



KUC/ADMIN/MED/1

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| AUTHORIZATION: All documented information (Quality Objectives, procedures, opportunities and risk register for Medical department are issued under the authority of: | |
| MANAGEMENT REPRESENTATIVE | |
| Signature: |  |
| Date: |  2nd MAY, 2018 |
| PROCESS OWNER/HOD/DIVISIONAL HEAD | |
| Signature: |   |
| Date: | 14/8/2018 |

DOCUMENT DETAILS

| | | |
|----|-------------------------------|----------------------------|
| 1. | Section A: Quality Objectives | |
| 2. | Section B: Procedures | |
| | | Title |
| | | Purpose |
| | | Scope |
| | | Reference |
| | | Terminology |
| | | Responsibility |
| | | Input |
| | | Methods |
| | | Output |
| | | Records |
| | | Key performance Indicators |
| | | Appendices |
| | | Flow chart-process map |
| 3. | Section C: Opportunities | |
| 4. | Section D: Risks | |

SECTION A: QUALITY OBJECTIVES

| Objective | Activity | Resources | Responsibility | Time frame | KPI |
|---|---|---|---|---|------------------|
| Maintain confidentiality of patient's record by ensuring the information is secure but easily retrievable | Ensuring the computer are locked when not in use. | Computer Password | Medical personnel | Daily | Updated software |
| Continually inform staff and students on health care matters every quarter | Foodhandlers examination Condom dispensing Leaflets being displayed at the clinic | Certificates for food handlers Dispensing book Medical leaflets | Laboratory technologist Record officer Stewards | Foodhandlers after every six months Condoms weekly Medical leaflets once we get updates | Documents |

SECTION B: PROCEDURES

1. **PROCEDURE FOR MEDICAL CONSULTATION AND DISPOSAL OF WASTE IN THE INFIRMARY**

2. **Purpose**

To provide quality health care to all.

3. **Scope**

Applies to all medical sections in the department

4. **References**

MOH

WHO

Public health act

5. **Terms abbreviation and initials**

MOH-Ministry of health

WHO-WORLD HEALTH ORGANIZATION

6. **Responsibility**

Consultation-clinical officer

Pharmacy-pharmaceutical technologist

Laboratory and waste management-laboratory technologist

Records management-records officer

Stewards-nursing officer

7. **Inputs**

Personal records-medical history

8.0 MEDICAL CONSULTATION

- 8.1 The HRO shall ensure correct identification and registration of students, staff through Identification cards upon recruitment. Dependants shall also be identified with the help of identification cards issued by the ICT.
- 8.2 The records officer shall forward the names to the available Clinician. (This happens once the client is unwell)
- 8.3 The clinician shall ensure proper history taking, examination and diagnosis of clients and shall enter details in the system.
- 8.4 In case the condition is assessed as serious or required advanced medical attention. RCO shall issue a referral note KUC/ADMIN/R/008 to the relevant consultant or hospital.
- 8.5 RCO shall make transport arrangements for the client as the case merits.
- 8.6 Should there be need for lab testing the clinician shall send the request to the lab through the system. The patient shall go to the lab and have the test taken.
- 8.7 The Registered Clinical Officer shall ensure Laboratory Technologist advises the Clients accordingly on non-available of test. The client shall be referred for further testing in a laboratory outside.
- 8.8 The lab technician shall send back results to the clinician who sent the request.
- 8.9 The clinician shall forward the prescription to the pharmacy.
- 8.10 The RCO shall ensure Pharmaceutical Technologist dispenses the drugs promptly as per the description.
- 8.11 The client shall collect the drugs at the pharmacy.
- 8.12 The Pharmaceutical technologist shall advise the

Clients accordingly on non-available of drugs. The client shall purchase the drug and claim for a refund.

8.2 Emergency Handling procedures.

8.2.1 The RCO shall ensures the duty rosters for the medical staff on duty and their contacts is availed to the switch board on time.

8.2.2 In case of an emergency situation the staff /students in the area the staff/ students shall immediately call a member of first aid team nearest.

8.2.3 The First Aider shall take control of the situation and call switchboard.

8.2.4 Switchboard shall immediately inform the clinician on duty of the emergency.

8.2.5 The patient shall be taken to the infirmary in a professional manner.

8.2.6 The incident shall be recorded at the clinic by the clinic records officer on duty.

8.2.7 The clinician shall take over the situation and assess accordingly and take appropriate action.

8.3 Disposal of Expired/Condemned drugs and departmental waste

8.3.1 The RCO shall correctly identify expired/ condemned drugs by filling in the Medical wastes disposal form KUC/ADMIN/R/ 138 and write to the Drugs and Poisons Board on the same.

8.3.2 RCO shall ensure that the expired/condemned drugs are collected and disposed.

8.3.3 RCO shall ensure that proper waste segregation is done using the correct color coding.

8.3.4 RCO shall ensure that the bio-hazardous waste is disposed by

KEMRI (out-sourced services).

8.3.5 RCO shall ensure that the semi-hazardous and non-hazardous waste is correctly disposed within the college premises (incineration)

8.4 MEDICAL REPORTS

8.4.1 The RCO shall ensure that monthly reports the following monthly reports are provided on processes.

- a) Number of patients attended
- b) The number of lab requests
- c) The total amount spent on drugs
- d) The total clients of food handlers examined
- e) Clients attended at VCT services

9. OUTPUT

Personal records

10. RECORDS

Personal file

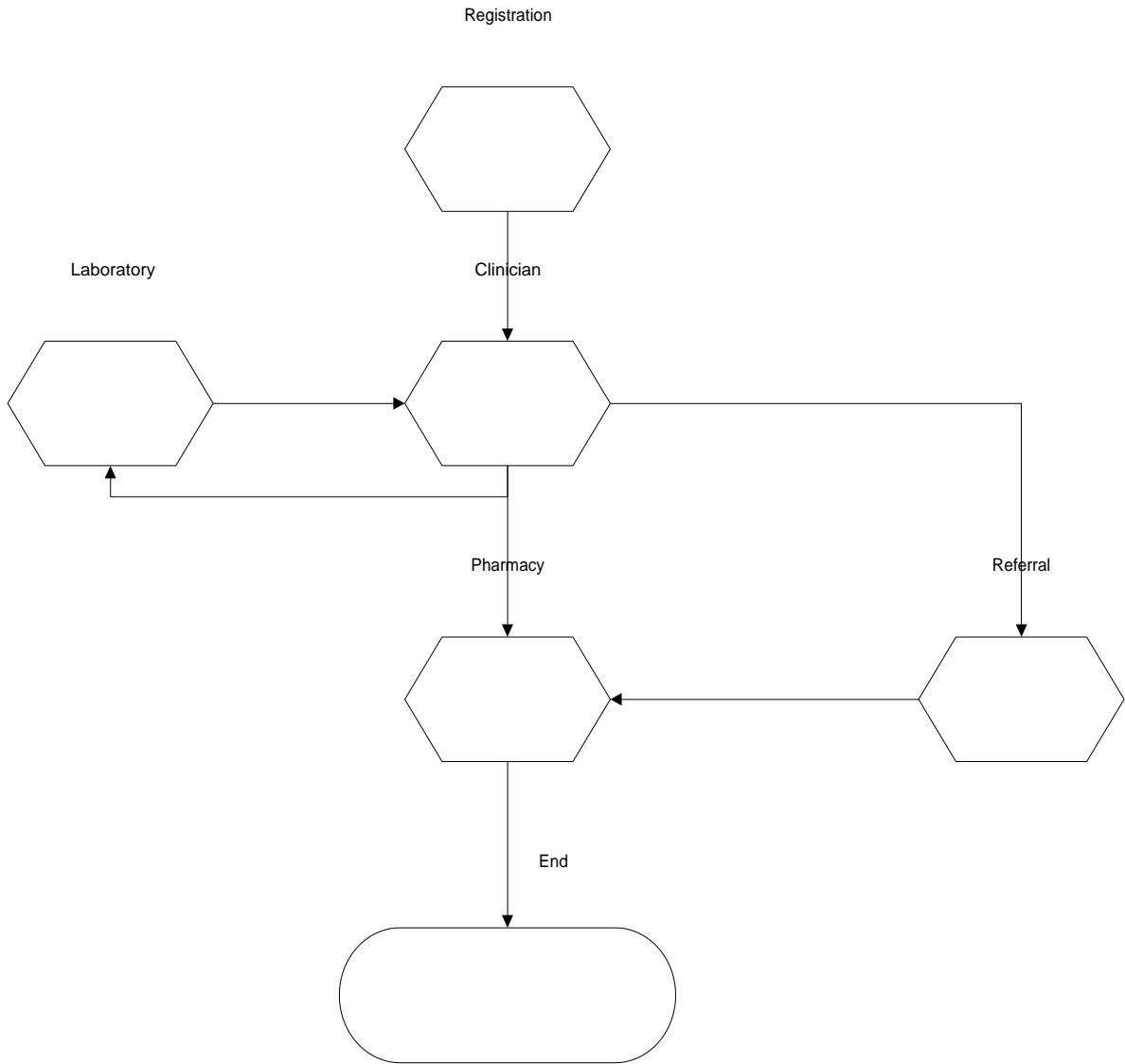
11. KEY PERFORMANCE INDICATOR

Success-Availability of essentials drugs and basic lab test

Failure-Lack of services at the primary health care levels

12. APPENDICES

PROCESS MAP



Appendix 1

REFERRAL NOTE

REFERRAL NOTE KUC/ADMIN/R/008

To: _____ FROM : _____

Date : _____

Name: _____ Age _____

STUDENT/STAFF NO _____ DEPARTMENT: _____

MEDICAL HISTORY

INVESTIGATION DONE

TREATMENT GIVEN

REMARKS

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CUT ALONG THIS LINE TO BE RETURNED TO INFIRMARY

NAME OF PATIENT: _____

PROCEDURE DONE _____

_____ DATE. _____

DOCTORS SIGNATURE & STAMP

APPENDIX 2

MEDICAL WASTE DISPOSAL FORM



KENYA UTALII COLLEGE, NAIROBI KUC/ADMIN/R/138

Date : _____

Type of Wastes: Ordinary Toxic Highly Toxic

Volume of Wastes: _____

Institution Disposing: _____

Method of Disposal: _____

Officer Responsible: _____ Designation: _____

Signature: _____

Stamp: _____

SECTION C: OPPORTUNITIES

| OPPORTUNITY | ACTIONS | RESOURCES | RESPONSIBILITY | TIMELINES | KPI |
|-----------------------------|---|------------------|-------------------------|------------------|-------------|
| Continous medical education | Staff to attend the meeting when advertised | Approved budget | Hod Medical, staff, HRM | YEARLY | CERTIFICATE |
| Medical associations | Staff to renew membership | Approved budget | HRM, medical staff | YEARLY | CERTIFICATE |

SECTION D: RISKS

| No. | DESCRIPTION OF RISK | TYPE OF RISK | PROBABILITY OF OCCURRENCE | | | SEVERITY HIGH - 3 MEDIUM - 2 LOW - 1 | IMPACT | MITIGATION | RESPONSIBILITY | KPI |
|-----|---|--------------|---------------------------|--------|-----|---|---|---|---------------------------|-----------------------------------|
| | | | HIGH | MEDIUM | LOW | | | | | |
| | | | HIGH | MEDIUM | LOW | | | | | |
| 1 | over/under issue in the pharmacy and laboratory | operational | | | | 3 | Difficulty in reconciliation because they are still operational while stocks taking | Regular stock verification and follow laid down issuing process | Lab and pharmacy incharge | Up-to-date stock |
| 2 | Exposure to illnesses | Medical | | | | 3 | Failure to come to work | Sick off | Medical staff | Daily attendance |
| 3 | Errors by Receiving team | operational | | | | 3 | -This may cause shortage or overage | -proper counting by receiving team -proper scrutiny of the documents | Receiving team | Exact documents for documentation |

