

# MODULE 3

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HOW TO MANAGE YOUR HEALTH CLINIC

ACCOMPANIES THE 'MANAGING HEALTH AT THE WORKPLACE' GUIDEBOOK

## MODULE 3: How to Manage Your Health Clinic

This Module provides you guidance to about what practices you expect your health staff to follow and use in the factory health clinic or station. This complements Module 3, which focused on how to supervise and support your nurses and health staff as factory employees (even as contracted workers).

This tool focuses on nurses, because they usually undertake the majority of the tasks in clinics.

But it applies all your health staff, including doctors, health assistants, technicians, pharmacists, and health educators.

Your role in managing the health clinic is to:

- **Improve the quality of clinic practices.** This requires working with the nurses and health staff to adopt good practices and apply them consistently.
- **Implement good health practices in the clinic.** You will be able to ensure the use of good practices if you understand what they are, why they are important, and how to implement them.

Your role is also to adapt recommended good practices for your factory clinic and help the nurses overcome any challenges to implementing or improving those practices. See **Tool 4** (*Clinic Manager Checklist*) in Module 3.

### IMPROVING THE QUALITY OF THE FACTORY CLINIC

You may assume that trained Nurses, Doctors and other health staff will use good practices based on professional standards and therefore do not need much supervision.

Experience in factories – and in public health clinics – around the world shows that health staff need supervision and reminders to use good practices.

In fact, in all workplaces, employees need management support to do their jobs well. The health clinic is no different.

There are **five steps** for improving your clinic's practices:

1. **Determine the current clinic practices** – those actually used by your health staff AND those good practices *not* used.
2. **Discuss the use of practices with the health staff** – why they follow certain good practices and not others.
3. **Prioritize jointly good practices to be adopted** – decide the priorities for adopting new practices within a set time period (a month, a quarter, a year)
4. **Write Standard Operating Procedures (SOPs)** for each practice as formal clinic documents
5. **Integrate good clinic practices into ongoing management processes** for the health staff.

NOTE: These five steps can and should be done as part of the recommended process for a health self-assessment and action planning using the Scorecard. (*See Module 1.*)

### **STEP 1: Determine the current clinic practices**

There are three primary ways to determine the practices used and not used by your nurses and health staff:

- Use the Scorecard section on Health Services (Indicators 1-5)
- Discuss practices with the health staff and
- Observe their work

You can also invite an outside medical expert to help assess the use of good practices in the clinic.

**It is important to work closely as a team with your nurses** and health staff on determining clinic practices. The goal is to improve the clinic. You are not trying to find fault and fix blame.

Nurses and the health staff will only follow new practices if they are partners in clinic improvements.

Whether you use the Scorecard or use another approach, you and the health staff should make a list of practices used and those not used.

### **STEP 2: Discuss the use of practices with the health staff**

You want to learn from the nurses why they follow certain practices and not others. You also want to discuss with them how well they actually follow the practices.

You should also discuss with them **how well they follow the practices** they say they adopt.

For instance, clinic hygiene is very important. Nurses may say they clean the clinic furniture after each patient and wash their hands. In fact, they may really do it only a few times a day. So they are not doing it as well as they should.

You should also understand **why they do not follow certain practices** or do them less well than they should. (*The Problem-Solving Tool 9 in Module 2 may be useful for this discussion.*)

The health staff will likely have many good reasons for why certain practices are not followed. It may be because of supplies or work load or the fact that no one has cared.

### **STEP 3: Prioritize the good practices to be adopted**

You can now determine what practices you want to adopt or improve – once you understand fully:

- Your clinic's current practices AND
- The reasons for what the health staff does and does not do

You and your nurses will then select the **priority practices for immediate action**. You cannot do everything at once.

It is recommended that you prioritize improvements that fall into these two categories:

- Anything that may harm the health staff or workers need to be a priority. These include hygiene, hazardous waste, and out-of-date or poor quality medicines.
- Practices that can be implemented relatively quickly and well. It is important to have early successes.

### **STEP 4: Write Standard Operating Procedures (SOPs)**

A Standard Operating Procedure (SOP) is a common tool used by health clinics to communicate with health staff about they are expected to do.

An SOP is written as a document that clearly states:

- The practice to be used (**what**)
- The reason for the practice (**why**)
- The steps to use in following the practice (**how**)
- The person responsible for the use of the practice by health staff (**who**)

Below you will find four tools as Sample SOPs for:

- Infection Control & Hand Hygiene
- Privacy & Confidentiality
- Case Management & Outreach
- Medical Records Management & Documentation

In addition to SOPs, nurses can benefit from having Job Aids (checklists or forms) to guide their work and ensure accuracy and completeness. This module provides several sample forms and checklists.

You and the nurses can use these tools as template to jointly create your own SOPs and Job Aids for each practice to be adopted in the clinic.

SOPs can be short – but they need to describe how a practice should be done.

### STEP 5: Integrate good clinic practices into ongoing management processes

Your staff needs to discuss the practices in the clinic regularly. Good practices require reminders and mutual support. It is easy to forget to wash your hands and throw bloody bandages into the general trash.

You provide supportive supervision by ensuring that the practices and Standard Operating Procedures are reviewed as part of the management of the health staff. This includes:

- **Management-health staff meetings.** On a regular basis (every quarter), the meeting agenda includes a review of the Standard Operating Procedures. As a *working meeting* (see Tool xx), you and the staff will have a discussion of challenges or issues and successes regarding practices.
- **Annual planning process.** The annual plan is a time for you and nurses to jointly assess everyone's performance and set goals to improve the next year.
- **Annual performance review.** Your meeting with each nurse is a discussion of individual performance on all activities, including clinic practices. This sends the signal that good practices are a factory priority.
- **Job hiring and new nurse orientation.** Nurses should know before and after they walk into factory clinic you expectations.
- **Health and Safety Committee meetings.** The members of this committee need to be aware of the expected practices as workers are the main users of the clinic. The Standard Operating Procedures are for their benefit.

- **Manager/Supervisor meetings.** Factory management and supervisors also need to know about expected practices. They are also part of the overall support system to help ensure the nurses are following good practices.

### IMPLEMENTING GOOD CLINIC PRACTICES

You need to understand what are considered practices to be able to work with your health staff to implement them. When you are trying to improve a factory clinic, these are the practices you should consider:

1. **Infection Control & Hygiene**
2. **Privacy & Confidentiality**
3. **Referrals**
4. **Patient screening**
5. **Vital signs**
6. **Case Management & Outreach**
7. **Medicine provision**
8. **Supply Inventory Management**
9. **Medical Records Management & Documentation**

You should remind your health staff also that:

- These **good practices need to be tailored to your factor**, the resources you have, and the services you provide in your clinic.
- These are **not the only possible good practices** for your factory, just some of the most important ones. You may well identify other good behaviors you want to promote through the self-assessment or discussions with nurses, workers and managers.

The descriptions below provide background for you to understand the reason for these health practices and give suggestions on when and how best to apply them.

#### 1. INFECTION CONTROL & HAND HYGIENE

Nurse, Doctors and other health staff world-wide have trouble properly washing their hands before and after touching patients. They may

clean their hands either by using soap and warm water or a hand sanitizer.

This is an essential safety habit – and one that needs constant reminders.

Also your nurse should use “*Standard Precautions*” when dealing with all body fluids of patients. This means that you treat these fluids as if they are potentially infected with dangerous pathogens that transmit hepatitis, HIV, or other blood borne diseases.

These bodily fluids may be found:

- In bandages, wraps and other materials
- On surfaces of chairs, beds and tables
- On bed linens and pillow cases

So all clinics that practice Standard Precautions take the following actions to protect staff and patients from infection:

- All surfaces, especially counters and exam tables are disinfected between patients.
- Hazardous waste (any materials with body fluids or needles) goes in a separate medical waste container, not the regular bin.
- All health staff consistently and correctly use exam gloves and other Personal Protective Equipment (PPE), if they risk being exposed to bodily fluids

The Nurses should ultimately be responsible for disinfection and safe handling of rubbish – even if there is a factory janitor that does cleaning in the clinic. See **Tool 10** for *Standard Operating Procedure for Infection Control & Hand Hygiene*.

## 2. PRIVACY & CONFIDENTIALITY

Privacy & Confidentiality are the basis for all good health care and a fundamental right of patients. These build the trust and open communication between patient and health staff that enables good care.

When your workers use the clinic and receive medical care, they become patients. Their medical information cannot be shared with anyone that does not have a medical need to know – without their agreement.

Any personal health information that is collected must be kept private – from other workers and also from the company (not including accident reports required by law).

You need to watch for **three causes of poor Privacy & Confidentiality**:

- **Accidental sharing of patient information by nurses.** This can occur when the health staff discuss a patient in a public place where they can be overheard. Or when they leave medical records in public places where others can see them.
- **Unauthorized access to health records by company management.** You need to ensure that nurses understand that only the health staff and medical professionals have access to the health information of specific workers. The nurse may mistakenly think factory management has a general right to see this information as employers.  
  
Company policy should clearly define the procedures to ensure confidentiality of worker health information – and when and with whom this information can be shared.
- **Poorly designed clinic facility.** A common problem is that the clinic itself is not organized and designed properly to ensure privacy. This could include lack of curtains or dividers; a waiting area too close to the clinical areas; an examination room or clinic doors open during patient consultations, among others.

See **Tool 11** (*Standard Operating Procedure for Privacy & Confidentiality*) for suggested procedures and policies to ensure privacy.

### 3. REFERRALS

You may have limited health services in your factory clinic, but you can ensure workers go to external health services near the factory or where they live.

A good referral system is a very important benefit for workers. You nurses can ensure that workers find health services that are near to them, affordable (if not free), and open after work hours. Women workers may also prefer seeing a woman doctor for reproductive health and other more sensitive concerns.

A factory with a good referral system includes:

- **A list of affordable and quality health providers** near the factory or worker residences. This list includes the location, the hours, the kinds of providers (doctor, nurse, midwife), the types of services offered, and the charges.
- **A clear policy for referrals** that encourages workers to seek care for non-emergency issues. This policy could include options for leave during work hours if no services are available after work hours.
- **Active support from the health staff.** This support includes providing guidance on where to get care, directions to the external clinic, and making appointments by phone. Your case management system should include following up with workers to see whether they need further care or whether they actually went to the referral and, if not, why not.

You can create a good referral by taking the following steps:

- **Have your nurses visit the external health clinics** on your referral so they can be able to refer workers better. The nurses can tell find out whether the clinic staff is friendly, what the wait is like to be seen, what the costs are and other information.

Workers are more likely to go to a referral if the nurses can describe the place in detail so they know what to expect.

- **Identify health clinics and doctors and nurse of known quality.** Workers often will not know who is qualified. You and the nurse can steer them to clinics and pharmacies that have a good reputation – often well-known NGOs and chains.
- **Develop a formal relationship with clinics near the factory.** You can sometimes negotiate discounted rates and faster service if you offer to refer your workers to a nearby (and quality) health service provider.
- **Have your nurses ask a patient what day and time they expect go to the referral** and what help they might need. It has been shown that when people give a time and date for taking action, they are more likely to do it.

It is **the patient's decision** where to go for care – whether a public or private external health clinic. Your nurses' job should be to help them make the best decision for them and give them the right information and encouragement.

### 4. PATIENT SCREENINGS

Your nurses should do simple health screenings of workers who come to the clinic for non-urgent health matters. When a worker comes into the clinic because of a headache, menstrual pain, or minor stomach ache, the nurse should ask a few questions as a quick screening.

Factory clinics usually cannot do a full screening or health history that a public clinic might do. Workers are in a hurry. They want quick services, like a pain reliever, and a quick return to their work station.

Your nurses do have time to *ask a few open-ended questions* to assess a worker's overall

health and to pick up on possible problems for follow-up or **case management** (see below).

These **screening questions** can be asked quickly and may lead to useful information:

- “**How often do you have this problem?**”
- “**Is there anything else that is bothering you?**”
- “**How has your health been in the last week or month?**”

If a worker shares information that is worrisome, the Nurse should plan follow up with the worker by (a) scheduling a visit to the clinic, and, if needed, with the factory doctor, for further assessment; (b) visiting the worker at the workstation later to see how they are feeling; and (c) referring the worker to an outside health clinic, if needed.

In some cases, workers may be comfortable with the nurses talking to them by mobile phone.

Nurses may feel uncomfortable asking workers the basic screening questions during short clinic visits. But once they try it, they will find workers are almost always open to the questions and responsive to the general interest in their health.

## 5. VITAL SIGNS

Nurses in most public clinics will take a patient's vital signs during an appointment. Vital signs are: *temperature, blood pressure, pulse and respiration*.

Nurse should have the skills take vital signs, as allow you to do a basic assessment of a patient and can be used to quickly identify an illness or emergency situation.

However, **not every worker that comes in the factory clinic door needs their vital signs taken**. You nurses should take vital signs when it is possible and makes medical sense.

Neither workers nor supervisors want each clinic visit delayed for several minutes for vital

signs when the visits is for quick requests for such things as a bandage for a minor cut or menstrual products.

Instead, you and your nurses should determine the right times for taking worker vital signs. *So when should the Nurse take vital signs?*

It is suggested you take vital signs:

- **When it is part of a doctor's exam** or requested by the doctor
- **When the worker requests it.** He or she may sense that something is wrong and wants confirmation.
- **When there is any sign of patient distress.** These signs could be: dizziness and feeling faint, sweating, red face, agitation/panic, in pain, rapid breathing.
- **When there is a significant work place injury.** The Nurse or other health staff will want to examine the patient after an injury and before he or she is sent for treatment.
- **When the worker tells the Nurse that they have a newly diagnosed illness,** such as high blood pressure, diabetes or high blood sugar, seizures, asthma.

Life-threatening diseases like diabetes and heart diseases are increasing world-wide. So taking vital signs can help worker identify the symptoms early and get treatment.

## 6. CASE MANAGEMENT & OUTREACH

Your clinic should do some form of case management. Case management is a *process in public health* in which doctors, nurses, and various health facilities coordinate services for a patient over time to ensure the best possible care.

In a factory, case management is much more limited. It involves the nurses and health staff – and management – supervising and following up on the care of select workers who need ongoing support.

**Tool 12** (*Standard Operating Procedure for Case Management*) gives examples of when your clinic staff should follow up with patients. These include:

- Worker who have returned to the factory after an injury and may need ongoing medical support
- Workers who are chronically absent or have been absent for health reasons
- Workers who have been referred to outside health clinics
- Workers who have ongoing treatment for an illness, particularly a high risk illness
- Workers who appear to nurses or supervisors to be unwell

Case management in you factory nurses should include some or all of these activities:

- **Timely coordination with doctors, supervisors and management**, including human resources, to address a worker's specific needs.
- **Active outreach to workers on the production lines** through walkabouts, contact with a specific worker, and general visibility. For many reasons, workers do not seek care even if they desperately need it. Regular contact with nurses can bridge this divide and build trust.
- **Use of medical records and tracking forms to ensure ongoing care**, as needed, to patients.

Your nurses may not be able to manage the ongoing care of all these types of workers or do outreach for all of them. So you need to help them be select in implementing the three case management activities:

#### **Timely Coordination with Doctors**

A key nurse responsibility should be assisting the Doctor. A nurse can make the Doctor's time much more efficient and improve case management.

Your doctors may be full time or just come in on certain days. In most factories, the clinic is very busy when the doctor is on call. The more time your Nurses spend preparing for the doctors' visits, the more efficient they will be.

**Tool 13** (*Assisting the Medical Doctor Checklist*) provides a sample checklist for the nurses. It breaks own the activities into three categories:

- **What to do the day before the Doctor visits**
- **What to do the day the Doctor visits**
- **What to do after the Doctor visits**

**The day before the Doctor's visit** the Nurse will review the schedule of appointments (if you have one) and pull the medical records for the patients on the schedule.

It is important to gather all the needed supplies and equipment for any scheduled procedures, and make sure that all the exam rooms are fully stocked.

The Nurse will also make sure the waiting room is stocked with patient education materials so the workers can learn while they wait. The key is to be prepared to use the Doctor's time effectively and help the patients who are healthy get back to work quickly.

**The day of the Doctor visit**, the nurse or nurses should check in the patients, take health histories and vital signs, assist the doctor, file medical records and complete the Doctor's orders.

**After the Doctor visit**, the Nurse will ensure that the patient areas are cleaned and disinfected. Any instruments used will need to be disinfected and hazardous waste will need to be disposed of. The supplies will need to be inventoried and replenished.

The Nurse will need to review the instructions given by the Doctor and complete those instructions. See **Tool 14** (*Case Management form*)



### Active outreach to workers on the production lines.

This outreach may be to check in quickly with a worker after a doctor's appointment, provide health information, or follow up on a clinic visit. In some factories, nurses have reached out to workers who had been absent because of illness. Such outreach is not a time for private counseling on or discussion of sensitive issues.

### Use of medical records and tracking forms

Nurses should keep as complete medical records as possible and have some system to track patients. See *Medical Records Management* below for guidance.

**Yet good case management can have huge benefits for the factory and workers.** It can help prevent workers from getting sick, reduce spread of infectious diseases, ensure recovering workers follow their treatment plans and don't fall sick again.

You and the health staff will need to determine what kind of case management can be done in your factory – given time and staff resources available.

## 7. MEDICINE DISPENSING

Medicines dispensed from the clinic are a major benefit to workers. They need to be handled correctly.

You should discuss with the nurses the procedures for giving out medicines, whether simple pain relievers or more significant products such as antibiotics, immunizations, contraception or other more powerful medications.

You and your nurses need to address these issues:

- **Quality.** Whatever medicines you give workers, they must be from a reputable company and must not have expired.

- **Usage.** Your nurses need to have the knowledge of how each medicine should be used and any dangers associated with them. Even simple pain relievers, if overused or misused, can harm a worker's health.
- **Preventive Education.** Your nurses should try to address the underlying causes of the problems. They certainly can give out a pain reliever for headaches and body pains.

But these are also signs of other issues, such as not enough water, breaks and stretching. The nurses can remind workers – and their supervisors – of ways to prevent these kinds of problems

Your health team should consider whether it is a good idea to provide antibiotics at the workplace.

**Antibiotics are misused world-wide** – and this is leading to serious health risks for everybody.

### THE DANGER OF ANTIBIOTICS

Antibiotics are one of our most powerful tools against disease. We are losing this tool. Why?

Because people are *misusing antibiotics*. Sometimes people take antibiotics when it's not the proper treatment. Some people stop taking antibiotics when they feel better but before the infection is completely cured.

Others want to save the medicine for another time or share it with someone else.

Such misuse has allowed infectious microbes or bugs to become resistant to antibiotics. And the world is seeing the rise of superbugs that are **very dangerous**.

If you provide antibiotics to workers, you need to have a very strong patient case management system for those who are given them. In any case, the nurses should regularly educate

workers about the correct use of antibiotics.  
(See box above.)

## 8. SUPPLY INVENTORY MANAGEMENT

You need to ensure that the factory clinic is stocked with needed supplies and medicines. The clinic needs a system to track and monitor supplies.

It should be the responsibility of the nurses to manage supplies. But you need to provide the necessary training, oversight and support.

This means you and the nurses take some time to assess how your inventory management systems is working by asking:

- Is there a system for counting supplies on a daily or weekly basis?
- Are medical supplies restocked before they run out or after they run out?
- How long does it take to receive new supplies once they are ordered?
- What happens if the medication you requested is on back-order?
- Is there any expired medication in the clinic?

If your nurses wait to request supplies only after they discover that there is none left, it means the clinic has a poor system of supply management. And you may be putting workers at risk.

The **Tools 15(a) and 15(b)** (*Supply Inventory Management* forms) provides you with two sample templates for creating a supply management system, which can be adapted to the types of medical supplies you have at the factory.

## 9. Medical Records Management & Documentation

You need to make sure your nurses are filling out each patient's health records accurately and consistently. They should also manage these records – through a good filing system that enables them to monitor, review and patient

care. See **Tool 17** (*Standard Operating Procedures for Medical Records*).

If you and your health team uses patient records effectively, they will provide **very valuable information**. This information can be analyzed to improve worker health and prevent health problems that increase absenteeism and reduce productivity.

*See Module 8 How to Collect, Analyze and Use Health Information.*

Patient records document what actions the Doctor, Nurses and other health staff took when caring for the worker. These records may also include actions and records from other health facilities, especially if the worker was referred to a hospital for an injury or follow up care that was not available at your clinic.

The documentation kept in the clinic should include the following:

- **Patient Registry.** Contains basic information on each person that enters the Infirmary seeking medical care. The Nurse fills this out. See **Tool 17** for sample registry form.

The Patient Registry is the **record of each worker visit** to the clinic. It contains very basic information, such as name, date, reason for visit, and any actions taken by the Nurse.

You should take three simple steps to ensure quality:

- **Examine the registry** to see whether it is filled out completely. (You can look at the registry as long as the names are covered so you or non-medical staff cannot identify any individual patient.)

Unfortunately it is common for nurses and other health staff to enter the minimum amount of information on the forms, usually only the specific patient complaint.

Workers often mention other complaints or concerns, but nurses do

not bother to write them down, even though they should.

- **Encourage your health staff to write detailed and accurate information** in the Patient Registry so that it can be reviewed for trends. Reviewing records on a regular basis indicates to nurses that good documents is a management standard.
- **Make sure the registry captures all the vital information.** Good documentation shows clearly the sex of the patient (man or woman) and other identifying information that can be used for follow-up and analyzing health trends in the factory. Nurses should ask permission to call workers and, if allowed, write their phone numbers in the registry.

#### **Health History and Examination Form.**

Contains detailed information on each patient.

This is filled out by the Doctor and is the main element of the Medical Record. See **Tool 18** (*Sample Health History and Examination Form*).

You should create a **standard health history** and examination form.

By using the same form for each worker, your nurses and doctors will fill in the information the same way each time, leading to more accurate and complete health data.

It is common for different doctors to have their own forms, especially if it is a

contract Doctor or a Doctor not employed by the factory.

Multiple forms create confusion and harm case manage. For simplicity, you should require doctors and your health staff to use one form for everybody.

- **Case Management/Outreach Form.** Contains information on a specific issue or illness that was flagged for follow up. This form (**Tool 13**) is filled out by the Nurse and becomes part of the Medical Record.

These forms and other records (injury reports, services received at clinics or hospitals, pharmacy records) are the basis on the Medical Record:

You should assign responsibility to the nurses to maintain the Medical Records. Nurses should be responsible for:

- Making sure forms are complete and filled out on time.
- Keeping the records organized and clearly labeled with no loose papers.
- Placing the medical records in a locked cabinet or room.
- Ensuring medical records are kept separate from employment records.
- Maintaining the confidentiality of the records for viewed on by authorized personnel (doctor, nurse).

## TOOL 10: INFECTION CONTROL AND HYGIENE

### Purpose

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To protect health staff, patients and employees from exposure to potentially infectious materials, including, but not limited to blood and body fluids.

### Scope

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Health staff will:

1. Employ standard precautions for the protection of self and others;
2. Be aware of hazards, and follow policies and procedures designed to protect self and others; and
3. Report all incidents or accidents so that steps may be taken to prevent a reoccurrence.

### Definitions

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**Health care workers:** Nurses, Lead Nurse/s, Doctors, other health workers, and any other staff with responsibilities to clean and/or maintain clinical areas.

**Standard Precautions:** Standard Precautions require health care workers to assume that all body fluids are potentially infected with hepatitis, HIV, or other blood borne pathogens, and to use personal protective equipment and common sense infection control measures to prevent exposure.

**Hazardous Waste:** Any material which is generated in the diagnosis, treatment, immunization, or care of human beings, including, but not limited to sharps, bandages, or specimens.

**Personal Protective Equipment (PPE):** Equipment worn by health care workers to provide a barrier between self and potentially infectious products.

### Responsibilities

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Health staff will:

1. Employ standard precautions when handling blood products and body fluids;
2. Identify highly infectious patients and isolate to prevent spread of infection (tuberculosis, infectious diarrhea);
3. Wash hands with soap and water for 30 seconds or use an alcohol-based hand wash/sanitizer according to manufacturer instructions.
4. Ensure that the patient areas and equipment used for patient care are routinely cleaned and disinfected.
5. Segregate and Dispose of Hazardous Waste in appropriate containers.

It is the responsibility of \_\_\_\_\_, under supervision of \_\_\_\_\_ to ensure compliance with these procedures.

## **Procedures**

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### **A. Handwashing**

1. Handwashing or sanitizing will be done before and after contact with each patient or after using the restroom, eating, and drinking.
2. It is mandatory that all health care workers wash their hands with soap and water as soon as possible after removal of gloves or other Personal Protective Equipment.
3. All employees that have contact with any physical area with potential infectious agent shall wash areas immediately.
4. **The following handwashing protocol will be used by all employees:**
  - a) Wet hands under moderate stream of water at a comfortable temperature.
  - b) Dispense approximately 5 ml of lotion soap into cupped hands.
  - c) Wash hands and wrists vigorously for 30 seconds.
    - Use a rotary motion and friction to the palms, back of hands, between fingers, and wrists.
    - Hold the hands higher than the elbows.
    - Rinse the wrists and hands thoroughly with running water. Hold hands so water flows from wrist, to hands, and off finger tips.
    - Dry the arms and hands thoroughly with a paper towel. Hold the hands higher than the elbows.
    - Since faucets are considered contaminated, always turn faucet off with paper towel.

**Special considerations:** Hold hands away from the side of the sink. Avoid splashing your uniform or PPE. Avoid rings and cracked or chipped nail polish, since it makes it difficult to remove organisms.

### **B. Cleaning:**

1. Counters, chairs and all surface areas will be cleaned biweekly with \_\_\_\_\_ solution.
2. Examination tables will be cleaned biweekly with \_\_\_\_\_ solution.
3. New examination table paper or clean linens will be provided for each patient.
4. Floors will be cleaned biweekly with \_\_\_\_\_ solution and swept daily.

**C. Personal Protective Equipment (PPE):** PPE will be provided for all health staff at no cost to them. The following equipment will be used as required:

1. Protective eyewear
2. Masks

3. Gloves: Single use, disposable type. Hypoallergenic gloves will be available to employees that develop allergies to the latex.
4. Utility gloves will be provided for housekeeping procedures.
5. Gowns

**D. Decontamination of Spills:** All spills should be wiped up immediately.

1. Wear heavyweight puncture resistant gloves and a gown.
2. Absorb the blood with disposable towels.
3. Using a detergent solution of \_\_\_\_\_, clean the spill site of all visible blood.
4. Wipe down the spill site with disposable towels soaked in 1:10 dilution of household bleach.
5. Place all disposable materials used to decontaminate the spill into a bio-hazard container. Handle the material in the same manner as other infectious/hazardous waste. The time of exposure to the diluted bleach solution may be brief: a 1:10 dilution inactivates HBV in 10 minutes and HIV in 2 minutes. If the spill has been adequately decontaminated before disinfection, the diluted bleach may be blotted up with disposable absorbent towels immediately after the spill area has been soaked with bleach.

**Special Considerations:** Bleach solutions are less effective in the presence of large amounts of infectious fluids. Therefore, remove as much liquid blood, serum or bodily fluids as possible before decontamination.

If a surface or medical device is contaminated with dried blood, remove all of it before disinfection. The dried blood should be wet and softened with diluted bleach (1:10) before being scraped off to prevent scattering potentially infectious material and to facilitate complete removal. If complete removal is not possible, expose the surface to diluted bleach for a longer time (20-30 minutes may be necessary).

**E. Medical Waste Disposal**

1. Separate infectious waste from other waste at point of generation, including blood and blood products (vaginal, serous fluid, etc.) and absorbent items that are "super saturated," or freely dripping or if lightly squeezed will release contents.
2. Sharps (scalpel blades, syringes, needles, test tubes, slides, disposable speculums, pipettes, and broken glass) should be placed in rigid, puncture-resistant ("sharps") containers.
3. Urine specimens may be discarded into any sanitary sewer. Used urine cups should be placed in solid waste.

**F. Disposal of Infectious/Hazardous Waste:**

1. The following items will be placed in a Sharps Container: Any used items that may cause punctures or cuts, including but not limited to: needles, syringes, pipettes, lancets, tubes of blood, broken glass, and scalpel blades.

2. The following items will be placed in Red Biohazard Bag: All blood products, serum, plasma, and other components of blood and visibly bloody body fluids, specimens and cultures.
3. Gloves are to be worn while handling infectious waste items.
4. Infectious waste containers will be picked up by:

**NAME** \_\_\_\_\_

**PHONE** \_\_\_\_\_

## TOOL 11: STANDARD OPERATING PROCEDURE FOR PRIVACY AND CONFIDENTIALITY

### Purpose:

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To protect the patient's privacy and confidentiality. This means that personal health information (PHI) is kept private and confidential and that access to such information is limited to authorized health care workers and approved management personnel. Confidentiality is a fundamental patient right and an essential practice for building trust between the health provider and patient.

### Scope

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This Standard Operating Procedure (SOP) applies to all health staff, including Nurses, Doctors, and any other staff with access to employee records.

It is the responsibility of the \_\_\_\_\_, under supervision of \_\_\_\_\_, to ensure compliance with these procedures.

### Definitions

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**Privacy:** The right and power to control the information (about oneself) that others possess. Privacy also commonly refers to the privacy of a person and the rights of individuals not to be physically exposed (visual privacy) or heard (auditory privacy) against their will.

**Confidentiality:** The duty of those who receive private information not to disclose it without the patient's consent. Confidentiality is the mechanism through which the client's right to privacy is protected.

**Personal Health Information:** Information that is created or received by a health care worker, and relates to the past, present, or future physical or mental health or condition of an individual.

### Responsibilities

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Health staff and others will maintain high standards of conduct with respect for the privacy of individuals and the confidentiality of information both during the hours they are performing their professional and work-related activities and outside their work-related activities.

### Procedures

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The health Staff and others will:

1. Ensure health care information is never discussed in public areas.
2. Use privacy screens or barriers so that patient care and counseling sessions cannot be observed (visual privacy) or heard (auditory privacy) by others.



3. Ask permission before another health care worker or guest enters the clinical space.
4. Hold conversations with the patient regarding confidential information, such as reason patient is being seen or test result, in a private area and not a public areas.
5. Hold phone conversations in areas where confidential information cannot be overheard.
6. Except for the patient's name, ensure that confidential information is not called out into the waiting room or discussed in transit to the examination room.
7. Ensure that all lists and forms, including scheduled appointment types and notes, are not readily visible by others.
8. Keep medical records filed in locked storage cabinets and rooms.
9. At the front desk or examination rooms, keep documents with information about the patient, face down or concealed to avoid observation by patients or visitors. Only authorized personal have access to confidential information.
10. Promptly file paper records and medical charts to avoid observation by others.
11. Ensure that confidential information is not left on an unattended printer, photocopier or fax machine, unless these devices are in a secure area.

**It is the responsibility of \_\_\_\_\_ [INSERT NAME]**

**Under supervision of \_\_\_\_\_ [INSERT NAME] to ensure compliance with these procedures.**

## TOOL 12: STANDARD OPERATING PROCEDURE FOR CASE MANAGEMENT & OUTREACH

### Purpose

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The purpose of this Standard Operating Procedure (SOP) is to guide Nurses and others in the provision of case management for workers who need follow-up care or support. This SOP is to help the factory identify priority individuals for case management who have known or suspected health issues, frequent absenteeism, or are returning to work after a hospitalization or workplace injury.

### Scope

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This SOP applies to Nurses, Doctors, other health staff as well as Management/Human Resources.

### Definitions

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**Outreach:** a practice of contacting workers outside of the clinic who need follow-up to their treatments or who are not likely to access treatment independently because of social, behavioral or physical barriers. Outreach requires the nurse to proactively approach and assist workers in a caring, open-minded, and sensitive manner.

**Case Management:** the timely coordination of health services to address a patient's specific needs in a cost-effective manner in order to promote health and healing. In the factory context, case management is a proactive process that requires initiative by the health staff and communications and coordination with Management, the HR department and the health staff/ doctor.

**Priority Individuals:** Individuals identified by nurses or doctors during clinic visits or appointments by HR or managers for direct follow up.

### Responsibilities

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#### Nurses will:

- Actively identify patients in need of health care services and provide counseling and case management services to increase access to care and promote health and healing.
- Follow up with priority individuals identified by HR and/or doctor to provide education, counseling and case management services.
- Complete outreach logs and case management forms and submit in a timely manner.
- Ensure that logs and reports are entered into patient's medical record.
- Collect and analyze outreach logs and case management forms.
- Compile and present report on outreach and case management activities at monthly Health & Safety Committee meetings.

#### Doctors will:

- Discuss case management needs of priority patients

- Direct nurses as to patients that require case management/follow-up
- Review follow-up of specific patients on a regular basis

**HR Staff/Management will:**

- Review employee (non-health) records and direct Nurses as to which employees require follow-up or case management

Fundamental to this work is that Nurses are proactive, visible and readily approachable by the workers. Nurses are expected to reach out to identified workers as well as circulate in their assigned areas in the factory for minutes/hours per day/week

## **Procedures for Case Management & Outreach**

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### **1. Identify patients in need of ongoing services and outreach.**

Patients for case management will be selected according to (a) requests by HR, management or line supervisors; (b) individuals identified by the doctor, or c) individuals identified by health staff during clinic visits or factory walks.

Priority Groups for case management may include:

- Return to work from workplace injury
- Return to work from hospital admission
- Return to work after birth of child
- Chronically absent from work
- Chronic illness that requires management such as diabetes, HIV, liver, heart or renal disease.
- Catastrophic, or terminal illness, such as cancer, acute MI, or motor vehicle accident
- Referrals to external health clinics or providers
- Repeated visits to clinic

**2. Perform assessment and determine problems and health care needs.** The Nurse will meet with worker and determine if the worker's needs can be addressed at that time, or if s/he should see the Nurse or Doctor in a private clinic area.

**3. Provide education and information.** Depending on location (private setting is required if personal information is discussed), Nurse will provide information to patient and counsel patient in order to make choices for optimal health.

**4. Provide care in clinic or make referral.** The doctor or nurses will provide counseling and services in the factory clinic. If it is a matter requiring care not available on site, the patient will be referred to the nearest available clinic.

**5. Record information of outreach, case management activities in log, and date of next follow-up** (if needed). Outreach logs will be provided to Lead Nurse at the end of each month for her monthly reporting. Case Management form will be provided to HR and doctor. The original case management form goes to HR. A copy goes into the patient's medical record.

It is the responsibility of \_\_\_\_\_ [INSERT NAME] under supervision of \_\_\_\_\_ [INSERT NAME] to ensure compliance with these procedures.

## TOOL 13: SAMPLE NURSE CHECKLIST FOR ASSISTING MEDICAL DOCTORS

### Day before:

- ☐ Remind patients on schedule of visit time.
- ☐ Pull medical records for patients on schedule. Review records for completion. If a form is missing, have ready for doctor to fill out.
- ☐ Ensure that all needed supplies and equipment are in the exam area.
- ☐ Ensure that patient education materials in waiting room are in stock

### Day of:

- ☐ Take patient's vital signs, obtain any samples and perform screenings as requested.
- ☐ Chaperone OB/GYN patients and all patients that are opposite sex of doctor.
- ☐ Assist doctor during all types of medical visits as requested.

### Post session:

- ☐ Wipe down all patient areas and equipment used with bleach solution. Dispose of hazardous waste in a designated garbage bag. Dispose of sharps in an approved sharps container (plastic milk jug is a substitute for a red hard plastic sharps container).
- ☐ Receive instructions from MD re: follow-ups and all nurse instructions.
- ☐ Read each chart to see what written instructions have been given and follow these instructions.
- ☐ Replace medical records in locked medical cabinet
- ☐ Make list of patients that require follow-up and schedule outreach

## TOOL 14: OUTREACH/CASE MANAGEMENT FORM

Name\_\_\_\_\_

DOB\_\_\_\_\_

Job Title\_\_\_\_\_

Line\_\_\_\_\_

Person Initiating Request for Follow up

\_\_\_\_\_

Reason for follow up

\_\_\_\_\_

Topics covered

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Data gathered

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plan\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Next Patient Follow-up:

Referral to MD? Y/N

Completed by\_\_\_\_\_

Date\_\_\_\_\_

Copy to HR\_\_\_\_\_

Copy to Medical Record\_\_\_\_\_

## TOOL 15(a): SAMPLE WEEKLY INVENTORY TRACKING (FOR CONTRACEPTION/FAMILY PLANNING)

PRODUCT	<u>MONDAY</u> Quantity in Stock**	Quantity dispensed to workers	Quantity of any new supply received	<u>FRIDAY</u> Total quantit y in Stock	When to reorder? (this is pre-filled based on how long it takes to restock)	Need to re- order? Y / N	Signature of person completing this form	Supervisor signature acknowledging receipt of request
MINIPILL					____packs			
COC					____packs			
DEPO					____units			
CONDOMS					____boxes			
EMERGENCY CONTRACEPTION					____packs			
IUD					____units			
IMPLANT					____units			

\*\* If a medication or product is “out of date,” then those supplies should be removed and not counted as “in stock.”

## TOOL 15(b): WEEKLY INVENTORY TRACKING (FOR PRIMARY CARE SUPPLIES)

PRODUCT	<u>MONDAY</u> Quantity in Stock**	Quantity used	Quantity of any new supply received	<u>FRIDAY</u> Total quantity in Stock	When to reorder? (this is pre-filled based on how long it takes to restock)	Need to re- order? Y / N	Signature of person completing this form	Supervisor signature acknowledging receipt of request
Pain Relievers								
First Aid Kits								
Vitamins								
Exam gloves					____packs			
Alcohol swabs					____packs			
Gauze and dressing pads					____units			
Tongue depressors					____boxes			
Sanitary pads					____packs			
Ice packs					____units			

**\*\* If a medication or product is “out of date,” then those supplies should be removed and not counted as “in stock.”**

## TOOL 16: SOP MEDICAL RECORDS

### Purpose

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To establish procedures for maintaining an efficient and effective medical record system that ensures the availability of accurate and complete records necessary for patients care.

### Scope

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This SOP applies to Health Care Workers, including Nurses, Doctors, and other health staff with access to the medical records.

It is the responsibility of \_\_\_\_\_, under supervision of \_\_\_\_\_ to ensure compliance with these procedures.

### Responsibilities

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Nurses and other health staff will maintain medical records in good working order and ensure accuracy and completion, accessibility by authorized personal, while maintaining confidentiality of medical record.

### Procedures

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Health staff will:

1. Keep medical records filed in locked storage cabinets and rooms.
2. Maintain clearly labeled files and shelving.
3. Maintain individual medical records, one file per patient, with no duplicate records.
4. Promptly file papers and medical records to avoid observation by others and ensure that all are filed at end of the day.
5. Review each medical record for completion at the time the record is pulled and before refilling.
6. At the front desk or in examination rooms, keep documents with subject information, face down or concealed to avoid observation by patients or visitors. Only authorized personal have access to confidential information.
7. Ensure that confidential information is not left on an unattended printer, photocopier or fax machine, unless these devices are in a secure area.

It is the responsibility of \_\_\_\_\_ [INSERT NAME]

Under the supervision of \_\_\_\_\_ [INSERT NAME] to ensure compliance with these procedures.



**TOOL 17: PATIENT REGISTRY (TO BE COMPLETED BY THE NURSE)**

[illegible]

# **TOOL 18: HEALTH HISTORY AND EXAMINATIONS FORM (TO BE COMPLETED BY A DOCTOR)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**1. Reason for visit** \_\_\_\_\_

**2. Do you or someone in your immediate family (parents, siblings, children) have the following Medical Conditions** (Please indicate with a checkmark to the left of the condition)

	Self	Family		Self	Family
Asthma, COPD or difficulty breathing			Allergies to _____		
Diabetes			HIV Disease		
Depression			Hypertension or heart problems		
Cancer			Seizures		
Problems with Menstruation or pelvic pain (females)			STDs (Herpes, Chlamydia, Gonorrhea)		
Hepatitis and/or Liver disease			Problems with Urination		
Vomiting or Diarrhea			Loss of appetite		
Insomnia			Other:		

**3. Where have you received medical care** (either in the hospital or doctor's office) in the past year?

**4. Medications** (list all medicines prescribed by a medical doctor, purchased from a pharmacy, or from a root doctor)

Name	Dose	How Often	Name	Dose	How Often

**5. Tests** (Males/Females) (list dates and results if known)

Test	Date	Result
HIV		
PSA		

Test	Date	Result
HIV		
Mammogram		
PAP		
Cigarettes/Tobacco	Alcohol	
Last menstrual	period	

**6. Do you use any of the following on a daily basis/amount?**

Caffeine \_\_\_\_\_ Other drugs \_\_\_\_\_

**7. What do you use for Family Planning?** \_\_\_\_\_

**8. How many children do you have?** \_\_\_\_\_ **9. How many times have you been pregnant (females)** \_\_\_\_\_

**10. What type of work do you do?** \_\_\_\_\_

This module was designed and produced through funding from the Levi Strauss Foundation as well as technical assistance on content and development by the Evidence Project (Meridian Group International, Inc.) under its USAID contract.

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