	Written rules are strictly followed for the process of internal cleaning and disinfection of dialysis machines in-between patients (as per manufacturer's recommendations).	High	D	O	SI			
		27.16	Written rules are strictly followed for cleaning and disinfection of haemodialysis patients' environment after each treatment session with MOH approved disinfectants (checklist is used to cover all environmental surfaces at every dialysis station: surfaces of machines specially frequently touched control panels and knobs, chairs/beds, over-bed table, BP cuff with its tubing, TV remote control,... etc.).	High	D	O	SI			
		27.17	Water treatment system is regularly maintained with change of filters according to the manufacturer's instructions.	Medium	D					
		27.18	Cleaning and disinfection of the water treatment and distribution system is performed at least once weekly. Complete dialysis system is considered during the disinfection procedure (water treatment system, distribution system and dialysis machines).	Medium	D	SI				
		27.19	Chemical monitoring of treated water is performed semiannually or at least annually (full chemical analysis in an accredited laboratory).	Critical	D					
		27.20	On-site testing of Chlorine and Chloramines, water hardness, and PH is performed at the beginning of the day and every 4 hours while patients are undergoing hemodialysis (using commercially available test kits).	Critical	D					
		27.21	Microbiological testing for water and dialysate is conducted at least monthly, and if standards are exceeded, testing is done weekly until meeting standards. (maximum acceptable level is 100 CFU/ml / action level is 50 CFU/ml). Samples are taken before disinfection of the system from all required sites.	Critical	D					
		27.22	Endotoxin testing for water and dialysate is performed at least once per month, and if not up to the standards, testing is repeated weekly until the problem is resolved. (in processed water maximum acceptable level is 0.25 EU/ml / action level is 0.125 EU/ml - in dialysate maximum acceptable level is 0.5 EU/ml / action level is 0.25 EU/ml).	Critical	D					
		27.23	The results of chemical and microbiological testing of water are available and reviewed by responsible nephrologist and infection control practitioners, and actions are taken accordingly.	Critical	D	SI				
		27.24	Patient is tested for HBV markers on admission with vaccination of susceptible one. Patient with negative results are periodically re-tested with prompt review of results. **HBsAg monthly:** for unvaccinated patient and vaccine non responder. **Anti-HBs annually:** for anti-HBc –ve & anti-HBs +ve > 10 mIU/mL.	Critical	MR	D				
		27.25	Patient is tested for HCV markers on admission (ALT and anti-HCV - ELISA). Patient with negative results are periodically re-tested with prompt review of results. **ALT monthly, and anti-HCV (ELISA) semi-annually:** for anti-HCV –ve patient. **Repeated anti-HCV (ELISA) tests:** for anti-HCV –ve patient with unexplained elevated ALT. **HCV-RNA (PCR) test:** for patient with persistent unexplained elevated ALT & repeated anti-HCV –ve tests (ELISA).	Critical	MR	D				
		27.26	Previously HCV +ve patient who was treated with DAAs (Direct Antiviral Agents) and achieved SVR (Sustained Virologic Response) is tested for HCV-RNA (PCR) semi-annually to detect relapse.	Critical	MR	D				

27	Hemodialysis Unit (HD) Part (3)	27.27	Patients with risk factors for HIV infection (high-risk behaviors, e.g., injecting drug abuse, sexual activity or tattoos) are tested for markers of HIV infection (**routine testing of all haemodialysis patients is not recommended**)	High	MR	D			
		27.28	HCWs are tested for HBV, HCV, and HIV upon hiring and vaccine is given for those who are susceptible to hepatitis B (**routine annual serologic testing of haemodialysis staff for HBV, HCV and HIV is no longer recommended**).	Critical	MR				
		27.29	HVB +ve patients are strictly segregated in a separate room(s), treated by dedicated staff during dialysis sessions using designated machines, equipment, instruments, supplies, and medications which are used only for them.	Critical	O	SI			
		27.30	No need to isolate patients +ve for HCV and/or HIV (**if they are –ve for HBV**) from other patients. It is not required to receive dialysis sessions in separate areas/rooms or to use dedicated machines or supplies. **Strict adherence to standard precautions which is recommended for all hemodialysis patients efficiently prevent HCV and HIV transmission within the dialysis environment.**	High	O	SI			
28	Compound Sterile Preparation (CSP) In The Pharmacy	28.01	There is a written IC policy and procedures for compound sterile preparation (**CSP**).	High	D				
		28.02	Compound sterile preparation (CSP) is restricted to competent pharmaceutical staff (except during emergency situations), who are familiar with aseptic techniques and proper use of appropriate PPE.	High	O	SI			
		28.03	Compound sterile preparation (CSP) room/area is a functionally separate facility which is under positive pressure.	High	D	O			
		28.04	The doors of the compound sterile preparation (**CSP**) room/area are equipped with an auto-closure mechanism.	High	O				
		28.05	Mixing IV medications is performed in laminar air flow hood or safety cabinet, with air supplied through High-Efficiency Particulate Air (HEPA) filter.	Critical	D	O			
		28.06	Compound sterile preparation (CSP) room/area is cleaned and disinfected with an approved detergent/disinfectant.	High	D	O	SI		
		28.07	Working surface (under the laminar air flow hood) is regularly disinfected by an approved disinfectant using non-linting wipes.	High	O	SI			
		28.08	Maintenance records for hoods and safety cabinets are available.	High	D				
		28.09	All supplies and containers used in CSPs preparations are sterile.	High	O	SI			
29	Operating Room (OR)	29.01	There are a written policies and procedures for infection control in OR including a clear policy to handle patients under Air-borne Infection Isolation Precautions inside OR (e.g., TB).	Critical	D				
		29.02	There is a clear demarcation between unrestricted, semirestricted and restricted zones of OR with restrictions and special precautions for movement between these zones	High	O	SI			
		29.03	Floors, walls, ceiling are: formed of one piece without connections, cracks, or decorative parts, with minimal openings that are completely sealed, and withstand repeated cleaning and disinfection.	Medium	O				
		29.04	At least one large scrubbing sink is available at entry to each operating theater.	Critical	O				
		29.05	Storage areas in the OR are organized and well maintained.	High	O				
		29.06	Only necessary items are kept in the restricted area of the OR.	Critical	O				
		29.07	Doors are kept closed and only necessary personnel are allowed in the theater.	Critical	O	SI			
		29.08	OR environment is maintained clean and there are clear procedures for cleaning and disinfection by allocated housekeeping staff after each surgical procedure and at least daily.	High	D	O	SI		
		29.09	Ventilation system operates all the time and never shuts down even in long holidays, and air is introduced from the ceiling and exhausted near the floor.	High	D	O			
		29.10	All re-circulated or fresh air is filtered through High-Efficiency Particulate Air (HEPA) filters that are maintained and replaced as per the manufacturer recommendations.	High	D				
		29.11	Operating Room is maintained at positive pressure (at least +2.5 Pascal) with respect to corridors.	High	D				
		29.12	Operating Room is maintained at ≥ 15 air changes per hour (ACH) with 20% fresh air.	High	D				
		29.13	Operating Room temperature ranges from 21 °C to 24 °C and relative humidity from 20% to 60%.	High	D				
		29.14	Patients with infectious transmissible diseases are scheduled towards the end of the operating list.	High	D	SI			
30	Laboratory Part (1)	30.01	There is a written policies and procedures for IC in the laboratory.	High	D				
		30.02	Access is restricted with a sign incorporating the universal biohazard symbol posted at the entrance.	High	O				
		30.03	Eating, drinking, handling contact lenses, and storing food are not permitted.	Medium	O	SI			
		30.04	All manipulations of infectious materials that may generate aerosols are properly contained or conducted in a biological safety cabinet (BSC - class II-B).	High	O	SI			

30	Laboratory Part (2)	30.05	Biological Safety Cabinets (BSC - class II-B) dedicated for aerosols generating procedures are well maintained, tested and certified at least annually.	High	D				
		30.06	Whenever possible, plastic tubes are used instead of glass ones to avoid sharp injuries.	High	O	SI			
		30.07	Emergency shower and eyewash station is available for immediate decontamination after exposure to hazardous chemicals.	High	O				
		30.08	Specimen collection and receiving area are equipped with hand washing facilities and proper PPEs.	High	O				
		30.09	Tuberculosis laboratory is at least biosafety level III (BL-3) that is separated from other parts of building by an anteroom and equipped with Biological Safety Cabinet (BSC - class II-B).	Critical	D	O			
		30.10	Cultures plates are autoclaved in appropriate autoclave bags and then contained inside yellow coloured bags with a biohazard symbol before disposal as infectious medical waste.	Critical	D	O	SI		
		30.11	Working surfaces and equipment are regulaly cleaned and disinfected.	High	D	O	SI		
		30.12	Laboratory personnel perform hand hygiene and wear appropriate PPE when indicated.	High	O	SI			
31	Dental Services	31.01	There are written IC policies and procedures for the dental setting.	High	D				
		31.02	No reprocessing of instruments is carried inside the dental clinic (all the contaminated items are sent to the central sterilization department).	Critical	O	SI			
		31.03	Single-use devices (e.g., disposable examination set, anesthesia carpule/cartidge, etc. …) are discarded immedialtely after each patient.	Critical	O	SI			
		31.04	All reusable dental instruments (critical and semicritical dental items) are sent to CSSD after each patient.	Critical	O	SI			
		31.05	Contaminated dental instruments including dental handpieces are transferred to the central sterilization department in a closed, sealed, and puncture resistant containers.	Critical	O	SI			
		31.06	If transportation to CSSD is not expected within two hours, instruments inside transferring containers are sprayed with transportation gel/spray before sending them.	High	O	SI			
		31.07	If needles with self-sheathing mechanism and recapping devices are not available, dental care personnel use one-handed recapping (scoop technique) for recapping needles	High	O	SI			
		31.08	Clinical contact surfaces (contaminated and frequently touched surfaces in the patient-care area): light handles, bracket trays, switches on dental units, computer equipment are either barrier protected or cleaned and disinfected after each patient.	High	O	SI			
		31.09	Housekeeping surfaces (e.g., floors, walls, and sinks) cleaned with water and detergent or disinfectant/detergent on a routine basis or when they are visibly dusty or soiled.	Medium	O	SI			
		31.10	Appropriate dental unit waterlines treatment products and devices are used to ensure that water quality meets regulatory standards for drinking water during routine dental treatment. Disinfection of dental unit waterlines is performed as per manufacturer's recommendations.	Medium	D	SI			
		31.11	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				
		31.12	During surgical procedures, **only** sterile solutions are used as a coolant / irrigant using an appropriate delivery device.	High	O	SI			
		31.13	Dental care personnel apply standard precautions while performing dental x-rays.	High	O	SI			
		31.14	Dental lab personnel adhere to standard precautions while performing dental lab procedures.	High	O	SI			
		31.15	Before handling dental prostheses and prosthodontics materials in the dental lab (e.g., impressions, bite registrations, and occlusal rims), they are cleaned and disinfected according to manufacturers' instructions.	Medium	O	SI			
32	Dietary Services Part (1)	32.01	There is a written policies and procedures addressing dietary services and kitchen staff hygiene.	High	D				
		32.02	Kitchen staff practice hand hygiene properly and use suitable PPE while handling food.	High	O	SI			
		32.03	Kitchen staff with respiratory infections, gastroenteritis, diareaha or hand infections or wounds are restricted from handling food.	High	MR	SI			
		32.04	Stool tests and cultures are performed routinely upon hiring, every 6 months and after returning from long vacation. Results are reviewed by the employee health clinic and the IC team.	High	MR	SI			
		32.05	All kitchen staff receive vaccines against hepatitis A, typhoid and meningococcal meningitis.	High	MR				
		32.06	Kitchen is designed as physically separated areas with specified equipment & supplies (e.g., Mixers, juicers, knives, etc..) for different types of food.	Medium	O				

32	Dietary Services Part (2)	32.07	Adequate numbers of hand washing facilities and/or hand rub antiseptic devices are available.	Critical	O					
		32.08	Temperature requirements and protection from contamination are considered during receiving, storage, preparation, display and transportation of food.	High	D	O	SI			
		32.09	Garbage containers or receptacles are adequate in number, well distributed, insect and rodent proof and with covers controlled by foot.	Medium	O					
		32.10	Boards and knives used to cut meat, poultry, fish or vegetables are identifiably separated (color- coded) and immediately washed after use.	Medium	O	SI				
		32.11	Water used for cooking is supplied by commercially approved companies or hospital water that is tested at least monthly to ensure that its quality meets regulatory standards for potable water (potable microbiologically & chemically).	Medium	D					
		32.12	Food containers are properly labelled with expiry dates noted. Expiry dates of food stuffs are checked before use.	High	O	SI				
		32.13	Fruits and vegetables are washed and disinfected thoroughly.	Medium	O	SI				
		32.14	Freezers & fridges temperatures are continuously monitored and documented on log sheets and relevant actions are taken.	High	D	O	SI			
		32.15	Food containers and cooking utensils are washed immediately after being emptied.	High	O	SI				
		32.16	There is an Insect and rodent control plan that is strictly implemented	High	D	O	SI			
		32.17	The kitchen environment is clean (i.e., frequently cleaned, dry and dust free)	Medium	D	O	SI			
33	Laundry	33.01	There is a written policies and procedures for linen management, (e.g., collection, transportation, sorting, washing, storing and dispensing).	High	D	SI				
		33.02	Work flow is unidirectional from a soiled area to clean area with complete physical separation between them.	High	O					
		33.03	Hand hygiene facilities and supplies are available & easily accessible, especially in the dirty area.	High	O					
		33.04	Clean and dirty linen are separated during transport, linen carts used for clean and dirty linen are clearly identified.	High	O					
		33.05	Soiled linen (visibly contaminated with patient's blood, excreta, or other body fluids), and linen from patients under isolation precautions are handled as little as possible, with appropriate PPE, and special color-coded and leak-proof laundry bags are used.	High	SI	O				
		33.06	During high temperature washing cycle, water temperature is at a minimum of 71°C for 25 minutes (*heat disinfection*), and this is recorded.	High	D	O	SI			
		33.07	During low temperature washing cycle (22°C - 50°C), sodium hypochlorite is added as a disinfectant during bleach wash cycle (*chemical disinfection*: residual bleach is 50 - 150 ppm **: 50 - 150/1000000**), this is monitored and controlled.	High	D	O	SI			
		33.08	Routine inspection is conducted after washing, and linen with blood or/and body fluid stains is washed again.	Medium	O	SI				
34	The Morgue	34.01	There is a written policies and procedures that address safe handling of dead bodies, including postmortem handling of patients under isolation precautions and bodies with open wounds.	Critical	D	SI				
		34.02	Hand hygiene facilities and supplies are available & easily accessible.	High	O	SI				
		34.03	The morgue mortuary is generally clean, well ventilated, and well organised. There is a regular schedule of houskeeping activities (cleaning and disinfection) that includes all environmental surfaces including the inside of refrigerating and deep freezing equipments.	Medium	D	O	SI			
		34.04	Bags for dead bodies are available and used especially for dead bodies of isolated patients and cadavers with oozing body fluids.	High	O	SI				
		34.05	Only experienced personnel (specialists and/or technicians) are dealing with cadavers (i.e., the morgue staff are well trained on hand hygiene, use of PPE, and proper and safe handling of dead bodies).	Medium	O	SI				
		34.06	The temperatures of the morgue refrigerators are kept at 2-4°C and logged daily.	Medium	D	O				
		34.07	For long-term preservation of dead bodies (>7 days), the facility provides a deep freezing compartment (temp < -15°C which is logged daily).	Medium	D	O				