



Hospital Infection Control Audit (ICA) 2022

					Activities	Meaning
					O	Observation
					SI	Staff Interview
					D	Documents
					PF	Personal files
					MR	Medical Records
Audited Facility Information		Audit Information		Scoring		Explanation
Name of Hospital			Visit Date		2	Fully Met (80% or more Compliance)
Region			Auditor 1 Name		1	Partially Met (from 50% to less than 80% Compliance)
City			Auditor 1 Email		0	Not Met (less than 50% Compliance)
Tel			Auditor 2 Name		NA	Not Applicable
Email			Auditor 2 Email			
Head of Infection Control						

1		Leadership support	Weight	Activities	Score	Comments
1.1	Adequate resources are allocated to infection control department (e.g., offices, internet access, IT support ...etc.).	High	O	SI	0 1 2	
1.2	Adequate infection control supplies are provided to HCWs for successful IC program (e.g., PPE, disinfectants, etc.).	Critical	D	O SI	0 1 2	
1.3	Infection control team is given full authority to implement the Infection Control (IC) policies and procedures.	High	D	SI	0 1 2	
1.4	Hospital leaders support IC personnel supervision when some functions are outsourced (e.g. laundry or dietary services).	High	D	SI	0 1 2 NA	
2		Infection Control Department	Weight	Activities	Score	Comments
2.1	For hospitals (≥ 150 beds): the director of IC department is full-time employee qualified in infection control through certification, training AND experience for a minimum of two years.	High	PF	SI	0 1 2 NA	
2.2	For hospitals (< 150 beds): the director of IC department is a full-time employee qualified in infection control through certification, training OR experience for a minimum of two years.	High	PF	SI	0 1 2 NA	
2.3	The director of IC program reports directly to the highest administrative authority (general director or medical director of the hospital).	High	D		0 1 2	
2.4	The facility has infection control staffing ratio of not less than 1 full-time practitioner for every 100 beds.	Critical	D	SI	0 1 2	
2.5	An additional one full-time IC practitioner is staffed for every 30 beds in critical care units e.g., ICU, PICU, ER, burn unit ...etc.	Critical	D	SI	0 1 2	
2.6	An additional one full-time IC practitioner is staffed for every 120 dialysis patients per day.	Critical	D	SI	0 1 2 NA	
2.7	Infection control practitioners are qualified in infection control through certification, training, or experience for a minimum of one year.	High	PF	SI	0 1 2	
2.8	Infection control practitioners have updated infection control skills and knowledge through continuous medical education program and attendance of IC scientific activities.	High	PF	SI	0 1 2	
3		Infection Control Committee	Weight	Activities	Score	Comments
3.1	There is written approved terms of references document for the infection control committee containing structure, rules, duties and members responsibilities.	High	D		0 1 2	
3.2	Meeting minutes are written in a manner of task force tables with time limit for the actions needed and actions must be followed in the next meeting.	High	D		0 1 2	
3.3	IC committee is chaired by the hospital director or the medical director.	High	D		0 2	
3.4	Membership of IC committee includes medical staff, nursing staff, microbiology, OR, CSSD, pharmacy, dietary services, housekeeping , and other departments as needed.	High	D		0 1 2	
3.5	IC committee meets on a regular basis (at least quarterly).	Critical	D		0 1 2	
3.6	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	0 1 2	
4		Infection Control Program	Weight	Activities	Score	Comments
4.1	There is a program to reduce the risk of (HAIs) that involves patients, staff, trainees, volunteers, families and visitors.	Critical	D	SI	0 1 2	
4.2	The program is applied to all areas of the hospital according to the scope of services.	High	D	O SI	0 1 2	
4.3	The IC program is based on current scientific knowledge, referenced practices guidelines and applicable national laws and regulations.	High	D	SI	0 1 2	
5		Infection Control Annual Plan	Weight	Activities	Score	Comments
5.1	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	0 1 2	
5.2	The plan includes goals for patient safety (e.g. standard precautions, transmission based isolation precautions, healthcare bundles, and patient/family education).	High	D	SI	0 1 2	
5.3	The plan includes goals for staff safety (e.g., staff immunization, post exposure management, and staff education).	High	D	SI	0 1 2	
5.4	There is a system or a tool to monitor achievements of the annual plan's goals.	High	D	SI	0 1 2	

6	Infection Control Manual (IC Policies & Procedures)	Weight	Activities	Score	Comments
6.1	Infection control policies and procedures are developed by IC department to be approved by IC committee (policies and procedures are based on scientific references approved by MOH (e.g. GCC, CDC, WHO or APIC).	High	D	0 1 2	
6.2	Infection control policies and procedures are organized in one manual that is well- distributed and available in all hospital areas.	High	D O SI	0 1 2	
6.3	Infection control policies and procedures are revised periodically by the infection control department every 2-3 years, or when required.	High	D	0 1 2	
7	Infection Control Education & Training	Weight	Activities	Score	Comments
7.1	Annual infection control training program based on need assessment and include basic and specialized infection control training.	High	D SI	0 1 2	
7.2	IC department provides continuous education and training (formal & on- job training) for HCWs on infection control with competency assessment.	High	D PF SI	0 1 2	
7.3	IC department provides orientation and training on basics of infection control for newly hired staff before or maximum within 1 month of joining the work.	High	D SI	0 1 2	
7.4	IC department provides education on infection control for patients, families and visitors.	Medium	D SI	0 1 2	
7.5	Basic Infection Control Skills license (BICSL) Training Program is implemented in all MOH hospitals with good quality of training.	High	D SI	0 1 2 NA	
8	Hand Hygiene	Weight	Activities	Score	Comments
8.1	There are written infection prevention policies and procedures for hand hygiene, including types, indications, supplies, techniques and monitoring.	Critical	D	0 1 2	
8.2	Hand washing facilities and supplies (sinks with hot and cold water, plain and antimicrobial soap, and towels) are available and easily accessible (at least one sink for every 2-4 beds in the critical care areas and at least one sink per patient's room).	High	O	0 1 2	
8.3	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 area).	High	O	0 1 2	
8.4	Hand hygiene compliance rates are regularly monitored and results are discussed in IC committee meetings for corrective actions.	High	D	0 1 2	
8.5	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	0 1 2 NA	
8.6	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	0 1 2	
8.7	HCWs (8 - 10) are performing hand hygiene properly (appropriate technique and recommended duration).	Critical	O SI	0 1 2	
8.8	Reporting of hand hygiene self-assessment is active and ongoing (WHO HHS Framework - Action plan to improve the quality of hand hygiene).	High	D SI	0 1 2	
8.9	WHO Hand Hygiene Improvement Strategy tools are applied to improve the quality of hand hygiene.	Medium	D O SI	0 1 2 NA	
9	Personal Protective Equipment (PPE)	Weight	Activities	Score	Comments
9.1	There are written infection prevention policies and procedures for PPE including types, indications, donning, doffing, disposal and safety.	High	D	0 1 2	
9.2	PPE is available in all patients care areas in adequate amounts and proper qualities.	High	D O SI	0 1 2	
9.3	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	0 1 2	
9.4	Neonatal intensive care unit (NICU) staff clean their hands, wear disposable gown and clean gloves in case of direct contact or providing care to newborns outside their incubator.	High	O SI	0 1 2 NA	
9.5	Respirators types and sizes in health care workers' BICSL cards are compatible with available respirators.	High	O SI	0 1 2 NA	
9.6	Respirator fit testing is conducted for all HCWs every year or when required.	High	D SI	0 1 2	
10	Isolation Precautions	Weight	Activities	Score	Comments

10.1	There are written policies and procedures for standard and transmission based precautions, including types, duration of isolation, patient transport, and visitors control.	High	D			0	1	2		
10.2	There is a clinical hand washing facility with hands free operation inside the patient's room or in the anteroom if available.	High	O			0	1	2		
10.3	Patient's room is provided with private toilet and shower (for isolation room in ICU,NICU , CCU toilet and shower are optional).	High	O			0	1	2		
10.4	PPE and alcoholic hand rub solution are available outside the patient's room at the corridor or in the anteroom (if provided).	High	O			0	1	2		
10.5	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		0	1	2		
10.6	Visitors receive proper instructions from assigned personnel before entering into an isolation room, and they comply with recommended PPE.	Medium	O	SI		0	1	2		
10.7	A log book is available and used for all individuals entering the rooms/cubicles of isolated patient with airborne infections (e.g. MERS-CoV, COVID-19..etc).	High	D	SI		0	1	2		
10.8	Non-Critical patient-care equipment are single use or dedicated to one patient.	Medium	O	SI		0	1	2		
10.9	The signs used to indicate categories of isolation precautions are Clear and visible for HCWs and visitors, Bilingual (in Arabic & English., Color coded and compatible with diagnosis (Examples: contact: green, airborne: blue, and droplet: pink or red) (it is preferable to use the GDIPC approved isolation signs).	High	O	SI		0	1	2		
10.1	Sputum specimens for pulmonary or laryngeal tuberculosis testing are collected in AIIR (Airborne Infection Isolation Room) or well open ventilated place.	High	O	SI	d	0		2	NA	
10.11	The receiving unit or facility is informed about the required isolation precautions and availability of appropriate PPE is ensured.	High	M R	SI		0	1	2		
10.12	The transfer of patient under isolation precautions is restricted to medically necessary purposes, Isolation transportation cards must be used are consistent with the patient diagnosis , colour coded and are posted in Arabic and English, and indicating the type of precautions required for staff (it is preferable to use the GDIPC approved isolation transportation cards) and selecting, low traffic time & route.	High	O	SI		0	1	2		
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		0	1	2		
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 (if any) with clean bandages and/or clean linens.	High	O	SI		0	1	2		
10.15	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		0	1	2	NA	
10.16	Patients with burns larger than 25% total body surface area (TBSA) are kept in a single room or physically separated from other patients .	High	D	SI		0		2	NA	
10.17	Portable chest x-ray is available for usage in isolation room when needed.	Medium	O	SI		0	1	2		
10.18	There is at least one AIIR for every 25 beds in general wards.	Critical	O			0	1	2		
10.19	There is at least one AIIR for each 8 beds in the ICU/PICU departments.	Critical	O			0	1	2	NA	
10.2	There is at least one AIIR for each 12 beds in the emergency room.	Critical	O			0	1	2		
10.21	One AIIR in the NICU department as a minimum.	Critical	O			0		2	NA	
10.22	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			0	1	2		
10.23	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 including that from bathroom are independent of the building exhaust air system.	Critical	D			0	1	2		
10.24	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		0	1	2		
10.25	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			0	1	2		

10.26	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		0	1	2		
10.27	HEPA filter is changed on a regular basis and according to manufacturer's recommendations.	Critical	D			0	1	2		
10.28	Air exchange of AIIR is ≥ 12 air changes per hour (≥ 12 ACH) with monthly monitoring.	High	D			0	1	2		
10.29	AIIRs are used only for isolation of suspected or confirmed cases with airborne infectious diseases.	High	D	O	SI	0	1	2		
10.3	Bronchoscopy should be performed only in a room with negative air pressure, a minimum of 12 air exchanges per hour, and discharged through HEPA filtration system (refer to AIIR specifications).	High	O	SI		0		2	NA	
11	Aseptic Technique	Weight	Activities			Score			Comments	
11.1	There is a written policy and procedures for clean, aseptic and sterile techniques.	High	D			0	1	2		
11.2	Hand hygiene practiced before breastmilk expression and sterile container is used for breastmilk collection and preservation.	High	O	SI		0	1	2	NA	
11.3	Separate clean area is available and maintained for preparation of medications (i.e., away from patients' treatment areas).	High	O	SI		0	1	2		
11.4	For invasive procedures, sterile devices and supplies are used after patient's skin antisepsis (e.g., sterile syringes, needles and medications are used after skin antisepsis with approved antiseptic wipes).	Critical	O	SI		0	1	2		
11.5	A peripheral venous catheter is properly fixed, with a clearly written date of insertion, and to reduce risk of infection and phlebitis, it is replaced - if still needed - as follows: In adults: it is not replaced more frequently than every 72 to 96 hours. In children: it is replaced only when clinically indicated.	High	O	SI		0	1	2		
11.6	Preparation & dilution of medications are only done by ready-made single-dose sterile solutions.	High	O	SI		0	1	2		
11.7	Single-dose or single-use vial is used for a single procedure/injection in a single patient (i.e., single-dose or single-use vial is not stored for future use even on the same patient).	High	O	SI		0		2		
11.8	Needles and syringes including prefilled syringes, and vacutainer holders are used for a single procedure/injection.	Medium	O	SI		0		2		
11.9	Cartridge devices such as insulin pens are used for only one patient.	High	O	SI		0		2	NA	
11.1	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 to CSSD for reprocessing (even unused items with intact original wrap).	High	O	SI		0	1	2		
11.11	Whenever possible, multi-dose vial is used for a single patient, with recorded patient's name and date of the first use (when it has been 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		0	1	2	NA	
11.12	If multi-dose vial is used for more than one patient, it is exclusively kept and accessed in the area specified for preparation of medications (i.e., away from patients' treatment areas).	High	O	SI		0	1	2	NA	
11.13	The self-sealed rubber cap of a medication vial or an IV solution bottle is disinfected with approved antiseptic wipes (e.g., alcohol wipes) prior to any access.	Medium	O	SI		0		2		
11.14	IV solution bottles are only accessed through the self-sealed rubber cap after being disinfected.	Medium	O	SI		0		2		
11.15	IV sets (including secondary sets and add-on devices) that are continually used to infuse crystalloid solutions (hypotonic, isotonic, or hypertonic), are replaced at least every 7 days, but not more frequently than 96-hour intervals.	High	O	SI		0	1	2		
11.16	IV sets that are used to administer blood, blood products, lipid emulsions, or dextrose/amino acid TPN solutions are replaced within 24 hours of initiating the infusion.	High	O	SI		0	1	2	NA	
11.17	For a ventilated patient, ventilation circuit is only changed when visibly soiled or mechanically malfunctioning.	High	D	SI		0	1	2	NA	
11.18	Sterile solutions are used in nebulizers, humidifiers, or any aerosol generating system and changed between patients and every 24 hours for the same patient unless the manufacturer of ready-made sterile solutions specifies different dates.	High	O	SI		0	1	2		
11.19	A sterile urine bag is continuously connected to urinary catheter and evacuated with proper technique and appropriate PPE.	Medium	O	SI		0	1	2	NA	
11.2	If breast pump is dedicated to certain mother, all pump components are washed with hot water and soap, rinsed, dried thoroughly, sterilized or disinfected at the end of the shift and stored in clean place.	High	D	O	SI	0	1	2	NA	
11.21	If breast pump is used for more than one mother, all pump components are sterilized or disinfected between uses by different mothers.	High	D	O	SI	0	1	2	NA	

11.22	Neonatal intensive care unit (NICU) staff clean their hands and wear gloves during contact or providing medical care for newborns inside their incubators.	High	O	SI		0	1	2	NA	
11.23	HCW wears mask during insertion of a catheter or injection into spinal or epidural space.	High	O	SI		0	1	2	NA	
12	COVID-19 and MERS-CoV Measures	Weight	Activities			Score			Comments	
12.1	There are written policies and procedures for suspected or confirmed MERS-CoV & COVID-19 patients based on updated MOH guidelines.	Critical	D			0	1	2		
12.2	HCWs receive continuous job-specific infection control training on MERS-CoV & COVID-19 and competency testing.	High	D	PF	SI	0	1	2		
12.3	Written reminders for updated definitions of suspected cases of MERS-CoV & COVID-19 are available in the emergency department and staff are quite familiar with these definitions.	Critical	O	SI		0	1	2		
12.4	There is a protocol for early detection, management, and transfer of respiratory illness patients, "Flow Chart" is available in Emergency Room and Hemodialysis Unit.	High	D	SI		0	1	2		
12.5	There is a designated triage areas "FOR RESPIRATORY TRIAGE" in ER and Hemodialysis unit (and employee health clinic only in case of MERS-CoV & COVID-19 outbreaks) for suspected MERS-CoV cases that is physically separated from other areas.	Critical	O			0	1	2		
12.6	Respiratory triage for MERS-CoV & COVID-19 is activated in ER and hemodialysis unit according to updated MOH MERS-CoV & COVID-19 guidelines.	Critical	O	SI		0	1	2		
12.7	Patients who have acute respiratory symptoms are instructed to wear surgical masks and placed in a dedicated and separated waiting area with a distance between them according to updated MOH MERS-CoV & COVID-19 guidelines.	Critical	O	SI		0	1	2		
12.8	Bilingual visual signs for patients and visitors on recommended hand hygiene, respiratory hygiene practices are posted in the emergency department and inpatient areas.	High	O			0	1	2		
12.9	The facility conducts a tracing for all staff exposed to a confirmed COVID-19 or MERS-CoV case as per the latest national guidelines and keep records available.	High	D	SI		0	1	2		
12.1	Nasopharyngeal swabbing of suspected patients is performed by trained HCW personnel , there must be schedule for duty covering 24 hours for the trained assigned HCWs for nasopharyngeal swabbing.	Critical	D	SI		0	1	2		
12.11	HCWs perform aerosol generating procedures (AGP) on any suspected or confirmed MERS-CoV and COVID-19 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		0	1	2		
13	Infection Control Precautions in Special Situations (Respiratory illness Outbreak)	Weight	Activities			Score			Comments	
13.1	Daily logbook is activated in the unit for HCWs to record presence or absence of fever, respiratory & GI symptoms etc before starting work shift.	Critical	D	SI		0	1	2		
13.2	All HCWs ,visitors and patients must abide by the policy of universal masking i.e wearing surgical face mask at all times while in their respective clinical setting.	Critical	D			0	1	2		
13.3	Health Care workers, visitors and patients strictly adhere to principles of social distancing, cough etiquette and frequent hand hygiene during duty hours.	Critical	D	SI		0	1	2	NA	
13.4	Interdepartmental mobility of healthcare workers is strictly prohibited unless necessary for medical purposes (Patient's transportation etc.)	Critical		SI		0	1	2		
14	Employee Health Program	Weight	Activities			Score			Comments	
14.1	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			0	1	2		
14.2	There is a special clinic for employees' health that provides pre-employment counseling and screening, immunization, post exposure management and work restriction.	High	O	SI		0	1	2		
14.3	All employees have a baseline screening for hepatitis B, hepatitis C, HIV and tuberculosis (TB).	High	D	MR		0	1	2		
14.4	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	D	MR	SI	0	1	2		
14.5	The influenza vaccine is administered annually to targeted HCWs as per MOH recommendations.	Medium	D	MR	SI	0	1	2		

14.6	Newly hired staff are screened for tuberculosis upon contracting with Purified Protein Derivative based Tuberculin Skin Test (PPD-based TST). The test is repeated annually for those who are non-reactive and PPD-based TST conversion rates are monitored and calculated.	High	D	MR	SI	0	1	2		
14.7	There is an implemented system for reporting, follow up, and management of sharp or needlestick injuries and blood/body fluid exposures.	Critical	D	MR	SI	0	1	2		
14.8	Reporting through electronic system is active and ongoing (i.e., reliable reports of sharp or needlestick injuries and blood/body fluid exposures are sent to GDIPC through , HESN or HESN PLUS other approved reporting system in a timely manner).	Critical	D	SI		0	1	2	NA	
14.9	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		0	1	2		
14.10	The Employee health clinic team regularly monitors different types of staff exposure and recommend corrective actions to prevent recurrence, e.g., devices with safety mechanisms (self-sheathing needles-retractable needles and scalpels ... etc.).	High	D	SI		0	1	2		
14.11	Updated medical records (or copies) are available for all personnel of supportive services (i.e., kitchen, laundry, housekeeping, waste management ...etc.)	High	D	MR		0	1	2	NA	
14.12	The screening, immunization, and post exposure management data are kept in staff medical records.	High	M	R		0	1	2		
14.13	There are regular training activities for employee health program.	High	D	PF	SI	0	1	2		
14.14	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		0	1	2		
14.15	Approved MOH policies for work restriction are strictly applied.	High	D	SI	MR	0	1	2		
15	Outbreak Management	Weight	Activities			Score			Comments	
15.1	There is an update GDIPC outbreak manual and trained outbreak coordinator.	Critical	D			0	1	2		
15.2	There is a defined outbreak management team. Include all members and clear process for roles and responsibilities and head of the team (OMT) hospital director or medical director.	Critical	D			0	1	2		
15.3	The outbreak management team members are qualified, trained, having experience and skills to detect and deal with outbreak.	Critical	PF	SI		0	1	2		
15.4	Investigation and control measures of HAIs outbreak in the affected hospital, are led by the director of IPC department in the hospital.	Critical	D	SI		0	1	2		
15.5	Active surveillance through the screening programs and policies, are based on selected criteria chosen according to the nature and characteristics of the targeted HAIs outbreak.	Critical	D			0	1	2	NA	
15.6	In case of an outbreak, infection control department actively notifies IC regional directorate and GDIPC simultaneously through the official notification form within 2-6 hours.	Critical	D	SI		0	1	2		
15.7	In case of outbreak the IPC department alerts the hospital IC committee in the nearest meeting.	Critical	D	SI		0	1	2		
15.8	In case of an outbreak, the facility activates investigation forms line list and contact tracing (LL and CT) within 24-48 hours	Critical	D			0	1	2		
15.9	In cases of an outbreak, IPC personnel in the defined area and location of the outbreak should immediately activate the Outbreak Management Action Plan (OMAP).	Critical	D	SI		0	1	2		
15.1	Infection prevention and control department receives a notification from the hospital laboratory regarding any critical values (i.e. MDROs, positive cultures.), and updated log book for these critical values and weekly review in IPC department.	Critical	D	SI		0	1	2		
15.11	The IPC practitioner must have an annual training plan of basic outbreak training.	Critical	D	SI		0	1	2		
15.12	IPC director at the end of the outbreak must submit a final detailed report and submit to RD and GDIPC simultaneously.	Critical	D	SI		0	1	2		
16	Antimicrobial Stewardship / Antibioqram	Weight	Activities			Score			Comments	
16.1	There is an authorized Antimicrobial Stewardship Team with role and responsibilities and IPC be a member of the team.	Critical	D			0	1	2		
16.2	There is an Antimicrobial Stewardship committee that meets on regular basis (at least biannually).	Critical	D			0	1	2		
16.3	Antimicrobial stewardship committee is chaired by physician or pharmacist. The members include physician, pharmacist, microbiologist, IC practitioner, infectious disease department, Critical care units, OR, Surgical department, Nursing department and other department as needed.	Critical	D			0	1	2	NA	
16.4	Hospital leaders dedicate necessary human, financial and information technology resources to the committee.(support training ASP program- Participating in WAAW , assign ID consultant)	Critical	D			0	1	2		
16.5	There is implementation of MOH Antimicrobial Guidelines or Local Antimicrobial Guideline based upon hospital antibiogram.	Critical	D	SI		0	1	2		

16.6	There is an implementation of restricted antibiotics policy in the hospital.	Critical	D	SI		0	1	2		
16.7	The antibiogram report is prepared with interpretation by hospital microbiologist and reported to the hospital IC Department (hospital ≥100 beds).	Critical	D			0	1	2	NA	
16.8	Antibiogram is regularly discussed by Antimicrobial Stewardship Committee/IC Committee with action plans and interventions to improve the use of antimicrobials.	Critical	D	SI		0	1	2	NA	
16.9	Education about AMR & optimal antimicrobial prescription are provided regularly.	Critical	D	SI		0	1	2		
17	Housekeeping & Hospital Environment	Weight	Activities			Score			Comments	
17.1	There is a written policy and procedures for environmental cleaning & disinfection including safe handling of blood/body fluids spills.	High	D			0	1	2		
17.2	There is a written policy and procedures for pest control (regular schedule pesticides list).	High	D	SI		0	1	2		
17.3	Each unit has an environmental cleaning/ disinfection schedule that records responsible worker, used agents, methods of cleaning and the environmental surfaces intended to be cleaned.	Critical	D	O	SI	0	1	2		
17.4	Cleaning agents and disinfectants are consistent with hospital's policies and used in the correct method according to manufacturer's recommendations including dilution and contact time.	High		O	SI	0	1	2		
17.5	There are separate clean and dirty utility rooms in each patient care area.	High		O	SI	0	1	2		
17.6	housekeeping staff 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	0	1	2		
17.7	Hospital environment, lockers, and cabinets are regularly cleaned, dry and dust free.	Critical	D	O		0	1	2		
17.8	Bedside curtains are clean, free of stains and changed regularly & when visibly contaminated.	High	D	O	SI	0	1	2		
17.9	Terminal cleaning process is done by using ultraviolet machine or hydrogen peroxide fog machine when indicated.	Critical	D	O	SI	0	1	2		
17.10	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	0	1	2		
17.11	Biological spill kits are available in all areas have risk of blood and body fluid splashes and HCWs are capable of using them properly.	High		O	SI	0	1	2		
17.12	Routine environmental microbiological cultures (for air, water, or environmental surfaces) are not recommended routinely. Only microbiologic sampling is conducted when indicated and approved by the IC team.	Medium	D	SI		0	1	2		
17.13	Endocavitary ultrasound probs are cleaned and high level disinfected then covered with clean cover till use.	High	D	O	SI	0		2	NA	
17.14	There is specific area for cleaning and disinfection of incubators routine and schedule cleaning manners with approved MOH disinfectant following manufacture recommendation.	High	D	O		0	1	2	NA	
17.15	Hydrotherapy equipment (for example, Hubbard tanks, tubs, whirlpools, whirlpool spas, or birthing tanks) used in Burn unit and physiotherapy department are drained, cleaned and disinfected after each patient's use.	High		SI		0	1	2	NA	
17.16	No plants and flowers or non-washable toys at the bedside or patient area.	High		O		0	1	2	NA	
17.17	Medical equipment are cleaned/disinfected properly as per hospital's policies and manufacturer recommendations (frequency, recommended products, dilutions, contact time, methods,... etc.).	Critical	D	O	SI	0	1	2		
18	Infectious Medical Waste	Weight	Activities			Score			Comments	
18.1	There is a written policy and procedures infectious waste management that covers (sorting, collection, transport, storage, PPE,... etc.) according to the updated national guidelines.	High	D			0	1	2		
18.2	all non sharp generated medical waste disposed in black bags as general waste except that heavily soiled with liquid blood or other body fluid (dripping) should be considered infectious medical waste in yellow bag.	High		O	SI	0	1	2		
18.3	All waste from isolation rooms should be segregated as in the latest update of waste segregation in national healthcare national guidelines.	High		O		0	1	2		
18.4	Except in GENERAL WARDS(supplies and required for infectious waste segregation (waste containers, yellow bags, and sharp containers are of appropriate sizes, adequate in number at points of production inside the patient zone.	High		O	SI	0	1	2		
18.5	In general wards, all clinical procedures are performed using procedural trolley equipped with biohazard waste bag and sharp container.	High		O	SI	0	1	2		
18.6	Sharp containers are wall mounted or placed on a stand and available inside the patient zone.	High		O		0	1	2		
18.7	No bent, broken, or recapped needles are observed inside the sharp containers.	High		O	SI	0	1	2		
18.8	No infectious medical waste or sharps are observed outside specified containers.	High		O		0	1	2		

18.9	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		0	1	2		
18.10	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	0	1	2		
18.11	Collection & transportation of medical waste are done by medical waste workers wearing proper PPE at fixed times and on demand.	High	D	O	SI	0	1	2		
18.12	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		0	1	2		
18.13	The medical waste store is consistent with the approved national specifications (adequate in space, away from traffic, secured, well ventilated with temperature.	Medium	D	O	SI	0	1	2		
18.14	Infectious medical waste is transported outside the hospital every 24 hours for final disposal.	Medium	D	O	SI	0	1	2		
18.15	Medical 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	0	1	2		
19	Medical Departmental Stores	Weight	Activities			Score			Comments	
19.1	There is a written policy and procedures for the Medical departmental stores.	High	D			0	1	2		
19.2	Medical storage areas are of adequate capacity, regularly cleaned, secured and away from contamination, air vents and direct sunlight.	Critical	D	O		0	1	2		
19.3	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		0	1	2		
19.4	Storage shelves are at least, 40 cm from the ceiling, 20 cm from the floor, and 5 cm from the wall.	Medium	O			0	1	2		
19.5	Storage shelves are made of easily cleanable material, e.g., fenestrated stainless steel, Aluminium or hard plastic.	High	O			0	1	2		
19.6	Sterile and clean items are completely separated from personal items, foods and drinks. No expired items, broken packs or packs with stains are present.	High	O	SI		0	1	2		
19.7	No Items are kept in the original shipping boxes, especially in the clinical areas.	High	O	SI		0	1	2		
20	Construction & Renovation	Weight	Activities			Score			Comments	
20.1	There is a written policy and procedures for IC considerations during demolition, renovation, and construction projects.	Medium	D			0	1	2		
20.2	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		0	1	2		
20.3	Microbiological cultures are conducted after construction for positive pressure isolation rooms and operating theater.	Medium	D	SI		0	1	2	NA	
20.4	IPC measures are followed during the construction, demolition, and renovation projects by using infection control risk assessment (ICRA).	High	D	O	SI	0	1	2		
21	Disinfectant & Antiseptics Supplies	Weight	Activities			Score			Comments	
21.1	Infection control team is involved in the evaluation and purchase of antiseptics and disinfectant supplies.	High	D	SI		0	1	2		
21.2	Antiseptics, disinfectants and detergent/disinfectants are used in accordance with current scientific guidelines and recommended practices.	High	D	O	SI	0	1	2		
22	Single Use Items (SUI)	Weight	Activities			Score			Comments	
22.1	The facility has an implemented policy for not reusing single use items.	Critical	D	O	SI	0		2		
23	HAIs Surveillance	Weight	Activities			Score			Comments	
23.1	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/VAE, CLABSI, CAUTI, SSI and MDROs according to the hospital's scope of services).	Critical	D			0	1	2	NA	
23.2	There are a written policies and procedures for surveillance of dialysis event, using CDC-NHSN definitions which are approved by MOH.	Critical	D			0	1	2	NA	

23.3	Adequate number of computers and a reliable internet service are available for surveillance to be carried out continuously without any interruption.	High	O			0	1	2	NA	
23.4	IC practitioners are well trained regarding electronic IC-HESN surveillance system and familiar with CDC-NHSN definitions approved by GDIPC-MOH.	Critical	D	SI		0	1	2	NA	
23.5	IC-HESN surveillance system is carried out in all Critical care units (active, prospective, targeted and patient based surveillance).	Critical	D	SI		0	1	2	NA	
23.6	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		0	1	2	NA	
23.7	Surveillance data (targeted patients, numerators, denominators and device utilization ratio) are validated by IC practitioners at least once monthly.	Critical	D	SI		0	1	2	NA	
23.8	Surveillance data are regularly collected & reported to IC regional directorate and GDIPC-MOH through IC-HESN electronic surveillance system.	Critical	D	SI		0	1	2	NA	
23.9	Results of surveillance are regularly analyzed, interpreted and communicated to staff and concerned departments.	High	D	SI		0	1	2	NA	
23.1	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		0	1	2	NA	
23.11	Results of surveillance are used to reduce HAIs through well designed quality improvement projects.	Medium	D	SI		0	1	2	NA	
24	Patient's Care Bundles For Prevention Of HAIs & MDROs	Weight	Activities	Score	Comments					
24.1	There are written policies and procedures concerning patient's care bundles for prevention of VAP/VAE, SSI, CAUTI, CLABSI, and MDROs.	High	D			0	1	2	NA	
24.2	There are written policies and procedures concerning patient's care bundles for prevention of DE (catheter, fistula and graft care bundle).	High	D			0	1	2	NA	
24.3	Hospital adopts and implements patient's care bundle for prevention of VAP/VAE according to GDIPC guidelines and data are regularly collected, analyzed, evaluated and corrective interventions are considered (or taken) accordingly.	High	D	O	SI	0	1	2	NA	
24.4	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	0	1	2	NA	
24.5	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	0	1	2	NA	
24.6	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	0	1	2	NA	
24.7	Hospital adopts and implements patient's care bundle for prevention of DE (catheter, fistula and graft bundle) according to GDIPC guidelines and data are regularly collected, analyzed, evaluated and corrective interventions are considered (or taken) accordingly.	High	D	O	SI	0	1	2	NA	
24.8	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	0	1	2	NA	
24.9	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	0	1	2	NA	
24.1	Data of patient's care bundles are regularly reported to IC regional directorate and GDIPC-MOH through IC-HESN electronic system.	High	D	SI		0	1	2	NA	
25	Hemodialysis unit(HD)	Weight	Activities	Score	Comments					
25.1	There is a written policy and procedures for infection control in hemodialysis unit.	Critical	D			0	1	2	NA	
25.2	The minimum floor area of an individual hemodialysis patient's station is (7.43 m2) and the distance separating adjacent dialysis chairs/beds is not less than 1.2 m.	Critical	O			0	1	2	NA	
25.3	Special room is available for central venous line insertion, and it is equipped with appropriate hand washing facility and required PPE.	Medium	O	SI		0	1	2	NA	
25.4	At least, the unit has one AIIR (negative pressure room) or single room portable HEPA filter / color coded sign according to the policy. If not available, unit should have clear pathway and flowchart in the policy for dealing with cases in need for isolation	Critical	D	O	SI	0	2	NA		
25.5	Hand washing supplies (sinks, soap, water, paper towels, antimicrobial soap),are available in adequate number (one for every 4 chair/beds) and easily accessible.	High	O			0	1	2	NA	
25.6	Alcohol hand rub dispensers are available (one for every patient's chair/bed)	Critical	O			0	1	2	NA	

25.7	Appropriate PPE are available and used according to standard and/or transmission based precautions (gloves: clean/sterile - gowns: clean/sterile - face shield or goggles - mask or N95 respirators).	High	O	SI		0	1	2	NA	
25.8	Central Venous Catheter (CVC) selection, insertion, maintenance, dressing change, connection and disconnection are done according to CDC guidelines.	Critical	O	SI		0	1	2	NA	
25.9	Patient and staff members wear masks for all Central Venous Catheter (CVC) access connections.	High	O	SI		0	1	2	NA	
25.1	Mobile common medication carts or trays are strictly prohibited.	Critical	O	SI		0	1	2	NA	
25.11	Separate clean area is available and maintained for preparation of medications.	High	O	SI		0	1	2	NA	
25.12	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		0	1	2	NA	
25.13	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		0	1	2	NA	
25.14	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	0	1	2	NA	
25.15	Cleaning and disinfection of hemodialysis patients' environment is performed 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 surfaces: control panels and knobs, chairs/beds, over-bed table, BP cuff with its tubing, TV remote control, ... etc.).	High	D	O	SI	0	1	2	NA	
25.16	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		0	1	2	NA	
25.17	Quantitative Microbiological testing for water and dialysate is conducted at least monthly, and if standards are exceeded, testing is done weekly until meeting standards.	Critical	D	SI		0	1	2	NA	
25.18	Quantitative 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.	Critical	D	SI		0	1	2	NA	
25.19	The results of microbiological and Endotoxin testing of water are available.	Critical	D	SI		0	1	2	NA	
25.2	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.	Critical	M	R	D	0	1	2	NA	
25.21	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.	Critical	M	R	D	0	1	2	NA	
25.22	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	M	R	D	0	1	2	NA	
25.23	Only patients with risk factors for HIV infection (High-risk behaviors, e.g., repeated blood transfusions, drug abuse ...etc) are tested for markers of HIV infection.	High	M	R	D	0	1	2	NA	
25.24	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	D	O	SI	0	1	2	NA	
26	Compound Sterile Preparation (CSP) In The Pharmacy	Weight	Activities			Score			Comments	
26.1	There is a written IC policy and procedures for compound sterile preparation (CSP).	High	D			0	1	2	NA	
26.2	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		0	1	2	NA	
26.3	Compound sterile preparation (CSP) room/area is a functionally separate facility which is under positive pressure.	High	D	O		0	1	2	NA	
26.4	The doors of the compound sterile preparation (CSP) room/area are equipped with an auto-closure mechanism.	High	O			0	1	2	NA	
26.5	Mixing IV medications is performed only in laminar air flow hood or safety cabinet, with air supplied through High-Efficiency Particulate Air (HEPA) filter.	Critical	D	O		0	1	2	NA	
26.6	Compound sterile preparation (CSP) room/area is cleaned and disinfected with an approved detergent/disinfectant and assigned staffs are well trained on cleaning / disinfection process.	High	D	O	SI	0	1	2	NA	
26.7	Working surface (under the laminar air flow hood) is regularly disinfected by an approved disinfectant using non-lining wipes.	High	O	SI		0	1	2	NA	
26.8	Maintenance records for hoods and safety cabinets are available.	High	D			0	1	2	NA	
26.9	All supplies and containers used in CSPs preparations are sterile.	High	O	SI		0	1	2	NA	

27	Operating Room (OR)	Weight	Activities	Score	Comments	
27.1	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		0 1 2 NA	
27.2	There is a clear demarcation between unrestricted, semi restricted and restricted zones of OR with restrictions and special precautions for movement between these zones.	High	O SI		0 1 2 NA	
27.3	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		0 1 2 NA	
27.4	At least one large scrubbing sink is available at entry to each operating theater.	Critical	O		0 1 2 NA	
27.5	Storage areas in the OR are organized and well maintained and distribution of sterile items respects the 1st in 1st out principle.	High	D O		0 1 2 NA	
27.6	Only necessary items are kept in the restricted area of the OR.	Critical	O		0 1 2 NA	
27.7	Doors are kept closed and only necessary personnel are allowed in the theater.	Critical	O SI		0 1 2 NA	
27.8	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		0 1 2 NA	
27.9	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 SI		0 1 2 NA	
27.1	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		0 1 2 NA	
27.11	Operating Room is maintained at positive pressure (at least +2.5 Pascal) with respect to corridors.	High	D O		0 1 2 NA	
27.12	Operating Room is maintained at ≥ 20 air changes per hour (ACH) with 20% fresh air.	High	D O		0 1 2 NA	
27.13	Operating Room temperature ranges from 21 °C to 24 °C and relative humidity from 20% to 60%.	High	D O		0 1 2 NA	
27.14	Patients with infectious transmissible diseases are scheduled towards the end of the operating list.	High	D SI		0 1 2 NA	
28	Laboratory	Weight	Activities	Score	Comments	
28.1	There is a written policies and procedures for IC in the laboratory.	High	D		0 1 2 NA	
28.2	Access is restricted with a sign incorporating the universal biohazard symbol posted at the entrance.	High	O		0 1 2 NA	
28.3	Eating, drinking, handling contact lenses, and storing food are not permitted.	Medium	O SI		0 1 2 NA	
28.4	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		0 1 2 NA	
28.5	Biological Safety Cabinets (BSC - class II-B) dedicated for aerosols generating procedures are well maintained, tested and certified at least annually.	High	D		0 1 2 NA	
28.6	Whenever possible, plastic tubes are used instead of glass ones to avoid sharp injuries.	High	O SI		0 1 2 NA	
28.7	Each work area contains a dedicated well equipped sink for washing hands together with easily accessible eyewash facility to be used in emergency in case of exposure to blood and body fluids.	High	D O SI		0 1 2 NA	
28.8	Specimen collection and receiving area are equipped with hand washing facilities and proper PPEs.	High	O		0 1 2 NA	
28.9	Mycobacteriology Laboratory that manipulates cultures suspected or confirmed to contain Mycobacterium tuberculosis complex is at least Biosafety Level III Laboratory (BSL-3 laboratory).	Critical	D O SI		0 1 2 NA	
28.1	Microbiological cultures should be autoclaved within the laboratory in an autoclave that is placed in appropriate location and fullfills quality control parameters (except cultures for organisms not mentioned in the approved list of Highly infectious microorganisms, that could be double packed and send to the contractor for final disposal as infectious medical waste.	Critical	D O SI		0 1 2 NA	
28.11	Working surfaces and equipment are regularly cleaned and disinfected.	High	D O SI		0 1 2 NA	
28.12	Laboratory personnel perform hand hygiene and wear appropriate PPE when indicated.	High	O SI		0 1 2 NA	
29	Dental Services	Weight	Activities	Score	Comments	
29.1	There are written IC policies and procedures for the dental setting.	High	D		0 1 2 NA	
29.2	No reprocessing of instruments is carried inside the dental clinic (all the contaminated items are sent to the central sterilization department).	High	O SI		0 1 2 NA	

29.3	All reusable dental instruments (Critical and semiCritical dental items) are sent to CSSD after each patient.	Critical	O	SI		0	1	2	NA	
29.4	Contaminated dental instruments including dental handpieces are transferred to the central sterilization department in a closed, sealed, and puncture resistant containers.	Critical	O	SI		0	1	2	NA	
29.5	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		0	1	2	NA	
29.6	Single-use devices (e.g., disposable examination set, anesthesia carpule/cartridge, etc. ...) are discarded immediately after each patient.	Critical	O	SI		0	1	2	NA	
29.7	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		0	1	2	NA	
29.8	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	D	O	SI	0	1	2	NA	
29.9	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	D	O	SI	0	1	2	NA	
29.1	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		0	1	2	NA	
29.11	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	SI		0	1	2	NA	
29.12	During surgical procedures, only sterile solutions are used as a coolant / irrigant using an appropriate delivery device.	High	O	SI		0	2	NA		
29.13	Dental care personnel apply standard precautions while performing dental x-rays.	High	O	SI		0	1	2	NA	
29.14	Dental lab personnel adhere to standard precautions while performing dental lab procedures.	High	O	SI		0	1	2	NA	
29.15	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 manufacturer's instructions.	Medium	O	SI		0	1	2	NA	
30	Dietary Services	Weight	Activities			Score			Comments	
30.1	There is a written policies and procedures addressing dietary services and kitchen staff hygiene.	High	D			0	1	2		
30.2	Adequate numbers of hand washing facilities and/or hand rub antiseptic devices are available.	High	O	SI		0	1	2	NA	
30.3	Kitchen staff practice hand hygiene properly and use suitable PPE while handling food, Gloves should be changed while moving between Critical Control Points.	High	O	SI		0	1	2	NA	
30.4	Kitchen staff with respiratory infections, gastroenteritis, diarrhea or hand infections or wounds are restricted from handling food.	High	D	MR	SI	0	1	2	NA	
30.5	Medical evaluation is performed routinely upon hiring, every 6 months and after returning from long vacation. Results are reviewed by the employee's health clinic and the IC team.	High	M	R	SI	0	1	2	NA	
30.6	All kitchen staff receive vaccines against hepatitis-A, typhoid and meningococcal meningitis and influenza vaccine.	High	M	R		0	1	2	NA	
30.7	Kitchen is designed as physically separated areas with specified equipment & supplies (e.g., Mixers, juicers, boards, plates, knives ... etc.) for different types of food. Boards, plates and knives used to cut meat, poultry, fish or vegetables are identifiably separated (color- coded) and immediately washed after use.	Medium	O	SI		0	1	2	NA	
30.8	Temperature requirements and protection from contamination are considered during receiving, storage, preparation, display and transportation of food. Freezers & fridges temperatures are continuously monitored and documented on log sheets and relevant actions are taken.	High	D	O	SI	0	1	2	NA	
30.9	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.	Medium	D	SI		0	1	2	NA	
30.1	Food containers are properly labelled with expiry dates. Expiry dates of food stuffs are checked before use, food should be arranged in respect to first in first out FIFO system.	High	O	SI		0	1	2	NA	
30.11	Fruits and vegetables are washed and disinfected.	Medium	O	SI		0	1	2	NA	
30.12	Food containers and cooking utensils are washed immediately after being emptied, and thoroughly dried before storing or used.	High	O	SI		0	1	2	NA	
30.13	There is an Insect and rodent control plan that is strictly implemented.	High	D	O	SI	0	1	2	NA	
30.14	The kitchen environment is clean (i.e., frequently cleaned, dry and dust free).	Medium	D	O	SI	0	1	2	NA	

30.15	Storage shelves are at least, 40 cm from the ceiling, 20 cm from the floor, and 5 cm from the wall.	Medium	O			0	1	2	NA	
30.16	Food Carts in use are dedicated for Hot & Cold meals.	High	D	O	SI	0	1	2	NA	
31	Laundry	Weight	Activities			Score			Comments	
31.1	There is a written policies and procedures for linen management, (e.g., collection, transportation, sorting, washing, storing and dispensing).	High	D			0	1	2		
31.2	Work flow is unidirectional from a soiled area to clean area with complete physical separation between them.	High	O	SI		0	2	NA		
31.3	Hand hygiene facilities and supplies are available & easily accessible.	High	O			0	1	2	NA	
31.4	Dirty linen are separated from clean linen during collection & transport and linen carts used for clean and dirty linen are clearly identified.	High	O			0	2			
31.5	All workers who handle the soiled textiles follow Standard Precautions (i.e., handled as little as possible, practicing hand hygiene using appropriate PPE, leak-proof laundry bags and containers for collection).	High	O	SI		0	1	2		
31.6	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	0	1	2	NA	
31.7	During low temperature washing cycle (22°C - 50°C), sodium hypochlorite is added as a disinfectant during bleach wash cycle with residual bleach 50 - 150 ppm and is monitored.	High	D	O	SI	0	1	2	NA	
31.8	Routine inspection for blood or/and body fluid stains conducted after washing.	Medium	O	SI		0	1	2	NA	
32	The Mortuary	Weight	Activities			Score			Comments	
32.1	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			0	1	2		
32.2	Hand hygiene facilities and supplies are available & easily accessible.	High	O			0	1	2	NA	
32.3	The mortuary looks clean ,there is a schedule of housekeeping activities (cleaning and disinfection) for all environmental surfaces including the inside of refrigerating and deep freezing equipment.	Medium	D	O	SI	0	1	2	NA	
32.4	Transport cadaver bags that fulfill MOH approved specifications are available in 2 sizes to be used for dead bodies especially deceased patients under isolation precautions and cadavers with open wounds or oozing body fluids.	High	O			0	1	2	NA	
32.5	All Mortuary staff are well trained on hand hygiene, proper use of PPE.	High	D	O	SI	0	1	2	NA	
32.6	Transportation card that denotes the type (s) of isolation precautions is attached to the dead body of patient under any type of isolation.	High	D	SI		0	1	2	NA	
32.7	Mortuary staff are fully aware about handling deceased patients due to infectious diseases or died while under isolation precautions according to the relevant approved hospital policy.	High	O	SI		0	1	2	NA	