Institution Name: Al Masarra Hospital

Document Title: Policy and Procedure of Infection Control Handover

Approval Process

	Name	Title/Designation	Institution	Date	Signature
Written by	Husnia Al Saadi	Infection Control Practitioner	Al Masarra Hospital	19.12.22	
Reviewed by	Maitha Al Jabri	Nursing	Al Masarra Hospital	19.12.22	
	Siham Al Zadjali	Infection Control Practitioner	Al Masarra Hospital	19.12.22	Siham
Validated by	Kunooz Al Balushi	Document Manager, QMPSD	Al Masarra Hospital	December 2022	
Approved by	Dr. Bader Al Habsi	Hospital Director	Al Masarra Hospital	Jan 2023	

Content Table:

Acronyms:

AMRH	Al Masarra Hospital
MOH	Ministry of Health
HOD	Head of Infection Prevention & Control
IPC	Infection Prevention & Control
IPCP	Infection Prevention & Control Practitioner
IPCD	Infection Prevention & Control Department
SBAR	Situation, Background, Assessment & Recommendation
HCAI	Healthcare Associated Infection
HCWs	Healthcare Workers

Policy and Procedure of Infection Control Department Handover

1. **Introduction**

   IPCD's work focuses on infection control and prevention critical to the safety of both patients and HCWs. With high prevalence of HCAIs in any healthcare settings, proper handover is essential to ensure that critical information is effectively communicated and infection control and preventive measures are upheld.

2. **Scope**

   This policy is applicable to IPC team in Al Masarra Hospital (AMRH).

3. **Purpose**

   3.1 To provide a standard on how to perform the IPC handover in order to achieve the efficient transfer of high quality clinical information during the transition of responsibility for patient care.

   3.2 To provide a framework for IPC handover based on best evidence.

4. **Definitions**

   4.1 **Handover:** transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to IPCP or IPC team on a temporary or permanent basis.

   4.2 **SBAR Communication:** SBAR stands for situation, background, assessment, and recommendation. It is a communication tool adopted for use in different situations in order to frame a conversation in useful and concise way among IPCP.

5. **Policy**

   5.1 Handover is considered essential for the continuity of patient care.

   5.2 Patient confidentiality must be a priority in patient handover.

   5.3 Handover must be taken place in cases such as the following:

   5.3.1 HOD IPC or IPCP is going on a long vacation.

   5.3.2 Assigned IPCP is going on any professional development event.

   5.3.3. On-call IPCP handles a patient on holidays/weekends that is routinely assigned to a particular area/unit/ward during weekdays' official working hours.

5.4 Handover is a formal process that must cover the following criteria:

   5.4.1 Name of the patient with file hospital number.

   5.4.2 Ward location.

   5.4.3 Treatment plan

   5.4.4 Immunization Program

   5.4.5 Communicable Disease Surveillance

   5.4.6 Accidental Inoculation Injury

   5.4.7 HCAI Surveillance

5.5 The handover must be done on a daily basis, weekly, or as required.

6. Procedure

6.1 The assigned IPCP should list of patient's data and discuss them in a sequence.

6.2 The acute cases should be prioritized and discussed during the handover.

6.3 Continuity of information should be considered vital to the safety of the patients.

6.4 Assigned IPCP should be involved and should participate in performing handover.

6.5 Sufficient and relevant information should be exchanged to ensure patient safety.

6.6 SBAR communication technique must be used between IPCP to protect and ensure patient's safety at

   all time.

6.7 *SBAR Steps*:

   6.7.1 *Situation*: a concise description of the patients' current situation; what is happening at present time.

   6.7.2 *Background*: current patient data that is relevant to patient's current problem.

      6.7.2.1. Provide the patient's name, location, admission date, and diagnosis.

      6.7.2.2. Give the patients' medical history, allergies and current medications and treatment.

      6.7.2.3. Provide patient's subjective data, vital signs, related laboratory test results, and assessment findings.

   6.7.3 *Assessment*: a summary of IPCP views of the current situation after consideration of the background data. In addition, explain the gravity/urgency of the situation and the required time frame for the action to be carried out.

6.7.4 *Recommendation*: evaluation of what IPCP believes will resolve the situation; collaborate with the receiving IPCP.

7. Responsibilities

7.1 **HOD of IPCD Shall:**

7.1.1 Ensure staff competency in conducting the proper handover with utilization of available SBAR tool.

7.2 **IPCP Shall:**

7.2.1 Provide proper, sufficient and updated information of patients' condition.

7.2.2 Identify patient's laboratory critical results, initiate communication to co-IPCP, and document the outcome in a timely fashion.

7.2.3 Provide the needed forms for immunization program, communicable disease surveillance, accidental inoculation injury, and HCAI Surveillance.

7. Document History and Version Control Table

Document History and Version Control			
Version	**Description of Amendment**	**Author**	**Review Date**
01.	Initial Release	Husnia Alsaadi	November 2022
02.	First Update		
Written by		**Reviewed by**	**Approved by**
Husnia Alsaadi		Maitha Al Jabri	Dr. Bader Al Habsi
		Siham Al Zadjali	

8. Related Documents

8.1 Appendix 1. Audit Tool

8.2 Appendix 2. Document Request Form

8.3 Appendix 3. Document Validation Checklist

9. References

Title of book/journals/articles/Website	Author	Year of publication	Page
Infection prevention and control GLOBAL (who.int)		2016	
The importance of a good handover (bma.org.uk)		2011	
SBAR Nursing: How To Use The SBAR Method (With Examples) | Indeed.com		2014	
Infection Control | CDC		2012	
5 tips to a good clinical handover - ANMJ		2014	

10. Appendices

10.1 Audit Tool

Department: _____ Date: _____ S.N. Audit

S. No	Audit Process	Description of Criteria	Yes	Partial	No	N/A	Comments
1	Observation Interview	Is the handover taken place in the following cases? • HOD is going on long vacation • IPC is going on any professional development event					
2	Observation Interview Document	Is the staff following a formal process of handover covering the following criteria? • Name of the patient with file hospital No. and ward location • Treatment plan					
3	Observation Interview	Is the handover done on a daily basis or accordingly if required?					
4	Observation Interview Document review	Is the assigned IPCP list patients' data and discusses them in a sequence?					
5	Observation Document review	Are the acute cases prioritized and discussed during the handover?					
6	Observation Interview	Is the continuity of information considered vital to the safety of the patients?					
7	Observation Interview	Are assigned IPCP involved and participated in performing handover?					
8	Observation Document Review	Are sufficient and relevant information exchanged to ensure patient safety?					

9	Observation Interview Document Review	Is the SBAR communication technique used between IPCP to protect and ensure patients' safety at all times?					
10	Observation Interview Document Review	Is the SBAR Steps followed? • Situation • Background • Assessment • Recommendation					

Audit Process:

1. Observation

2. Interview

3. Document Review

10.2 Appendix 2 . Document Request Form

Document Request Form

Section A: Completed by Document Requester

1. Requester Details

Name	Husnia Al Saadi	Date of Request	November 2022
Institute	Al Masarra Hospital	Mobile	---
Department	Infection Control	Email	---

The Purpose of Request

☑ Develop New Document	☐ Modification of Document	☐ Cancelling of Document

1. Document Information

Document Title	Policy and Procedure of Infection Control Department Handover
Document Code	AMRH/IC/P&P/017/Vers.01

Section B: Completed by Document Controller

☑ Approved	☐ Cancelled	☐ Forward To:.................

Comment and Recommendation: Proceed c̄ the document.

Name	Kunooz Al Balushi	Date	January 2019
Signature		Stamp	

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10. 3 **Appendix 3. Document Validation Checklist**

	Document Validation Checklist				
Document Title: Policy and Procedure of Infection Control Department Handover		**Document Code:** AMRH/IC/P&P/017/Vers.01			
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: .... Knoox AlBalushi			**Reviewed by:** Maria Claudia Fajardo		