INFECTION PREVENTION & CONTROL

SHORT TRAINING SESSIONS FOR PRIMARY CARE FACILITIES:
Facilitator’s Guide
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
Acknowledgements

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 healthcare.

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.

Resources Needed
- 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
### Short IPC Training Sessions: Basic IPC Principles

<table>
<thead>
<tr>
<th>Slides / Crib sheets / Laminated poster slides</th>
<th>Time</th>
<th>Content / Notes: Descriptions and suggestions for the trainer to consider*</th>
<th>Resources required</th>
</tr>
</thead>
</table>
| ![Slide 1](image1.jpg)                       | 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](image2.jpg)                       | 1 min  | - Outline the session objective(s)                                      |                   |
| ![Slide 3](image3.jpg)                       | 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 |
### Session 1: Basic IPC Principles

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</table>
| ![Slide 4](Slide_4.png)                       | 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](Slide_5.png)                       | 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](Slide_6.png)                       | 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 |
<table>
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| **Slide 7** | **2 mins** | - Introduce participants to the two levels of IPC measures that should be implemented in all healthcare settings  
- Emphasize when, where and for whom these measures apply | -Flash cards  
-Poster with frame for standard precautions  
**OR**  
-Flip chart  
-Markers |
| **Slide 8** | **15 mins** | - Display the poster with the blank framework of the standard precaution elements  
- Explain the set of eleven interventions to stop the transmission of infections (standard precautions)  
- Ask participants to identify these interventions from the flash cards  
- Select flash cards one-at-a-time/ ask participants to do so, and stick these on the frame  
- Briefly explain the intervention they select and further explain any aspect that may not be clear  
- Inform participants that upcoming sessions will cover each of the elements of standard precautions in more detail | -Flash cards  
-Poster with frame for standard precautions  
**OR**  
-Flip chart  
-Markers |
| **Slide 9** | **3 mins** | - Remind the participants of the transmission-based precautions  
- Give examples of infections for each mode of transmission e.g.: (contact – diarrhoea or other GIT infection, ring worm; droplet – COVID-19, meningococcal meningitis; airborne – TB, chickenpox, measles)  
- Point out that some pathogens may have more than one route of transmission e.g. SARS-CoV-2 | - |
### Session 1: Basic IPC Principles

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</table>
| Slide 10                                      | 7 mins | - Ask participants to list the IPC measures to be implemented for each transmission-based precaution  
- Discuss their importance/significance | -Isolation precaution signage posters (contact, droplet, airborne) |
| Slide 11                                      | 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                                      | 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.

Resources Needed
- 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
## Session 2: Short IPC Training Sessions: HCWM

<table>
<thead>
<tr>
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<th>Resources required</th>
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</table>
| Slide 1                                      | 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                                      | 1 min  | - Outline the session objective(s) | -Flip chart  
- Markers |
| Slide 3                                      | 3 mins | - Ask participants to name the services offered  
- Give examples of services that require patient contact | |

*Descriptions and suggestions for the trainer to consider.
### Session 2

**Short IPC Training Sessions: HCWM**

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<thead>
<tr>
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</table>
| Slide 4                                       | 3 mins | - Ask participants to list common infections managed at the facility  
- Refer to your crib sheet and name any unmentioned infections  
- Ask participants where these infections may originate. (Most will say, from the community/the patients)  
- Inform the participants that the hands of health workers are responsible for most infections that originate in the healthcare facility | Flip chart  
Markers |
| Slide 5                                       | 5 mins | - Ask participants if they have heard of the 5 moments of hand hygiene. If so, ask for a brief explanation  
- Show participants the blank poster for the five moments of hand hygiene and explain the 5 moments in relation to the patient and the patient care zone  
- Explain that the 5 moments do not only apply to patients who have been admitted, but also those who are mobile (e.g. those seeking antenatal care or BP checks)  
- Ask participants to name/identify each moment and explain why hand hygiene must be observed at each of those moments, while filling in the blank spaces on the chart | Flash cards  
Poster with a frame (for WHO 5 moments of hand hygiene) |
| Slide 6                                       | 7 mins | - Ask participants to draw parallels between the 5 moments and activities/procedures that they perform on the patient/around the patient care zone whilst going about their day-to-day activities  
- Ask participants to provide examples that coincide with the activity/procedure | - |
<table>
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<tr>
<th>Slides / Crib sheets / Laminated poster slides</th>
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</table>
| Slide 7 | 3 mins | - Ask participants to rate their hand hygiene compliance on sticky notes (encourage them to be honest!)  
- Discuss the results  
- Reiterate that healthcare workers’ hands are responsible for most HAIs. Therefore, they need to be conscious of the 5 moments while working | -Sticky notes  
-Flip chart  
-Markers |
| Slide 8 | 5 mins | - Pose the question  
- Ask participants to select the (most accurate) reason that explains why they may not perform hand hygiene even when it is required  
- Discuss the various choices and possible solutions in dealing with challenges | -Sticky notes  
-Flip chart  
-Markers |
| Slide 9 | | - Refer to the previous slide | |
### Slide 10
**Quick questions - Discussion**

1. Which method of hand hygiene are you most comfortable with and why?
2. Which hand hygiene method is least damaging to your skin?
3. When is it not appropriate to use alcohol-based hand rub?

**Content / Notes: Descriptions and suggestions for the trainer to consider***
- Ask participants to respond to the questions on their sticky notes (to assess their understanding of hand hygiene methods)
- Discuss the responses
- Explain that alcohol-based hand rub (ABHR) is the preferred hand hygiene product
- Describe the advantages of ABHR and state when it should not be used

**Resources required**
- Sticky notes

### Slide 11
**Types of hand hygiene - key issues**
- Use of ABHR
  - Alcohol content
  - Strategic location
- Use of Soap and Water
  - Ideal hand washing station

**Content / Notes: Descriptions and suggestions for the trainer to consider***
- Discuss the key issues for each method of hand hygiene (e.g. accessibility and quality of products)
- Describe an ideal hand washing station
- (This section can be carried out at the same time as the following slide/activity)

**Resources required**
- Hand hygiene technique posters
- ABHR
- Veronica bucket
- Soap and water
- Paper towels
- Waste bin

### Slide 12
**Technique of hand hygiene**
- **Demonstrations**
  - ABHR
  - Soap and water

**Content / Notes: Descriptions and suggestions for the trainer to consider***
- Demonstrate the various hand hygiene techniques (this may be moved to the end)
- Ask a participant to demonstrate how they would perform hand hygiene with ABHR and then another, with soap and water
- Review the demonstrations with the participants
- Demonstrate the correct technique with everyone following, then request a participant to repeat the demonstration
## Session 2

### Slides / Crib sheets / Laminated poster slides

<table>
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<tr>
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</table>
| 2 mins | - Discuss the patients’ involvement in hand hygiene at the facility  
- Discuss the importance of engaging clients in their hand hygiene programme | |
| 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 |
| 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 | |
### Session 2

<table>
<thead>
<tr>
<th>Slide 16</th>
<th>1 min</th>
<th>Content / Notes: Descriptions and suggestions for the trainer to consider*</th>
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<tbody>
<tr>
<td>Slides / Crib sheets / Laminated poster slides</td>
<td></td>
<td>- Emphasize the importance of hand hygiene compliance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Emphasize the importance of team effort in ensuring a successful hand hygiene programme</td>
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<thead>
<tr>
<th>Slide 17</th>
<th>1 min</th>
<th>Content / Notes: Descriptions and suggestions for the trainer to consider*</th>
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<td></td>
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<td>- Thank the participants and acknowledge any support given for the session/series</td>
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<td></td>
<td>- Thank the facility management for allowing this activity to be carried at the facility</td>
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</table>
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.

Resources Needed
- 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
### Short IPC Training Sessions: Personal Protective Equipment (PPE)

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</table>
| Slide 1                                       | 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                                       | 2 mins | - Outline the session objective (s) | |
| Slide 3                                       | 1 min | - Describe the outline of the session | |
| Slide 4                                       | 1 min | - Define personal protective clothing (PPE) | |
### Session 3: Personal Protective Equipment (PPE)

<table>
<thead>
<tr>
<th>Slides / Crib sheets / Laminated poster slides</th>
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</thead>
</table>
| **Slide 5**                                     | 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**                                     | 2 mins | - Remind participants that PPE is an important component of both standard and transmission based precautions | -Sticky notes |
| **Slide 7**                                     | 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

**Slide 8**
- **Hierarchies of IPC**
- **Resources required**
  - Flip chart
  - Markers

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| 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, SOPs, provision of resources, training) |

**Slide 9**
- **Discussion**
- **Available PPE items**

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<tr>
<th>Time</th>
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</table>
| 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:  
1. The name  
2. When it should be used  
3. 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 |

**Slide 10**
- **Types of PPE and functions**

- Refer to slide 9
<table>
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<tbody>
<tr>
<td>Slide 11</td>
<td>2 mins</td>
<td>- Refer to slide 9</td>
<td>-Sticky notes</td>
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<tr>
<td>Slide 12</td>
<td>2 mins</td>
<td>- Refer to slide 9</td>
<td>-Sticky notes</td>
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<tr>
<td>Slide 13</td>
<td>2 mins</td>
<td>- Refer to slide 9</td>
<td>-Sticky notes</td>
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<tr>
<td>Slide 14</td>
<td>2 mins</td>
<td>- Following on from the previous activity, ask participants to write what they have learnt / understood about the appropriate selection of PPE</td>
<td>-Sticky notes</td>
</tr>
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*Session 3: Personal Protective Equipment (PPE)
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| Slide 15                                     | 3 mins | - Discuss responses to the previous question  
                                              - Explain the principles that guide how PPE should be selected |                  |
| Slide 16                                     | 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                                     | 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                                     | 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 3**
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.

**Resources Needed**

- 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
### Slide 1

**Basic IPC Principles: Healthcare Waste Management**

**Time:** 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

**Resources required:** - Flip chart
- Markers

### Slide 2

**Objective**

By the end of the session participants should be able to describe the best practices for healthcare waste management in relation to their facility and work.

**Time:** 1 min

- Outline the session objective(s)

**Resources required:** - Sticky notes

### Slide 3

**Let’s have a quick discussion**

- 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

**Resources required:** - 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? (Shamanaan Flash words)

- General Waste: 95% Non Hazardous waste (Domestic waste)
  - Examples...

- Infectious Waste: 5% (Hazardous / Clinical Waste)
  - Examples...

- In which category would you put: Chemical or Radioactive waste?

**Time:** 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

**Resources required:** - Flip chart
- Markers
### Session 4: Healthcare Waste Management

#### Slides / Crib sheets / Laminated poster slides

<table>
<thead>
<tr>
<th>Time</th>
<th>Content / Notes: Descriptions and suggestions for the trainer to consider*</th>
<th>Resources required</th>
</tr>
</thead>
</table>
| 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 | - 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 |
| 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 | - 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 |
| 3 mins | - Ask participants if they know where and how their waste is disposed  
- Explain why this knowledge is important | - Ask participants if they know where and how their waste is disposed  
- Explain why this knowledge is important |
| 3 mins | - Discuss good practices for waste management in the patient care areas, focusing on waste minimization and segregation | - Discuss good practices for waste management in the patient care areas, focusing on waste minimization and segregation |
### Slide 9
**Time:** 10 minutes

<table>
<thead>
<tr>
<th>Content / Notes: Descriptions and suggestions for the trainer to consider*</th>
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</thead>
<tbody>
<tr>
<td>- Ask participants to name the different types / categories of waste generated in patient and non-patient care areas</td>
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<tr>
<td>- Discuss alternative waste segregation methods and how they can be carried out effectively</td>
</tr>
<tr>
<td>- Discuss colour coding and the use of job aids in assisting health workers with waste segregation</td>
</tr>
<tr>
<td>- Affirm that waste segregation is the responsibility of the one generating the waste</td>
</tr>
<tr>
<td>- State that the sharps box should be available at the point of care, when carrying out injection procedures</td>
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<tr>
<td>- State the recommended characteristics of waste receptacles</td>
</tr>
</tbody>
</table>

**Resources required:**
- Colour coded bin liners
- Sharps container
- Pedal bin

### Slide 10
**Time:** 2 minutes

<table>
<thead>
<tr>
<th>Resources required</th>
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<tbody>
<tr>
<td>- Colour coded bin liners</td>
</tr>
<tr>
<td>- Sharps container</td>
</tr>
<tr>
<td>- Pedal bin</td>
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</tbody>
</table>

### Slide 11
**Time:** 2 minutes

| - Refer to slide 13 |

**Session 4**

Short IPC Training Sessions: *Healthcare Waste Management*
<table>
<thead>
<tr>
<th>Slides / Crib sheets / Laminated poster slides</th>
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</tr>
</thead>
</table>
| Slide 12 | 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 | 3 mins | - Discuss the importance of healthcare waste handlers receiving training, PPE and appropriate resources to ensure their safety |  |
| Slide 14 | | - Refer to slide 17 during discussion  
- Emphasize the need for hand hygiene facilities at the waste disposal site | -Examples of appropriate PPE |
### Session 4: Healthcare Waste Management

#### Short IPC Training Sessions:

<table>
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<tr>
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</thead>
</table>
| Slide 15                                      | 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                                      | 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.

Resources Needed
- Sticky notes
- Flip chart and markers
<table>
<thead>
<tr>
<th>Slide 1</th>
<th>5 mins</th>
<th>Content / Notes: Descriptions and suggestions for the trainer to consider*</th>
<th>Resources required</th>
</tr>
</thead>
</table>
| - 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)  
- Highlight the topic for the day and give background as stated in the session overview | - Flipchart  
- Markers |

<table>
<thead>
<tr>
<th>Slide 2</th>
<th>2 mins</th>
<th>Content / Notes: Descriptions and suggestions for the trainer to consider*</th>
<th>Resources required</th>
</tr>
</thead>
</table>
| - Outline the session objective(s)  
- Remind participants that occupational health is a component of standard precautions | |

<table>
<thead>
<tr>
<th>Slide 3</th>
<th>2 mins</th>
<th>Content / Notes: Descriptions and suggestions for the trainer to consider*</th>
<th>Resources required</th>
</tr>
</thead>
<tbody>
<tr>
<td>- State what will be covered during the session</td>
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</table>

**Session 5**
### Session 5: Occupational Health

<table>
<thead>
<tr>
<th>Slides / Crib sheets / Laminated poster slides</th>
<th>Time</th>
<th>Content / Notes: Descriptions and suggestions for the trainer to consider*</th>
<th>Resources required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slide 4</td>
<td>3 mins</td>
<td>- Discuss the occupational health and safety policy and what it entails.</td>
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<tr>
<td>Slide 5</td>
<td>10 mins</td>
<td>- Discuss the importance of each of the above.</td>
<td>-Flipchart -Markers</td>
</tr>
<tr>
<td>Slide 6</td>
<td>5 mins</td>
<td>- Ask participants to respond to the question and write their responses on the flip chart.</td>
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<td></td>
<td></td>
<td>- Ask participants if the services listed below are available for staff</td>
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<tr>
<td></td>
<td></td>
<td>1. Staff clinic</td>
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<td></td>
<td></td>
<td>2. Sharps injury and body fluid exposure monitoring and prevention programme</td>
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<td></td>
<td></td>
<td>3. Annual/bi-annual TB screening</td>
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<td></td>
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<td>4. Screening and testing for COVID-19</td>
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<td></td>
<td></td>
<td>5. Hep B and COVID-19 immunizations</td>
<td></td>
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<td>6. Training in IPC</td>
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<td>7. Fire drills</td>
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<td></td>
<td><strong>- Discuss the policy for screening healthcare workers for TB and why it is important.</strong></td>
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<td></td>
<td><strong>- With reference to the policy, explain the risk of TB among healthcare workers.</strong></td>
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<tr>
<td>Slide 7</td>
<td>Time</td>
<td>Content / Notes: Descriptions and suggestions for the trainer to consider*</td>
<td>Resources required</td>
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</tbody>
</table>
| Discussion | 5 mins | - 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 |  |

<table>
<thead>
<tr>
<th>Slide 8</th>
<th>Time</th>
<th>Content / Notes: Descriptions and suggestions for the trainer to consider*</th>
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</tr>
</thead>
</table>
| Discussion | 7 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) |  |

<table>
<thead>
<tr>
<th>Slide 9</th>
<th>Time</th>
<th>Content / Notes: Descriptions and suggestions for the trainer to consider*</th>
<th>Resources required</th>
</tr>
</thead>
</table>
| A Holistic Wellness Approach: | 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 |  |
Session 5

## Short IPC Training Sessions: Occupational Health

### Slides / Crib sheets / Laminated poster slides

<table>
<thead>
<tr>
<th>Slide 10</th>
<th>Time</th>
<th>Content / Notes: Descriptions and suggestions for the trainer to consider*</th>
<th>Resources required</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>- Refer to slide 9</td>
<td></td>
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</tbody>
</table>

### Slide 11

**Covid-19 Vaccinations for HCWs**

- Is your facility offering COVID-19 vaccinations to HCWs?
- How many 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
  1. Is the service available for staff?
  2. What is the uptake?
  3. What are the challenges?
  4. 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.

- 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
| Slide 13 | 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 | 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 | 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) |
| Slide 16 | 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 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.

Resources Needed
- 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)
<table>
<thead>
<tr>
<th>Slides / Crib sheets / Laminated poster slides</th>
<th>Time</th>
<th>Content / Notes: Descriptions and suggestions for the trainer to consider*</th>
<th>Resources required</th>
</tr>
</thead>
</table>
| Slide 1 | 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 | 1 min | - Explain the session objective (s) | |
| Slide 3 | 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) | |
### Session 6: Patient Placement

<table>
<thead>
<tr>
<th>Slides / Crib sheets / Laminated poster slides</th>
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</tr>
</thead>
</table>
| Slide 4                                      | 5 mins | - Ask participants to respond to the questions on their sticky notes  
- Summarize and discuss responses             | -Sticky notes          |
| Slide 5                                      | 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      | -Screening and triaging assessment tools  
- Screening tool for clients  
- Screening register template             |
| Slide 6                                      |       | - Refer to slide 5                                                       |                   |
| Slide 7                                      | 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          |
<table>
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</tr>
</thead>
</table>
| Slide 8                                      | 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 6**

*Short IPC Training Sessions: Patient Placement*
Session 7: Safe Injection Practices

Time:
1 hour

Learning Objectives
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.

Resources Needed
- Crib / cheat sheets
- Flip chart and markers
- Sharps containers
- Safe injection devices
- PEP algorithms for HIV and HBV (see Appendix J)
- Sticky notes
### Session 7

#### Slide 1
**Safe injection practices**

- IPC training series for diagnostic and primary health care facilities

**Time:** 1 min

**Content / Notes: Descriptions and suggestions for the trainer to consider**

- 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

**Resources required:**

#### Slide 2
**Objective:**

To train health workers on safe injection practices

- Injection safety overview
- Sharps disposal
- Needle stick injury management

**Time:** 1 min

- Outline the session objective(s)
**Short IPC Training Sessions: **Safe Injection Practices

<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| ![Slide 3](image1.png) | 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: | -Flipchart  
- Markers |

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 | 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 |
### Session 7: Safe Injection Practices

<table>
<thead>
<tr>
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</thead>
</table>
| **Slide 5**                                 | 3 mins | - Define what an injection is  
- Refer to slide 4 and expand, using examples  
- State that the definition includes the collection of blood for different purposes  
- Highlight that injections are sterile procedures, therefore, measures to maintain sterility should be taken by following aseptic procedures | - Flip chart  
- Markers  
- Sticky notes |
| **Slide 6**                                 | 5 mins | - Ask if any participants have had a needle-stick injury  
- Ask those who have, to share their experiences  
- If none of them have had such an injury in the past, ask them what they would do if it were to happen to them as an example if pricked by a needle, wrongly placed in a clinical waste bin or stuck in a pillow  
- Following the discussion, ask participants to share the measures that are in place at the facility to prevent injuries from sharps | |
| **Slide 7**                                 | 3 mins | - Ask the participants if they are aware of the risks associated with needle-stick injuries and allow time for brainstorming  
- Take participants through the known risks  
- Discuss other hazards associated with poor injection practices | |
<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| Slide 8                                    | 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                                    | 2 mins | - Define injection safety and what it entails | |
| Slide 10                                   | 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                                   | 2 mins | - Show participants the vacuum extraction systems used for blood collection  
- Discuss the advantages of these systems | |
### Session 7: Safe Injection Practices

#### Slides / Crib sheets / Laminated poster slides

<table>
<thead>
<tr>
<th>Time</th>
<th>Content / Notes: Descriptions and suggestions for the trainer to consider*</th>
<th>Resources required</th>
</tr>
</thead>
</table>
| **3 mins** | - Show participants some safety engineered injection devices and discuss their advantages | - Fixed needle  
- Auto disabled syringe plunger  
- Auto retraceable needle  
- Hinged/sliding shield safety engineered devices /other |
| **7 mins** | - Help the participants evaluate their own practices against the best practices for sharps disposal, using the suggested questions  
- Emphasize the importance of immediate placement of sharps into a sharps container after an injection procedure |  |
| **2 mins** | - Describe the characteristics of an ideal sharps container  
- State that the sharps container must be within arms’ reach when performing injection procedures | -Sharps containers |
| **3 mins** | - Discuss what should be done in case of an injury with a used sharps object /other body fluid exposure  
- Point out that as much as we try to be careful, accidents may still occur, therefore it is important to be conscious of the steps to take when exposed to needle-sticks and body fluids  
- Emphasize that the facility should have its own protocol and every healthcare worker should be aware of it |  |
<table>
<thead>
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</tr>
</thead>
</table>
| Slide 16                                   | 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                                   | 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                                   | 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.

Resources Needed
- 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
### Session 8: Environmental Cleaning

**Slides / Crib sheets / Laminated poster slides**

**Time** | **Content / Notes: Descriptions and suggestions for the trainer to consider** | **Resources required**
--- | --- | ---
**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 |  
---
**1 min** | - Remind participants that environmental cleaning is an important component of standard precautions |  
---
**1 min** | - Outline the session objective (s) |  
---
### Slides / Crib sheets / Laminated poster slides

**Slide 4**

**Introduction / discussion**

- Ask participants to define and explain the difference between ‘cleaning’ and ‘disinfection’
- Add to their explanations (if need be)

**Resources required**

- Flip chart
- Markers

**Time**

3 mins

**Content / Notes: Descriptions and suggestions for the trainer to consider**

- Slide 4: Ask participants to define and explain the difference between ‘cleaning’ and ‘disinfection’. Add to their explanations (if needed).

**Slide 5**

**Quick survey - let’s discuss**

- 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)

**Resources required**

- Flip chart
- Markers

**Time**

5 mins

**Content / Notes: Descriptions and suggestions for the trainer to consider**

- Slide 5: 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).

**Slide 6**

**Categories of environmental surfaces: Discussion**

- 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.)

**Resources required**

- Flip chart
- Markers

**Time**

3 mins

**Content / Notes: Descriptions and suggestions for the trainer to consider**

- Slide 6: 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**

- 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

**Resources required**

- Sticky notes

**Time**

3 mins

**Content / Notes: Descriptions and suggestions for the trainer to consider**

- Slide 7: 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 needed). Discuss the importance of regular cleaning of frequently touched surfaces / items.
### Session 8: Environmental Cleaning

<table>
<thead>
<tr>
<th>Slides / Crib sheets / Laminated poster slides</th>
<th>Time</th>
<th>Content / Notes: Descriptions and suggestions for the trainer to consider*</th>
<th>Resources required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slide 8</td>
<td>5 mins</td>
<td>- Refer to slide 7</td>
<td>- Cleaning equipment and PPE</td>
</tr>
</tbody>
</table>
| Slide 9 | 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 | 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 | 5 mins | - Referring to slides 9 and 10, discuss the principles of cleaning |  |
### Session 8: Environmental Cleaning

<table>
<thead>
<tr>
<th>Slides / Crib sheets / Laminated poster slides</th>
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<th>Content / Notes: Descriptions and suggestions for the trainer to consider*</th>
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</table>
| ![Slide 12](image) | **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](image) |
| ![Slide 13](image) | **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](image) |
| ![Slide 14](image) | - Refer to slide 13 | | |
### Short IPC Training Sessions: Environmental Cleaning

<table>
<thead>
<tr>
<th>Slides / Crib sheets / Laminated poster slides</th>
<th>Time</th>
<th>Content / Notes: Descriptions and suggestions for the trainer to consider*</th>
<th>Resources required</th>
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<tr>
<td><strong>Slide 15</strong></td>
<td>5 mins</td>
<td>- Go through the formula for diluting sodium hypochlorite and give participants an example to solve</td>
<td>-Sodium hypochlorite dilution job aid</td>
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<tr>
<td><strong>Slide 16</strong></td>
<td>3 mins</td>
<td>- Go through the chart and explain that the table can be used as a job aid, making it easier for anyone wishing to prepare any dilution of sodium hypochlorite using either concentration (3.5% or 5%) of stock solution</td>
<td>-Measuring containers</td>
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</table>
| **Slide 17** | 5 mins | - Ask participants how they clean up body fluid spillages  
- Correct any practices mentioned (if need be)  
- Explain and emphasize the reasons for cleaning before disinfecting  
- Outline the importance of wearing the correct PPE before cleaning | -Cleaning equipment |
<table>
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<th>Slides / Crib sheets / Laminated poster slides</th>
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<th>Content / Notes: Descriptions and suggestions for the trainer to consider*</th>
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| **Slide 18** | **3 mins** | - Discuss the use of checklists to guide cleaners on which areas to clean and to help supervisors monitor the cleanliness of the environment  
- Mention the need for cleaning schedules and for cleaners to sign against the items/areas cleaned  
- Emphasize that in an outbreak situation, the cleaning frequency should be enhanced | - Checklists for monitoring cleaning |
| **Slide 19** | **5 mins** | - Discuss recommendations for best cleaning practices  
- Ask participants if they have any unanswered questions or comments  
- Ask participants to evaluate the session and offer any recommendations for improvement | - Sticky notes |
| **Slide 20** | **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 out at the facility | |
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.

Resources Needed
- 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
### Session 9: Decontamination of Patient Care Equipment

#### Slides / Crib sheets / Laminated poster slides

<table>
<thead>
<tr>
<th>Time</th>
<th>Content / Notes: Descriptions and suggestions for the trainer to consider*</th>
<th>Resources required</th>
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</table>
| 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 |
| 1 min | - Outline the session objective(s) | |
| 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 | |
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<th>Slides / Crib sheets / Laminated poster slides</th>
<th>Time</th>
<th>Content / Notes: Descriptions and suggestions for the trainer to consider*</th>
<th>Resources required</th>
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</table>
| Slide 4                                     | 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                                     | 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                                     | 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 | |
## Session 9

### Short IPC Training Sessions: Decontamination of Patient Care Equipment

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<thead>
<tr>
<th>Slides / Crib sheets / Laminated poster slides</th>
<th>Time</th>
<th>Content / Notes: Descriptions and suggestions for the trainer to consider*</th>
<th>Resources required</th>
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<tbody>
<tr>
<td>Slide 7</td>
<td>5 mins</td>
<td>- 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</td>
<td>-Flip chart -Markers</td>
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<tr>
<td>Slide 8</td>
<td>3 mins</td>
<td>- Explain the principles of decontamination, referencing points raised in the previous discussion</td>
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<tr>
<td>Slide 9</td>
<td>3 mins</td>
<td>- 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)</td>
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<tr>
<td>Slide 10</td>
<td>5 mins</td>
<td>- Describe and demonstrate cleaning best practices - Also highlight the use of appropriate PPE (e.g. plastic aprons, face shields and domestic gloves)</td>
<td>-Buckets -Soft brushes -Syringes</td>
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</table>
### Short IPC Training Sessions: Decontamination of Patient Care Equipment

<table>
<thead>
<tr>
<th>Slides / Crib sheets / Laminated poster slides</th>
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</thead>
</table>
| **Disinfection best practices** | 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 | Resources required |
| **Sterilisation best practices** | 5 mins | - Describe best practices for sterilization, including quality control measures and record keeping | Resources required |
| **Diluting Sodium Hypochlorite** | 3 mins | - Revisit the calculation for diluting sodium hypochlorite | -Flip chart |

* Description of best practices for disinfection:
- Use disinfectants according to the manufacturer’s instructions.
- Use the correct dilution.
- Keep disinfectant 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.
- Allow instruments to air dry or in a fume hood.

* Description of best practices for sterilization:
- Always inspect instruments for cleanliness and functionality before packing.
- Use appropriate packaging materials.
- Label with name of pack, date prepared, expiry date, name of packer.
- Check equipment or verify functionality of the sterilization equipment (boil test).
- Monitor daily temperature and pressure parameters.
- Do not overtighten sterilizer.
- After sterilization cycle is complete, check packs for air and steam in check dry tests.
- Keep records of all procedures and dates.
<table>
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<tr>
<th>Slides / Crib sheets / Laminated poster slides</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Slide 14</td>
<td>2 mins</td>
<td>- Discuss how this chart may be used as a job aid</td>
<td>Job aid for diluting sodium hypochlorite</td>
</tr>
<tr>
<td>Slide 15</td>
<td>5 mins</td>
<td>- Summarize the best practices for decontamination</td>
<td>-Sticky notes</td>
</tr>
<tr>
<td>Slide 16</td>
<td>1 min</td>
<td>- Ask participants if they have any unanswered questions / comments</td>
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<td>- Ask participants to evaluate the session and make any recommendations for improvement (including suggestions of topics that they would like to receive training on)</td>
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<td>- Thank the participants and acknowledge any support given for the session /series</td>
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<td>- Thank the facility management for allowing this activity to be carried at the facility</td>
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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.

Resources Needed

- 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
## Short IPC Training Sessions: Linen Management

<table>
<thead>
<tr>
<th>Slides / Crib sheets / Laminated poster slides</th>
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<th>Content / Notes: Descriptions and suggestions for the trainer to consider*</th>
<th>Resources required</th>
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</thead>
<tbody>
<tr>
<td><img src="image1" alt="Slide 1" /></td>
<td>3 mins</td>
<td>- Greet participants and introduce yourself &lt;br&gt; - Ask participants to introduce themselves (job title and department) &lt;br&gt; - Write down the participants' departments (to use in discussions/to refer to practices or procedures related to those departments) &lt;br&gt; - Read the topic for the day and give background as stated in the session overview</td>
<td><a href="image1">Flip chart</a> <a href="image1">Markers</a></td>
</tr>
<tr>
<td><img src="image2" alt="Slide 2" /></td>
<td>1 min</td>
<td>- Outline the session objective(s)</td>
<td>-</td>
</tr>
<tr>
<td><img src="image3" alt="Slide 3" /></td>
<td>5 mins</td>
<td>- Ask participants to define the word 'linen' &lt;br&gt; - Ask participants to give examples of linen used at their facility</td>
<td>-</td>
</tr>
<tr>
<td><img src="image4" alt="Slide 4" /></td>
<td>3 mins</td>
<td>- Remind participants that linen management is a component of standard precautions &lt;br&gt; - Highlight the aims of proper linen management</td>
<td>-</td>
</tr>
</tbody>
</table>
### Session 10: Linen Management

<table>
<thead>
<tr>
<th>Slides / Crib sheets / Laminated poster slides</th>
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<th>Resources required</th>
</tr>
</thead>
</table>
| ![Slide 5](image1) | **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](image2) | **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](image3) | **2 mins** | - Referring to slide 6, state that linen from the kitchen should not be mixed with linen used in clinical areas  
- State that kitchen linen should be washed separately (ideally in the kitchen) | | |
| ![Slide 8](image4) | **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 |
### Session 10: Linen Management

<table>
<thead>
<tr>
<th>Slides / Crib sheets / Laminated poster slides</th>
<th>Time</th>
<th>Content / Notes: Descriptions and suggestions for the trainer to consider*</th>
<th>Resources required</th>
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</thead>
<tbody>
<tr>
<td><strong>Slide 9</strong></td>
<td>3 mins</td>
<td>- Ask participants to comment on the picture and discuss</td>
<td>- Poster of picture shown</td>
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<td></td>
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<td>- Discuss how one should safely handle linen at the bedside, in different care settings</td>
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<tr>
<td><strong>Slide 10</strong></td>
<td>5 mins</td>
<td>- Continue discussing best practices for handling linen with a focus on appropriate PPE</td>
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<td>- Discuss the recommended PPE for handling linen</td>
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<td>- Discuss how to manage soiled linen in the clinical area</td>
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<tr>
<td><strong>Slide 11</strong></td>
<td>3 mins</td>
<td>- Ask participants if they soak linen in sodium hypochlorite before washing</td>
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<td>- Explain the recommended practices, emphasizing the need to wash first before disinfecting</td>
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<td>- Re-iterate the need to use appropriate PPE to protect oneself when handling dirty linen</td>
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<tr>
<td><strong>Slide 12</strong></td>
<td>5 mins</td>
<td>- Discuss how linen is carried within the facility</td>
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<td>- Discuss how linen should be transported to an off-site laundry (if there is no laundry at the facility)</td>
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<td>- Discuss best practices for transporting linen</td>
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*Note: Descriptions and suggestions for the trainer to consider are provided for each slide.*
<table>
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<tr>
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<th>Resources required</th>
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</thead>
</table>
| Slide 13                                      | 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                                      | 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                                      | 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                                      |       | - Continue with discussion from previous slide | |

**Session 10**

**Short IPC Training Sessions: Linen Management**
<table>
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<th>Resources required</th>
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</table>
| Slide 17                                    | 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                                    | 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 10

Short IPC Training Sessions: Linen Management
### Appendix A: Attendance register

Short IPC Training Sessions for Primary Care Facilities

<table>
<thead>
<tr>
<th>No</th>
<th>Full name of participant</th>
<th>Sex</th>
<th>Designation</th>
<th>Department</th>
<th>Phone Number</th>
<th>E-Mail Address</th>
<th>Signature</th>
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</tbody>
</table>
Appendix B: Standard precautions

Components of standard precautions

- Sharps Injury Prevention
- Safe Injection Practices
- Hand Hygiene
- Personal Protective Equipment
- Linen Management
- Waste management
- Occupational Health
- Decontamination of patient care Equipment
- Environment cleaning
- Patient Placement
- Cough Etiquette
- Safe Injection Practices

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

Contact Precautions

VISITORS/ VISITING STAFF
STOP!
REPORT TO NURSE IN CHARGE BEFORE ENTERING THIS ROOM

HAND
Use alcohol rub or wash hands before leaving the room

Aprons
Gloves
Wear apron when entering the room. Wear gloves for direct or indirect contact with the patient or excretions and secretions

Door
Keep door closed at all times if patient in isolation

Before leaving
Decontaminate equipment when it leaves the room. Discard gloves and apron and carry out hand hygiene before leaving the room

Droplet Precautions

VISITORS/ VISITING STAFF
STOP!
REPORT TO NURSE IN CHARGE BEFORE ENTERING THIS ROOM
INSTRUCTION BEFORE ENTERING THE ROOM

HAND
Use alcohol rub or wash hands before leaving the room

Mask
Wear water resistant mask when working within 1 metre of the patient

Aprons
Gloves
Wear apron when entering the room. Wear gloves for direct or indirect contact with the patient or excretions and secretions

Door
Keep door closed at all times if patient in isolation

Before leaving
Decontaminate equipment when it leaves the room. Discard gloves, apron and mask. Carry out hand hygiene before leaving the room

Airborne Precautions

VISITORS/ VISITING STAFF
STOP!
REPORT TO NURSE IN CHARGE BEFORE ENTERING THIS ROOM
INSTRUCTION BEFORE ENTERING THE ROOM

HAND
Use alcohol rub or wash hands before leaving the room

Respirator
Wear N95 respirator (FFP3) for MDR/ XDR-TB patients

Aprons
Gloves
Wear apron when entering the room. Wear gloves for direct or indirect contact with the patient or excretions and secretions

Door
Keep door closed at all times.

Before leaving
Decontaminate equipment when it leaves the room. Discard gloves, apron and mask. Carry out hand hygiene before leaving the room
Appendix D: Hand washing technique poster and hand rubbing with alcohol based hand rub technique poster
Appendix E: Five moments of hand hygiene poster

1. Before touching a patient
2. Before clean/aseptic procedure
3. After body fluid exposure risk
4. After touching a patient
5. After touching patient surroundings
Appendix F: Rational use of PPE poster

Novel Coronavirus COVID-19

Personal Protective Equipment (PPE)
For Healthcare Workers
According to Healthcare Activities

Remember: Hand hygiene is always important. Clean hands before putting on, and after taking off, PPE.

Triage/points of entry screening personnel
- Surgical mask

Collecting respiratory specimens
- Theatre cap
- Goggles OR face shield
- N95 respirator
- Water resistant gown, if cloth gown put a plastic apron underneath
- Gloves

Caring for a suspected/confirmed case of COVID-19 with NO aerosol-generating procedure
- Theatre cap
- Gloves
- Water resistant gown, if cloth gown put a plastic apron underneath
- Overshoes

Caring for a suspected/confirmed case of COVID-19 WITH aerosol-generating procedure
- Theatre cap
- Goggles OR face shield
- Respirator (N95 or FFP2)
- Water resistant gown, if cloth gown put a plastic apron underneath
- Gloves
- Overshoes

Transport of suspected/confirmed case of COVID-19, including direct care
- Theatre cap
- Goggles OR face shield
- Surgical mask
- Water resistant gown, if cloth gown put a plastic apron underneath
- Gloves
### Appendix G: Screening register (sample)

<table>
<thead>
<tr>
<th>No.</th>
<th>Date</th>
<th>Name</th>
<th>Address</th>
<th>Temp °C</th>
<th>Tick where appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Travel/Contact history</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Fever</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cough</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sore throat</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Loss of taste</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cleared</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Proceed to routine care)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Suspect</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Proceed to triage area)</td>
</tr>
</tbody>
</table>

1.  
2.  
3.  
4.  
5.  
6.  
7.  
8.  
9.  
10.  
11.  
12.  
13.  
14.  
15.  
Appendix H: COVID-19 Screening tool

Budiriro Polyclinic  Date: / /21  Time:  Temperature: °C
Name:  Age:  Sex:  
Address:  
Purpose of visit:  ☐ H/W  ☐ Patient  ☐ Companion  ☐ Other visitor
1. Have you been to an area reporting community transmission or in contact with a person who has been to such an area (local or abroad) in the past 14 days? Yes ☐ No ☐
2. Have you been in contact with someone who was or is suspected to have COVID-19 in the past 14 days? Yes ☐ No ☐
   If yes to the above, please indicate the place:  date:  
3. Do you have any of the following symptoms:
   ☐ Fever  ☐ Sore throat  ☐ Difficulty breathing
   ☐ Cough  ☐ Loss of appetite
   ☐ Sneezing  ☐ Loss of taste
Route to follow:  ☐ Normal (cleared)  ☐ Isolate/transfer (risk identified)

Appendix I: Screening and triaging assessment tool

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

Figure 12: Flow chart for HIV post exposure prophylaxis

- Exposure to HIV
- Percutaneous
- Splashes
- Broken skin
- Human bite

- Wash exposed area with soap under running water
- Report to immediate supervisor
- For mucous membranes flush with plenty of water/saline
- Initiate PEP within 1-2 hours if possible and not later than 72 hours
- Refer both patient and health worker for HIV Counselling and testing

Ascertain HIV status of both patient and health worker

If patient HIV Negative and health Worker HIV negative

- STOP PEP, offer supportive Counselling and follow-up

If health worker HIV Negative and patient positive or unknown source or patient refuses testing assume positivity

- Complete 4 weeks of PEP and offer supportive Counselling

If Patient HIV positive or Negative unknown, health worker HIV positive

- STOP PEP
- Counsel and refer to specialist/OI

Repeat HIV test 6 weeks, 3/12 and 6/12 after initial test if HIV positive provide appropriate care and counselling and refer for expert opinion. If negative, counsel.

Exposure to HBV

- Wash exposed areas under running water
- Refer both patient and health worker for HBV testing

Determine HBV status of patient and health worker

Patient HBV negative
- Health Worker HBV negative and previously vaccinated

- Give booster dose of HBV vaccine
- Start vaccination course

Patient HBV positive or unknown or patient refuses testing so assume positivity
- Health Worker HBV negative and not vaccinated

- Counsel and refer for specialist care

Patient HBV positive or HBV status unknown
- Health Worker HBV positive

- Repeat HBV course 3 months and 6 months after initial test Offer on-going supportive counselling
### Appendix K: Job aid for diluting sodium hypochlorite

<table>
<thead>
<tr>
<th>Product</th>
<th>Chlorine available</th>
<th>How to make 0.1%</th>
<th>How to make 0.5%</th>
<th>How to make 1%</th>
<th>How to make 2%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sodium hypochlorite liquid (bleach)</td>
<td>3.5%</td>
<td>1 part bleach to 25 parts water</td>
<td>1 part bleach to 6 parts water</td>
<td>1 part bleach to 2.5 parts water</td>
<td>4 parts bleach to 3 parts water</td>
</tr>
<tr>
<td>Sodium hypochlorite liquid (bleach)</td>
<td>5%</td>
<td>1 part bleach to 49 parts water</td>
<td>1 part bleach to 9 parts water</td>
<td>1 part bleach to 4 parts water</td>
<td>1 part bleach to 1.5 parts water</td>
</tr>
</tbody>
</table>
## 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.

<table>
<thead>
<tr>
<th>Ward: _____________________________________</th>
<th>Patient Room No.: __________________________</th>
<th>Date: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed by: ____________________________</td>
<td>Designation: ______________________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Hand wash basin clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 a. Soap dispensers are:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocked</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not expired</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disposable paper towel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot operated bin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 b. Alcohol based hand rub</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocked</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Not expired</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Ceiling tiles, air vents, clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Sharps container not overloaded</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Waste bins emptied</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Equipment- i.e., IV and/or tube feeding pole and base, clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Computer keyboard and mouse or touch screen monitor clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Cabinet handles and surfaces clean and free of tape and hand prints</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>COMMENT</td>
</tr>
<tr>
<td>------------</td>
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</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TV, front and back clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bedside table surface clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac table surface clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floors clean, not sticky and free of dust</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone, hand set clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Remote control clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Room fan on countertop dust-free</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleeper couch/chair- clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Room chair arm rests, back, side, head rest, and seat clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Windows are clean on inside and ledges are dust free</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Countertops, desk area, and chair are clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closet looks and smells clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BED</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All side rails are free of tape, and clean, including both sides of rails, crevices around controls, bottoms of rails</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frame is dust free</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Controls at foot of bed are clean and dust free</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Call light and cord are clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BATHROOM</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sink and counters free of water spots and clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soap dispensers are clean and stocked</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lights are dust free and light switches clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mirror clean is clean and dust free</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet seat, floor around and behind toilet seat is clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Routine cleaning assessment decision:

**Satisfactory**/ **Not satisfactory-repeat**

**Overall comments:**

_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
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_________________________________________________________________________________________________________________________________________________
### 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: ______________________________ |

<table>
<thead>
<tr>
<th>Standard</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Room looks and smells clean upon entering</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Hand wash basin clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. a. Soap dispensers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocked</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not expired</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disposable paper towel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot operated bin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. b. Alcohol hand rub dispensers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocked</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not expired</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Ceiling and air vents clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Sharps container has been checked and changed if needed <em>(not overfull)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Waste bins emptied and wiped clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Privacy curtains / screens changed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Medicine drawers clean and free of supplies</td>
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<td>9. Cupboards cleaned clean and free of supplies</td>
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<tr>
<td>Standard</td>
<td>Yes</td>
<td>No</td>
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<td>Patient locker clean and free of supplies</td>
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<td>Stethoscope clean</td>
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<td></td>
<td>Floors are clean, not sticky and free of dust</td>
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<td>Floor corners clean and free of dust</td>
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<td>Under bed clean and free of cob webs</td>
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<td>15</td>
<td></td>
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<td></td>
<td>Cabinet handles and surfaces clean and free of tape and hand prints</td>
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<td>16</td>
<td></td>
<td></td>
<td></td>
<td>TV, front and back dusted and clean</td>
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<td></td>
<td></td>
<td></td>
<td>Bedside table surface clean</td>
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<td></td>
<td>Suction supplies removed</td>
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<td>Suction canister emptied</td>
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<td></td>
<td>Cardiac table surface clean, track for slider clean, base clean</td>
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<td></td>
<td>Cardiac table: inside tray surfaces clean on both sides</td>
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<td>Mirror clean</td>
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<td></td>
<td>Telephone, and hand set are clean</td>
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<td></td>
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<td>Remote control is clean</td>
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<td></td>
<td>Room fan on countertop is clean</td>
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<td>26</td>
<td></td>
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<td></td>
<td>Sleeper couch is opened and clean</td>
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<td>27</td>
<td></td>
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<td></td>
<td>Room chair arm rests, back, side, head rest, and seat are clean.</td>
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<td>Windows are clean on inside and ledges are dust free.</td>
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<td>Countertop, desk area, and chair are clean</td>
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<td>BED</td>
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<td>Ledge above bed, over bed light, gas and suction heads clean</td>
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<td><strong>BATHROOM</strong></td>
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- Pillows are clean and smell clean
- All side rails are free of tape, both sides of rails, crevices around controls, bottoms of rails all clean
- Bed frame is dust free
- Foot of bed are clean and dust free
- Call light and cord are clean
- Ceiling, walls and floor without stains
- Sink and counters free of stains, water spots and clean
- Soap dispensers are clean and full
- Lights are dust free
- Light switches clean
- Mirror clean
- Shower handle clean and free of stains
- Shower curtain clean
- Shower drain is rust free
- Toilet seat and rim clean, no hard water stains in bowl, base of toilet clean
- Floor around and behind toilet seat is clean
- Pipes around toilet are free of water build up and clean
- Bathroom smells clean, no odours
- Bathroom door and handles are clean and free of handprints
Terminal decontamination assessment decision: Satisfactory/ Not satisfactory-repeat
Overall comments: Terminal decontamination assessment decision: Satisfactory/ Not satisfactory-repeat
Overall comments: 
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