



Policy and Procedure of
Staff Volunteer Protection from Health
Care Associated Infections

AMRH/IC/P&P/009/Vers.02
Effective Date: April 2022
Review Date: April 2025

Institution Name: Al Masarra Hospital					
Document Title: Policy and Procedure of Staff Volunteer Protection from Health Care Associated Infections					
Approval Process					
	Name	Designation	Institution	Date	Signature
Written by	Siham Al Zadjali	Infection Control Practitioner	Al Masarra Hospital	26/4/22	
Reviewed by	Noora Al Zadjali	HOD Infection Control	Al Masarra Hospital	24.5.2022	
Validated by	Kunooz Al Balushi	Document Manager	Al Masarra Hospital	June 2022	
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Acronyms

AMRH	Al Masarra Hospital
DCDSC	Directorate of Communicable disease Surveillance and control
HBV	Hepatitis B Virus
HCAI	Health Care Associated Infections
HCV Ab	Hepatitis C Virus antibody
HCWs	Healthcare Workers
Hepatitis Bs Ag	Hepatitis B surface antigen
HIV	Human Immunodeficiency Virus
HOD	Head of Department
MMR	Measles, Mumps, Rubella
P&P	Policy and Procedure
SC	Subcutaneously
Vers.	Version Number
VzV IgG	Varicella-Zoster Virus Immunoglobulin G



Policy and Procedure for Staff and Volunteer Protection from Health Care Associated Infections

1. Introduction

In the healthcare setting, there are many modes of transmission of different types of health care associated infections. Therefore, the infection control department is dedicated to emphasize education and preventing those types of infections in several ways. One of the implementations is the staff screening and immunization program during pre-employment. Also, the different types of the health educations regarding the standard precautions play vital role in preventing health care associated infections among the health care workers and the patients.

2. Scope

This policy is applicable to all healthcare workers and volunteers working in Al Masarra Hospital (AMRH).

3. Purpose

3.1 To prevent and protect the healthcare workers and the volunteers from health care associated infections (HCAI).

4. Definitions

4.1 **Blood-borne disease:** is a disease that can be spread through contamination by blood and other body fluids.

4.2 **Healthcare Associated Infections:** referred to as "nosocomial" or "hospital" infection, is an infection occurring in a person during the process of care in a hospital or other health care facility which was not present or incubating at the time.



4.3 **Standard precautions:** are set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, on-intact skin and mucous membranes.

4.4 **Volunteer:** person who voluntarily undertakes or expresses a willingness to undertake a service.

5. Policy

5.1 All healthcare workers and volunteers must implement this policy at all times in order to prevent health care associated infections.

6. Procedure

6.1 All health care workers shall adhere with the standard precaution elements which are:

6.1.1 Maintain hand hygiene all the time to prevent HCAI.

6.1.2 Proper use of personnel protective equipment to prevent HCAI while dealing with patients.

6.1.3 Safe injection practice and appropriate waste management policy.

6.2 All health care workers shall be screened and vaccinated against transmissible infections according to the table listed:

<i>Vaccine</i>	<i>Recommendation in brief</i>
Hepatitis B vaccine	<ol style="list-style-type: none">1. Give IM2. Give 3doses series (1stdose immediately,2nd dose in 1 month,3rd dose 5 months after 2nd dose).3. Obtain anti-HBs serological testing 1-2 months after 3rd dose.
Influenza vaccine	One dose vaccine annually.
MMR vaccine	<ol style="list-style-type: none">1. Give Subcutaneously (SC).2. Give 2doses of MMR, 4 weeks apart.
Tetanus,diphtheria,Pertussis Tdap vaccine	One-time dose of vaccine to all health care workers.



6.3 All the health care workers must be aware about the prevention and management of blood and body fluids exposure policy to prevent health care blood borne infections. *(Refer to Policy and Procedure of Prevention & Management of Blood & Body Fluid Exposure - AMRH/IC/P&P/008/Vers.02)*

7. Responsibility

7.1 Infection Prevention and Control Staff/Practitioner Shall:

- 7.1.1 Train health care workers regarding the standard precautions mentioned in the procedure.
- 7.1.2 Monitor the infection control practice measures through periodic auditing.
- 7.1.3 Counsel and follow up health care workers after exposure to the blood or body fluids.
- 7.1.4 Make sure that the health care workers are vaccinated and aware about the service of immunization in Al Masarra Hospital.

7.2 Health Care Workers and Volunteers Shall:

- 7.2.1 Practice standard precautions all the time in all situations dealing with patients.
- 7.2.2 Maintain their immunization status by maintaining the Immunization History Card and the declaration form. *(See Appendix 1. Staff Declaration Form and Appendix 2. Immunization History Card)*
- 7.2.3 Be aware about the prevention and management of blood and body fluids exposure policy to prevent health blood borne infections. *(Refer to Policy and Procedure of Prevention & Management of Blood & Body Fluid Exposure - AMRH/IC/P&P/008/Vers.02).*



8. Document History and Version Control

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
1	Initial Release	Siham Al Zadjali	September 2022
2	Review and Update	Siham Al Zadjali	April 2025
Written by	Reviewed by	Approved by	
Siham Al Zadjali	Noora Al Zadjali	Dr. Bader Al Habsi	

9. Related Documents

- 9.1 Policy and Procedure of Prevention & Management of Blood & Body Fluid Exposure - AMRH/IC/P&P/008/Vers.02
- 9.2 Appendix 1. Staff Declaration Form
- 9.3 Appendix 2. Immunization History Card
- 9.4 Appendix 3. Audit Tool



10. References

Title of book/journal/articles/ Website	Author	Year of Publication	Page
Immunization guideline for health care workers	GCC Centre for Infection Control. Ministry of National Guard. KSA	2013	150-152
The burden of health care associated infection worldwide. https://www.who.int/gpsc/country_work/burden_hcai/en/	World Health Organization(WHO)	2019	---



Appendices

Appendix 1. Staff Declaration Form

Name:	
Date of Birth:	
Nationality:	
Telephone No.	
E- Mail	

	Type	Date/result	Evidence attached
1. Hepatitis B Virus (Anti-HBsAg Antibodies)			
<u>Vaccination:</u> Documented evidence of a completed, age appropriate course of hepatitis B vaccination NB: Where there is a history of vaccination and anti-HBs \geq 10 but no documentation, it is reasonable to accept that they have been vaccinated as per the appropriate schedule. <u>Serology:</u> <ul style="list-style-type: none"> This is required in addition to hepatitis B vaccination. Aim is to have: Anti-HBs\geq10mU/mL. Or <ul style="list-style-type: none"> Documented evidence of anti-HBC, indicating past hepatitis B infection 	Vaccination	1 st Dose: ___/___/___ 2 nd Dose: ___/___/___ 3 rd Dose: ___/___/___	
	Serology	Result: Date: ___/___/___	
2. Hepatitis C Virus:			
Serology of HCV antibodies	Serology	Result: Date: ___/___/___	
3. HIV			
Serology of HIV antibodies	Serology	Result: Date: ___/___/___	



4. Influenza			
Annual influenza vaccine	vaccination	Date: ___/___/___	
5. Measles, Mumps, Rubella (MMR)			
2 doses of MMR, 4 weeks a part	Vaccination	1 st Dose: ___/___/___ 2 nd Dose: ___/___/___	
6. Varicella (Chicken Pox)			
Vaccination: • 2 doses of Varicella vaccine at least one month apart. Or • Serology: Positive of Varicella	Vaccination Serology	1 st Dose: ___/___/___ 2 nd Dose: ___/___/___ Result: Date: ___/___/___	

Declaration:

(To be filled and signed by the applicant)

I hereby declare that all the information provided in the table is correct and I acknowledge complete responsibility for the mentioned above:

Full Name: _____

Signature: _____

Date: _____

Verified and approved:

(To be filled and signed by department of infection prevention and control)



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I hereby declare that all the information provided in the table is correct and I
acknowledge complete responsibility for the mentioned above:

Name: _____

Signature and Stamp: _____

Date: __/__/____



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Appendix 2. Immunization History Card

Sultanate of Oman Ministry of Health

Immunization History Card
For Health Care Workers

Civil/Residence ID No.: Staff No.:

Institution: Name: Age:

Vaccine	1 st dose: Date	2 nd dose: Date	3 rd dose: Date	Remarks	
				Immune	Not Immune
Hep - B					
Varicella					
MMR					
IPV					
Influenza					
Others					

*PSI: Post Screening Immunity of Anti-Hep-Bs and Antibodies PR: 122

Immunization History Card
For Health Care Workers (HCW)

Vaccine	Recommendations in brief
Hepatitis B	HCWs who have not received HBV before. **Give 3 doses series (dose #1 now, #2 in 1 month, #3 approx. 5 months after #2). Give IM, Obtain anti-HBsAg serologic testing 1–2 months after dose #3.
Varicella (Chickenpox)	HCWs who have no serologic proof of immunity prior vaccination or history of varicella disease. **Give 2 doses of varicella vaccine, 4 weeks apart. Give (SC).
MMR	HCWs with no evidence or documented vaccination have been divided in two subcategories: Omani : HCWs over 35 years of age Non - Omani: New employees and existing HCWs **Give 2 doses of MMR, 4 weeks apart. Give IM.
IPV	All laboratory workers who have not received IPV previously. ** 3 doses of 0.5ml should be administered IM/SC. First 2 dose to be given at interval of 1-Month, and 3rd dose to be given 6-Months after 2nd dose.
Influenza	**HCWs should receive a single dose of influenza vaccine (IM) annually.

This card is a documented evidence of receiving the above recorded vaccines. Date of Issue:

Issued By: Department of Communicable Disease Surveillance & Control DGHA, Ministry of Health, Sultanate of Oman



Appendix 3. Audit Tool

Department: _____

Date: _____

S.N.	Audit Process	Standard / Criteria	Yes	Partial	No	N/A	Comment
1.	Observation Interview Document Review	Are all health care workers adhering to the standard precaution elements? 1. Maintain hand hygiene all the time to prevent HCAI. 2. Proper use of personnel protective equipment to prevent HCAI while dealing with patients. 3. Safe injection practice and appropriate waste management policy.					
2.	Observation Interview Document review	Are all health care workers screened and vaccinated against transmissible infections according to the list? 1. Hepatitis B vaccine 2. Influenza vaccine 3. MMR Vaccine 4. Tetanus, diphtheria, Pertussis (Tdap) vaccine					
3.	Interview	Are all health care workers aware about the prevention and management of blood and body fluids exposure policy to prevent health care blood borne infections?					



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Appendix 4. Document Request Form

Document Request Form			
Section A: Completed by Document Requester			
1. Requester Details			
Name	Siham Al Zadjali	Date of Request	April 2022
Institute	Al Masarra Hospital	Mobile	93693628
Department	Infection Control and Sterilization Service	Email	siham.mohd@hotmail.com
The Purpose of Request			
<input type="checkbox"/> Develop New Document	<input checked="" type="checkbox"/> Modification of Document	<input type="checkbox"/> Cancelling of Document	
1. Document Information			
Document Title	Policy and Procedure for Staff and Volunteer Protection from Health Care Associated Infections		
Document Code	AMRH/IC/P&P/009/Vers.02		
Section B: Completed by Document Controller			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Cancelled	<input type="checkbox"/> Forward To:.....	
Comment and Recommendation:			
Name	Kunooz Al Balushi	Date	April 2022
Signature		Stamp	





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Appendix 5. Document Validation Checklist

Document Validation Checklist					
Document Title: Policy and Procedure for Staff and Volunteer Protection from Health Care Associated Infections			Document Code: AMRH/IC/P&P/009/Vers.02		
No	Criteria	Meets the Criteria			Comments
		Yes	No	N/A	
1.	Approved format used				
1.1	Clear title – Clear Applicability	✓			
1.2	Index number stated	✓			
1.3	Header/ Footer complete	✓			
1.4	Accurate page numbering	✓			
1.5	Involved departments contributed	✓			
1.6	Involved personnel signature /approval	✓			
1.7	Clear Stamp	✓			
2.	Document Content				
2.1	Clear purpose and scope	✓			
2.2	Clear definitions	✓			
2.3	Clear policy statements (if any)	✓			
3.	Well defined procedures and steps				
3.1	Procedures in orderly manner	✓			
3.2	Procedure define personnel to carry out step	✓			
3.3	Procedures define the use of relevant forms	✓			
3.4	Procedures to define flowchart		✓		
3.5	Responsibilities are clearly defined	✓			
3.6	Necessary forms and equipment are listed	✓			
3.7	Forms are numbered	✓			
3.8	References are clearly stated	✓			
4.	General Criteria				
4.1	Policy is adherent to MOH rules and regulations	✓			
4.2	Policy within hospital/department scope	✓			
4.3	Relevant policies are reviewed	✓			
4.4	Items numbering is well outlined	✓			
4.5	Used of approved font type and size	✓			
4.6	Language is clear, understood and well structured	✓			
Recommendations..... For implementation More revision To be cancelled.....					
Reviewed by: <u>Kunooz Al Balushi</u>			Reviewed by: <u>Ruvilee Ramel-Bueno</u>		

