
staff must be present on site or at least one certified professional is assigned for the burn unit.

BC.4 Qualified nurse manager is responsible for supervising nursing services in the burn unit.

BC.4.1 The nurse manager in charge of the burn unit is a qualified registered nurse with training, education, or experience in burn care.

Standard Intent:

The Burn Care Service must have a nominated Nurse Manager who is supervising and take overall responsibility for the services; the nurse manager is qualified by experience, training, education and licensed by the Saudi Commission for health care specialties.

BC.5 The burn unit has adequate nursing coverage.

BC.5.1 Nursing staffing plan is based on patient volume and patient acuity and ensures adequate coverage twenty-four hours a day, seven days a week.

Standard Intent:

Burn unit should have sufficient appropriately qualified registered nurses to provide critical care to burns patients, staffing plan is developed to ensure adequate staffing.

BC.6 The burn unit has admission and discharge criteria.

BC.6.1 The burn unit has admission and discharge criteria consistent with evidence-based practice.

BC.6.2 The criteria are collaboratively developed by the unit medical and nursing staff.

BC.6.3 The admission and discharge criteria are implemented.

Standard Intent:

The burn unit must have an admission and discharge criteria consistent with an evidence-based practice that are collaboratively developed by the unit medical and nursing staff. The criteria should implement.

BC.7 Services provided in the burn unit are coordinated with other services to meet the needs of patients.

BC.7.1 Medical services are readily available and accessible including, but are not limited to:

BC.7.1.1 Critical care services.

BC.7.1.2 Anesthesia services.

BC.7.1.3 Social services.

BC.7.1.4 Pharmaceutical care.

BC.7.1.5 Physiotherapy services.

BC.7.2 Care is coordinated with the different disciplines participating in the plan of care.

Standard Intent:

The services provided in the burn unit must be **coordinated with other services to meet the needs of patients** and are readily available and accessible including all elements in sub-standards BC.7.1.1- BC.71.5.

BC.8 Policies, procedures, guidelines, and protocols guide the care in the burn unit.

BC.8.1 There are policies, procedures, protocols and guidelines covering, but are not limited to:

- BC.8.1.1 Inhalation injury.
 - BC.8.1.2 Varying degrees/types of burns.
 - BC.8.1.3 Infections.
 - BC.8.1.4 Use of skin or synthetic grafts.
-

Standard Intent:

The burn unit must have policies, procedures, protocols and guidelines covering that include inhalation injury, varying degrees/types of burns, infections and the use of skin or synthetic grafts.?

BC.9 Policies and procedures guide all practices relating to infection control in the burn unit.

BC.9.1 There are policies and procedures to guide all practices relating to infection control and this includes, but is not limited to:

- BC.9.1.1 Separation of cases.
- BC.9.1.2 Use of masks, gowns and gloves.
- BC.9.1.3 Cleaning and disinfecting all equipment and tools.
- BC.9.1.4 Visitor restrictions.
- BC.9.1.5 Aseptic dressing change.
- BC.9.1.6 Care of skin graft.
- BC.9.1.7 Transport of patients into and out of the unit.
- BC.9.1.8 Burn bath management.

BC.9.2 The burn care unit is under positive pressure with High Efficiency Particulate Air (HEPA) filters.

BC.9.3 Policies and procedures relating to infection control are implemented as evidenced in the daily practice and the patient's medical record.

Standard Intent:

Infection is a major complication of burn injury. Infection is linked to impaired resistance from disruption of the skin's mechanical integrity and generalized immune suppression. The burn unit must have effective means of isolation that are consistent with principles