



Accreditation Standards for Hospitals in Kuwait

Infection prevention and Control Version 6

INFECTION CONTROL	
1 Infection and disease are prevented.	
1.1 Isolation and precaution techniques, including routine practices like hand hygiene and aseptic technique, are used.	M NM NA
1.2 There are policies, and procedures for cleaning, disinfecting and sterilizing spaces, equipment, supplies and medical devices. <ul style="list-style-type: none"> • There are written policies and procedures that address infection control in: housekeeping, catering, laundry, engineering, biomedical engineering, and mortuary services • Infection control policies and procedures apply to special patient care areas such as haemodialysis, intensive care units, operating rooms, and burn units Guidelines: Policy requirements for infection control and preventive medicine practices are established by the Ministry of Health.	M NM NA
1.3 Hazardous and infectious materials are handled in prescribed ways, stored and disposed according to policies, procedures and protocols.	M NM NA
1.4 Personal hygiene is promoted to patients and staff	M NM NA
1.5 Cleanliness of the physical facility is maintained.	M NM NA
1.6 There is appropriate building maintenance, including attention to ventilation and structure, to prevent the spread of contaminants and infection. <ul style="list-style-type: none"> • Building maintenance requirements are determined for all services noted in 1.2 above 	M NM NA
2 Processes exist for infection control when it occurs.	
2.1 There are processes and procedures to detect, respond to and contain infection. <ul style="list-style-type: none"> • There is ongoing surveillance of healthcare associated infections and communicable diseases 	M NM NA
	M NM NA

2.2	There are policies and procedures to investigate and manage infection, including tracking of all contacts	
2.3	Contact and consultation occurs with competent national and regional authorities.	M NM NA
2.4	Results from investigations are used to prevent infection from spreading or occurring again.	M NM NA
2.5	Communicable diseases are reported as required.	M NM NA
3	An internal hospital infection control committee oversees infection control, manages infections within the hospital and follows up on the implementation of related policies and procedures.	
3.1	The internal hospital infection control committee is appropriately constituted. Guidelines: The committee members are constituted according to the regulations of the Ministry of Health.	M NM NA
3.2	The committee meets regularly and keeps a formal record of meetings.	M NM NA
3.3	The committee follows up on the implementation of infection control policies, processes and procedures. • policies, processes and procedures are prepared by the Infection Control Directorate of the Ministry of Health	M NM NA
3.4	The committee investigates all outbreaks of infection and reports them to: • internal authorities • External authorities	M NM NA
3.5	The committee ensures that a continuous education program for infection control is offered. Guidelines: Policy for infection control is formulated by the Ministry of Health and implemented by the hospital. The Ministry of Health provides guidelines for infection control, excluding special events that may occur.	M NM NA

HEALTHCARE WASTE MANAGEMENT				
4 Medical waste is segregated				
4.1	All waste is segregated and classified into categories. <ul style="list-style-type: none">• group 1 – non-hazardous waste (food, office supplies, containers and other)• group 2 – hazardous waste<ul style="list-style-type: none">✓ category 1 – bio-hazardous waste (infectious, pathological and sharps)✓ category 2 – chemical waste (flammable, corrosive, reactive, toxic, cytotoxic, explosive)✓ category 3 – radioactive waste	M	NM	NA
4.2	All disposal sites for medical waste have clearly visible instructions for separation and labelling.	M	NM	NA
5 Medical waste is appropriately stored throughout the hospital				
5.1	Medical waste is appropriately stored: <ul style="list-style-type: none">• storage facilities for medical waste should be strategically and appropriately located throughout the hospital• within storage facilities, waste is clearly separated and stored by category in appropriately labeled containers• storage facilities and storage containers are regularly cleaned and disinfected	M	NM	NA
5.2	Medical waste is collected on a daily basis.	M	NM	NA
6 Medical waste is transported to an appropriate central storage area.				
6.1	Waste is transported to the central storage warehouse in suitable closed mobile containers.	M	NM	NA

6.2 The route and daily schedule for transporting waste is established to avoid contact between clean and dirty items.	M	NM	NA
6.3 The central storage warehouse must meet defined specifications for daily medical waste accumulation.	M	NM	NA
6.4 Access to the warehouse is permitted to authorized personnel only.	M	NM	NA
6.5 Storage time is between 24-48 hours.	M	NM	NA
7 A medical waste management team oversees waste management and follows up on the implementation of related policies and procedures.			
7.1 The team is appropriately constituted.	M	NM	NA
7.2 Team meets regularly and keeps formal records of its meetings.	M	NM	NA
7.3 The team: <ul style="list-style-type: none"> reviews waste management processes and procedures recommends policy for waste management investigates all problems related to waste management and reports on them Guidelines: Official government guidelines direct how medical waste management is to be done	M	NM	NA
STERILIZATION SERVICE			
8 There is a designated program for sterilization service.			

8.1 Sterilization service has areas for decontamination, clean processing and sterilization.	M	NM	NA
8.2 Policies and procedures exist for all areas of activity.	M	NM	NA
8.3 Special equipment for cleaning, disinfection, drying, packaging and sterilization is available, as per international norms approved by the Ministry of Health. Guidelines: Although central sterilization is recommended, it is recognized that there may be some decentralized sterilization and if this occurs, central sterilization procedures must be followed	M	NM	NA
9 There are appropriate physical facilities to accommodate sterilization service			
9.1 Traffic flow in the area proceeds from dirty to clean with separate entrances/ exists for each.	M	NM	NA
9.2 There are appropriate air ventilation systems. Guidelines: Air ventilation includes temperature, pressure, exchange air changes, humidity, and filtration	M	NM	NA
9.3 There are storage areas with positive pressure ventilation for sterile packs and general supplies.	M	NM	NA
9.4 The autoclave/sterilizers are housed in a separate area from the processing Area	M	NM	NA
9.5 Linen and instruments are packed separately to decrease incidence of lint or fibre contamination	M	NM	NA
10 Staff working in sterilization service are appropriately trained and protected.			
10.1 Staff have barrier protection equipment (e.g. rubber gloves, disposable gloves, waterproof aprons, facemasks with face shields, safety goggles, and sharp containers).	M	NM	NA

10.2 There are separate staff for the decontamination and sterilization areas (if this is not possible, precautions are taken to avoid contamination of clean areas).	M	NM	NA
10.3 Alarm systems are in place and a backup exhaust system is in place to eliminate toxic gas* (applies only when toxic gases are present).	M	NM	NA
10.4 Staff are aware of policies and procedures in the event of an emergency (e.g. a gas leak).	M	NM	NA
11 There are appropriate sterilization procedures.			
11.1 Sterilization procedures cover: <ul style="list-style-type: none"> • ready availability of documentation manuals for sterilization, use of sterilizers, and use of all machines • all parameters for sterilization, including cycle times and temperatures • record keeping for all sterilizations (tracking system for each sterilized item) • recording daily function tests for all equipment • prevention of reprocessing of single use items (single use as designated by the manufacturer) • packaging and storage procedures 	M	NM	NA
12 There is designated oversight for sterilization service.			
12.1 The hospital designates a qualified staff member with the accountability for coordinating all sterilization activities across the hospital, including those performed outside the central sterilization area. Guidelines: A “qualified” staff member has the knowledge and training to understand the key safety and quality issues in sterilization.	M	NM	NA

QUALITY AND SAFETY	
13 Quality improvement is monitored for the Infection prevention & control team.	
13.1 There is a quality improvement plan for Infection prevention & control team	M NM NA
13.2 The quality improvement plan identifies areas for improvement, actions to be taken, results of actions, and follow-ups to be completed <ul style="list-style-type: none"> a method exists for determining the priority for selection of various quality improvement activities and may be based on the level of risk or volume of problems associated with the activity 	M NM NA
13.3 Staff members are aware of quality improvement activities related to the Infection prevention & control team. <ul style="list-style-type: none"> information about quality improvement activities and their results are communicated to staff 	M NM NA
13.4 Staff receive appropriate and ongoing training on methods to assess and measure quality improvement activities.	M NM NA
13.5 Staff members participate in quality improvement activities as appropriate. <ul style="list-style-type: none"> the nature of quality improvement activities and staff workload, are considered when selecting staff to participate in these activities 	M NM NA
13.6 Indicators are identified for the Infection prevention & control team and are monitored as part of the quality improvement activities. <ul style="list-style-type: none"> indicators are selected and monitored the data to be collected for indicators and methods to be used to collect these data are established Guidelines: Indicators may be directed toward the effectiveness and efficiency of the Infection prevention & control since these have a direct impact on quality of healthcare.	M NM NA
14 ROP: Infection prevention & control team has a safety plan	

14.1 There is a safety plan for the Infection prevention & control	M	NM	NA
14.2 The safety plan identifies areas for improvement, actions to be taken, results of actions, and follow-ups to be complete. <ul style="list-style-type: none"> A method exists for determining the priority for selection of various patient safety activities and may be based on the level of risk or volume of problems associated with the activity. 	M	NM	NA
14.3 Staff members are aware of safety activities related to the Infection prevention & control team. <ul style="list-style-type: none"> information about safety activities and their results are communicated to staff 	M	NM	NA
14.4 Staff receive appropriate and ongoing training on methods to assess and measure safety.	M	NM	NA
14.5 Staff members participate in safety activities as appropriate. <ul style="list-style-type: none"> the nature of safety activities and staff workload, are considered when selecting staff to participate in these activities 	M	NM	NA
14.6 Indicators are identified for the Infection prevention & control and are monitored as part of the safety activities. <ul style="list-style-type: none"> indicators are selected and monitored the data to be collected for indicators and methods to be used to collect these data are established Guidelines: Safety indicators may include healthcare associated infection rates, number of medical devices recalled, and amount of sanitizer solution used.	M	NM	NA
15 ROPs Hand Hygiene Education and Resources <p>The organization provides easy access and resources for staff to comply with recommended hand hygiene guidelines.</p> Guidelines: There is substantial evidence that hand antisepsis reduces the incidence of hospital care acquired infections, but unacceptably low compliance with hand hygiene is universal in health care. WHO guidelines recommend washing hands with an alcohol based hand rub for routine hand antisepsis, if hands are not visibly soiled. Soap and water hand washing is more effective when hands are visibly soiled. Therefore alcohol-based hand rubs do not replace the need for conveniently located sinks in patient service areas.			

15.1 The hospital provides education and training on proper hand hygiene techniques for all hospital staff	M	NM	NA
15.2 Promotional hand hygiene reminders are on display in the workplace	M	NM	NA
15.3 Hospital workers are provided with a readily accessible alcohol-based hand rubs at the point of patient care	M	NM	NA
15.4 There is access to safe continuous water supply at all faucets and access to necessary facilities (e.g. soap, paper towels) to perform hand washing	M	NM	NA