DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-MPP-IPCU-P014-(01)	
TITLE/DESCRIPTION: **SURGICAL SITE INFECTION PERI-OPERATIVE PREVENTION**			
EFFECTIVE DATE: May 30, 2025	**REVISION DUE:** May 29, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P14	**NO. OF PAGES:** 1 of 13
APPLIES TO: Nursing Service Division, Infection Control & Prevention Unit, Surgical Complex Department, Medical Services Division		**POLICY TYPE:** Multi Disciplinary	

PURPOSE:

1. To prevent Surgical Site Infections (SSI) in all patients who have surgical procedures.
2. To improve quality of care to surgical patients.
3. To reduce cost and length of hospitalization.
4. To improve a range of strategies that includes systematic and proactive surveillance activities to determine SSI.

DEFINITIONS:

Surgical Site Infection (SSI) - an infection that occurs after surgery in the part of the body where the surgery took place.

Antimicrobial Prophylaxis - can be used effectively to prevent infection, but its use should be limited to specific, well-accepted indications to avoid excess cost, toxicity, and antimicrobial resistance. Antimicrobial prophylaxis may be considered primary (prevention of an initial infection) or secondary (prevention of the recurrence or reactivation of an infection), or it may also be administered to prevent infection by eliminating a colonizing organism.

RESPONSIBILITY:

Nurses, Residents, IPCU Staff, Medical Interns, Surgical Personnel (Surgical Suites, CV/OR), and Surgeons

POLICY:

GUIDELINES

1. Each patient's surgical care is planned based on the results of the preoperative assessment and documented in the patient's medical record. Nurses shall ensure the SSI Prevention Bundle form is completely filled out and compiled for documentation/submission to IPCU.

2. Surgical personnel who have signs and symptoms of a transmissible infectious illness shall report conditions promptly to their supervisor.

3. Personnel who have any evidence of an infection or possible infection on their hands or forearms shall not participate in a surgical operation.

4. Exclude from duty, surgical personnel who have draining lesions from any other skin sites until

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-MPP-IPCU-P014-(01)	
TITLE/DESCRIPTION: **SURGICAL SITE INFECTION PERI-OPERATIVE PREVENTION**			
EFFECTIVE DATE: May 30, 2025	**REVISION DUE:** May 29, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P14	**NO. OF PAGES:** 2 of 13
APPLIES TO: Nursing Service Division, Infection Control & Prevention Unit, Surgical Complex Department, Medical Services Division		**POLICY TYPE:** Multi Disciplinary	

infection has been ruled out or personnel have received adequate therapy and infection has resolved.

5. Patients shall not have uncontrolled or untreated bacterial infection remote to the surgical site before elective operation.

6. The preoperative hospital stay of the patient shall be kept as short as possible while allowing for adequate preoperative preparation.

7. Serum blood glucose levels of all patients shall be adequately controlled and shall avoid hyperglycemia preoperatively.

8. Do not withhold necessary blood products from surgical patients to prevent Surgical Site Infection (SSI).

9. Antisepsis for Surgical Team Members
   - 9.1 Do not wear hand or arm jewelry.
   - 9.2 Keep nails short and do not wear artificial nails.
   - 9.3 Hands and forearms shall be prepared for surgery by a surgical scrub.

10. Asepsis and Surgical Technique
    - 10.1 Perform intraoperative skin preparation with an antiseptic agent containing alcohol unless contraindicated.
    - 10.2 During surgery, glycemic control shall be implemented using blood glucose target levels less than 200 mg/dl, and normothermia should be maintained in all patients.
    - 10.3 Increased fraction of inspired oxygen shall be administered during surgery and after extubation in the immediate postoperative period for patients with normal pulmonary function undergoing general anesthesia with endotracheal intubation.
    - 10.4 Adhere to principles of asepsis when placing intravascular devices (e.g., central venous catheters), or when dispensing and administering intravenous drugs.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-MPP-IPCU-P014-(01)	
TITLE/DESCRIPTION: **SURGICAL SITE INFECTION PERI-OPERATIVE PREVENTION**			
EFFECTIVE DATE: May 30, 2025	**REVISION DUE:** May 29, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P14	**NO. OF PAGES:** 3 of 13
APPLIES TO: Nursing Service Division, Infection Control & Prevention Unit, Surgical Complex Department, Medical Services Division		**POLICY TYPE:** Multi Disciplinary	

10.5 Assemble sterile equipment and solutions immediately prior to use.

10.6 Handle tissue gently, maintain effective hemostasis, minimize devitalized tissue and foreign bodies (i.e., sutures, charred tissues, necrotic debris), and eradicate dead space at the surgical site.

10.7 Use delayed primary skin closure or leave an incision open to heal by second intention if the surgeon considers the surgical site to be heavily contaminated.

10.8 If drainage is necessary, use a closed suction drain. Place a drain through a separate incision distant from the operative incision. Remove the drain as soon as possible.

11. Antimicrobial Prophylaxis

11.1 Policy statements stipulated in the ANTIMICROBIAL STEWARDSHIP – SURGICAL PROPHYLAXIS (DPOTMH-MPP-PHAR-P030-(01)

12. Ventilation

12.1 EGSD provides OR staff a copy of updated room pressure logbook.

12.2 Maintain positive-pressure ventilation in the operating room with respect to the corridors and adjacent areas.

12.3 Filter all air, recirculated and fresh, through the appropriate filters.

12.4 Keep operating room doors closed except as needed for passage of equipment, personnel, and the patient.

12.5 Limit the number of personnel entering the operating room to necessary personnel.

13. Cleaning and Disinfection of Environmental Surfaces

13.1 When visible soiling or contamination with blood or other body fluids of surfaces or equipment occurs during an operation, housekeeping and NSD use an EPA-approved hospital disinfectant to clean the affected areas before the next operation.

13.2 Special cleaning or closing of the Operating Room is not necessary after dirty or contaminated operation.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-MPP-IPCU-P014-(01)	
TITLE/DESCRIPTION: **SURGICAL SITE INFECTION PERI-OPERATIVE PREVENTION**			
EFFECTIVE DATE: May 30, 2025	**REVISION DUE:** May 29, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P14	**NO. OF PAGES:** 4 of 13
APPLIES TO: Nursing Service Division, Infection Control & Prevention Unit, Surgical Complex Department, Medical Services Division		**POLICY TYPE:** Multi Disciplinary	

14. Sterilize all surgical instruments according to established guidelines.

1. **PRE-OPERATIVE**

1.1 **Preparation of patient:**

1.1.1 Identify and treat all infections before operation and postpone elective operations on patients with remote site infections until the infection has resolved.

1.1.2 Do not remove hair preoperatively unless the hair at or around the incision site will interfere with the operation.

1.1.3 If hair is to be removed, remove immediately before the operation preferably with electric clippers.

1.1.4 Ensure adequate control serum blood glucose levels in all diabetic patients and particularly avoid hyperglycemia preoperatively.

1.1.5 Encourage tobacco cessation. At minimum instruct patient to abstain for at least 30 days before elective operations from smoking cigarettes, cigars, pipes or any other form of tobacco consumption.

1.1.6 Advice patients to shower or bathe (full body) with soap (antimicrobial or non-antimicrobial) or an antiseptic agent on at least the night before the operative day.

1.1.7 Thoroughly wash and clean at and around the incision site to remove gross contamination before performing antiseptic skin preparation.

1.1.8 Use an appropriate antiseptic agent for skin preparation. Perform intra- operative skin preparation with an alcohol-based antiseptic agent unless contraindicated.

1.1.9 Consider intra-operative irrigation of deep or subcutaneous tissues with aqueous iodophor solution for the prevention of SSI.

1.2 **Antimicrobial Prophylaxis** (refer to Recommendations for Surgical Antimicrobial Prophylaxis): please refer to Policy Number: DPOTMH-MPP-PHAR-P030-(01)

1.2.1 Administer preoperative antimicrobial agents only when indicated based on published clinical practice guidelines and timed such that a bactericidal concentration of the agents is established in the serum and tissues when the incision is made.

1.2.2 Administer the appropriate parenteral prophylactic antimicrobial agents before skin incision in all cesarean section procedures. (Category IA–strong recommendation; high-quality evidence.)

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-MPP-IPCU-P014-(01)	
TITLE/DESCRIPTION: **SURGICAL SITE INFECTION PERI-OPERATIVE PREVENTION**			
EFFECTIVE DATE: May 30, 2025	**REVISION DUE:** May 29, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P14	**NO. OF PAGES:** 5 of 13
APPLIES TO: Nursing Service Division, Infection Control & Prevention Unit, Surgical Complex Department, Medical Services Division		**POLICY TYPE:** Multi Disciplinary	

1.2.3 Administer antimicrobial prophylaxis within one hour prior to incision. Vancomycin or Fluoroquinolone to be initiated within two hours prior to surgical incision. Maintain therapeutic levels of the agent serum and tissues throughout the operation and until, at most, a few hours after the incision is closed in the operating room.

1.2.4 Before elective colorectal operations in addition to the above procedure, mechanically prepare the colon by use of enemas and cathartic agents. Administer non- absorbable oral antimicrobial agents in divided doses on the day before the operations.

1.2.5 Recommended Doses and Redosing Intervals for Commonly Used Antimicrobials for Surgical Prophylaxis Antimicrobial (refer to Recommendations for Surgical Antimicrobial Prophylaxis).

1.2.6 Do not routinely use Vancomycin for antimicrobial prophylaxis.

1.3 **Hand and Forearm Antisepsis for Surgical Team Members (Surgical Scrub):**

1.3.1 Keep nails short and do not wear artificial nails.

1.3.2 Perform a preoperative surgical scrub for at least 2 to 5 minutes using appropriate antiseptic. Scrub the hands and forearms up to the elbows.

1.3.3 After performing the surgical scrub, keep hand up and away from the body (elbows in flexed position) so that water runs from the tips of the fingers towards the elbows. Dry hand with a sterile towel and don a sterile gown and gloves.

1.4 **Management of Infected or Colonized Surgical Personnel:**

1.4.1 Educate and encourage surgical personnel who have signs and symptoms of a transmissible infectious illness to report conditions promptly to their supervisor and Wellness Clinic.

1.4.2 Patient care responsibilities when personnel have potentially transmissible infectious conditions.

1.4.3 Personnel responsibility in using the Wellness Clinic in reporting illness.

1.4.4 Fit to work clearance after an illness that required work restriction.

1.4.5 Obtain appropriate cultures from surgical personnel who have draining skin lesion, and exclude from duty until infection has been ruled out or personnel have received adequate therapy and infection has resolved.

1.4.6 Do not routinely exclude surgical personnel who are colonized with organisms

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-MPP-IPCU-P014-(01)	
TITLE/DESCRIPTION: **SURGICAL SITE INFECTION PERI-OPERATIVE PREVENTION**			
EFFECTIVE DATE: May 30, 2025	**REVISION DUE:** May 29, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P14	**NO. OF PAGES:** 6 of 13
APPLIES TO: Nursing Service Division, Infection Control & Prevention Unit, Surgical Complex Department, Medical Services Division		**POLICY TYPE:** Multi Disciplinary	

such as Staphyloccocus .aureus (nose, hands or other body site) or Group A Streptococcus, unless such personnel have been linked epidemiologically to dissemination of the organism in the healthcare setting.

2. **INTRA-OPERATIVE**

2.1 **Ventilation:**

2.1.1 Maintain positive pressure ventilation in the operating room with respect to the corridors and adjacent areas.

2.1.2 Maintain a minimum of 15 air changes per hour of which at least three (3) should be fresh air.

2.1.3 Filter all air, re-circulated and fresh, through the appropriate filters. All air introduces at the ceiling and exhaust near the floor.

2.1.4 Limit the number of personnel entering the operating room to and keep operating room doors closed except as needed for passage or equipment, personnel and the patient.

2.1.5 When visible soiling or contamination with blood or other body fluids of surfaces and equipment occurs during an operation use an approved hospital disinfectant to clean the affected areas before the next operation.Do not use tacky mats at the entrance to the operating room suite or individual operating rooms for infection control. Use red line across.

2.2 **Cleaning and Disinfection of Environmental Surfaces:**

2.2.1 When visible soiling or contamination with blood or other body fluids of surfaces and equipment occurs during an operation use an approved hospital disinfectant to clean the affected areas before the next operation.

2.2.2 Do not use tacky mats at the entrance to the operating room suite or individual operating rooms for infection control. Use red line across "no go" area of OR semi-restricted entrance door.

2.3 **Microbiologic Sampling:**

2.3.1 Do not perform routine environmental sampling of the operating room. Perform microbiologic sampling of operating room environmental surfaces or air only as part of an epidemiologic investigation (as per CDC recommendation).

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-MPP-IPCU-P014-(01)	
TITLE/DESCRIPTION: **SURGICAL SITE INFECTION PERI-OPERATIVE PREVENTION**			
EFFECTIVE DATE: May 30, 2025	**REVISION DUE:** May 29, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P14	**NO. OF PAGES:** 7 of 13
APPLIES TO: Nursing Service Division, Infection Control & Prevention Unit, Surgical Complex Department, Medical Services Division		**POLICY TYPE:** Multi Disciplinary	

2.4 **Sterilization of Surgical Instruments:**

2.4.1 Sterilize all surgical instruments according to reprocessing and sterilization guidelines based on CDC, NIOSH, and HICPAC.

2.4.2 Perform flash sterilization only to patient care items that will be used immediately (e.g. to reprocess and inadvertently dropped instrument). Do not use flash sterilization for reasons of convenience, as an alternative to purchasing additional instrument sets, or to save time.

2.5 **Surgical Attire and Drapes:**

2.5.1 Wear surgical mask that fully covers the mouth and nose when entering the operating room, if an operation is about to begin or already under way or if sterile instruments are exposed. Wear the mask throughout the operation.

2.5.2 Wear a cap or hood to fully cover hair on the head and face when entering the operating room.

2.5.3 Wear clean theatre clogs.

2.5.4 Wear sterile gloves once scrubbed as a surgical team member. Put on gloves after donning a sterile gown.

2.5.5 Use surgical gowns and drapes that are effective barriers when wet (i.e. materials that resist liquid penetration).

2.5.6 Change scrub suits that are visibly soiled, contaminated and/or penetrated by blood or other potentially infectious materials.

2.6 **Asepsis and Surgical Technique:**

2.6.1 Assemble sterile equipment and solutions immediately prior to use.

2.6.2 Handle tissue gently, maintain effective hemostasis, minimize devitalized tissue and foreign bodies (i.e. sutures, charred tissues necrotic debris}, and eradicate dead space at the surgical site.

2.6.3 Use delayed primary skin closure or leave an incision open to heal by secondary intention if the surgeon considers the surgical site to be heavily contaminated.

2.6.4 If drainage is necessary use a closed suction drain. Place a drain through a separate incision distant from the operative incision. Remove drain as soon as possible.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-MPP-IPCU-P014-(01)	
TITLE/DESCRIPTION: **SURGICAL SITE INFECTION PERI-OPERATIVE PREVENTION**			
EFFECTIVE DATE: May 30, 2025	**REVISION DUE:** May 29, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P14	**NO. OF PAGES:** 8 of 13
APPLIES TO: Nursing Service Division, Infection Control & Prevention Unit, Surgical Complex Department, Medical Services Division		**POLICY TYPE:** Multi Disciplinary	

2.7 **Preparation of the patient prior to incision:**

2.7.1 Apply pre-operative antiseptic skin preparation in concentric circle moving toward the periphery. The prepared area must be large enough to extend the incision or create new incisions or drain site if necessary.

2.7.2 Keep preoperative hospital stay as short as possible while allowing for adequate preoperative preparation of the patient.

2.8 **Hand forearm antisepsis for surgical team members:**

2.8.1 Clean underneath each finger-nail prior to performing the first surgical scrub of the day.

2.8.2 Do not wear hand or arm jewelry.

2.9 **Incision Care**

2.9.1 Protect with a sterile dressing for 24 to 48 hours postoperatively an incision that has been closed primarily.

2.9.2 Strictly perform proper hand hygiene before and after dressing changes and any contact with the surgical site.

2.9.3 Use sterile technique in changing dressing on the incision.

2.9.4 Educate the patient and family regarding proper incision care, symptoms of SSI, and the need to report such symptoms.

3. **CLEANING AND DISINFECTION OF ENVIRONMENT AFTER LAST PROCEDURE OF THE DAY:**

3.1 Wet vacuum the operating room floor after the last operation of the day or night with approved hospital disinfectant.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-MPP-IPCU-P014-(01)	
TITLE/DESCRIPTION: **SURGICAL SITE INFECTION PERI-OPERATIVE PREVENTION**			
EFFECTIVE DATE: May 30, 2025	**REVISION DUE:** May 29, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P14	**NO. OF PAGES:** 9 of 13
APPLIES TO: Nursing Service Division, Infection Control & Prevention Unit, Surgical Complex Department, Medical Services Division		**POLICY TYPE:** Multi Disciplinary	

PROCEDURE (SOP):

1. Once a doctor order for a surgical procedure, the Nurse in-charge informs the Operating Room and follow the present protocol on scheduling for a surgical procedure.
2. The nurse in-charge instructs the patient to perform a full body bath with soap and water, the night and in the morning before surgery.
3. The nurse in-charge ensures proper timing of administration of prophylactic antibiotics prior to surgery.
4. On the day of the surgery, thoroughly wash and clean at and around the incision site to remove gross contamination before performing antiseptic skin preparation. Use an appropriate antiseptic agent for skin preparation.
5. The Surgeon and Scrub Nurse keeps the surgical field aseptic/sterile.
6. In doing surgical wound care, the Nurse/Physician washes their hands and put on gloves before touching the incision and removing the bandage, then applying new, sterile gloves before applying a clean dressing. Surgical sites are more vulnerable to infections compared to minor wounds, and maintaining sterility during dressing changes is essential for proper wound healing and patient safety.
7. The nurse and/or resident surgeon performs the routine wound care on the schedule suggested by the surgeon which is also important for preventing infection and encouraging healing.
8. Postoperatively, the assigned nurse on-duty and the infection prevention and control (IPC) nurse educates the patient to avoid smoking. Prior to a patient's discharge, the nurse on-duty reinforces the patient's education. Smokers have more scarring and heal more slowly. The more slowly the incision closes, the longer the patient is at risk for an infection.
9. Included in home instructions, the nurse in-charge educates the patient and family regarding proper surgical wound care, signs and symptoms of Surgical Site Infection (SSI), and the need to report such symptoms.

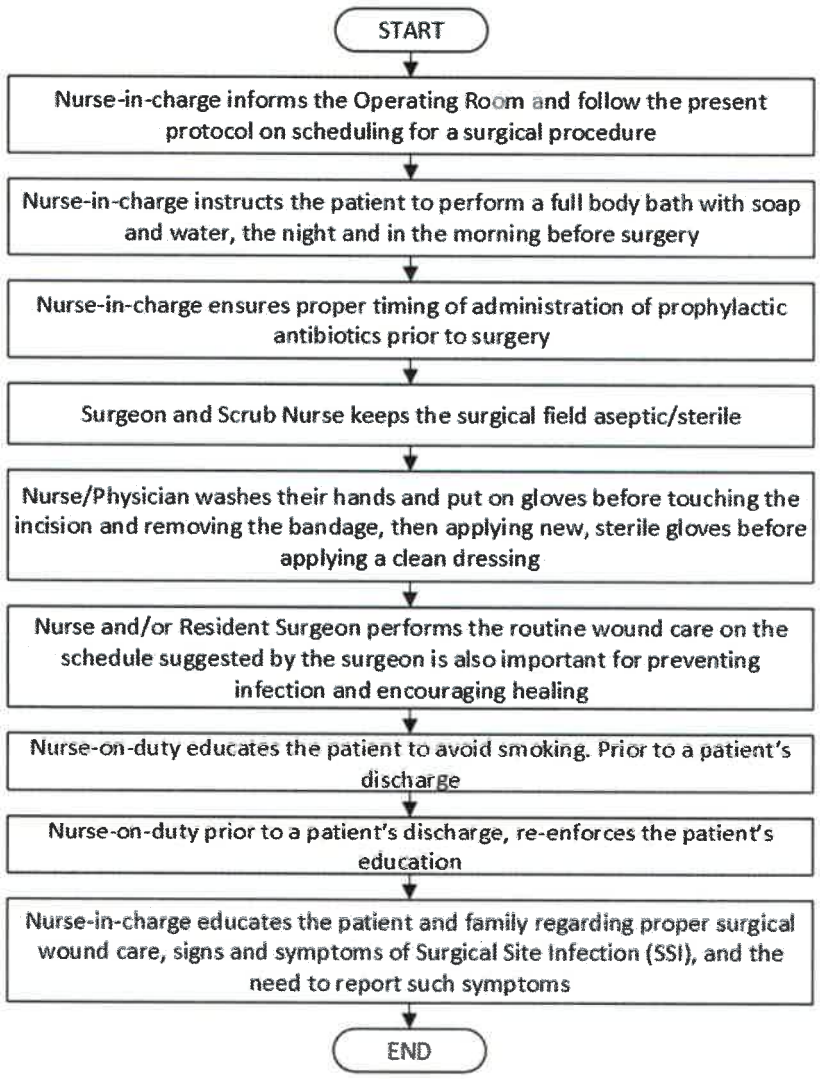
DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-MPP-IPCU-P014-(01)	
TITLE/DESCRIPTION: **SURGICAL SITE INFECTION PERI-OPERATIVE PREVENTION**			
EFFECTIVE DATE: May 30, 2025	**REVISION DUE:** May 29, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P14	**NO. OF PAGES:** 10 of 13
APPLIES TO: Nursing Service Division, Infection Control & Prevention Unit, Surgical Complex Department, Medical Services Division		**POLICY TYPE:** Multi Disciplinary	

WORK INSTRUCTION:

KEY TASKS	PERSON RESPONSIBLE
1. Informs the Operating Room and follow the present protocol on scheduling for a surgical procedure.	Nurse in-charge
2. Instructs the patient to perform a full body bath with soap and water, the night and in the morning before surgery.	
3. Keeps the surgical field aseptic/sterile.	Surgeon and Scrub Nurse
4. Washes hands and put on gloves before touching the incision and removing the bandage, then applying new, sterile gloves before applying a clean dressing.	Nurse/Physician
5. Performs the routine wound care on the schedule suggested by the surgeon.	Nurse and/or Resident Surgeon
6. Educates the patient to avoid smoking. Prior to a patient's discharge, the nurse on-duty reinforces the patient's education.	Assigned Nurse on Duty and the Infection Prevention and Control Nurse

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-MPP-IPCU-P014-(01)	
TITLE/DESCRIPTION: **SURGICAL SITE INFECTION PERI-OPERATIVE PREVENTION**			
EFFECTIVE DATE: May 30, 2025	**REVISION DUE:** May 29, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P14	**NO. OF PAGES:** 11 of 13
APPLIES TO: Nursing Service Division, Infection Control & Prevention Unit, Surgical Complex Department, Medical Services Division		**POLICY TYPE:** Multi Disciplinary	

WORK FLOW:



DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-MPP-IPCU-P014-(01)	
TITLE/DESCRIPTION: **SURGICAL SITE INFECTION PERI-OPERATIVE PREVENTION**			
EFFECTIVE DATE: May 30, 2025	**REVISION DUE:** May 29, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P14	**NO. OF PAGES:** 12 of 13
APPLIES TO: Nursing Service Division, Infection Control & Prevention Unit, Surgical Complex Department, Medical Services Division		**POLICY TYPE:** Multi Disciplinary	

FORMS: DPOTMH-IPCU-F018 - SSI PREVENTION BUNDLE,
DPOTMH-IPCU-F030 - Surgical Site Infection-Surveillance Tool

EQUIPMENT: N/A

REFERENCES:

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DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-MPP-IPCU-P014-(01)	
TITLE/DESCRIPTION: **SURGICAL SITE INFECTION PERI-OPERATIVE PREVENTION**			
EFFECTIVE DATE: May 30, 2025	**REVISION DUE:** May 29, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P14	**NO. OF PAGES:** 13 of 13
APPLIES TO: Nursing Service Division, Infection Control & Prevention Unit, Surgical Complex Department, Medical Services Division		**POLICY TYPE:** Multi Disciplinary	

APPROVAL:				
	Name/Title	**Signature**	**Date**	**TQM Stamp**
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