



of standard precautions and barrier techniques to decrease the risk of cross-infection and cross-contamination. Positive pressure room with HEPA filter should be available because of low immunity patient. Policies and procedures related to infection control should be established and implemented within the Burn Care Service. Policies mentioned in substandard BC.9.1.1 through BC.9.1.8 are the minimum required. There should be evidence of policies' implementation through monitoring of the daily practices and medical records documentation.

BC.10 The burn care unit has all necessary equipment and supplies for the provision of safe care.

BC.10.1 The burn care unit has the necessary equipment, supplies, and medications including, but are not limited to:

- BC.10.1.1 Crash Cart.
 - BC.10.1.2 Automated blood pressure monitoring machines.
 - BC.10.1.3 Cardiac monitors.
 - BC.10.1.4 Suction machines.
 - BC.10.1.5 Pulse oximeters.
 - BC.10.1.6 Intravenous infusion pumps and syringes.
 - BC.10.1.7 Ventilators.
 - BC.10.1.8 Blood warmers.
 - BC.10.1.9 Glucometers.
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Standard Intent:

Burn unit should have adequate equipment, supplies and medications to safely provide care to patients. Equipment and supplies mentioned in substandard BC.10.1 through BC.10.1.9 are the minimum required.

BC.11 Nursing staff in the burn care unit receive continuous training with competency assessment.

BC.11.1 Nursing staff in the burn care unit receive training and education that include, but is not limited to the following:

- BC.11.1.1 Use of pulse oximetry.
- BC.11.1.2 Principles of infection control.
- BC.11.1.3 Use of the defibrillator.
- BC.11.1.4 Knowledge of the dosage, side effects, and complications of commonly used high alert medications.

BC.11.2 There is ongoing competency assessment for the nursing staff (e.g., written test, return demonstration).

BC.11.3 The competency assessment of the nursing staff is documented.

Standard Intent:



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Nursing department develop policies that details the competencies required to care for a burn injured patient, and should take account of the age and injury severity of the patients admitted to the service. Annual appraisals, supported by a training and development program, should ensure that all staff have, and are maintaining, the competences expected for their role. Training and competency assessment should be undertaken for the procedures mentioned in substandard BC 11.1.1 through BC.10.1.4. The competency and training assessments should be documented.
