

**INFECTION CONTROL POLICY**

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# 1. Purpose and Objective

1.1 Maharat Learning Center (MLC) is committed to ensuring the health and safety of its employees, clients and visitors and in addition to the Health, Safety and Environment (HSE) Policy (HSE001), this Infection Control Policy has been created to identify and implement best practices in infection control and prevention throughout the Center.

1.2 The following guidelines and policy on infection control have been prepared to ensure all employees understand the risks and safety precautions necessary for work at the Center. This policy was developed in accordance with the Community Development Authority (CDA) and Dubai Health Authority (DHA) regulations, guidelines and global best practices on infection control.

# 2. Scope

2.1 The Infection Control Policy applies to all MLC properties and to all employees and consultants working on MLC premises.

# 3. Definitions and Abbreviations

3.1 **MLC:** Maharat Learning Center

3.2 **CEO/MD:** Chief Operating Officer/Managing Director

3.3 **QCBD:** Quality Compliance & Business Development Manager

3.4 **HR:** Human Resources

3.5 **CDA:** Community Development Authority

3.6 **DHA:** Dubai Health Authority

3.7 **WHO:** World Health Organization

3.8 **CDC:** Center for Disease Control and Prevention

3.9 **HSE:** Health, Safety and Environment

3.10 **PPE:** Personal Protective Equipment

# 4. Policy

4.1 All staff at MLC who has contacts with clients, visitors and other staff members, or use items when providing our services to clients (ie toys, materials) must adhere to infection control procedures and precautions outlines herein.

4.2 Universal Precautions are observed at the Center to prevent contact with potentially infectious materials. Universal precautions include:

* Good general hygiene practices
* Good hand hygiene practices - frequent hand washing
* The appropriate use of personal protective equipment, such as gloves and masks
* Adhering to respiratory hygiene/cough etiquette
* Correct cleaning, disinfection and sterilization of non-disposable equipment
* Safe collection, storage and disposal of waste
* The appropriate use of cleaning agents

4.3 Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids are considered potentially infectious materials. The Center utilizes engineering controls such as masks and gloves and other Personal Protective Equipment (PPE) to prevent exposure to infections materials and provides hand sanitizing stations throughout the facility for ease of use for staff.

4.4 It is the responsibility of all staff at MLC to follow and implement the policy and procedures outlined herein.

4.5 The Center Manager is the assigned HSE representative in-charge and is responsible for ensuring that the elements of this policy and plan are implemented, under the guidance and management of the Chief Executive Officer/Managing Director (CEO/MD) and leadership team.

4.6 The CEO/MD shall ensure the availability of sufficient staff and other resources to maintain and implement the Infection Control Policy. The Center Manager shall ensure compliance to all HSE and related Infection Control regulatory requirements.

4.7 In addition to this document, the Center maintains related detailed policies and procedures that address the following;

* Health, Safety and Environment Policy and Plan (HSE001)
* Environmental Cleaning and Waste Management Policy (HSE003)

# 5. Procedures

## 5.1 Assessment of Risks

5.1.1 In order to identify the risks associated with the work performed by Center employees, MLC has assessed and identified the risk level for occupational exposure for employees by reviewing the job classifications within the work environment. The Center has divided its employees into two classifications:

**JOB CLASSIFICATIONS RISK LEVEL**

Behavioral Intervention/Learning Occupational Exposure

Support Department Staff

Maharat Learning Academy Staff

Housekeeping Staff

Administrative Staff Minimal Risk of Occupational Exposure

5.1.2 The exposure determination is made by reviewing job classifications within the work environment. Center employees do not undertake any invasive medical or surgical procedures; therefore the first group includes job classifications who have occupational exposure of potentially infectious substances (i.e. blood, saliva, bodily fluids) from bites, scratches, cuts, vomit, etc. during work. The second group of job classifications includes employees for whom there is minimal risk of occupational exposure, as the nature of work is limited to administrative office duties.

## 5.2 Medical Examination

5.2.1 As part of the UAE residence visa application process, all new and existing employees must satisfactorily undergo a medical check-up at a medical Company recognized by the applicable UAE authority and approved by the Company. In the unlikely event that an employee does not satisfactorily pass the medical examination he/she will be considered unfit for work. This will result in termination of employment on medical grounds.

## 5.3 Vaccinations

5.3.1 In order to protect all staff from cross contamination and as a preventative measure, the Center makes available the Hepatitis B Vaccine and vaccination series to all employees who have occupational exposure and post-exposure evaluation and follow up to all employees who have had an exposure incident at no cost to the employee. Yearly influenza vaccination is strongly recommended for employees with high occupational risk.

5.3.2 The company requirement is for all employees to be vaccinated against Hepatitis B. It is also recommended to have had the following vaccines; Influenza; Measles; Mumps; Rubella. At the date of joining staff need to provide the HR Department with their immunization record. If they have not yet had the Hepatitis B vaccine, staff will be given a one month grace period in which to have the first dose. The employee is responsible for the cost of all vaccines.

## 5.4 Infection Control Education and Training

5.4.1 The leadership is committed to providing adequate training and guidelines for all employees with potential occupation exposure. This includes having employees attend Infection Control training courses with qualified third party training facilities, providing a copy of this policy to employees, enforcing compliance with the procedures outlined herein, ensuring new employees are properly trained and educated on the policy, and performing follow-up procedures for all exposure incidents and displaying related notices throughout the Center.

## 5.5 Hand Hygiene

5.5.1 Hand Hygiene is the single most effective means of preventing and reducing the spread of infection by decreasing the number of transient and resident organisms on the hands. Hand hygiene is an essential practice for all healthcare workers and those attending or visiting healthcare facilities. Evidence has consistently shown that hand hygiene practices have been poorly conducted by healthcare workers.

5.5.2 The World Health Organization (WHO) has developed an approach to hand hygiene for healthcare workers known as the ‘Five Moments in Hand Hygiene’ that is now recognized as the basis for good hand hygiene practice in healthcare facilities to prevent and reduce the spread of infection. The World Health Organization’s 5 moments of Hand Hygiene describe the critical times when hand hygiene is to be performed and advises to clean your hands:

1. Before touching a client
2. Before clean /aseptic procedure
3. After body fluid exposure risk
4. After touching a client
5. After touching client surroundings

5.5.3 Hand hygiene is a general term that refers to any form of hand cleansing and includes washing hands with water and liquid soap or applying a waterless or alcohol-based antimicrobial solution. It should be noted that the use of gloves does not replace the need for suitable hand hygiene.

5.5.4 Before performing hand hygiene:

* expose forearms
* remove all hand/wrist jewelry (a single, plain metal finger ring is permitted but should be removed (or moved up) during hand hygiene)
* ensure finger nails are clean, short and that artificial nails or nail products are not worn
* cover all cuts or abrasions with a waterproof dressing.

5.5.5 **Hand wash** using soap and water hand hygiene technique:

* Follow the technique that is shown in Figure 1 below. The duration of the hand wash step of rubbing hands with soap should be 15 to 20 seconds (steps 2 to 7 on Figure 1).
* The whole process of hand washing should take 40-60 seconds
* Wash hands when they are visibly dirty or visibly soiled with blood or body fluids and after using the toilet.

5.5.6 **Hand rub** using alcohol–based formulation hand hygiene technique:

* Follow the technique that is shown in Figure 2. The duration of the hand rub procedure is 20 – 30 seconds.
* Use an alcohol based hand rub for all situations where hands are visibly clean.
* Alcohol based hand rubs must be allowed to dry and evaporate completely by rubbing hands vigorously. Follow the manufacturers’ recommendations regarding the volume of product to use.
* Soap and alcohol-based hand rub should not be used concurrently

**Figure1: Figure 2:**

 

## 5.6 Personal Protective Equipment (PPE)

5.6.1 Personal protective equipment (PPE) is provided by the Center at no cost to employees when there is a chance of occupational exposure. Appropriate personal protective equipment at may consist of, but is not limited to, gloves, face masks, and/or goggles/eye protection.

5.6.2 PPE is considered appropriate if it does not permit blood or other potentially infectious material to pass through to the employee’s work clothes, street clothes or undergarments, skin, eyes, or other mucous membranes under normal working conditions and for the duration of time that PPE shall be used. All personal protective equipment is to be readily accessible and in the appropriate sizes. It is the employee's responsibility, when there is occupational exposure, to use the appropriate personal protective equipment.

5.6.3 Gloves should be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, such as when changing soiled diapers, cleaning bathrooms, handling or touching contaminated items or surfaces, or cleaning wounds or injuries. Hypoallergenic gloves, glove liners, and similar alternatives are available to employees who have documented allergy to the gloves that are usually supplied to their work area. Disposable gloves should be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when their ability to function as a barrier is compromised.

5.6.4 Disposable gloves are not to be washed or decontaminated for re-use. Utility gloves (i.e., rubber household gloves) for housekeeping chores involving potential blood contact and for instrument cleaning and decontamination procedures can be used. Utility gloves may be decontaminated and reused, but should be discarded if they are peeling, cracked, or discolored, or if they have puncture, tears or other evidence of deterioration or their ability to function as a barrier is compromised.

5.6.5 The use of gloves does not replace the need for hand hygiene.

* + Clean hands before and after wearing gloves.
	+ Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, or non-intact skin will occur.
	+ After hand hygiene, let your hands dry completely before putting on gloves.
	+ When wearing gloves, change or remove gloves during client care if moving from a contaminated body site to either another body site (including non-intact skin, mucous membrane or medical device) within the same client or the environment.
	+ Remove gloves after caring for a client. Do not wear the same pair of gloves for the care of more than one client.
	+ Wear gloves when you have dermatologic conditions which harbor or increase the risk of bacteria.

5.6.6 Face masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, are worn whenever splashes from potentially infectious materials or chemicals may be generated and eye, nose or mouth contamination can be reasonably anticipated.

## 5.7 Respiratory Hygiene/Cough Etiquette

5.7.1 The concepts of respiratory hygiene and cough etiquette involve using source control measures to prevent transmitting respiratory infections to others. The Center encourages employees with symptoms of respiratory infection to:

* Cover mouths/noses when coughing or sneezing.
* Use and dispose of tissues.
* Perform hand hygiene after hands have been in contact with respiratory secretions.
* Wear face masks upon entry to the facility.

## 5.8 Personal Hygiene and Cleanliness

5.8.1 While the Center retains Housekeeping staff, it is the responsibility of all staff to keep their work area clean and tidy.  Common areas, such as the kitchen and washrooms, must be kept clean at all times and employees are responsible for cleaning up any spills made from food or drink during mealtimes.  Service provision rooms should also be kept in a neat and orderly fashion at all times.

5.8.2 As a precautionary measure against infections and other risks during work, all employees are advised to adhere to the following personal hygiene guidelines:

* Hair must be kept back away from the face and out of the working field.
* Jewelry must not be worn on the hands or arms during service provision to clients.
* Hair and nails are known to hold higher levels of bacteria than skin; therefore fingernails must be clean and extend no longer than ¼ inch beyond the pad.
* Do not wear artificial nails or nail extenders, as they may puncture gloves.
* Open toed shoes are prohibited in service provision areas.

5.8.3 Eating, chewing gum, drinking, applying facial cosmetics (including lip balm) and handling contact lenses are prohibited in all service provision areas.

## 5.9 Restroom and Sanitary Facilities

5.9.1 The Center provide sanitary facilities including restrooms, sinks with hot and cold water, liquid soap dispensers, and hand sanitizers throughout the premises. Restrooms inside the MLC premises are for clients, staff and visitors.

## 5.10 Environmental Cleaning and Waste Management

5.10.1 Cleaning and waste disposal is a common activity performed to maintain a healthy, safe and aesthetically pleasing environment. Cleaning in healthcare serves the dual functions of providing surface cleanliness and infection prevention and control and thus the Center has developed a separate Environmental Cleaning and Waste Management Policy (HSE003) to outline the policy, procedures and guidelines pertaining to these areas related to Health and Safety and requirements.

5.10.2 ‘Wash-me-Buckets’ are provided in each of the service provision rooms at MLC. Used materials and toys should be placed in these reciprocals and the housekeeping staff alerted when items are required to be cleaned.

## 5.11 Additional Infection Control Guidelines for Staff

5.11.1 The following information is provided as additional guidelines that staff can follow to assist with infection control:

* Cover cuts/abrasions/open wounds with a band-aid and/or waterproof dressing, and if cuts/abrasions/open wounds are on your hands, wear gloves.
* Put used/soiled toys and materials in the ‘wash-me-buckets’ and alert housekeeping team of need for cleaning/disinfection of toys and materials.
* If bodily fluids get on your skin, wash immediately and thoroughly with soap and water.
* Vaccination is the most effective protection against diseases; always make sure your vaccinations are up-to-date.
* Dispose of waste/rubbish in the waste bins provided. If you see a waste bin that is full, report it to the housekeeping team.
* Bring a spare set of clothes to work and change if your clothes get soiled.
* Double-bag soiled clothes (using zip-lock bags).
* Keep your work area clean and tidy, dispose of any uneaten food or drink in the waste bins before you leave at the end of the day.
* Report any injuries, incidents or possible infection exposure and complete an incident report.
* Keep educated – read the Infection Control Policy, read associated guidelines provided by the World Health Organization ([www.who.int](http://www.who.int/)) and Center for Disease Control and Prevention (CDC – [www.cdc.gov](http://www.cdc.gov/)).
* If good hygiene principles and universal precautions are observed, the risk of people working in a healthcare environment getting infections from clients, visitors or each other is very low.
* Practice good health and hygiene habits. Clean and disinfect frequently touched surfaces at home, work or school, especially when someone is sick/ill. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.

## 5.12 Client Sickness Policy

5.12.1 The following information regarding the Client sickness and medical requirements is provided to clients in the MLC Parent Handbooks. Clients are encouraged to read and follow the requirements in line with our Infection Control Policy:

*MLC are not allowed to admit, onto the premises, any child who appears to be suffering from an infectious or contagious illness or disease. Any child who has a sore throat, discharge from the eyes or nose, sickness, vomiting, diarrhea or any contagious/infectious illness should be kept at home until a doctor has certified, in writing, that she/he is fully recovered and/or sufficient time has elapsed since the last outbreak. Please do not bring children who are unwell into the center as they will be sent home upon arrival. Home sessions should be stopped until child is fully recovered as it can affect staff and other children indirectly. Parents and caregivers are required to inform MLC of where they can be reached in the event of an accident or sudden illness. If a child becomes seriously ill or injured during his/her attendance at MLC or at home, MLC staff reserve the right to call for emergency assistance and, if necessary, remove him/her to a hospital and give permission for emergency treatment to be administered. If we have to take your child to a hospital, as a result of an illness or accident, we will do our utmost to inform you immediately. It is therefore vital that this information is kept up-to-date and that you inform us of your timetable/whereabouts. Please inform MLC of any changes to these details as soon as possible. Please inform us as soon as possible if your child will be absent for a period of time due to illness.*

## 5.13 Infection Control Inspections

5.13.1 In order to ensure compliance to the Infection Control policy and procedure, the Center conducts weekly Infection Control Surveys utilizing the following checklists

* HSE008-Infection Control Survey Checklist

5.13.2 Infection Control Survey Checklists are provided to the Center Manager upon completion, and any actions required ensuring the continued infection control and prevention are documented and scheduled.

# 6. Related References / Documents

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| --- | --- |
| HSE001 | Health, Safety & Environment Policy  |
| HSE003 | Environmental Cleaning and Waste Management Policy |
| HSE008 | Infection Control Survey Checklist |
| QM003 | Risk Management Policy |

# 7. Amendments

7.1 This policy will be reviewed every two years at a minimum, or as required.

# 8. Attachments

8.1 Attachment A: Policy Authorization Page

# Attachment A - Policy Authorization Page

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| --- |
| **Creation Date: January 2017 Created By: Dr. Hibah Shata, CEO** |
| **Revision Date** | **Edited By** | **Version Number** | **Next Review Date** |
| **January 2017** | **Karen Evans** | **V.1** | **January 2019** |
| **October 2018** | **Karen Evans** | **V.2** | **October 2020** |

**Approval Signatory:**

**Name: Dr. Hibah Shata**

**Designation/Title: Chief Executive Officer / Managing Director**

**Date: 01 October 2018**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company Stamp:**