

Foreword

Healthcare-associated infections are a significant public health problem in Zimbabwe and globally and they are the most frequent adverse event in healthcare delivery worldwide. Hundreds of millions of patients each year are affected by healthcare-associated infections worldwide, leading to significant mortality and financial losses for health systems. Healthcare-associated infections pose a burden to patients, their families, healthcare workers and health systems alike. Outbreaks of healthcare-associated infections often have severe consequences in health facilities and, spill over of these infections to communities, especially in outbreak situations, has been reported. This has been highlighted by the SARS-CoV-2 pandemic. Fortunately, many healthcare-associated infections are preventable if effective infection prevention and control procedures are implemented and adhered to. Infection prevention and control is therefore an integral component of patient safety.

It is essential that all individuals involved in health care delivery adopt a positive attitude and play an active role in ensuring infection prevention and control standards and practices become embedded in our healthcare system such that any non-compliance with established standards is automatically identified and rectified. Infection prevention and control programmes should be multidisciplinary and supported by management. Effective implementation requires all health care workers to work together.

Teaching and training remain at the core of making infection prevention and control programmes a success. However, infection prevention and control teaching and training should not be a one-off activity, but a routine component of healthcare delivery. With this in mind, this infection prevention and control manual was developed to provide interactive and engaging sessions for all staff. The infection prevention and control manual outlines 8 short practical teaching and training sessions, which can be delivered by the infection prevention and control focal persons or the nurse in charge of any health facility, particularly at primary care level. The manual is a living document with the plan to add additional teaching and training sessions in the future. Therefore, we encourage you all to provide feedback on any potential improvements and additions.

Permanent Secretary for Child and Healthcare

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Impact of the COVID-19 pandemic on health care workers and the health care system in Zimbabwe (ICAROZ)

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Introduction

Primary care facilities provide the first port of call for communities seeking basic clinical care and public health services. With the core of their business being preventative care, infection prevention and control (IPC) should be an integral part of primary care services. All categories of primary care health workers should be equipped with the basic knowledge of IPC principles and practices. IPC training in the past focused on higher-level care facilities, leaving a huge gap in primary care facilities.

Regular training in IPC is necessary to keep healthcare workers up to date on new guidelines, equipment, procedures and disease trends. Most importantly, it addresses concerns, fears, stigmas and misconceptions regarding transmission or prevention of specific infections, including healthcare associated infections.

These short IPC training sessions are meant to be delivered at the facility during the lunch break hour. This minimizes disruptions to work processes, allows participants to learn by directly analyzing their own setup and practices and encourages teamwork when establishing strategies for the improvement of IPC implementation. It is up to the facility to decide how the sessions are to be scheduled over time, however, to ensure participant focus and session momentum, it is advisable to schedule weekly sessions on a specified day. The sessions are to be repeated until staff training is complete.

There are shared responsibilities in all aspects of IPC among the different categories of healthcare workers. Whether involved directly or indirectly with patient care activities, healthcare workers have a responsibility to adopt IPC practices in their work. Therefore, the training sessions target all healthcare workers at primary care facilities operating in all departments and levels of leadership.

The training should be delivered by IPC focal persons who have received basic IPC training themselves. Where possible, they should be assisted by IPC link persons in conducting the training sessions.

Goal of the Short IPC Training Sessions

The goal of these training sessions is to ensure the safe delivery of primary healthcare services, by equipping the healthcare workers with basic knowledge and skills in infection, prevention and control. The specific focus of the training is the application of standard and transmission-based precautions at primary care facilities.

Conducting IPC training session

While PowerPoint presentations have been developed for the training sessions, in settings whereby there are no projectors, computers or electricity, the slides can be converted into crib sheets by the facilitator. This will ensure that all key presentation points are easily followed by participants. The sessions should be delivered in a blame free environment to encourage active participation and to allow participants to express themselves freely, in order to correct any misguided myths and improve practices.

Practical demonstrations and walk-through activities may be used for some sessions, in order to increase understanding and bring about desired results. Each session has a list of suggested training material, which will give guidance to the facility management on how and where to invest IPC resources for the facility. Note – in all sessions the charts with the elements of standard and transmission based precautions (see Appendices B and C) should be displayed.

Facilitator introduction

If the facilitator is a staff member or is well known by his/her colleagues at the facility, there may be no need for them to introduce themselves. At the inaugural session however, it is important to outline the purpose of the training sessions, their duration and to highlight the importance of undergoing training. As an incentive for those who complete all the sessions, facilities may award certificates of participation.

At the beginning of each session, the expectations of the participants should be noted, and the facilitator should determine whether they are within the scope of what will be covered. If so, the facilitator should, as best possible, take into consideration these expectations during the training session. Participants may also introduce themselves if deemed necessary.

The facilitator should thoroughly prepare for all sessions and ensure that all relevant resources are gathered together and are at the presentation venue well before the sessions are due to begin.

Average size of group

This is mainly determined by the size of the venue, which should accommodate all participants without overcrowding, and have additional space for practical demonstrations. As these sessions will be conducted over the lunch break hour, it is important that there are representatives from all departments (at varying levels of employment). It is also important to have members of staff on standby in the clinical areas, in case of emergency cases that may present at the facility during the training session.

Attendance registers and session evaluation

For each session, participants must fill in a register (see sample attendance register in Appendix A) and this must be kept on file and used to track those who complete all sessions. Participants should be given the opportunity to evaluate each session at the end. The feedback from participants should be considered for improving subsequent training sessions and more importantly, for improving the IPC program at the facility. The session feedback can be done on the sticky notes which must be collected at the end of each session.

Finally, monitoring of IPC practices and carrying out audits of IPC resources and infrastructure should be scheduled, in order for the impact of these training sessions to be fully realized. This also provides an opportunity to reinforce practices and address any challenges.

Session 1: Basic Infection Prevention and Control Principles



Time:

1 hour



Learning Objectives

At the end of this session, participants will be able to describe the two levels of IPC measures used in health care.



Session Overview

This session is the first in a series of 10 short (one hour) sessions, aimed at improving infection prevention and control (IPC) practices amongst all healthcare workers from all levels. IPC is the responsibility of every healthcare worker, whether involved directly or indirectly with patient care activities. Therefore, every healthcare worker should have a clear understanding of their role in preventing the spread of infection. The purpose of this introductory session is to make participants aware of the risks associated with the transmission of infections associated with their work activities. It also provides a general overview of measures to control or prevent the transmission of pathogens for the healthcare worker's benefit, that of their patients and the community at large.

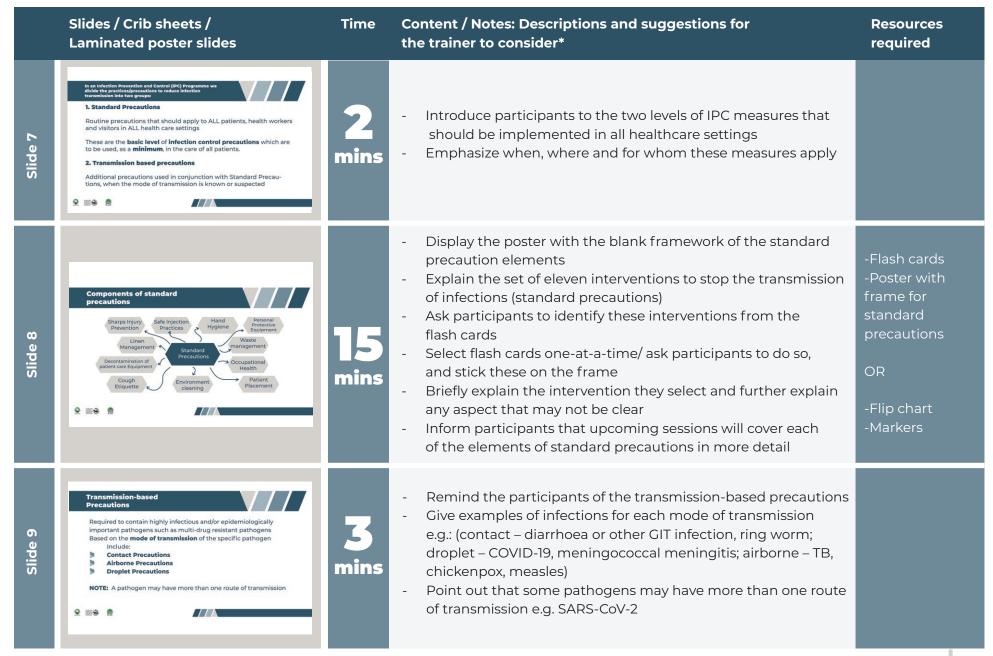




- Flash cards and a poster with a frame (for standard precautions)
- · Standard precautions poster (see Appendix B)
- Isolation precaution signage posters (contact, droplet, airborne)
 (see Appendix C)
- · Crib/cheat sheets
- · Flip chart and markers
- Sticky notes

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 1	BASIC IPC PRINCIPLES: Introductory Session IPC training series for Polyclinics and Primary health care facilities INTERIOR OF THE PRIMARY MILES OF THE PRI	2 mins	 Greet participants and introduce yourself Ask participants to introduce themselves (job title and department) Write down the participants' departments (to use in discussions/to refer to practices or procedures related to those departments) Read the topic for the day and give background as stated in the session overview 	-Flip chart -Markers
Slide 2	Objective By the end of the session participants should be able to describe the two levels of IPC measures used in health care	1 min	- Outline the session objective (s)	
Slide 3	Discussion What kind of infections do you see in this facility? What do you think the sources of these infections are? How do you think these infections are transmitted?	5 mins	 Go through the discussion questions as per the slide Find out participants' thoughts on infection risks in their line of work Ask participants if they consider themselves as having a role in some of the infections that they witness Ask participants to write their responses on the sticky notes provided and discuss Give examples of healthcare-associated infection (HAIs) relevant to their settings (e.g. injection abscesses following vaccination and neonatal sepsis) 	-Sticky notes -Flip chart -Markers

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 4	Sources of infection in a healthcare environment Microbes that normally live on skin and mucosal surfaces Incubating infection Over disease – showing signs and symptoms Contact carriers (colonised branslers) Food and water Food and water	7 mins	 Ask participants to list possible sources of infections in their facility Explain that the main sources of infection in health care settings are people Highlight the different categorizations of people as potential sources of infection and how they pose an infection transmission risk Explain the above, with examples of infections that they are familiar with (e.g. COVID-19, TB, pneumonia, typhoid and cholera) Highlight other sources of infection that may be found in a healthcare setting and list examples/ask participants to offer examples Highlight the role of these other sources in the transmission of infection and mention how infection is primarily determined by how people interact with the sources 	-Flip chart -Markers
Slide 5	Infection Transmission Routes Contact - by hands, instruments, equipment is the most common transmission route Respiratory route Droplets - large, heavy particles (more than 5 µm) Aerosola - small particles suspended in the air (less than 5 µm) Blood - percutaneous (through skin) Faccat-oral (ingestion) Vectors - mosquitoes, cockroaches, flies, fleas, rats	5 mins	 Ask participants to write ways in which infection transmission can occur in a healthcare setting Referencing their responses, explain the different ways that transmission commonly occurs in healthcare settings with examples 	-Sticky notes
Slide 6	So how do we prevent transmission of microbes and reduce the risk of HCWs, patients and visitors of getting infection?	3 mins	 Ask participants for ways to prevent /minimize the risk of infection transmission, in view of the routes of transmission described Ask participants to name one or two interventions they know on the sticky notes Collect sticky notes and discuss 	-Sticky notes



	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 10	Transmission-based Precautions	7 mins	 Ask participants to list the IPC measures to be implemented for each transmission-based precaution Discuss their importance/significance 	-lsolation precaution signage posters (contact, droplet, airborne)
Slide 11	Summary There are two levels of IPC measures Standard precautions are the basic IPC measures that should be implemented during all health care activities by all health care workers for all patients regardless of their infectious status Implement transmission based precautions in addition to standard precautions based on the mode of transmission of the infectious disease	5 mins	 Summarize the session, highlighting the basic IPC measures that were covered during the session Ask participants if they have any unanswered questions/comments Ask participants to evaluate the session and make any recommendations for improvement (including suggestions of topics that they would like to receive training on) 	-Sticky notes
Slide 12	THANK YOU	1 min	 Thank the participants and acknowledge any support given for the session/series Thank the facility management for allowing this activity to be carried at the facility 	

Session 2: Hand Hygiene



Time:

1 hour

Learning Objectives



At the end of this session, participants will be able to demonstrate how to perform hand hygiene and describe the five moments for hand hygiene.

Session Overview

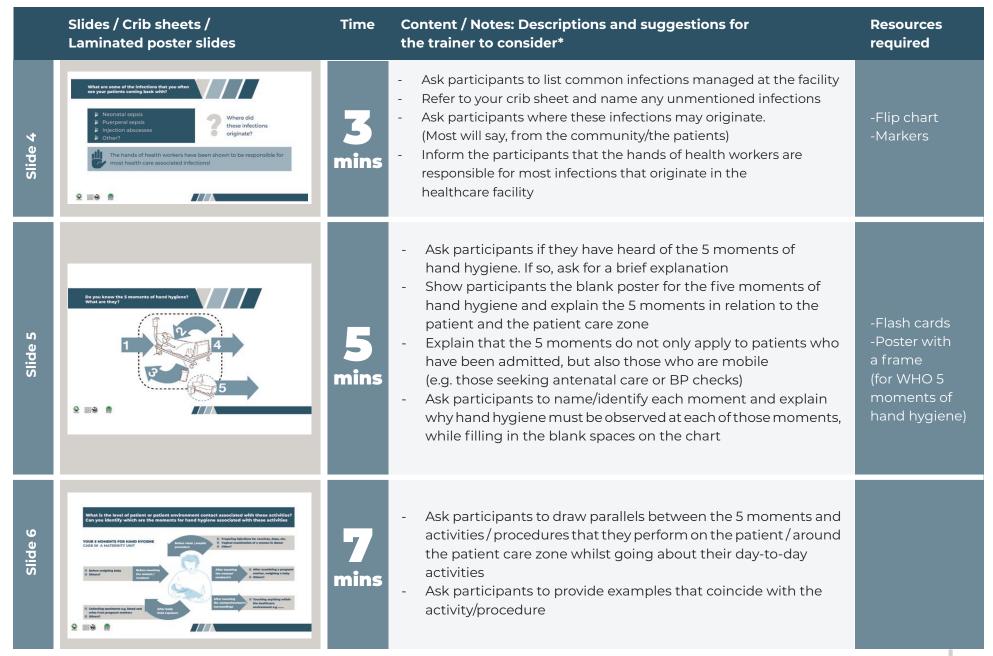


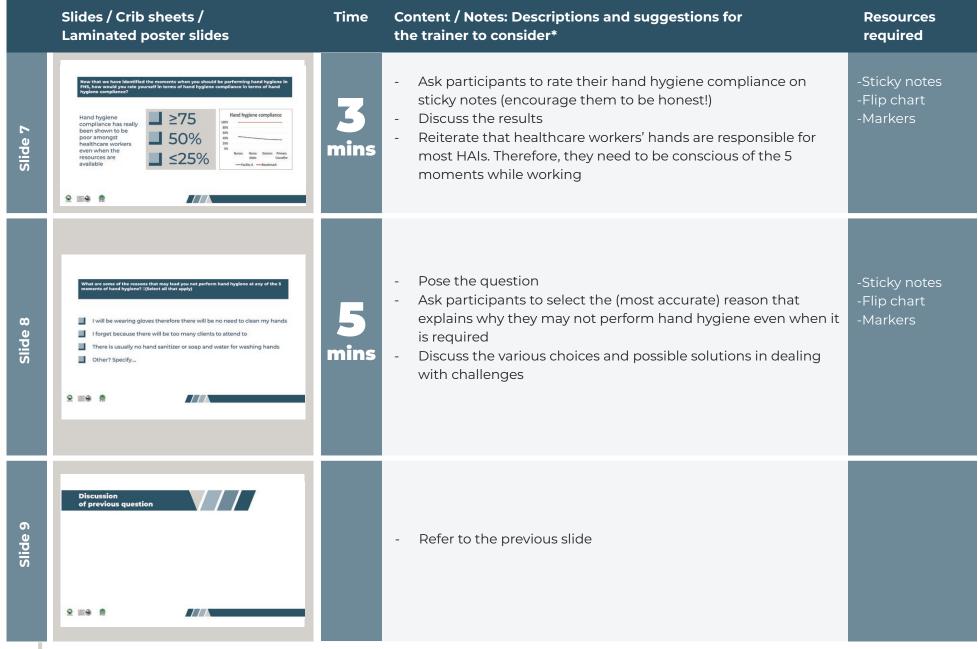
Hand hygiene has been identified as a critical element of standard precautions. Where healthcare workers have complied with the 5 moments of hand hygiene, healthcare-associated infections (HAIs) have been shown to decrease significantly. The COVID-19 pandemic made hand hygiene an IPC measure that must be practiced meticulously to limit the spread of the virus. Although resources to support hand hygiene have been availed in all health facilities, these need to translate into improved hand hygiene practices. This session will cover the 5 moments of hand hygiene, the importance of following the correct technique and how to perform it effectively. The session will also include information on how to improve and sustain high-level hand hygiene compliance at the facility.

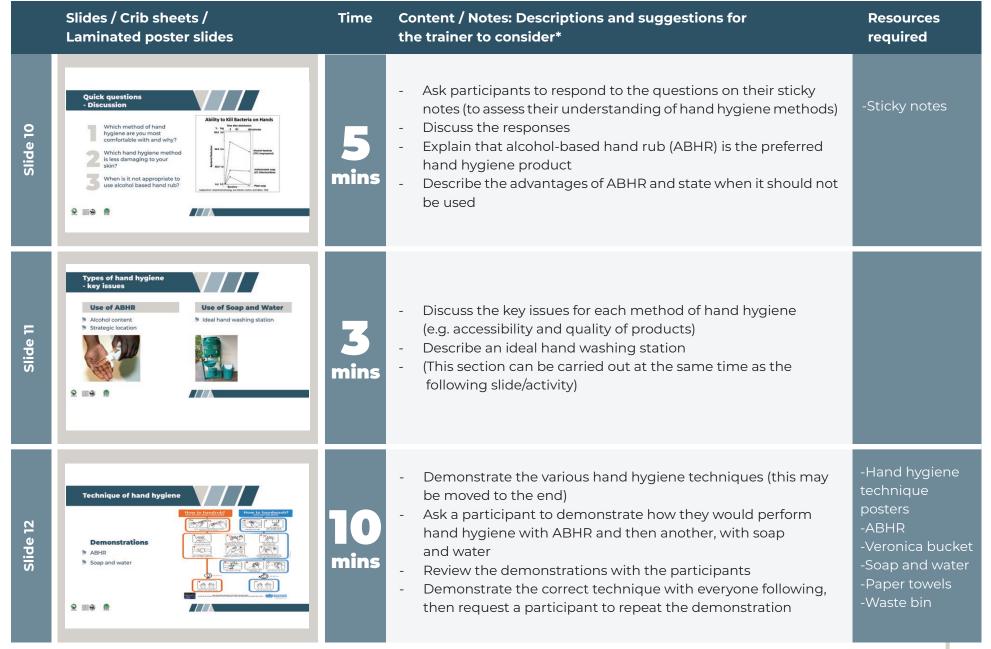


- ·Flash cards and a poster with a frame (for WHO 5 moments of hand hygiene)
- ·Hand hygiene technique poster (see Appendix D)
- •Five moments of hand hygiene poster (see Appendix E)
- ·Alcohol-based hand rub (ABHR)
- ·Veronica bucket with clean water, soap, paper towel and a waste bin
- ·Crib/cheat sheets
- ·Flip chart and markers
- ·Sticky notes

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 1	HAND HYGIENE IPC training series for Polyclinics and primary health care facilities LINEAR AND HONDER AND HO	2 mins	 Greet participants and introduce yourself Ask participants to introduce themselves (job title and department) Ask participants to state their expectations of the session Introduce the session topic 	
Slide 2	Objectives To train health workers on: Vhen to comply with hand hygiene How to perform hand hygiene	1 min	- Outline the session objective (s)	
Slide 3	FHS Unit - what goes on here? Antenatal bookings for pregnant women Antenatal care Deliveries and Postnatal care Reproductive health/Contraceptives Growth monitoring Nutrition issues Immunization	3 mins	 Ask participants to name the services offered Give examples of services that require patient contact 	-Flip chart -Markers







	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 13	Do you encourage your clients to perform hand hygiene? Is ABHR or soap and water available for use by patients in all patient care areas? How would you feel if a client told you to wash your hands?	2 mins	 Discuss the patients' involvement in hand hygiene at the facility Discuss the importance of engaging clients in their hand hygiene programme 	
Slide 14	Sustaining hand hygiene in FHS - way forward How do you think hand hygiene compliance can be improved at this facility? Training Reminders Monitoring and feedback Avail appropriate resources Champions Role models Team work Patient engagement Take the piedge	5 mins	 Ask participants how hand hygiene compliance may be improved at this facility Highlight different approaches that have been proven effective in improving hand hygiene practices 	-Flip chart -Markers
Slide 15	SAVE LIVES: Clean Your Hands global campaign Save Lives: Clean Your	2 mins	 Outline the global hand hygiene campaign Encourage the facility to register their commitment to improving hand hygiene compliance on the WHO website (if they have not already done so) Emphasize the importance of "living out" this commitment 	

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 16	Observing the five moments of hand hygiene, can significantly reduce the number of healthcare associated infections and improve the quality of patient care Assuring compliance with hand hygiene is a team effort and requires the use of multimodal strategies	T min	 Emphasize the importance of hand hygiene compliance Emphasize the importance of team effort in ensuring a successful hand hygiene programme 	
Slide 17	THANK YOU WARREN WAR	T min	 Thank the participants and acknowledge any support given for the session/series Thank the facility management for allowing this activity to be carried at the facility 	

Session 3: Personal Protective Equipment (PPE)



Time:



1 hour

Learning Objectives

At the end of this session, participants will be able to describe the principles of rational use of PPE.



Session Overview

Personal protective equipment (PPE) is an essential element of standard precautions. PPE is meant to protect healthcare workers from infection, injury and other occupational hazards that they may encounter. It is imperative that PPE be used in a manner that does not place oneself, and one's patients and colleagues at risk of acquiring infection. However, PPE should not restrict the wearer from performing their duties safely. Healthcare workers should be aware of the different types of PPE and the circumstances that require their use. In this session, different PPE types will be discussed. While proper donning and doffing of PPE is very important, this session only contains demonstrations of donning and doffing of select PPE items, not the sequence of donning and doffing the complete set of COVID-19 PPE.





- Different types of PPE (e.g. surgical masks, N95 respirators, gowns, gloves, plastic aprons, gumboots/safety shoes, head covers, goggles and face shields)
- Rational use of PPE poster (see Appendix F)
- · Flip chart and markers
- Sticky notes

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 1	PERSONAL PROTECTIVE EQUIPMENT COVID-19 IPC training series for Polyclinics	3 mins	 Greet participants and introduce yourself Ask participants to introduce themselves (job title and department) Introduce the session topic 	-Flip chart -Markers
Slide 2	Objective To train health workers on appropriate use of PPE Overall goal is to improve health worker and patient safety	2 mins	- Outline the session objective (s)	
Slide 3	Overview of IPC measures Types of PPE and functions Risk evaluation and PPE selection	1 min	- Describe the outline of the session	
Slide 4	PPE definition specialized clothing or equipment, worn by an employee for protection against infectious materials. Sometimes Sometimes Sometimes Sometimes Sometimes Sometimes Sometime	1 min	- Define personal protective clothing (PPE)	

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 5	Quick Survey Before COVID-19 which piece of PPE did you consider to be the most important in your day to day duties? Now in this COVID-19 era which piece of PPE do you consider to be the most important?	3 mins	 Ask participants to reflect on the era before COVID-19 and state the PPE item that they used the most Ask participants to write down the PPE item they mostly use now, during the COVID-19 pandemic Discuss the answers 	-Sticky notes
Slide 6	Practices or precautions to reduce infection transmission are divided into 2 groups: Listandard productions Listandard productions Listandard productions Divided productions PPE is one of the key elements of these two levels of precautions	2 mins	- Remind participants that PPE is an important component of both standard and transmission based precautions	
Slide 7	? Discussion 3. What else besides PPE do you think should be in place or provided to enhance your protection?	3 mins	 Ask participants to write one thing they think should be in place / provided at the facility, for them to be fully protected against infections Discuss the answers 	-Sticky notes

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 8	Hierarchies of IPC Environmental/ Engineering controls Managerial/ Administrative PPE Least effective PPE provides the least protection if used alone	3 mins	 Refer to the last slide and describe the hierarchies of control in IPC (these highlight that PPE is one of several measures to provide protection) Explain the need to consider the use of PPE together with other measures to provide more effective protection (i.e. ensuring environmental and managerial controls are in place Give examples of environmental/engineering controls (e.g. ventilation, hand hygiene stations) and managerial / administrative controls (e.g. policies, SOPSs, provision of resources, training) 	-Flip chart -Markers
Slide 9	? Discussion Now let's see what types of PPE do you know? When do you use these PPEs? Are these PPEs readily accessible when you need them?	25 mins	 (This activity should be carried out with reference to slides 10 to 13) Ask participants to select a PPE item from the range available and state: The name When it should be used An example of when they have used the item at work Discuss answers and correct any misconceptions. Continue discussion until all PPE items have been selected and their appropriate use described For PPE such as gloves, surgical masks and N95 respirators, allow the participants to demonstrate how they would put them on 	-Available PPE items
Slide 10	Types of PPE and functions Their caps Components of PPE Cumboots Cowns Cowns Plastic aprons		- Refer to slide 9	

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 11	Types of PPE and functions Const.		- Refer to slide 9	
Slide 12	Types of PPE and functions		- Refer to slide 9	
Slide 13	Types of PPE and functions Comment of particular agreement agr		- Refer to slide 9	
Slide 14	? Discussion How do you choose the type of PPE to wear?	2 mins	- Following on from the previous activity, ask participants to write what they have learnt / understood about the appropriate selection of PPE	-Sticky notes

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 15	Risk evaluation for PPE Factors influencing PPE selection 1 Type of exposure anticipated 5 Salahyhpery versa touch Category of solation precautions Durability and appropriateness for the task Fit Linear Category of solation precautions Unrability and appropriateness for the task Fit Linear Category of solation precautions Category of solation precautions Unrability and personal properties of the task Category of the task	3 mins	 Discuss responses to the previous question Explain the principles that guide how PPE should be selected 	
Slide 16	Risk evaluation for PPE in Maternity Designation of the PPE in Maternity Weginal exam Veginal exam Veginal exam Veginal exam Risk evaluation for PPE in Maternity High risk Reference of the PPE in Maternity Veginal exam Reference of the PPE in Maternity Reference of the P	7 mins	 With an example of the maternity setting, explain how PPE will be selected using the PPE selection principles Discuss this in relation to the different healthcare workers who perform various procedures in the maternity ward Ask participants to first state their choices 	
Slide 17	Select appropriate PPE based on procedure and risk of exposure Hand hygiene should always be performed despite PPE use General principles of select appropriate incosary any damaged or broken pieces of foil working order. PPE use Remove all PPE as soon as possible after completing the care and avoid containmining the twenforment beyond the area that you have been reviding any other patient or lowfer, and opcosed! Discard all items of PPE carefully and safely then perform hand hygiene immediately afterwards.	3 mins	 Summarise the session highlighting key principles of PPE use Emphasize the need to carry out a risk assessment Remind participants that PPE should be used together with other IPC measures for it to be more effective Ask participants if they have any unanswered questions / comments Ask participants to evaluate the session and make any recommendations for improvement (including suggestions of topics that they would like to receive training on 	
Slide 18	THANK YOU	1 min	 Thank the participants and acknowledge any support given for the session /series Thank the facility management for allowing this activity to be carried at the facility 	

Session 4: Healthcare Waste Management



Time:



1 hour

Learning Objectives

At the end of this session participants should be able to describe the best practices for healthcare waste management in relation to their facility and the services offered.



Session Overview

Healthcare waste management is another important component of standard and transmission based precautions. Healthcare waste must be managed appropriately to ensure that healthcare activities do not pose a risk of infection to staff, clients, environment and community. It is the responsibility of every healthcare worker to be aware of the different waste streams or categories generated in their facility and to understand how they are segregated, stored and handled before final disposal. This session describes the process of safe healthcare waste management at health facility level.

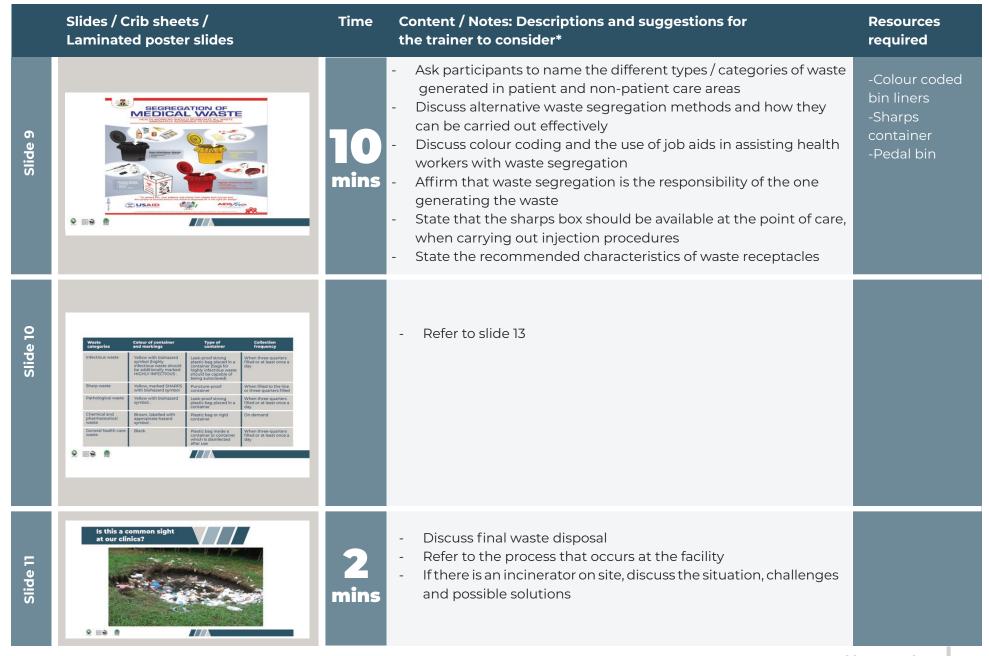


- · Chart / poster with colour coding (for the different waste streams)
- · Colour coded bin liners
- Sharps box
- · Foot-operated bin
- Suitable PPE for waste handlers (eg. heavy duty gloves, aprons and gumboots/safety shoes)
- · Flip chart and markers
- · Sticky notes



	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 1	Basic IPC Principles: Healthcare Waste Management IPC training series for Polyclinics and Primary health care facilities	5 mins	 Greet participants Introduce yourself and ask participants to introduce themselves (their job title and department) Note the departments the participants are from, and include them in the discussions / refer to practices or procedures related to these departments as the session progresses Note the topic for the day and give its background 	-Flip chart -Markers
Slide 2	By the end of the session participants should be able to describe the best practices for health care waste management in relation to their facility and work	1 min	- Outline the session objective (s)	
Slide 3	Let's have a quick discussion Those who are here • can you say which department you work in • what are the kinds of waste generated in your department? – give specific examples • Describe the kind of bin(s) in which you place this/these kind(s) of waste? So what do you think your responses tell us about waste management at this facility? Now let's review the basic principles of healthcare waste management	3 mins	 Ask participants to note the type of waste generated in their departments Ask participants to describe the bins that are available in their departments (in which they dispose of waste) Ask participants whether they think the waste management in their departments is done effectively 	-Sticky notes
Slide 4	Introduction Healthcare delivery generates waste, what type of waste? What are the categories of waste we generate in the day to day course of carrying out our duties? (Brainstorm/flash cards) 1. General Waste: 85% Non Hazardous waste (Domestic waste) Examples	3 mins	 Give an overview of the quantities of waste generated at a healthcare facility Ask participants if they can quantify either by weight or number of bags by waste category, the amount of waste generated at their facility / in their department 	

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 5	Another quick activity What are the three nearest units/departments from where we are let's split into three teams • Team 1go to a consultation room/OPD • Team 2 go to EPI department • Team 3 go to a 'named' non clinical area All teams locate the bins in the areas, open and list the items you observe in the bins (5 minute activity) Let's feedback Discussion	10 mins	 Divide participants into 3 or 4 groups and assign each group a department Groups are to identify the waste bins and note the different types of waste that have been disposed of in these bins If there is a waste holding area, the 4th group should visit this site. All groups should come back after 5 minutes and give feedback on what they have observed 	
Slide 6	Next quick activity/question How often are the bins in your departments emptied? Where is the waste taken when it leaves your department? (general and infectious waste) Describe the place(gl/location(g) – if temporary waste holding area is near suggest a quick visit! How is the waste transported to this site from your department? How long is the waste kept here? Discussion	7 mins	 Ask participants to state similarities and differences between departments Discuss transport mechanisms for waste, both internal and external Discuss the findings at the temporary waste holding site 	
Slide 7	Final question? Do you know the final disposal site of the waste collected from your facility? Has any of you visited these sites – any idea what happens there? Why is the waste transported to final disposal site? Why is it important to know this information?	3 mins	 Ask participants if they know where and how their waste is disposed Explain why this knowledge is important 	
Slide 8	Safe management of Healthcare waste Three key principles: Minimize amount of waste generation by having carefully planned activities and responsibilities Segregate waste at the point of generation through the use of colour coded or labelled bags Sharps' containers must be availed Ideally waste bags should have a blohazard label Waste treatment that reduces risks to health workers and community; Lab specimens should be autoclaved or disinfected before disposal	3 mins	- Discuss good practices for waste management in the patient care areas, focusing on waste minimization and segregation	



	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 12	Why safe Healthcare waste management is important! Poor management of health care waste exposes health care workers, waste handlers, patients and their families and the community to preventable infections, toxic effects and injuries. Improper disposal of healthcare waste could contaminate/ pollute the environment and could lead to antimicrobial resistance.	2 mins	 Discuss the importance of safely disposing of waste Describe the various hazards that may occur (e.g. scavengers, community hazards and environmental hazards) 	
Slide 13	Protection of healthcare waste handlers • Provide appropriate transcert—time mat first be carried directly, against the body. • Provide appropriate PDE • Provide appropriate PDE	3 mins	- Discuss the importance of healthcare waste handlers receiving training, PPE and appropriate resources to ensure their safety	
Slide 14	Personal Protective Equipment for Waste Handler Waste handlers must be provided with appropriate and adequate PPE: Long sleeved gown Heavy duty apron Heavy duty allows Work shoes/Boots Mazk Goggles or Face Shield **Heat resistant aprons and gloves for incinerator operators** N.B. Hand Hygiene should be performed after removing PPE		 Refer to slide 17 during discussion Emphasize the need for hand hygiene facilities at the waste disposal site 	-Examples of appropriate PPE

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 15	So now we have identified challenges with healthcare waste management at this facility How do you propose to address them? Challenges Possible solutions 1. 4. 1. 4. 2. 5. 2. 5. 3. 6. 3. 6. What would you prioritize for action? Post Issues and Solutions from the Flash Cards written by Participants	5 mins	 Ask participants to list the key /urgent issues regarding waste management at their facility that need addressing Ask participants to provide solutions or a plan of action to address the challenges Discuss the actions that need to be prioritized Ask participants if they have any unanswered questions / comments Ask participants to evaluate the session and make any recommendations for improvement (including suggestions of topics that they would like to receive training on 	-Sticky notes -Flip charts -Markers
Slide 16	THANK YOU	1 min	 Thank the participants and acknowledge any support given for the session /series Thank the facility management for allowing this activity to be carried at the facility 	

Session 5: Occupational Health



Time:



1 hour

Learning Objectives

At the end of this session participants should understand the various prevention strategies for minimizing risk of infection and injury to healthcare workers and understand the reporting and support systems in place if exposed.

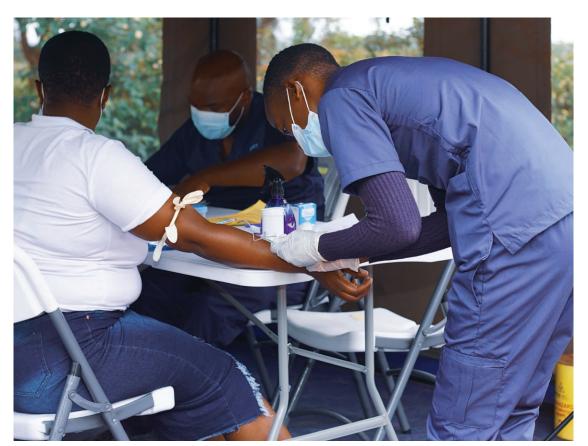


Session Overview

Occupational health is another important element of standard precautions, which aims to safeguard the health and safety of healthcare workers. This session will discuss the responsibilities of the employer and the individual healthcare worker in ensuring staff safety at the workplace.



- Sticky notes
- · Flip chart and markers





	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 4	According to Occupational Safety and Health Policy, every employer should have occupational health services which safe guard the health and safety of workers. This entails: Investing in training and providing tools and resources for a safer health care workforce Familiaries all employees on the Emergency Exit Plan for the institution, including fire extinguishing drills. System for reporting incidences and accidents and strategies to correct any anomalies	3 mins	- Discuss the occupational health and safety policy and what it entails	
Slide 5	Let's discuss - quick question What measures are in place to protect and prevent Healthcare workers from getting infections and injuries at this Polyclinic?	10 mins	 Ask participants to respond to the question and write their responses on the flip chart Ask participants if the services listed below are available for staff Staff clinic Sharps injury and body fluid exposure monitoring and prevention programme Annual/bi-annual TB screening Screening and testing for COVID-19 Hep B and COVID-19 immunizations Training in IPC Fire drills Discuss the importance of each of the above 	-Flipchart -Markers
Slide 6	TB screening of HCWs - discussion Ongoing screening and monitoring of workers for TB is an invaluable activity that ensures early detection and management of affected persons To ensure early detection and management of exposed HCWs, the following shall be observed: MI HCWs shall undergo screening for TB pre-employment and at least annually. HCWs in medium and high risk areas, as determined by the occupational risk exposure profile (OREP) shall be screened biannually. All HCWs in low risk areas shall be screened annually and on retirement.	5 mins	 Discuss the policy for screening healthcare workers for TB and why it is important With reference to the policy, explain the risk of TB among healthcare workers 	

Session 5

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 7	Discussion 1. What are the measures in place at this Polyclinic to protect HCWs from getting work-related TB?		 With reference to slide 6, ask participants to share the measures in place at the facility to protect staff from getting TB Find out how many participants have been screened for TB Find out when / how often participants get screened for TB Discuss any challenges with TB screening for staff Ask participants to propose solutions 	
Slide 8	Discussion What are the measures in place at this Polyclinic to protect HCWs from getting work-related COVID-19? 2. What IPC related COVID-19 training have you received (list them)	5 mins	 Discuss the measures in place at the facility to protect staff against COVID-19 Establish the COVID-19-related training that has been provided for healthcare workers Discuss challenges and possible solutions (e.g. having short (30 min or less) sessions / talks during tea or lunch breaks, addressing specific gaps identified in the work place) 	
Slide 9	A Holistic Wellness Approach: Screening for TB and COVID-19 should be included in the screening programme for other common chronic conditions such as HIV/AIDS, diabetes, Pippertension, cardiovascular disease, etc The service package shall include but not limited to the following: • Assessments for TB, Blood sugar, Blood pressure, Body mass index, Visual acuity, VIAC, Breast and Prostate cancer screening among others. • Such services shall be offered through the wellness clinic (Staff Clinic) by trained staff • Screening for COVID-19? How often? What is the protocol? • All HCWs diagnosed with any health condition should be referred for care and support.	7 mins	 Discuss a holistic approach to occupational health, where the focus is not just on TB and COVID-19, but also non-communicable diseases (with the aim of early diagnosis and maintaining good health amongst health workers) Address mental health issues and list psychosocial support systems for staff at the facility 	

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 10	Objective Occupational Health Clinic Post Exposure Prophylasis Protocols Post Compensation Occupational Disease Management & Compensation		- Refer to slide 9	
Slide 11	Covid-19 Vaccinations for HCWs Is your facility offering COVID-19 vaccinations to HCWs? How many here have been vaccinated against COVID-19? What is the uptake across the facility? Are there any challenges for HCWs in accessing COVID-19 vaccinations at this facility? What are the challenges in accessing COVID-19 vaccinations?	7 mins	 Discuss COVID-19 vaccinations for staff Is the service available for staff? What is the uptake? What are the challenges? How can they be addressed? Explain how the vaccines are being used locally, list their benefits and assure staff of their safety Address any issues of misinformation 	
Slide 12	Confidentiality Confidentiality is a key professional element requiring strict and uncompromised effort to maintain the same. It shall be the responsibility of every HCW to ensure that confidentiality is not compromised at any time! The following shall be observed: Enforcement of the Official Secrecy Act or its equivalent for all HCWs. Registers and clinical notes for HCWs shall be kept under lock and key.	3 mins	 Ask participants, where staff are attended to / managed when they are not feeling well With reference to their answers; find out how confidentiality is achieved if there is no staff clinic (and therefore staff are seen in the same venue as their clients) Discuss the importance of confidentiality, highlighting that it can be a barrier to staff seeking healthcare early or at the facility Discuss the importance of having separate staff registers and ensuring clinical notes are kept under lock and key 	

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 13	Counselling HCWs are some of the professionals with high stress levels, particularly during this pandomic. Counseling is an important aspect of ensuring the maintenance and promotion of well-being of HCWs in all workplaces. This is even more important for HCWs diagnosed COVID-19, Tuberculosis or any other life-threatening disease.	3 mins	 Discuss the need for counselling services for staff Point out that health workers are well known for poor uptake of the same healthcare services that they provide and recommend to others Highlight the importance of looking out for each other 	
Slide 14	Management Responsibilities Exauring a safe working environment level in place policies and 50 for for: • The and COVID-9 IPC. Administrative, Environmental controls and appropriate PPE available at all times • Have in place at training programme for all HCWs on health and safety Essure constant availability of resources: • Including IEC materials and despare safety-warining given provides oversight on the following critical elements: • Functional Welfiness services for HCWs andels a referral system • HBH to ensure quality Occupational Health services: Doctors, Nurses, Laboratory • Scientists, Phramachis, Physiotherapids and Environmental Health Officers, Courselfons and Institutionals	5 mins	 Discuss the responsibilities of management (including at national level) in ensuring functional occupational health services State that the above does not however, take away the individual's responsibility to personal health 	
Slide 15	What do you think is your role in Occupational Health and Safety as an individual? What is one thing you are going to do about taking care of your health from today onwards?	5 mins	 Ask participants what they believe their responsibilities to be Ask participants what they will start doing from today, in light of the new knowledge they possess Ask participants if they have any unanswered questions / comments Ask participants to evaluate the session and make any recommendations for improvement (including suggestions of topics that they would like to receive training on 	-Flipchart -Markers -Sticky notes
Slide 16	THANK YOU	T min	 Thank the participants and acknowledge any support given for the session /series Thank the facility management for allowing this activity to be carried at the facility 	

Session 6: Patient Placement



Time:



1 hour

Learning Objectives

At the end of this session participants will be able to describe the principles guiding effective patient placement, with a focus on screening and triaging for COVID-19.



Session Overview

In infection prevention and control, patient placement is another important element of both, the standard and transmission-based precautions. Patient placement involves conducting a risk assessment of the available facilities for availability and suitability. It also involves re-organizing the existing facilities to manage infectious conditions safely. Screening and triaging of clients enable early detection of potential infectious cases and establishment of their route of movement in the facility as well as the necessary IPC interventions needed (based on the screening findings).

In light of COVID-19, all health facilities are required to have screening and triaging stations at their entrances in order to minimize the risk of transmitting COVID-19 to staff and other clients. This session will cover the requirements for screening and triaging at healthcare facilities during the COVID-19 pandemic.





- Flip chart and markers
- Sticky notes
- · Screening register (see Appendix G)
- Screening tool / COVID-19 case definition (see Appendix H)
- Assessment tool for screening and triaging area (see Appendix I)

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 1	Patient placement screening and triaging IPC training series for Polyclinics and primary health care facilities	3 mins	 Greet participants and introduce yourself Ask participants to introduce themselves (job title and department) Write down the participants' departments (to use in discussions/ to refer to practices or procedures related to those departments) Read the topic for the day and give background as stated in the session overview 	
Slide 2	Objective Describe effective implementation of screening and triaging.	1 min	- Explain the session objective (s)	
Slide 3	Patient placement is a component of standard precautions Presenting and triaging facilitates appropriate patient placement in the healthcare facility Patient placement in the healthcare facility Components of standard precautions Visiting Processing Standard precautions Visiting Standard precautions Vis	3 mins	 Remind participants that patient placement is an important element of standard and transmission based precautions Point out that healthcare facilities are required to have screening and triaging stations to guide movement and placement of patients, in order to minimise unnecessary exposure to those without COVID-19 State that patient placement also applies to other infections as well State that appropriate patient placement requires establishing a system that enables early identification of clients /visitors with communicable conditions (in order to institute appropriate patient placement measures, including IPC interventions and to effectively limit spread of infections in the health facility) 	

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 4	Quick survey Answer yes or no: were you screened today when you reported for duty? Diget screened every time I report for duty. Pses 50% of the time. No I just walk in and start my duty. Do you think it is important for health workers to be screened? Why?	5 mins	 Ask participants to respond to the questions on their sticky notes Summarize and discuss responses 	-Sticky notes
Slide 5	Quick tour (use screening and triaging assessment tool) Assessment of screening at entrance. Assessment of triage areas. Discussion: (ideal screening/triage stations) What PPE do you require What pPE do you require Things to look out for impaking, physical distacrings Things to look out for impaking, physical distacrings Things to look out for impaking, physical distacrings Things to look out for impaking to get or applied of the control of the	30 mins	 Give each participant a screening and triaging assessment tool and a screening tool (case definition) for clients/visitors and staff Visit the screening and triaging areas Go through the assessment, discussing each standard /indicator and pointing out any gaps as well as how they can be improved 	-Screening and triaging assessment tools -Screening tool for clients -Screening register template
Slide 6	Triaging for COVID -19 at your Health Facility Triaging for COVID -19 at your Health Facility Try and the product of the pro		- Refer to slide 5	
Slide 7	Discussion - summary So what can be done better to improve screening and triaging at this facility?	5 mins	 With reference to slide 6, ask participants how they would improve screening and triaging at their facility Ask participants if they have any unanswered questions / comments Ask participants to evaluate the session and make any recommendations for improvement (including suggestions of topics that they would like to receive training on 	-Sticky notes

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
0 7 7	THANK YOU	1 min	 Thank the participants and acknowledge any support given for the session /series Thank the facility management for allowing this activity to be carried at the facility 	

Session 7: Safe Injection Practices



Time:





At the end of this session participants will be able to describe the principles of safe injection practices.



Session Overview

Globally, healthcare workers, patients, communities and the environment are exposed to infections and injuries caused by unsafe injection practices. Injection safety comprises of two important elements of standard precautions which are; safe injection practices and sharps injury prevention. Injection safety principles aim at (i) not harming the recipient (ii) not exposing the health worker to any risk and (iii) not harming the community. Therefore, healthcare workers who perform injection procedures should be well trained and competent to perform them safely. All infection prevention measures when preparing for, performing and cleaning up after an injection procedure must also be taken into consideration. This session will emphasize the IPC measures for safe injection practices and sharps injury prevention. It will also cover what to do in the event of a needle-stick injury.

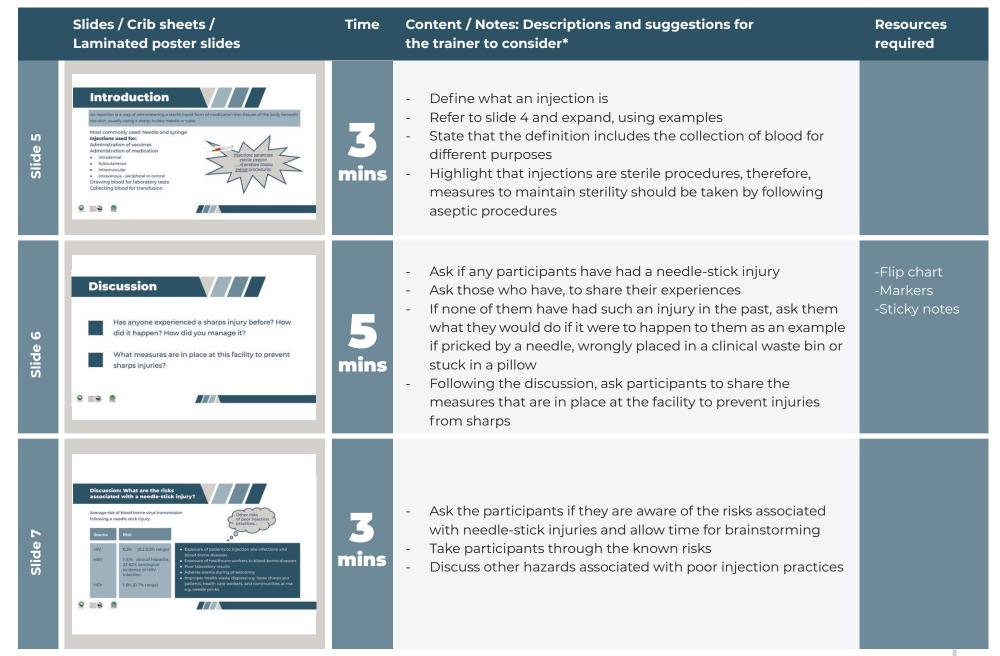




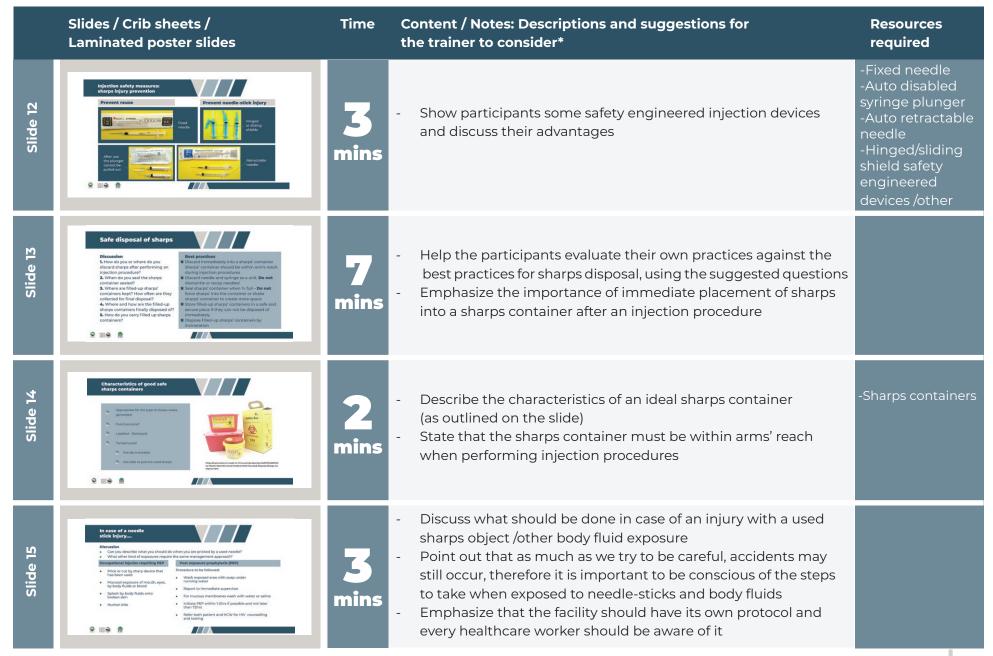
- Crib / cheat sheets
- Flip chart and markers
- Sharps containers
- Safe injection devices
- PEP algorithms for HIV and HBV (see Appendix J)
- Sticky notes

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 1	Safe injection practices IPC training series for Polyelinics and primary health care facilities IPC training series for Polyelinics and primary health care facilities INDIVISION DESCRIPTION OF THE PRIMARY OF THE P	T min	 Greet participants and introduce yourself Ask participants to introduce themselves (job title and department) Write down the participants' departments (to use in discussions/ to refer to practices or procedures related to those departments) Read the topic for the day and give background as stated in the session overview State that this topic is not only important for the healthcare workers who perform injections, but for those who handle sharps waste (including communities and the environment) too 	
Slide 2	Objective: To train health workers on safe injection practices Injection safety overview Sharps disposal Needle stick injury management	1 min	- Outline the session objective (s)	

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 3	Injection safety is a component of standard precautions with two parts: Safe injection practices focus on all the activities around the performance of injection procedures with the aim of protecting mainty the client by ensuring asepsis throughout the process of storage, preparation (medication and equipment), and when performing the injection procedure. Sharps injury prevention focus on all the measures taken to ensure safe handling of used sharps and disposal	3 min	 Remind participants of standard precautions Mention that injection safety is a component of standard precautions State that injection safety measures are covered under the two elements of standard precautions which are; 1. Safe injection practices These focus more on the safety of the patient, by emphasizing the measures needed to prevent contamination of medications and equipment during storage, preparation and when performing the procedure (e.g. avoiding contamination of the injection site) 2. Sharps injury prevention This considers all measures taken to ensure that sharps are handled safely (e.g. competency with the injection procedure and sharps' waste management) State that the emphasis of this session will be on management of sharps waste, to prevent injuries to staff, clients/other people in the community (if sharps are not disposed of safely)	
Slide 4	What injection procedures are done at this facility? In which departments are the injection procedures done? Childhood vaccinations Covid-19 vaccinations Depo provera contraceptive Collection of blood samples Other?	2 min	 Ask participants to name the injections given / procedures (that involve the use of a needle and syringe) done at this facility Ask participants to also say where / in which departments these procedures are done in the facility Write their responses on the flipchart 	-Flipchart -Markers



	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 8	Discussion: What are some of the poor injection practices that can lead to injury or infection? Some baid practices Incompetent salf administering injections. Over use of injection (where e.g. oral medication could have been giver) Besue of needed and syringes Using one loaded syringe for several patients. Pre-boaded syringes Multi-dose valis Unsafe disposal of sharps	3 mins	 Ask participants to list some bad injection practices (particularly in relation to their facility) Add to their list using examples on the slide 	-Sticky notes
Slide 9	What is Injection Safety includes practices intended to prevent transmission of infectious diseases between one patient and another, or between a patient and healthcare provider, and also to prevent harms such as needle-stick injuries. Therefore A serior of the provider of the provide	2 mins	- Define injection safety and what it entails	
Slide 10	Imjection safety measuress safe injection practices Minimize used shared medication • Man does not principle upon protein and interestinate sharing patient whenever possible • Man does not principle upon the each hypotham • A new stafe medication and elements are staffing concerns • Oneside designation and elements are staffing concerns • New York there is need in resident interestination and elements are staffing concerns • New York there is need in resident interestination wite septions for multiple concerns • New York there is need in resident interestination wite septions for multiple concerns • Uses after questioned declare • Who come increasing youthern - steel receives attached to a syrings • Who come increasing youthern - steel receives attached to a syrings • Who come increasing youthern - steel receives attached to a syrings • Who come increasing youthern - steel receives attached to a syrings • Who come increasing youthern - steel receives attached to a syrings • Who come increasing youthern - steel receives attached to a syrings • Who come increasing your - steel receives attached to a syrings • Who come increasing your - steel receives attached to a syrings • Who come increasing your - steel receives attached to a syrings • Who come in the protein of the protein of the protein your receives attached to the syrings and your receives attached to the syrings and your receives attached to the syrings and your receives attached to the syrings attached to the your receives attached to the syrings attached to the your receives attached to the syrings attached to the your receives attached to the your rec	5 mins	 Using the slide as a guide, take the participants through the injection safety measures Explain with emphasis the one needle, one syringe, one time principle 	
Slide 11	Vacuum extraction systems - Closed system - Cart take multiple samples from single venepuncture - Reduces exposure to blood - Cart take multiple samples from single venepuncture - Winged butterfly system - steel needle attached to a syringe - Winged butterfly system - vacuum extraction system - vacuum extraction	2 mins	 Show participants the vacuum extraction systems used for blood collection Discuss the advantages of these systems 	



	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 16	TANGENIA (A CASCAL CANAL ACTION	5 mins	 Go through the algorithms for HIV and HBV post exposure prophylaxis (PEP) Indicate that these are in the National IPC guidelines and should be adopted by the facility The facility PEP policy should be available in every department Emphasize the importance of reporting any exposure as soon it happens and to initiate PEP within 72 hours Highlight the importance of completing PEP for the required duration 	-Charts/posters with PEP algorithms
Slide 17	In summary Injection safety measures aim to improve the capacity of service providers through training, providen of medical supplies including retractable syringes and sharps boxes as well as reinforcing on the job support, supervision and behavior change exercises. INJECTIONS 101 Types of Injection Analysis of the providers of the provi	3 mins	- Emphasize the key take-home message for injection safety measures from the session highlighting the importance of performing hand hygiene when administering injections.	
Slide 18	THANK YOU	1 min	 Ask participants if they have any unanswered questions /comments Ask participants to evaluate the session and include any recommendations for improvement Thank the participants and acknowledge any support given for the session /series Thank the facility management for allowing this activity to be carried at the facility 	-Sticky notes

Session 8: Environmental Cleaning



Time:



1 hour

Learning Objectives

At the end of this session participants should be able to explain the principles of environmental cleaning in a healthcare setting.

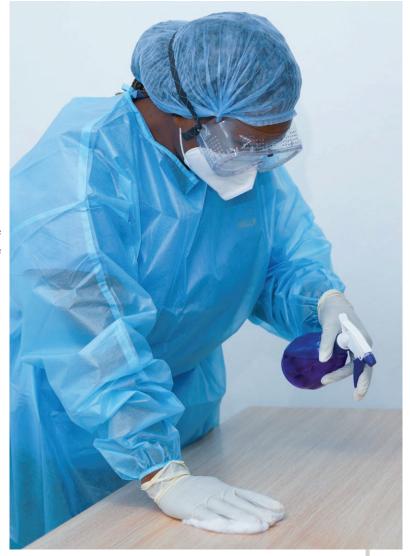


Session Overview

Environmental cleaning is another important standard precaution and an essential element of transmission based precautions. In terms of infection prevention and control, healthcare workers need to be aware of the requirements for environmental cleaning under normal, terminal and outbreak situations. In this session, the best practices for environmental cleaning in these situations will be described. The session is not only meant for cleaners, but for all health workers.



- · Coloured/coded mops and bucket
- Cleaning towels
- Paper towels
- · Measuring containers for dilutions
- · Lined foot operated bin
- · PPE for cleaning (e.g. domestic gloves and plastic aprons)
- · Checklists for monitoring environmental cleanliness (see Appendix L)
- Sticky notes
- · Flip chart and markers

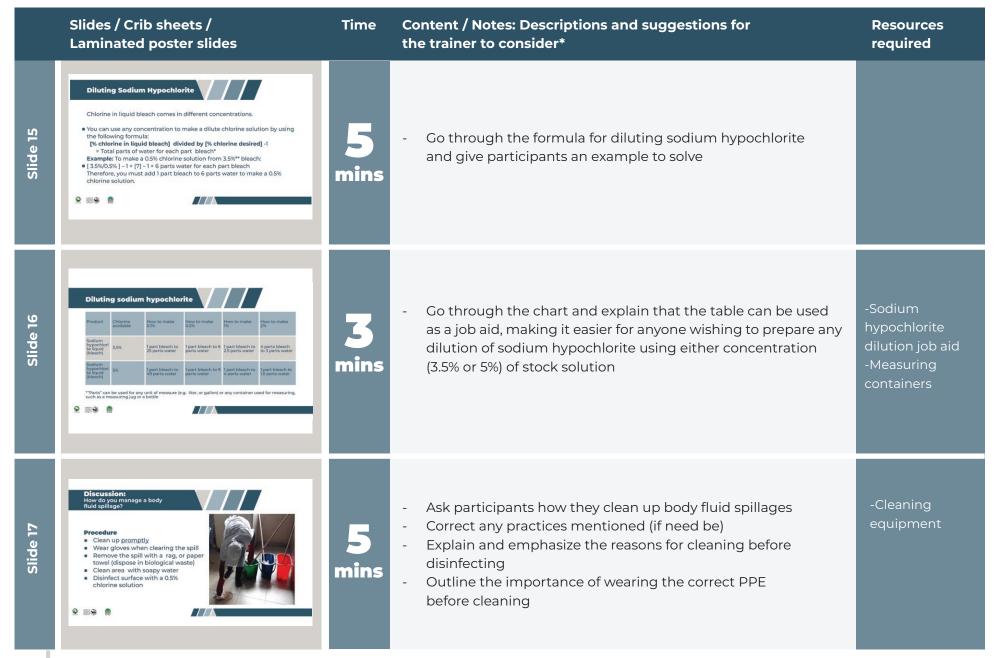


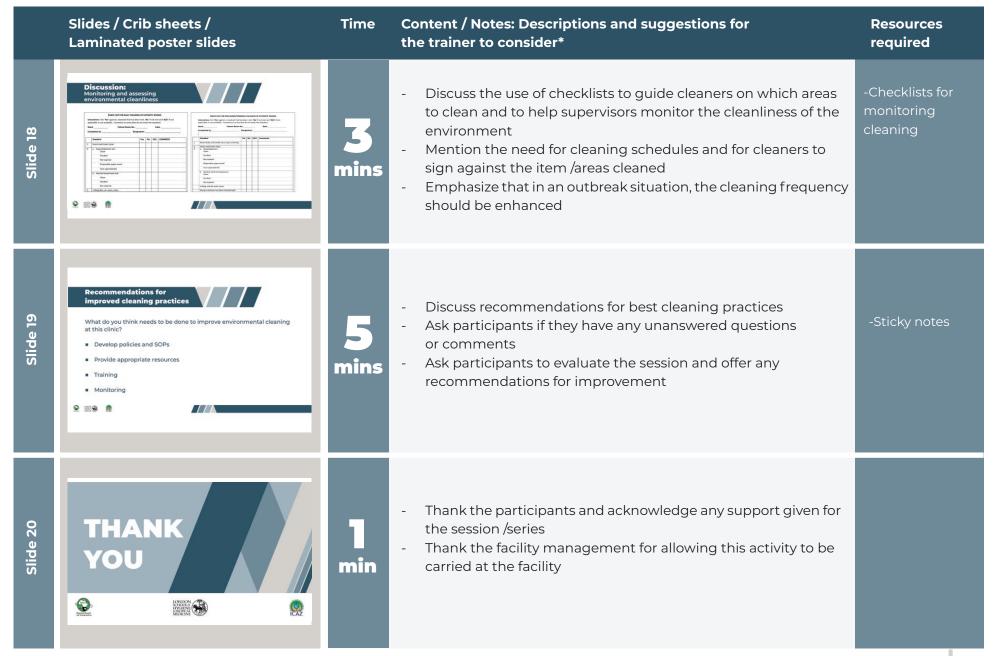
	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 1	PRINCIPLES OF ENVIRONMENTAL CLEANLING IPC training series for Polyclinics and primary health care facilities ICANXN MARKE MARK MARKET COLUMN MARKET MARKET	3 mins	 Greet participants and introduce yourself Ask participants to introduce themselves (job title and department) Write down the participants' departments (to use in discussions/ to refer to practices or procedures related to those departments) Read the topic for the day and give background as stated in the session overview 	
Slide 2	Components of standard precautions Sharps injury Safe injection, Practices Protective Equipment Linen Wanagement Standard Procedure Equipment Decontamination of patient care Equipment Cough Environment Cleaning Patient Placement	1 min	- Remind participants that environmental cleaning is an important component of standard precautions	
Slide 3	Objective Discuss best cleaning practices in healthcare environmental cleaning Solution Solution	1 min	- Outline the session objective (s)	

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 4	Introductions - discussion Bioth reduce microbial contamination, which is a difference in the amount of reduction as a difference in the amount of reductions at the purpose of the physical removal dust and dist (which also removes dust manufacture). What is distinfection? What is distinfection? Distinfection processed Milling principles through need halos of reducing principles through need halos of reducing principles.	3 mins	 Ask participants to define and explain the difference between 'cleaning' and 'disinfection' Add to their explanations (if need be) 	-Flip chart -Markers
Slide 5	Quick survey - let's discuss What do you consider to be part of your health care environment and needs to be cleaned? • Floors • Walls (high, / low) • Doors (incl handles) • Sinks / hand wash basins (incl taps) • Beds, examination couches, privacy curtains, tables, chairs, benches	5 mins	 Ask participants what they consider to be components of the environment Mention any additional components left out (in relation to the departments represented) Point out that it is necessary to be aware of what constitutes the healthcare environment (that requires scheduled or routine cleaning) 	-Flip chart -Markers
Slide 6	Categories of environmental surfaces: Discussion What is the risk of infection transmission from the environment? • Spaulding classification: • critical, semi-critical and non-critical • Environmental surfaces are non-critical and are further divided into: • Housekeeping surfaces (e.g. floors, walls, table tops for fall and the contact surfaces (knobs on machines, BP machines, IV poles) • Low and Frequently touched surfaces • Low and Frequently touched contamination	3 mins	 Discuss the risk of infection associated with the environment State that while the risk of direct transmission may be low, the environment becomes significant based on how we interact with the different environments and how we apply other elements of standard precautions (e.g. if we touch a dirty surface and do not wash hands, we can pick up pathogens which we then carry to other environments, patients, equipment, etc.) 	
Slide 7	Quick survey - write down Name any one frequently touched environmental surface in this facility How frequently is it cleaned or disinfected?	3 mins	 Ask each participant to name a frequently touched environment in their department and specify how frequently this environment is cleaned Discuss their answers and add additional points (if need be) Discuss the importance of regular cleaning of frequently touched surfaces / items 	-Sticky notes

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 8	Frequently-touched areas		- Refer to slide 7	
Slide 9	Discussion What do you clean routinely? How do you clean these surfaces/areas? • Procedure • Equipment • PPE	7 mins	 Ask participants which environments / surfaces are cleaned routinely in their departments Ask three participants to explain how they clean floors, walls and table tops / bed rails Discuss the correct procedure, the type of cleaning equipment and PPE required 	
Slide 10	Quick survey: How do you keep your cleaning equipment? Between cleaning sessions? At the end of the day?	3 mins	- Ask a participant to explain how they keep/store the cleaning equipment between sessions and at the end of the day / shift	
Slide 11	Principles of cleaning Clean to dirty High to low Equipment dedicated to specific areas Colour coding or labeling Dedicated storage areas No "topping up" Do not mix detergents and disinfectants Clean and dry cleaning equipment between uses Separation of clean and soiled items on carts	5 mins	- Referring to slides 9 and 10, discuss the principles of cleaning	-Cleaning equipment and PPE

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 12	Discussion: How are we using sodium hypochlorite? How is it given to you for use – diluted or undiluted? What concentration do you use for: Routine/daily disinfection Terminal disinfection Body fluid spillages What contact time do you use? (For how long do you apply the disinfectant?	5 mins	 Ask participants about how sodium hypochlorite is used in the facility 1. What kind of container is it supplied in? 2. What is the stock concentration? 3. How is it supplied to the clinical areas? 4. How is it diluted? Ask the participants to explain the dilutions they use for different procedures (e.g. daily disinfection and cleaning up of body fluid spillages) Emphasize the importance of using correct dilutions and contact time 	
Slide 13	Appropriate use of sodium hypochlorite Advantages Broad spectrum Fast acting Cheap Not fiammable Not affected by water hardness Affected by organic material Corrosive to metals Discolours or stains fabrics I riritating (high concentration/ long exposure periods) Must be freshly prepared daily Apply by wiping and not spraying!	5 mins	 Go through the advantages and disadvantages of sodium hypochlorite Discuss the method of application of sodium hypochlorite and why spraying should not be done 	
Slide 14	Discussion: Why is this practice not recommended?		- Refer to slide 13	





Session 9: Decontamination of Patient Care Equipment



Time:



1 hour

Learning Objectives

At the end of this session participants will be able to describe the basic principles for decontaminating reusable patient care equipment.



Session Overview

Decontamination of equipment shared among patients is a critical element of standard precautions, aiming at rendering the item free of microorganisms and safe for reuse. Ideally, equipment decontamination must be done away from the site where the equipment is used and by personnel who have been trained on how to decontaminate equipment safely and effectively. Items designated as single-use should not be reprocessed for reuse on patients. This session describes the best practices for decontamination of the different categories of patient care equipment, based on the Spaulding classification.



- 20 litre buckets with lids
- Soft brushes
- Cleaning cloths
- Syringes (20 ml or more)
- · Job aid for diluting sodium hypochlorite (see Appendix K)
- · Sticky notes
- · Flip chart and markers

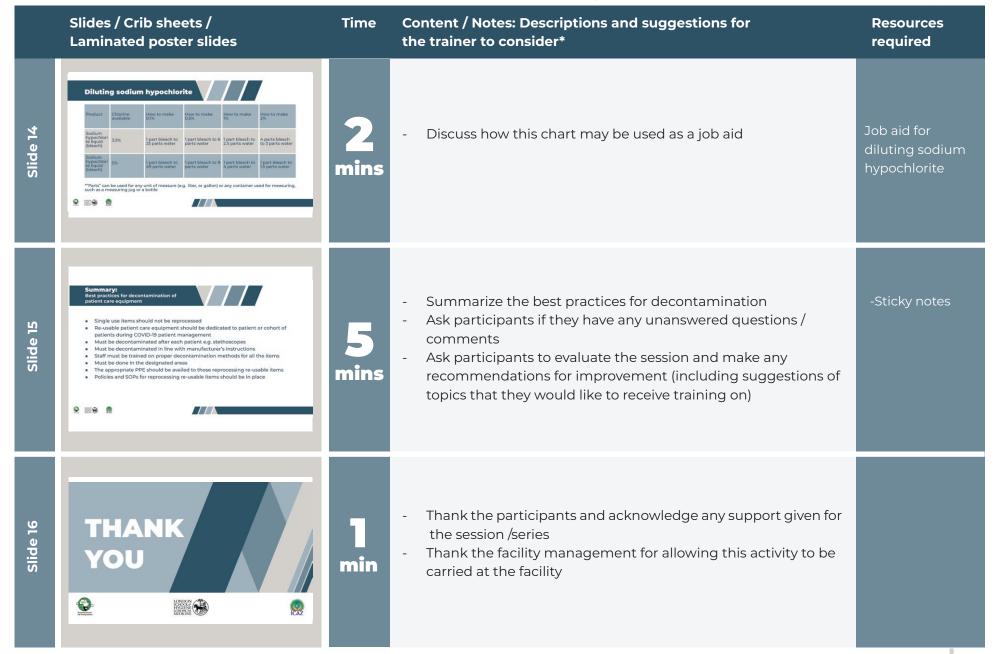


	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 1	DECONTAMINATION OF PATIENT CARE EQUIPMENT IPC training series for Polyclinics and Primary health care facilities IPC training series for Polyclinics and Primary health care facilities	3 mins	 Greet participants and introduce yourself Ask participants to introduce themselves (job title and department) Write down the participants' departments (to use in discussions/ to refer to practices or procedures related to those departments) Read the topic for the day and give background as stated in the session overview 	-Flip chart -Markers
Slide 2	Objective To train health workers on how to decontaminate re-usable patient care equipment	1 min	- Outline the session objective (s)	
Slide 3	Why is it important to decontaminate equipment used by patients? Decontamination of patient care equipment is a component of standard precautions Prevent transmission of infection from one patient to the other through shared or re-usable equipment Decontamination of patient is a component of standard precautions Decontamination in the prevention of prevention in the prevention of infection from one patient to the other through shared or re-usable equipment Decontamination of patient is a component of standard precautions Decontamination of patient is a component of standard precautions Decontamination of patient is a component of standard precautions Decontamination of patient is a component of standard precautions Decontamination of patient is a component of standard precautions Decontamination of patient is a component of standard precautions Decontamination of patient is a component of standard precautions Decontamination of patient is a component of standard precautions Decontamination of patient is a component of standard precautions Decontamination of prevention is a component of standard precautions Decontamination of prevention is a component of standard precautions Decontamination of prevention is a component of standard precautions Decontamination of prevention is a component of standard precautions Decontamination of prevention is a component of standard precautions Decontamination of standard precautions Decontaminat	2 mins	 Remind participants that decontamination of patient care equipment is a component of standard precautions Explain that it aims to reduce the transmission of infections through shared equipment between patients 	

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 4	Let's discuss - what do you understand by the term "decontamination"? Simply put - this is the process of rendering items safe for re-use! Involves 1, 2 or 3 steps depending on the body site where the item is used spaulding classification © Cleaning alone © Cleaning + disinfection + Step on order with treat city of the contamination of the	5 mins	 Ask participants what they understand by the term 'decontamination' Add to the explanations given (if need be) Describe the Spaulding classification and what it means for the different categories of equipment used on patients (in terms of the level / type of decontamination to be rendered) Emphasize the importance of thoroughly cleaning before disinfection / sterilization 	-Sticky notes -Flip chart -Markers
Slide 5	Now based on the Spaulding classification give examples of patient care items that are used at this facility for each class: Non-critical items	3 mins	 Ask participants to name the items used on patients in their departments /facility Ask participants to classify these items according to the Spaulding classification 	
Slide 6	Now let's discuss the decontamination steps Cleaning is the physical removal of soil and organic material, including some bacteria and viruses Disinfection is the killing or destruction of most disease-producing microorganisms but rarely kills bacterial spores Sterilization is the destruction of all forms of microbial life including bacterial spores. Remember! You can not disinfect or sterilize without cleaning! Always clean first!	3 mins	 Explain and note the differences between the 3 decontamination steps Emphasize the importance of cleaning first (you cannot disinfect or sterilize without cleaning first) Indicate which type of decontamination is required for each category of patient care equipment, according to Spaulding 	

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 7	Discussion: how do you decontaminate these items at this facility? Non-critical Semi-critical Critical e.g. B Puff, e.g. Penguin suckers, vaginal speculums Discussion: how do you decontaminate these items at this facility? On-site versus Off-site Sluice room Labour ward Patients' bathroom CSSD	5 mins	 With reference to slide 6, ask participants to discuss how they decontaminate the items they mentioned Ask participants to state where they carry out the decontamination of patient care equipment, particularly that which requires high-level disinfection and sterilization Describe an ideal area for decontamination of reusable patient care equipment State that decontamination should not be carried out in the care areas, where the equipment is used 	-Flip chart -Markers
Slide 8	Principles of decontamination Cleaning is the most important. First step to achieve effective decontamination Removes ALL violes organic matter such as blood, dirt or tissue - approximately 80-90% of contamination Sterilization and disinfection cannot be effective without proper cleaning Heat is the preferred and most effective method of decontamination	3 mins	- Explain the principles of decontamination, referencing points raised in the previous discussion	
Slide 9	The choice of decontamination method depends on the following: Tolerance of item to heat, chemicals, pressure, moisture etc. Time available for processing Risks to processing staff Availability of processing equipment Cost of processing	3 mins	 Explain the principles behind the selection of a decontamination method for a particular item Emphasize the key determinants for selection of an appropriate decontamination method State that the method selected should focus on achieving the level of decontamination required to render the item safe for reuse (cost should be the last factor considered) 	
Slide 10	Cleaning best practices Wear appropriate PPE first Sluice or rinse off any body fluids Soak in soapy solution Wash under water Use cleaning cloths or soft brushes Wash through lumens with long flexible brushes flush through suing syringes Rinse thoroughly with clean water	5 mins	 Describe and demonstrate cleaning best practices Also highlight the use of appropriate PPE (e.g. plastic aprons, face shields and domestic gloves) 	-Buckets -Soft brushes -Syringes

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 11	Disinfection best practices Use disinfectants according to the manufacturer's instructions Use the correct dilution Keep item in contact with the disinfectant for the recommended time Do not top up disinfectant – do not use beyond the "use by" date. Sodium hypochlorite should be prepared fresh daily Do not add more instruments to a disinfectant solution before the other instruments complete their contact time Rinse off disinfectant thoroughly with clean water Dry (ambient air or in a hot air owen)	5 mins	 Describe the best practices for disinfection Emphasize the importance of following the manufacturer's instructions on how an item should be disinfected Emphasize the importance of using the recommended dilutions and recommended contact times Point out the need to rinse off the disinfectant with clean or sterile water as residual disinfectants may be harmful to the patient / may damage the instrument Explain how one can ensure tubing or lumened devices are adequately decontaminated 	
Slide 12	Sterilisation best practices Always inspect instruments for cleanliness and functionality before packing Lubricate hinged / boxed instruments Use appropriate packaging materials Label with name of pack, date prepared, expiry date, name of packer Check daily or weekly the functionality of the sterilizing equipment (sowle Dick test) Monitor daily temperature and pressure parameters Do not overload sterilizer After sterilization cycle is complete, check pack is dry and store in a clean dry place Keep records of all processes and packs	5 mins	- Describe best practices for sterilization, including quality control measures and record keeping	
Slide 13	Diluting Sodium Hypochlorite Chlorine in liquid bleach comes in different concentrations. ■ You can use any concentration to make a dilute chlorine solution by using the following formula: [% chlorine in liquid bleach] divided by [% chlorine desired] -1 = Total parts of water for each part bleach* ■ Example: To make a 0.5% chlorine solution from 3.5%** bleach: [3.5%/0.5%] -1 = [7] -1 = 6 parts water for each part bleach Therefore, you must add 1 part bleach to 6 parts water to make a 0.5% chlorine solution.	3 mins	- Revisit the calculation for diluting sodium hypochlorite	-Flip chart



Session 10: Linen Management



Time

1 hour



Learning Objectives

At the end of this session participants should be able to explain how to safely handle clean and dirty linen.



Session Overview

There are different kinds of linen used for different purposes in the healthcare facility. The level of contamination depends on use and where the linen has been used. The session describes the management of linen that is used in the care of patients, including privacy curtains. Clean linen must be handled in a manner that does not get it contaminated before use on or by a patient. Dirty linen must be handled safely so that it does not contaminate the environment or pose a risk of infection to those handling it in clinical or laundry areas. This session describes the best practices for handling linen.



- · Impervious canvas linen bags
- Personal protective equipment (e.g. plastic aprons, domestic gloves, gumboots/ safety shoes, face shields and goggles)
- Pictures showing some incorrect practices in linen management for risk assessment
- · Sticky notes
- Flip chart and markers



	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 1	LINEN MANAGEMENT IPC training series for Polyclinics and Primary health care facilities LONGON MINES IN THE PRIMARY	3 mins	 Greet participants and introduce yourself Ask participants to introduce themselves (job title and department) Write down the participants' departments (to use in discussions/to refer to practices or procedures related to those departments) Read the topic for the day and give background as stated in the session overview 	
Slide 2	Objective: Discuss how to handle linen safely	T min	- Outline the session objective (s)	
Slide 3	What is linen? - Discussion ■ General term for clothing items ■ In health care facilities linen includer: ■ pillow cover, bed sheets towel, blanket, screen, curlain, dector's coat, screen, curlain, dector's coat, ■ What kinds of linen do you have in this clinic?	5 mins	 Ask participants to define the word 'linen' Ask participants to give examples of linen used at their facility 	-Flip chart -Markers
Slide 4	Why is it important to manage healthcare linen appropriately? Linen management is a component of standard precautions precautions Prevent dirty linen from contaminating patients, staff, the environment and other linen Prevent clean linen from becoming contaminated Prevent clean linen from becoming contaminated	3 mins	 Remind participants that linen management is a component of standard precautions Highlight the aims of proper linen management 	

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 5	Use of linen - discussion In you outpatient's department is there linen on the examination couch? How often do you change this linen? There must be adequate supply of clean linen!	2 mins	 Ask participants if there is linen used on the examination couch in the outpatient's department and how often it is changed Discuss the importance of having a sufficient linen supply 	
Slide 6	Handling linen appropriately There is need to be aware of the different categories of linen in healthcare Description Desc	3 mins	 Name the different categories of linen Highlight the importance of understanding the different categories, as this will determine how it will be handled Explain linen segregation and the use of colour-coded impervious linen skips (or labelled if there is no colour-coding) 	
Slide 7	Color coding of linen bags Yellow bags for soiled linen. Sluice first before placing in plastic bag then in the linen bag. Should be placed in a strong impervious plastic bag White bags for regular used linen Green bags for linen from special departments such as operating theatre, labour and delivery war with infectious conditions (e.g. COVIC+9) that require special handling. Note: Clean linen from the laundry should be transported in laundered clean white bags Kitchen linen must be laundered separately!	2 mins	 Referring to slide 6, state that linen from the kichen should not be mixed with linen used in clinical areas State that kitchen linen should be washed separately (ideally in the kitchen) 	
Slide 8	Sluicing of linen in the wards / clinic	3 mins	 Ask participants to carry out a risk assessment of this picture and discuss Point out that that linen should not be soaked in the ward Discuss potential hazards (as shown in the picture) and mention that sluicing is not washing or soaking (these are processes which must be carried out in the laundry) 	Poster of picture shown

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 9	Handling linen appropriately Discussion How do you remove linen from the bed in maternity post natal ward, and in labour ward after delivery? • Wear appropriate PPS when handling dirty linen • Anoid aeroof brantion - do not shake • Fold or roll laundy towards centre • Pace directly into appropriate linen bag at bedside • Put wet linen into leak-proof bag and keep closed • Do not put linen on the floor • Do not put linen on the floor • Do not bring to elley of clean linen on the patient's bed side.	3 mins	 Ask participants to comment on the picture and discuss Discuss how one should safely handle linen at the bedside, in different care settings 	-Poster of picture shown
Slide 10	Best practices for handling linen Discussion – what personal protective equipment do you need when handling used linen? • Were appropriate PPE • Always place linen in the designated container • Place solled linen into a clearly labeled, leak-proof container (e.g., losg, bucket in the patient care area. • Bennow any sold secrement (Beace or vonit) on linen, by scaping it off carefully with a flat, firm deject and placing in commonde or designated toilet before placing linen in the	5 mins	 Continue discussing best practices for handling linen with a focus on appropriate PPE Discuss the recommended PPE for handling linen Discuss how to manage soiled linen in the clinical area 	-PPE items
Slide 11	Quick question Best practices for handling linen When processing used linen, do you soak it in sodium hypochlorite (Jik) before washing with soap and water? Best practices • Wash before disinfecting • Sodium hypochlorite fixes stains on to fabrics • Over-use of sodium hypochlorite damages fabrics	3 mins	 Ask participants if they soak linen in sodium hypochlorite before washing Explain the recommended practices, emphasizing the need to wash first before disinfecting Re-iterate the need to use appropriate PPE to protect oneself when handling dirty linen 	
Slide 12	Best practices for handling linen Discussion – How do you carry linen from bods or other clinical areas to sluice or laundny? How is linen transported to an off-site laundry? Wear appropriate PPE Do not transport soiled linen by hand outside the specific patient care area from where it was removed. Never carry soiled linen against the body.	5 mins	 Discuss how linen is carried within the facility Discuss how linen should be transported to an off-site laundry (if there is no laundry at the facility) Discuss best practices for transporting linen 	

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 13	Clean and disinfect the designated container for solled lines after each use. If revasable lines haps are used, do not overfit them, the them securely when is full launder and which the solled from they contained. See The See T	3 mins	 Outline the proper use of linen bags Highlight the need to ensure that linen bags also get washed 	-canvas impervious linen bags
Slide 14	Reusable PPE items - Discussion What PPE items do you launder? How are you processing them? At deffing: 1 Place in O.Six Chlorine solution 2 Bine in plain datan water 3 Sent to laundry At hundry: 1 Vash with soap and water, rinse 2 Soak in O.Six Chlorine solution for 5 min 3 4 Check for any breaks and put back for Donning	3 mins	- Discuss how to manage PPE items that may need reprocessing at the laundry and offer examples (e.g. reusable gowns and scrubs)	
Slide 15	Reducing risk to staff who handle used linen Proper training Minimum contact with linen Wear appropriate PPE when handling dirty linen Understand that contamination is not always visible All dirty linen must be treated as potentially infectious/infected linen Regarbis 8 vaccination	5 mins	- Discuss how to minimize risk to staff in the laundry (e.g. making sure that they are vaccinated against Hepatitis B virus infection)	
Slide 16	Reducing risk to staff who handle used linen Staff must be cautious when sorting laundry EXPECT sharps in linen Report sharps found in laundry to supervisor Laundry supervisor to keep record of sharp objects found in laundry and incidents of exposure		- Continue with discussion from previous slide	

	Slides / Crib sheets / Laminated poster slides	Time	Content / Notes: Descriptions and suggestions for the trainer to consider*	Resources required
Slide 17	Laundry facilities ■ Discussion – where do you do your laundry at this clinic? What facilities are available? ■ Laundry must have separate clean and dirty areas for laundry processing ■ There must be access control ■ Movement of laundry must be unidirectional from dirty to clean	7 mins	 Discuss the ideal set up of a laundry and the movement of linen (this must be unidirectional) Summarize and conclude the session Ask participants if they have any unanswered questions / comments Ask participants to evaluate the session and make any recommendations for improvement (including suggestions of topics that they would like to receive training on 	
Slide 18	THANK YOU	1 min	 Thank the participants and acknowledge any support given for the session /series Thank the facility management for allowing this activity to be carried at the facility 	

Appendices

Appendix A: Attendance register

Short IP	C Training Sessions for Primary Care Facilities
Tonic:	

Venue: Date:

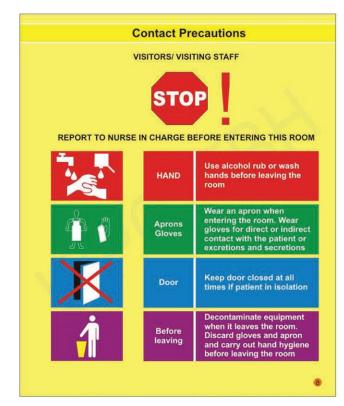
Training register							
No	Full name of participant	Sex	Designation	Department	Phone Number	E-Mail Address	Signature
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Appendix B: Standard precautions

Components of standard precautions



Appendix C: Isolation precaution signage (contact, droplet, airborne) posters



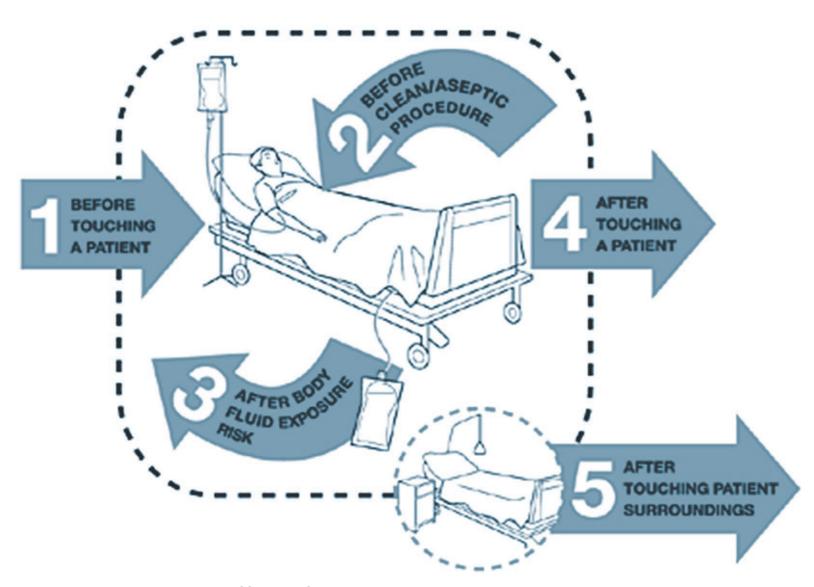




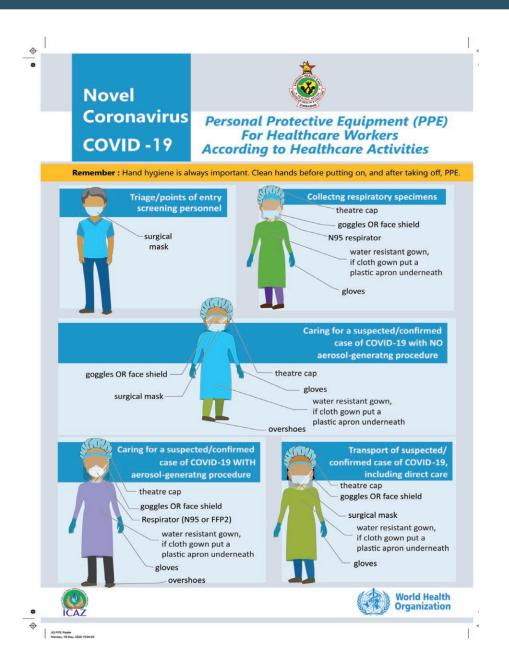




Appendix E: Five moments of hand hygiene poster



Appendix F: Rational use of PPE poster



Appendix G: Screening register (sample)

No.	Date	Name	Address	Temp °C			Tick w	here appi	ropriate		
					Travel/ Contact history	Fever	Cough	Sore throat	Loss of taste	Cleared (Proceed to routine care)	Suspect (proceed to triage area)
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											

Appendix H: COVID-19 Screening tool

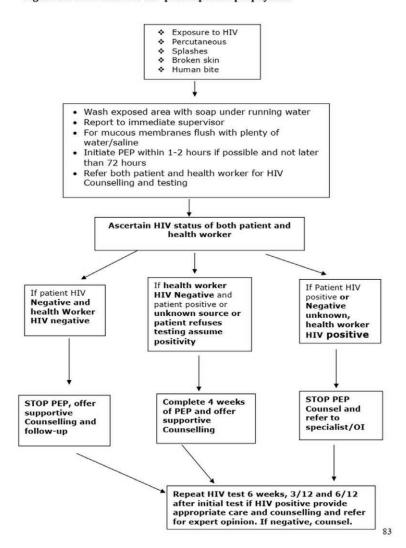
Appendix I: Screening and triaging assessment tool

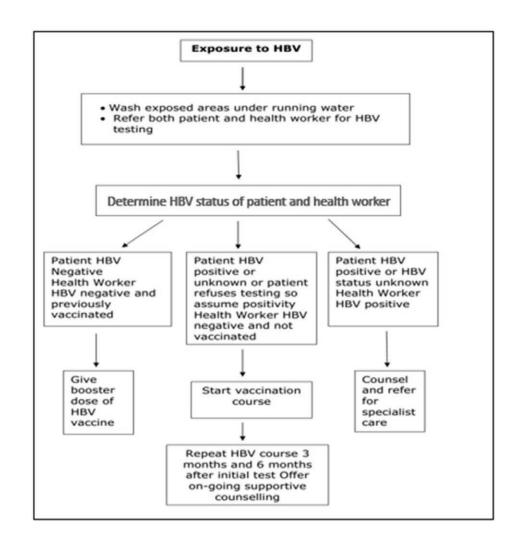
Budiriro Polyclinic	Date://21	1 Time	:		Temperature:	°C			
Name:		Age:		Sex:					
Address:									
Purpose of visit: ☐ H/W	☐ Patient	□ Companior	□Otl	her visit	or				
1. Have you been to an are	ea reporting comm	nunity transmis	sion or	in cont	act with a person w	ho has been			
to such an area (local or	abroad) in the pas	st 14 days? Ye	es 🗆 N	lo 🗆					
2. Have you been in contact	ct with someone w	vho was or is s	uspecte	d to ha	ve COVID-19 in the	past 14 days?			
Yes □ No □									
If yes to the above, plea	se indicate the pla	ace:		da	te:	_			
3. Do you have any of the	following symptor	ms:							
□Fever	□Sore th	hroat		Difficul	ty breathing				
□Cough	□Loss of	f appetite							
□Sneezing	□Loss of	f taste							
Route to follow: □Norma	Route to follow: Normal (cleared) Isolate/transfer (risk identified)								

	Indicator	Response		Comments
Scre	ening and Triage at primary health facility			
1.	There is a clearly identifiable screening and triage area.	□Yes	□No	
2.	The screening and triage area is away from patient care areas	□Yes	□No	
3.	Staff stationed at the screening and triage area are trained on how to screen and triage everyone coming into the health facility	□Yes	□No	
4.	Staff are screened daily before entry into the health facility	□Yes	□No	
5.	There is adequate spacing between patients (minimum of 1m separation)	□Yes	□No	
6.	Hand hygiene station is available (hand washing and / or alcohol-based hand rub	□Yes	□No	
7.	The proper wearing of masks is monitored and enforced	□Yes	□No	
8.	A functional infrared no-touch thermometer is available ¹	□Yes	□No	
9.	Screening forms and registers are available ³ and are consistently used	□Yes	□No	
10.	There is an SOP for separation and isolation of patients with suspected COVID-19	□Yes	□No	
11.	There are clear direction signs for clients to follow	□Yes	□No	

Appendix J: PEP algorithms

Figure 12: Flow chart for HIV post exposure prophylaxis





Product	Chlorine available	How to make 0.1%	How to make 0.5%	How to make 1%	How to make 2%
Sodium hypochlorite liquid (bleach)	3.5%	1 part bleach to 25 parts water	1 part bleach to 6 parts water	1 part bleach to 2.5 parts water	4 parts bleach to 3 parts water
Sodium hypochlorite liquid (bleach)	5%	1 part bleach to 49 parts water	1 part bleach to 9 parts water	1 part bleach to 4 parts water	1 part bleach to 1.5 parts water

Appendix L: Checklists for monitoring environmental cleaning (routine and terminal)

CHECK LIST FOR DAILY CLEANING OF PATIENTS' ROOMS

Instructions: Tick 'Yes' against a standard that has been met, 'No' if not met and 'N/A' if not applicable or not available. Comment on areas that do not meet the standard.

Ward:	Patient Room No.:	Date:
Completed by:	Designation:	

	Standard	Yes	No	N/A	COMMENT
1	Hand wash basin clean				
2	a. Soap dispensers are: Clean Stocked Not expired Disposable paper towel Foot operated bin b. Alcohol based hand rub Clean				
	Stocked Not expired				
3	Ceiling tiles, air vents, clean				
4	Sharps container not overloaded				
5	Waste bins emptied				
6	Equipment- i.e., IV and/or tube feeding pole and base, clean				
7	Computer keyboard and mouse or touch screen monitor clean				
8	Cabinet handles and surfaces clean and free of tape and hand prints				

	Standard	Yes	No	N/A	COMMENT
9	TV, front and back clean				
10	Bedside table surface clean				
11	Cardiac table surface clean				
12	Floors clean, not sticky and free of dust				
13	Telephone, hand set clean				
14	Remote control clean				
15	Room fan on countertop dust-free				
16	Sleeper couch/chair- clean				
17	Room chair arm rests, back, side, head rest, and seat clean				
18	Windows are clean on inside and ledges are dust free				
19	Countertops, desk area, and chair are clean				
20	Closet looks and smells clean				
	BED				
21	All side rails are free of tape, and clean, including both sides of rails, crevices around controls, bottoms of rails				
22	Frame is dust free				
23	Controls at foot of bed are clean and dust free				
24	Call light and cord are clean				
	BATHROOM				
23	Sink and counters free of water spots and clean				
25	Soap dispensers are clean and stocked				
26	Lights are dust free and light switches clean				
27	Mirror clean is clean and dust free				
28	Toilet seat, floor around and behind toilet seat is				
	clean				

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28	clean			
29	Pipes around toilet are free of water build up and clean			
30	Bathroom smells clean, no odours noted			
31	Bathroom door is clean and free of handprints, handles are clean			
	TOTAL ITEMS MEETING REQUIRED STANDARD OF CLEANILINESS PER ROOM			
	ine cleaning assessment decision: Satisfactory, all comments:			

CHECK LIST FOR DISCHARGE/TERMINAL CLEANING OF PATIENTS' ROOMS

Instructions: Tick **'Yes'** against a standard that has been met, **'No'** if not met and **'N/A'** if not applicable or not available. Comment on areas that do not meet the standard.

Ward:	Patient Room No.:	Date:
Completed by:	Designation:	

	Standard	Yes	No	N/A	Comments
1	Room looks and smells clean upon entering				
2	Hand wash basin clean				
3	a. Soap dispensers				
	Disposable paper towel Foot operated bin				
	b. Alcohol hand rub dispensersCleanStockedNot expired				
4	Ceiling and air vents clean				
5	Sharps container has been checked and changed if needed (not overfull)				
6	Waste bins emptied and wiped clean				
7	Privacy curtains / screens changed				
8	Medicine drawers clean and free of supplies				
9	Cupboards cleaned clean and free of supplies				

Short IPC Training Sessions: **Appendices**

	Standard	Yes	No	N/A	Comments
10	Patient locker clean and free of supplies				
11	Stethoscope clean				
12	Floors are clean, not sticky and free of dust				
13	Floor corners clean and free of dust				
14	Under bed clean and free of cob webs				
15	Cabinet handles and surfaces clean and free of				
	tape and hand prints				
16	TV, front and back dusted and clean				
17	Bedside table surface clean				
18	Suction supplies removed				
19	Suction canister emptied				
20	Cardiac table surface clean, track for slider				
	clean, base clean				
21	Cardiac table: inside tray surfaces clean on both				
	sides				
22	Mirror clean				
23	Telephone, and hand set are clean				
24	Remote control is clean				
24	Room fan on countertop is clean				
25	Sleeper couch is opened and clean				
26	Room chair arm rests, back, side, head rest,				
	and seat are clean.				
27	Windows are clean on inside and ledges are				
	dust free.				
28	Countertop, desk area, and chair are clean				
	BED				
29	Ledge above bed, over bed light, gas and				
	suction heads clean				

	Standard	Yes	No	N/A	Comments
30	Pillows are clean and smell clean				
31	All side rails are free of tape, both sides of rails,				
	crevices around controls, bottoms of rails all				
	clean				
32	Bed frame is dust free				
33	Foot of bed are clean and dust free				
34	Call light and cord are clean				
	BATHROOM				
35	Ceiling, walls and floor without stains				
36	Sink and counters free of stains, water spots				
	and clean				
37	Soap dispensers are clean and full				
38	Lights are dust free				
39	Light switches clean				
40	Mirror clean				
41	Shower handle clean and free of stains				
42	Shower curtain clean				
43	Shower drain is rust free				
44	Toilet seat and rim clean, no hard water stains				
	in bowl, base of toilet clean				
45	Floor around and behind toilet seat is clean				
46	Pipes around toilet are free of water build up				
	and clean				
47	Bathroom smells clean, no odours				
	Bathroom door and handles are clean and free				
	of handprints				

Overall comments: Terminal decontamination assessment decision: Satisfactory/ Not satisfactory-repeat Overall comments:	Terminal decontamination assessment decision: Satisfactory/ Not satisfactory-repeat Overall comments: Terminal decontamination assessment decision: Satisfactory/ Not satisfactory-repeat				
Overall comments:					
	Overall comments:				

INFECTION PREVENTION & CONTROL

SHORT TRAINING SESSIONS
FOR PRIMARY CARE FACILITIES:
Facilitator's Guide







