

State of Kuwait
 Ministry of Health
 Infection Control Directorate **Primary Health Care Centre Checklist**

Area :-----
Primary health care centre: -----

Date: .../.../.... Total checklist standards= -----Total fulfilled standards=-----Compliance %=-----

DISCRIPTION		YES	NO	N/A	COMMENTS
I. Environmental Standards					
A. General Environmental Standards					
1-Physical environment condition and cleanness					
A.	Finishing & furniture are clean and in a good state of repair.				
B.	Rooms are free from inappropriate items or equipment.				
C.	Walls are washable, free of stains and flaking paint.				
D.	Floors are free of dirt and grease. Clinical area is carpet free.				
E.	Ceiling is in good state: free from flaking paint and air vents are clean and free from dust.				
F.	Windows are clean and in good repair. Curtains/blinds free from stains, dust and cobwebs.				
G.	No evidence of pests.				
2- Hand hygiene facilities					
A.	Antiseptic detergent solution is available at all sinks in the clinical area.				
B.	Paper towels are available at all sinks in clinical area.				
C.	Sinks in a good condition: draining smoothly and free from used items, e.g. soaking pots.				
D.	Appropriate alcoholic hand rub is available at every point of care				
E.	A poster demonstrating a proper hand washing technique is available by at least one sink.				
3- Equipment and supply					
A.	Correct segregation of sharps, clinical waste and domestic waste and their disposal				
B.	Waste bags and sharp box are discarded before two-thirds full, securely sealed and labeled with date and point of source.				
C.	Foot-operated bins are in working order for clinical waste. (if available)				
D.	Waste bags and sharps containers are stored in suitable designated area prior to uplift.				
E.	The storage area is cleaned regularly.				
F.	Sharp box is free from protruding sharps, assembled correctly and closed after each use.				
4- Linen					
A.	Mattress, pillow covers and curtains are visibly clean and in a good state of repair.				
B.	Bed side sorting is performed (e.g. contaminated linen in heat soluble bags).				
C.	Linen is segregated in appropriate bags less than two –thirds full, and secured.				

	DISCRIPTION	YES	NO	N/A	COMMENTS
D.	Linen bags are stored in the dirty utility /linen disposal area prior to disposal.				
E.	Clean linen is stored in a clean area (not in the dirty utility room).				
5- Waste & sharp disposal					
A.	Correct segregation of sharps, clinical waste and domestic waste and their disposal according to color coding. (Clinical waste in yellow, domestic waste in blue, toilet waste in red bags. Sharps in yellow sharp container)				
B.	Waste bags and sharp box are discarded before two-thirds full, securely sealed and labeled with date and point of source.				
C.	Foot-operated bins are in working order for clinical waste. (if available)				
D.	Waste bags and sharps containers stored safely in a suitable designated area prior to uplift.				
E.	The storage area is cleaned regularly.				
F.	Sharp box is free from protruding sharps, assembled correctly and closed after each use.				
G.	Sharp box kept on trolley and stored safely, away from public and out of reach of children.				
B. Environmental Standards Per Location					
1- Examination room					
A.	No items are stored at floor level or up to ceiling.				
B.	Examination couch is clean/free of stains.				
C.	Disposable paper is used to cover examination couch and changed after each patient.				
D.	Pillow and mattress have waterproof cover.				
2- Treatment /Dressing Room					
A.	All sterile products are stored above floor level.				
B.	Dressing trolleys are clean and in a good state of repair.				
C.	Separate refrigerator is used only for the drugs and properly cleaned.				
3- Dirty utility room					
A.	Wash bowls are stored clean /dry and inverted. Bedpans stored clean ready for use.				
B.	Mops/buckets are correctly color coded and stored as recommended.				
C.	No inappropriate items are kept. (e.g. food, cloths etc).				
4-Pharmacy					
A.	Waste bags are used as recommended. Chemical waste disposed of as per pharmacy policy.				
B.	Refrigerators are clean and working properly and contain only pharmaceuticals.				
C.	Drug preparation, packaging and dispensing devices (e.g. mortars, pestles, pill crushers, pill splitters, counting trays, graduated cylinders, unit-dose devices, carts, drawers, dispensing cabinets and balances) are cleaned after each use and disinfected if necessary.				
D.	Shelves are tidy, clean and all above floor level.				
E.	Gloves are used while handling medications.				
F.	Single-use containers are not reused. They are discarded immediately after use.				

	DISCRIPTION	YES	NO	N/A	COMMENTS
5- Store room					
A.	Shelves, bench tops and cupboards are clean inside/out, and are free of dust and spillage.				
B.	All products are stored properly in clean stores and above floor level.				
6- Bathroom & Toilets					
A.	Sink, toilet and surrounding area is clean and free from inappropriate items.				
B.	Appropriate cleaning agents and materials are available.				
C.	The drainage system is working properly and properly covered.				
II. Infection Control Practice Standards					
1. Infection control policies and guidelines					
	All infection control policies and guidelines are readily available to HCWs.				
2. Hand hygiene practice					
A.	Appropriate hand decontamination takes place in accordance with Hand Hygiene Policy.				
B.	No wrist watches rings or other wrist jewellery are worn by staff during patient care (only plane wedding rings are acceptable).				
C.	Hands hygiene is performed immediately after removal of PPE.				
3. Use of personal protective equipment					
A.	Gloves are worn as single use items and should not be worn for the care of more than one patient. It is not a substitute for hand hygiene.				
B.	Gloves are worn when indicated immediately before an episode of patient contact or treatment, and removed as soon as the activity is completed.				
C.	Disposable plastic aprons are worn when there is a risk that clothing or uniform may become exposed to body fluids or become wet. It should not be worn for the care of more than one patient.				
D.	Respiratory protective equipment is available for use when clinically indicated e.g. particulate filtration N95 masks for open pulmonary tuberculosis.				
E.	Facemasks and eye protection are worn where there is a risk of any body fluids splashing into the face and eyes.				
4. Wound Dressing					
A.	Proper hand hygiene.				
B.	The surface of dressing trolley disinfected with 70% alcohol and allowed to dry.				
C.	Trolley is laid up with sterile wound dressing pack and approved antiseptic solution bottles.				
D.	A disposable biohazard bag for soiled dressing attached at the side of the trolley.				
E.	Disposable gown, face mask and eye goggles (if splash is anticipated) are worn and trolley taken to patient side.				
F.	Hands disinfected and clean non sterile gloves donned.				

	DISCRIPTION	YES	NO	N/A	COMMENTS
G.	The wound outer dressing is removed just immediately prior to dressing procedure and disposed in biohazard bag.				
H.	The gloves removed and hands disinfected with alcohol rub.				
I.	The corner of the sterile inner dressing set opened immediately before dressing and sterile field formed.				
J.	The antiseptic solution poured in the dressing set.				
K.	Hands disinfected, and sterile gloves worn.				
L.	The inner wound dressing removed with sterile forceps, and disposed in biohazard bag.				
M.	Wound assessed for signs of infection.				
o.	The wound cleaned and wiped using sterile forceps and cotton swab.(From the less contaminated area to the most contaminated area in one direction).				
P.	The wound covered with sterile dressing, using another sterile forceps.				
Q.	Sterile field is maintained and non-touch technique is maintained throughout the procedure.				
R.	The forceps, soiled material and the protective equipment discarded in the biohazard bag.				
S.	All non contaminated materials and packing discarded in the domestic waste (blue bag).				
T.	The surface of the trolley disinfected.				
U.	Hands washed and dried.				
5. Specimen collection, handling and transportation					
A.	Effective hand washing is performed before and after collection of the specimen.				
B.	Appropriate protective clothing is worn when collecting the specimen, i.e. gloves and where splashing is possible or expected, goggles and apron are worn.				
C.	All laboratory specimens are disposed as of clinical waste.				
D.	Samples tested on site are disposed of in a sluice or toilet facility, not in a hand wash sink.				
E.	Specimens are sent in sealed plastic pouches or sealed leak proof laboratory box.				
F.	For known or suspected high risk samples, "biohazard" label is attached to both the specimen and the request form.				
G.	Specimens are not stored in fridges used for drugs or food Fridge. Specimen fridge temperature is maintained between 4 -8 0c. it is cleaned weekly with general purpose detergent and cleaned with chlorine based product after visible spill or leak.				
6. Reprocessing of reusable medical devices					
A.	Staff nurses are aware of the need for decontamination prior to sending equipment for maintenance /repair (e.g. suction bottles).				
B.	Staff nurses clearly state the procedure for returning biohazard equipment to CSSD (safe transportation).				
C.	No processing of single use items.				
D.	Water proof apron, face mask face shield or safety goggles are properly used.				

	DISCRIPTION	YES	NO	N/A	COMMENTS
E.	Used instruments are stored in dirty utility room in appropriate container < two third full.				
F.	Appropriate facilities are available and in working order to ensure correct cleaning and disinfection of instruments (e.g. washer-disinfector machine).				
G.	Reusable sterile items are checked regularly and returned to CSSD before or on the expiry date. (randomly select two items and check date).				
7. Injection safety					
A.	Strict aseptic (sterile) technique is used when drawing up contents of the vial or ampoule.				
B.	Single use sterile injecting equipment (sterile needle and syringe) is used each time an injection vial used even when obtaining additional dose for the same patient.				
C.	The rubber septum on a medication vial is disinfected with alcohol prior to piercing.15 seconds contact time is allowed before piercing the vial top.				
D.	Single dose (single use) medication vials, ampoules and bags or bottles of intravenous solution are used for only one patient.*				
E.	Medication administration tubing and connectors are used for only one patient.				
G.	Multi-dose vial are dedicated to individual use patients whenever possible. If to be used for				
8. Safe handling of sharp					
A.	Needle recapping is avoided. If recapping is necessary, use single-handed scoop technique.				
B.	Used needles are disposed promptly in appropriate sharps disposal containers.				
C.	Immediate action in case of exposure incident is completed in a timely manner based on the type of exposure (e.g. splash, needle-stick or other injury) and the means of exposure (e.g. intact skin, non intact skin).				
D.	Reporting of all exposure incidents to the corresponding infection control department is done regularly. (Exposure incident is defined as a specific eye, mouth, mucous membrane, non-intact skin, or parenteral contact with blood or potentially infectious materials during the performance of health care duties.)				
E.	Referral to preventive medicine department is done promptly to ensure appropriate follow up care.				
Total					

Completed by: ----- Nurse in charge: -----

*At the moment, intravenous normal solution can be used for more than one patient for the purpose of flushing, suction, and wound dressing etc, provided that proper placement of connection tubing set and aseptic technique are insured. This is a temporary measure until provision of single dose bottles.

Guidelines for using the check list

Plan of the work

It is assumed that the Infection Control nurse will fill the check list based on a review of specific policies or in response to clinical incidents. The minimum accepting frequency to fill the check list is **once/ month**

Time required

The time required to complete a specific check list will vary according to the items included in the list, the size of the clinical area, and the type of procedures undertaken.

Scoring

All criteria should be marked either yes/no or non-applicable.

The use of a non-applicable is acceptable if a standard is not achievable because a facility is absent or a practice is not undertaken.

Scoring can be carried out as follows:

Add the total number of yes answers and divide by the total number of questions answered (including all yes and no answers) excluding the non-applicable; multiply by 100 to get the percentage.

Compliance % = $\frac{\text{total number of yes answers} \times 100}{\text{total number of yes and no responses}}$

Feedback of information and report findings

It is advised that the infection control nurse should verbally report any areas of concern and of good practice to the nurse in charge of the area being examined prior to leaving.

A written report should also be developed by the infection control nurse and reviewed by the infection control doctor. A copy should be given to the head of the polyclinic of the relevant area, the report should clearly identify areas requiring action.

Feedback report
Primary Health Care Centre Infection control check list

Area: -----

Date:-----/-----/-----

Primary Health Care Centre: -----

Total checklist standards -----	Total fulfilled standards -----	Compliance % -----
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Areas of non-compliance	Recommendations of infection control for improvement