



To our guests in Amphia

Dear Guest,

You will soon be visiting a treatment department at Amphia Ziekenhuis. We hope to make you feel welcome at our hospital.

However, in order to guarantee the safety of our patients and our employees, we are required to define a number of rules for guests visiting our treatment departments:

1. Please read the 'Statement for guests of treatment departments at Amphia Ziekenhuis' and complete the risk inventory and other details
2. Complete the 'MRSA risk screenings form for guests '
3. Go over the "10 golden rules".

The "10 golden rules" are attached to this letter.

All results must be available to the head of the treatment department before you can perform patient-related activities at our hospital.

If you are still unsure about any of the above-mentioned information, please report this to your host/hostess, manager or cooperating team managers of the treatment department you will be visiting.

Prior to entering the treatment department, please complete the "Outside visitors' statement" at the relevant secretariat. You will also receive a guest badge, to make it clear to everyone that you are our guest.

Amphia reserves the right to immediately deny access to the treatment departments to any visitor who does not adhere to our 10 Golden Rules or is unable to present the required results.

Enter receiving department's name

Physical address

Molengracht 21
4818 CK Breda

Mailing address

P.O. Box 90158
4800 RK Breda

Contact

Please enter the name of your contact at Amphia's receiving Department

Date

Enter date

Topic

Guest at Amphia Treatment Department

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All of the above measures will enter into force on 1 January 2019 and are important for protecting our patients and employees against infection, but also for preventing any other unnecessary risks.

Sincerely,

Name of contact person:

Name of treatment department:

Amphia Ziekenhuis Breda/Oosterhout

Annexes:

- Form Statement by guests of Amphia Treatment Departments (including MRSA risk screening form for guests and 10 golden rules)

Annex 1

Statement by guests of Amphia Ziekenhuis treatment departments

To prevent infection risks for patients and guests. Relates to guests of departments performing invasive procedures/ activities, such as the Operating Room Class I and II (OR), cardiac catheterisation room (HCK), interventional radiology or dedicated treatment room (ZBK).

This policy is based on JCI standard: PCI. 5 and PCI 5.1. and the guidelines of the Working Group on Infection Prevention (WIP)

- This statement must be completed in full.
- Take the completed form with you on the day of arrival at the Amphia Ziekenhuis, together with the laboratory test results requested.
- Guests will not be allowed to enter the department if all the requested information is not available.

MRSA Risk: (to be completed by all guests)

The undersigned declares that he/she:

- Has truthfully completed the MRSA risk screening form. (see Annex 1)
 - Does not pose an MRSA risk: All questions from the MRSA risk screening form for guests were answered with "no".
 - Does not pose a MRSA risk, as evidenced by a recent negative MRSA test for the throat, nose and perineum (performed in the last 2 months).
- Or
- If an MRSA risk is present, agrees to have MRSA cultures performed in the Amphia Ziekenhuis. (Note: before the guest can be admitted to the receiving department, the result must be known and be MRSA negative)

Hepatitis B virus (HBV) risk: (to be completed by guests undergoing surgery)

I, the undersigned declares that he/she:

- Does not pose an HBV risk as evidenced by the HBV levels.
(If HBsAg are higher than 100 mIU/ml, this shows long-term immunity. HBsAg levels from 10 to 100 mIU/ml are valid for 5 years.)
- or
- Does not pose an HBV risk, as evidenced by a recent negative HBsAg test (performed in the last 3 months).

TB Risk: (to be completed by guests who are not from The Netherlands)

The undersigned declares that he/she:

- Does not pose a TB risk, as evidenced by a recent negative TB statement (performed in the last 6 months).
- For residents of the European Union, or countries in which tuberculosis is very rare, a negative TB statement is not necessary. Country of origin:.....
([See country List of KNCV Tuberculosis Fund](#)) Incidence of < 50/100,000 per year is a low incidence and a negative TB statement is not needed)

General rules on hygiene and behaviour:

The undersigned declares that he/she:

- Has taken note of the "10 Golden Rules" and will act accordingly.

Guest Name:

.....

Name of Company/Educational Institution/Healthcare Institution

.....

Place and country of

origin:.....

Involvement in the procedure:

- I am not involved in the procedure (observing only)
- I am involved in the procedure (in an executive capacity or entering the sterile area)

Date of visit to Amphia Ziekenhuis:.....

Receiving department:.....

Receiving employee/consultant physician:.....

Signature and date:.....

To be completed by the receiving department:

For all guests:

- Statement and MRSA risk screening form
Date Received. 20.6.2019 negativ..... Received
by:...occupational health nurse Helena Luoma/Occupational Health Aalto Oy,
Jyväskylä, Finland.....

Guest involved in the procedure:

- Laboratory result of the MRSA Screening: no MRSA 20.6.2019 negativ
- HBsAg titre value higher than 100 mIU/ml or HBsAg between 10 to 100 mIU/ml/ 20.6.2019 S-HBsAb=80 U/l
or
- Negative HBsAg test within the last 3 months.
Date Received: .20.6.2019.negativ..... Received by:occupational health nurse Helena Luoma/ Occupational Health Aalto Oy, Jyväskylä, Finland.....

Guest not from the Netherlands: (if not a resident of the European Union and the European Economic Area and countries with low incidence of tuberculosis [See country List of KNCV Tuberculosis Fund \(2018\)](#))

- Negative TB statement within the last 6 months
Date Received: Received by:.....

Instruction and permission for admission to the department:

Name:.....

Position:.....

Date:.....

MRSA risk screening form for guests

Hospitals are increasingly faced with bacteria that no longer respond to the standard antibiotics used. MRSA (Methicillin Resistant Staphylococcus Aureus) is an example of such bacteria.

In order to prevent the risk of infection and the spread of MRSA in the Amphia Ziekenhuis, guests who provide care, perform and/or attend invasive procedures/activities must be screened in advance to determine their MRSA risk.

Indicate the correct answer

	Yes	No
1. In the two months prior to your visit/work in Amphia Ziekenhuis, did you treat/care for an MRSA-positive patient without applying isolation measures? And no MRSA negative culture is available yet.		
2. Have you worked in a foreign care institution in the last 2 months and/or repatriated a patient from abroad?		
3. Have you undergone a treatment in a foreign care institution or private clinic in the last 2 months?		
4. Do you have an MRSA carrier in your immediate environment (partner, family member)?		
5. Do you live or work on a broiler/pig/veal calf farm, or do you have contact with professional broiler chicken/pig/veal calf farms		
6. Are you MRSA positive or have you been MRSA positive in the past?		
<p>If you answered "yes" to one of the above questions:</p> <ul style="list-style-type: none"> - Answer questions 7, 8 and 9. - Please contact the host department or host well ahead of your visit or work, to ensure any screening can be arranged in good time. - Take this form with you when visiting the Amphia Ziekenhuis. 		
7. Do you have eczema, skin lesions or other skin problems?		
8. I am involved in the procedure/invasive activity		
9. I am not involved in the procedure, I do not perform any activities (observer only)		

Please take this fully completed form with you on the day of your visit to the Amphia Ziekenhuis

10 GOLDEN RULES

1. Prior to entering the operating room or the treatment area, you must wear **scrubs**. When leaving the operating room or the treatment area, **you must change your clothes** or wear a **closed white coat** and red **outer clogs**.
2. Your hair must be covered by an appropriate **disposable cap**.
3. **Shoes** must have a smooth surface, be easy to clean and allow for thermal or chemical cleaning.
4. **Jewellery** and **wrist watches** must not be worn.
5. **Hands** must be disinfected using alcohol:
 - before and after each contact with patients
 - before carrying out sterile activities
 - after contact with patient-related fluids
 - after contact with the patient's environment.

Wear **gloves** when there is a **risk** of coming into contact with **blood**, body fluids, mucous membranes, broken skin or materials that are or have been in contact with such.

6. Once sterile (instrument) sets have been **opened**, everyone in the OR must wear a **mask covering the mouth and nose**. After leaving the OR, the mask must be thrown away in the waste bin.
7. Please limit the number of times the **door is opened** as **much as possible**. This should be limited from the time at which the sterile sets are opened until the wound is closed.
8. **Eating and drinking** are only allowed in the coffee room and/or in office spaces.
9. Approach patients and colleagues **with respect**. If the patient is awake, everyone involved in the procedure will introduce themselves and all activities must be announced and explained.
10. When these rules are violated, we hold each other accountable.