

## **WRITTEN CLINIC POLICY (SAMPLE)**

### **1 PROCEDURE OF PATIENTS REGISTRATION, ATTENDANCE AND REFERRALS**

All new patients shall be registered in patient register.

Follow up patients shall be registered in the follow-up continuation sheet upon arrival.

All patients who are referred shall have their available information recorded in the referral and death register.

### **2 PROVISION MEDICAL RECORD**

Patients and clinic's staffs shall be made aware of the strict confidentiality of the medical records and information contained in them.

No staff should divulge any information to any third party

All patient information shall be strictly private and confidential

Each patient will have individual medical record. Data will include name, registration number, identification card number, age, gender, weight, height, history of allergy or chronic illness and each visit findings of weight, height (for growing-age patients), last menstrual period (Fertile age female patients), blood pressure, temperature (if appropriate) laboratory/x-ray results if relevant, treatment plan, presumptive or definitive diagnosis and return appointment if needed.

Medical records are kept according to the legal requirement of record keeping of the country. The record is to be kept 7 years after the last one year of the record's active use for normal cases A record can be moved to a deceased file once the clinic has the legally valid evidence of the patient's death.

The person in-charge is responsible to review records in the clinic periodically for quality control.

It is the responsibility of the holder of certificate or person in charge to comply with DG directives with regards to preservation of patient's medical record when he intends to cease operation.

The healthcare professional that had provided any health care to a patient shall be allowed to access or inspect patient's medical record for defence in any civil action brought against him.

### **3 PATIENTS GRIEVANCE MECHANISM PLAN**

All patients will be informed of their right to air grievances. All patients grievances shall be investigated within 14 days upon which if the patients will get the reply if the complainant is dissatisfied with reply the complainant may refer the matter to Ministry Of Health.

### **4 PATIENTS' RIGHTS**

- Patients has the right to be
- Informed the estimated services charges prior of care or treatment.
- Provided with information of the nature of his medical condition, any proposed treatment, investigation or procedure and related charges of the processes that might take place before the patient gives consent.
- Treated decently.
- Request for referral to other healthcare facilities at any time they wish.
- Be given the medical report within reasonable time upon patient's request and payment of a reasonable fee.
- Make any complaints or suggestions to the clinic or relevant agencies

### **5 FEE SCHEDULE**

All fees charged to the patients is following the list as in the Seventh Schedule as follows

***(Please refer to seventh schedule in the regulation book)***

#### **BILLING**

Consultation fees with medications:

RM XX – RM YY

Consultation fees without medications:

RM AA – RM BB

Procedures:

RM CC – RM DD

Investigations:

RM EE – RM FF

## **6 STAFF IDENTIFICATION**

Staff identification is through the name card and the pictures on the organization chart at the waiting area.

## **7 INCIDENT REPORTING**

In the event of unforeseeable or unanticipated incident in the premise i.e. patient's death, fires or robbery, assault or battery of patients and malfunction or intentional or accidental misuse of patient care equipment during treatment or diagnosis of patients shall be reported to the person in charge immediately

*Person i-charge will write report to the Authority in Ministry of Health and/or police within 10 working days or immediately.*

*The report will include information on date and time and the possible reason or factors involved, statement of incident happened, signature of witness, person involved and person in-charge during incidents.*

*Original and copies of report with relevant attachments shall be kept in separate file for safe keeping and future reference. A receipt of the report shall be requested.*

## **8 INFECTION CONTROL**

Person-in-charge is fully responsible in establishing the infection control system and practice in the clinic and shall fully comply to the guidelines by Ministry Of Health.

### **1. Controlling system**

All notifiable diseases treated in the clinic must be notified to the Authority Using the Standard Notification form by Ministry Of Health within the required period.

Any staff detected to have or a carrier of any infectious or communicable disease must take off any duty from the clinic until permitted to so by a registered doctor. Any contaminated equipment during treatment of infectious disease patient must not be used until it is properly disinfected.

### **2. Practise among Staff**

A valid updated contract and the monitoring record with the relevant Private Clinical Waste Disposal Company must be well kept by the Person in-charge or the Assistants.

Practise standard precautions;

1. Proper Hand-washing
2. Appropriate use of gloves, mask, eye protection, gown, face-shield, boots.
3. Housekeeping and manage spillage properly.
4. Disinfect & sterilize patient- care equipment.
5. Manage soiled and contaminated linen properly.
6. Dispose sharps and infectious waste properly.

## **9 STERILE SUPPLIES**

All sterile supplies will be stored properly. No sterile supplies will be stored on counter or open surface. All supplies sterilized within the clinic will be labelled with date of sterilization and expiration date. No outdated sterile supplies will be used. A schedule for regular inspection will be posted, initialled by the person inspecting the supplies and kept for monitoring and quality control.

## **10 EMERGENCY AND DISASTER PREPAREDNESS**

The clinic shall provide medical emergency procedures as a first response to common life threatening injuries and acute illnesses on patients who come to the clinic.

It is the policy of the clinic to have an effective plan to save the patients in any disaster or fire. All staff will receive training on how to respond to emergencies.

A suitable area of the clinic will be prepared to receive and provide basic life support for emergency patients.

The nature and scope of such emergency care services rendered by this clinic is:

- Basic life support.
- Any other measures as per the available person-in-charge's and clinic's abilities
- Notify ambulance service to transfer patient to nearest hospital if necessary

Once the patient is stable enough to leave, the relevant hospital will be notified of the forthcoming emergency. Any referral to of patient to another healthcare facility shall be recorded into the Referral Register

**11 TRANSPORTATION OF LAB SPECIMEN**

The entire samples from patients to be transported to the laboratory, shall be kept in appropriate bottles and containers as per the requirements of the laboratory.

All specimens shall be kept in the appropriate place before it is transported,

**12 MAINTENANCE & HOUSEKEEPING**

The person-in-charge is fully responsible to ensure the cleanliness and order of the clinic at all time.

No drinking or eating inside the clinic premise by patients. Staff shall only eat at the rest area. No food is allowed at the clinical areas or medication refrigerator.

Mops will be cleaned only at the janitor's area and done so every time being used. Mops and cleaning equipments shall be kept strictly in the janitor's closet.

**13. WASTE MANAGEMENT:**

The medical waste will be transported in a leak proof, tightly sealed, fully enclosed container. Waste must be properly handled, containerized prior to disposal. Used and unused sharps should be disposed in an appropriate sharps container that is puncture resistant, leak proof and able to be tightly sealed to prevent the sharps from spilling.

**14. ELECTRICAL & PLUMBING FACILITIES**

The assistants shall record any malfunction of air-conditioning system, lighting, power outlets and plumbing facilities. They shall then inform the person in charge immediately and call relevant company for repair or service. Any work carried out by and billing to any private company, shall be recorded.

## **INCIDENT REPORTING**

### ***Regulations 13 ACT 586***

1. Any unforeseeable or unanticipated incident that has occurred at any private clinic shall be reported in writing to the Director General of Health or any other person authorized by the DG.
2. It shall be reported the next working day or the day after the incident occurred.
3. The unforeseeable or unanticipated incident shall include :-
  - 3.1 deaths of patients of the private clinic from unexplained cause or under suspicious circumstances that are required to be reported to the police.
  - 3.2 fires in the private clinic resulting in death or personal injury.
  - 3.3 assault or battery of patients in the private clinic by staff.
  - 3.4 malfunction or intentional or accidental misuse of patient care equipment that occurs during treatment or diagnosis of patient in the private clinic. This can have an adverse effect on the patient or staff.
4. A private clinic shall retain all reports on investigations and findings in any incident as required by the law.
5. The Director General request any further information if necessary.
6. The holder of COR or PIC shall not discriminate or retaliate against anybody who in good faith provides any information.

## **EMERGENCY CARE SERVICES**

### **Disaster preparedness**

#### ***Regulations 73 ACT 586***

1. The holder of COR or PIC shall maintain a written plan on disaster preparedness.
2. All the staff should understand the plan.
3. The plan shall be readily available for inspection.
4. All staff shall assist relevant authorities in evacuation of mass casualties during disasters located within their vicinity.

### **Emergency call information**

#### ***Regulations 74 ACT 586***

1. Emergency call information shall be exhibited at a conspicuous part of a clinic.
2. Emergency call information shall include the following information:-
3. Tel no. of fire and police departments.
4. Information and contact no.'s of all staff to be contacted in case of an emergency.
5. Telephone no.'s of hospitals within the locality
6. Telephone no.'s of ambulance services.

### **Basic emergency care services**

#### ***Regulations 75 ACT 586***

1. All clinics shall have a well defined care system in providing basic outpatient emergency care services.
2. The nature and scope of such emergency care services shall be in accordance of their capabilities.
3. All private clinics shall provide immediate emergency care services which include life saving procedures.

4. Assessment of a patient's condition to determine the nature, urgency and severity of the patient's immediate medical need shall be done by a registered medical officer.
5. There should be proper SOP's to follow when providing emergency treatment.
6. There shall be proper record keeping.
7. Prior to transferring a case to another healthcare facility they should be notified of the impending transfer.
8. Emergency resuscitative and life support procedures pending transfer of the critically ill shall be provided.

(GUIDELINES FOR POST REGISTRATION INSPECTION.)

EMERGENCY CARE FACILITIES AND SERVICES.  
PHFSA (PMC & PDC) REG. 2006, Part X, Chapter 2

Emergency Call Information. (Reg.74.(1) & (2))

EMERGENCY PHONES NUMBERS (shall be available in the clinic)	
Ambulance	
Hospital	
Fire Department	
Police Station	
Person or Staff as determined by PIC.	
Others (NGO)	

**Basic Emergency Care Services**

1	<b>Basic outpatients emergency care services</b> to cater any occasional emergency patient brought in by chance.	Reg.75.(1)
2	<b>Assessment of patient</b> shall be done by <b>RMP or RDP</b> .	Reg.75.(4)
3	<b>Maintained appropriate record</b> for each patient who present for emergency services.	Reg.75.(6)
4	<b>To provide equipment and services</b> to render emergency resuscitative and life-support procedures <b>pending transfer</b> to other facilities.	Reg.75.(8)
5	<b>Minimum capability provided</b> , unless specified otherwise, shall include equipment, apparatus, materials, pharmaceuticals, substances or any other things deemed necessary.	Reg.75.(9)

## Grievance Mechanism

S 26 : Holder of COR or PIC shall provide a grievance mechanism plan. Patients should be made aware of his rights to air his grievance and the grievance procedures.

S27 : grievance procedure

1. Patients/relatives can complain orally or in writing
2. Identify staff who will be responsible to take or accept any grievance
3. All complains need to be received and documented immediately
4. All complains to be forwarded to holder of COR or PIC by the next working day
5. The holder of COR or PIC shall cause for an investigation to be made and provide a reply to the complaints within fourteen days from date of receipt of complain.  
The reply should include:
  - i) result of the investigation
  - ii) if the complaint is dissatisfied with the reply he may refer the matter to the DG in writing

# **GUIDELINE ON INFECTION CONTROL FOR PRIVATE HEALTHCARE FACILITIES AND SERVICES**

## **INTRODUCTION**

Standard Precautions are considered as the most important strategy in controlling infection successfully in a healthcare setting, regardless of patients' diagnosis and perceived infection status.

Standard precautions apply to all patients assumed to be infectious to:

- i. Blood
- ii. All body fluids, secretions and excretion except sweat, regardless of whether contains visible blood
- iii. Non-intact skin
- iv. Mucous membranes

## **OBJECTIVES**

The objectives of this guideline are:

1. To protect and minimize the risk of patients getting nosocomial infections and other infections related to either the nature of their disease or other causes.
2. To protect healthcare workers, carers and visitors from infection in a healthcare setting.
3. To assist and facilitate the private healthcare providers in complying with the provisions and the needs of the Private Healthcare Facilities and Services Act 1998.
4. To assist and facilitate the enforcers of the Private Healthcare Facilities and Services Act 1998 in post registration inspection and Surveillance Audit.

## **STANDARD PRECAUTIONS AND ADDITIONAL PRECAUTIONS – GENERAL**

### **i. Hand Hygiene**

Proper hand washing technique should be practiced by all healthcare providers under these circumstances:

- Before and after coming into contact with patient
- Before and after each patient care procedures
- When there is contamination with blood and blood fluid

- After removing gloves

Hand rub with Alcohol not less than 60% emollient can be used when hands are not visibly dirty. Other disinfectants that can be used are chlorhexidine preparations e.g. Hibiscrub, obstetric cream, 0.5% aqueous chlorhexidine etc.

Appropriate handwashing facilities must be available in all healthcare facilities at appropriate locations such as wards, treatment rooms etc. These include suitable sinks (deep with no overflow hole), hands free tap, hands free towel and soap dispensers.

## ii. Personal Protective Equipment (PPE)

### Gloves

- Sterile gloves are a must for all aseptic procedures.
- Disposable gloves are used when touching blood, body fluids, secretions, mucous membranes, non-intact skin, excretions and contaminated items.
- Gloves should be discarded or changed after touching these materials, between procedures and between patient contacts.

### Mask/goggles/face shields

- Should be used when performing procedures which generate splashes of blood, body fluids, secretions and excretions.

### Plastic aprons and rubber boots (overshoes)

- Use disposable plastic aprons and change after every patient/procedure
- Rubber boots should be used if gross contamination or spillage is expected

## iii. Housekeeping and Management of Spillage

As a general rule, all private healthcare facilities and services must be cleaned regularly. Sinks and toilets should be cleaned once daily or when necessary.

Whenever there is spillage, area of spillage should be quarantined with proper signage to avoid further contamination. Recommended dilutions of Sodium Hypochlorite for spill management are:

- 1.0% (10,000 ppm available chlorine) for heavy spillages of blood and body fluids
- 0.1% (1000 ppm available chlorine) for general cleaning when disinfection is required

Chlorine releasing granules (2-3% hypochlorite) can be used for direct application to spillage of blood and body fluids.

All equipments used for cleaning should be kept in a janitor area or an area equivalent. Cleaning solutions must be kept in a safe place.

iv. Disinfection and Sterilization

The principles of cleaning are using detergent and hot water followed by thoroughly drying. Where sterilization is required, heat methods such as autoclaving are most appropriate. All reusable instruments and items must be thoroughly cleaned, disinfected and sterilized after each use.

*Cleaning*

Cleaning with moist heat, for example boiling or washing with hot water and detergent, followed by drying is often adequate.

*Disinfecting*

Chemical disinfectants are often used for disinfecting instruments and items where sterilization is not required and when heat treatment is possible. However, they may not work properly when they are:

- used on dirty objects
- not freshly made up (never top up)
- made up with wrong concentration
- mixed with incompatible chemicals
- expired

Never disinfect single-use disposable items. These items should be discarded the proper way. Examples of chemical disinfectants are Presept, Mythelated Spirit 70%, Hibitane and Amphyl (different concentration for different items or equipments). Other method for disinfecting is by thermal heat at:

- 70°C with minimum heating time 15 minutes
- >80°C with minimum heating time 2 minutes
- 90°C with minimum heating time 1 minutes

*Sterilization*

Sterilization is required for instruments, equipment and dressings that are to be used for surgical procedures or that come into contact with open wounds or sterile body sites (semi-critical and critical items). The following methods are used:

- i. High Temperature (Heat)
  - dry heat in the oven at 160° C with heating time 2 hours or 180°C with heating time 1 hour
  - Steam under pressure/moist heat at 134°C with heating time 3-3.5 minutes for fabric and 121°C with heating time 7-12 minutes
- ii. Low Temperature
  - Gas plasma sterilization at 50-57°C with heating time 6-10 minutes
  - Ethylene Oxide sterilizer

v. Management of Soiled/Contaminated Linen

Appropriate laundry bags, hampers or trolleys which ensures no leakage and made from impervious materials must be used for transportation of clean and dirty linens.

- Red alginated and labeled (Biohazard) laundry bags should be used for contaminated/infected linens.
- White bags should be used for ordinary linens.
- Grossly contaminated, heavily soaked linen must be placed in a yellow plastic bag and sent for incineration.

Contaminated linen should be washed under running water, soaked with Sodium Hypochlorite 1 in 80 for 30 minutes then launder as usual.

vi. Sharps and Wastes Disposal

In general, wastes can be segregated as follows:

- Clinical waste - yellow plastic bags
- Sharps, syringes and needles - Sharp containers
- General domestic waste - Black plastic bags

- Radioactive waste - Advice to be sought from Environmental Department

Appropriate sharp bins and infectious waste bins should be provided next to the work place in appropriate areas in any healthcare facilities. Bins must be yellow coded, labeled and made from impervious materials for easy cleaning.

The principles of sharp disposals are:

- Discard only sharps in sharp bins
- Sharp bins should not be more than 2/3 full
- DO NOT recap or manipulate sharps
- Use forceps if you need to pick up sharps
- 'You use it, you throw it'

Blood and soiled dressings should be discarded as clinical waste. Excreta and other body fluids should be discarded into sluice.

## **ADDITIONAL PRECAUTIONS IN SPECIFIC HEALTH FACILITIES**

### **i. General Wards**

All wards must adhere to general Standard Precautions outlined above. In addition, Isolation Practices and Specimen Collection and Handling Guidelines must also be followed.

### **ii. High Risk areas**

High risk areas are as stated below:

- Intensive Care Unit

In addition to Standard Precautions, closed system for blood taking must be practiced. Additional face shield must be used for procedure which may generate aerosols.

- Labour Room

In addition to Standard Precautions, long sleeved aprons/gowns must be used. All placentas are handled as clinical waste and must be placed in yellow bags and incinerate if unclaimed. For contaminated placenta, place it in Biohazard labeled bags.

- A&E, Treatment Room and Dental Clinic In addition to Standard Precautions, surgical hand scrubbing must be practiced and use disposable items as much as possible.

- Operation Theatre

In addition to Standard Precautions, surgical hand scrubbing must be practiced. Infectious cases must be last in list.

- Renal Dialysis Unit

In addition to Standard Precautions:

- All patients must be screened for Hepatitis B, Hepatitis C and HIV
- All staffs must be screen against Hepatitis B, Hepatitis C and HIV and immunized for Hepatitis B.
- Use disposable or heat labile items

## **STANDARD PRECAUTIONS FOR LABORATORY SERVICES INCLUDING BLOOD TRANSFUSION SERVICES**

All laboratory staffs are at risk for all types of infections. Therefore strict compliance with Standard Precautions and Additional Precautions guideline are important to prevent occupational exposure.

In addition to the general Standard Precautions, additional precautions as stated below should be practiced:

- Personal Protective Equipment
  - Lab coat to be buttoned and worn at all times
  - Change lab coats regularly at least once a week, if contaminated to be changed immediately
  - Contaminated coat to be soaked with Sodium Hypochlorite 1 in 80 for 30 minutes before laundering
  - Remove coat when leaving laboratory
- Laboratory activities
  - Laboratory activities should be carried out in a bio-safety cabinet
  - Wash hands with antiseptic cleanser after removing gloves and before leaving laboratory
- Collection, dispatch, reception and disposal of specimens
  - Treat all specimens as potentially infectious

- Specimens must be collected in screw-capped and leak-proof container in upright position and properly labeled
- All specimens should be discarded as clinical waste
- Left over specimen in reusable container should be decontaminated by autoclaving before the content is discarded

## **MAINTENANCE OF EQUIPMENTS FOR STERILIZATION**

1. Yearly certification of fitness from JKKP is needed for all autoclaves.
2. Mechanical tests should be carried out routinely e.g. Dummy Run, Bowie Dick and B.I. once a week, during installation, after major repair and for validation.
3. Maintenance and usage should follow manufacturer's instructions.

## **REGULATION 87 ( 5 ) ACT 586**

### **Essential Message to maintain Cold Chain**

**1 *Refrigerator type : use the correct type of refrigerator***

Use a two door refrigerator or top loading refrigerator\*

**2 **Dedicate this refrigerator only for storing vaccine.****

Do not store drugs , specimens, food or drinks in this refrigerator

**3 Locate your refrigerator appropriately.**

Refrigerator to be placed 40cm away from the wall.

Do not place refrigerator under the sun , near the stove, microwave or fire.

**4 Place your vaccines in the appropriate area.**

Do not store vaccines in door shelves or freezer, or in the compartment directly under the freezer.

Do not store vaccines at lowest compartment of the refrigerator.

Place thermometer in the centre of refrigerator, so that it can be read without moving the thermometer.

Place in whole containers and space of 1 to 2cm between rows of vaccines to allow free movements of air.

Solvent for freeze- dried vaccines shall not be stored at the freezer compartment.

Removed vaccines from the refrigerator when expired.

**5 Maintain refrigerator temperature at 2 degree c to 8 degree c all the time**

Do not open the refrigerator unnecessarily. If your refrigerator requires defrosting, do it at least monthly. Have an action plan in the event of power failure.

Placed icebag and bottles of cold water to maintain the appropriate temperature during power failure.

Cold Box for transportation and temporary storage.

**6 Monitor the refrigerator temperature daily**

Use dial or Minimax thermometers.

Chart the refrigerator temperature at least twice every working day.

If temperature is persistently below 2 degree C or above 8 degree C;

- i. Check refrigerator regulator
- ii. Set regulator higher if above 8 degree C
- iii. Set regulator lower if below 2 degree C
- iv. If this does not work, defrost your refrigerator
- v. If defrost does not work, get a technician to service your refrigerator

**7 Action plan when power failure;**

For top loading refrigerator -

Do not open the refrigerator if temperature can maintain for 70 hours at not more than 5 degree C.

If power failure less than 70 hours shifting of vaccines is not required

If power failure more than 70 hours shifting of vaccines to another refrigerator is required

**8 Practised sterile procedure while giving vaccines.**

**9 Disposal of used vaccines and ampoules;**

Dispose into sharp bins

References

1. Akta Kemudahan Dan Perhidmatan Jagaan Kesihatan Swasta 1998 (ACT 586)
2. Peraturan - Peraturan Kemudahan Dan Perhidmatan Jagaan Kesihatan Swasta (Klinik Perubatan Swasta Atau klinik Pergigian swasta) 2006
3. Panduan Untuk Rancangan Immunisasi
4. Six Essential Messages to Maintain Cold chain
5. Who Booklet Safe Vaccine Handling Cold Chain and Immunization

## STAFF ROSTER

Attending Doctor

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	Morning Shift	Afternoon Shift	Night Shift	Standby / On Call
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday / Public Holiday  Drs-on-Leave				



**PATIENT'S MEDICAL RECORD  
MOVEMENT REGISTER**

Date	
Person-in-charge	
Clinic Name	
Clinic Address	
Patient's Reference No.	
Patient's Name	
I/C No.	
Reason for Movement	
Records moved to	
Approved by (signature)	

**PATIENT'S MEDICAL RECORD**

Registration No.	
Name	
I/C No.	
Address	
Date of Birth	
Gender	
Next of Kin / Legal Guardian	
Clinical Notes	
Medication Orders	
Known Allergies and Drug Sensitivities	
Current Medication	
Results of Relevant Diagnostic Tests	



<b>FEEDBACK FORM</b>	
Name of Clinic	
Name of Patient	
I/C No.	
Address	
Telephone No.	
Date and Time of Incident	
Patient's Comments	
Signature	

<b>EMERGENCY PHONE NUMBERS</b>	
Nearest Police Department	
Ambulance	
Nearest Hospital	
Nearest Fire Department	
Doctors / Staff Members Contact details as determined by the Person- in-charge	

**FOOT NOTES**



## VOLUNTEER REGISTER

Name of Volunteer	
I/C No.	
Address	
Telephone No.	
Completed Questionnaire on Health Status	
Records of Assignment and Work Hours	
Current Job Description	
In-service Training and Orientation Records	