



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Anesthesia Care		
Document:	Departmental Policy and Procedure		
Title:	Anesthesia Department Infection Control Policy		
Applies To:	All Anesthesia Department Staff		
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1. PURPOSE:

- 1.1 Plan and deliver direct patient care for Maternity and Children Hospital, Hafer Al Batin patient in the prevention and control of healthcare acquired infections.

2. DEFINITIONS:

- 2.1 **Infection Control** – is the discipline concerned with preventing nosocomial or healthcare – associated infection, a practical (rather than academic) sub-discipline of epidemiology. It is an essential, though often under recognized and under supported, part of the infrastructure of health care.
- 2.2 **Communication and Screening Systems** – should be in place so that Operating Room personnel are aware of or informed about the infectious status of the patient before arriving in the OR.

3. POLICY:

- 3.1 Anesthesia's assessment of patients who are at risk of infection and the identification of patients with infection provide an important starting point for the correct application of infection control measures within our surgical procedure rooms.
- 3.2 Healthcare employee and Physician awareness and application of aseptic technique in patient care practices as well as the maintenance of a safe and sanitary environment, including patient care equipment and supplies, are major factors in the prevention of infection.
- 3.3 All healthcare employees and Physicians are active participants in the infection control program; specific responsibilities vary according to the health care employee's role and job category those specific to Anesthesia are delineated in the following procedures.

4. PROCEDURE:

- 4.1 Stocking and Restocking of Anesthesia supplies:
 - 4.1.1 Supplies are delivered to each office and stored in labelled bins on the shelves of the supply area.
 - 4.1.2 I.V. solutions, drugs, and clean portable equipment are stored in the appropriate clean areas.
 - 4.1.3 Supplies are rotated and/or replaced according to expiration dates during the process of stocking the cart(s) or shelves.
 - 4.1.4 Sterile supplies are considered sterile unless the package has been damaged or the expiration date has passed. The sterility of an object is questionable when the package is torn, damaged, soiled, wet or appears to have been wet. Such items are discarded or returned for reprocessing according to the nature of the item.
- 4.2 Operating Room/Procedure Room medications:
 - 4.2.1 Parenteral Medications and IV therapy:
 - 4.2.1.1 Hands are washed before preparation of parenteral medications or I.V. therapy.
 - 4.2.1.2 All stoppers, infusion ports, multiple dose vials or other injection/aspiration sites are disinfected with 70% alcohol (alcohol prep) before puncture with a sterile needle and syringe.

4.2.1.3 An intravenous fluid bag is considered contaminated once it is connected to a patient. Do not use fluid from an IV bag which is connected to a patient to prepare or dilute drugs for another patient.

4.2.1 **Unit Dose Vials:**

4.2.1.1 Unit dose vials and ampules are preferred and used according to availability. (Depending on medication).

4.2.2 **Multiple Dose Vials:**

4.2.2.1 Multiple doses are stored and discarded according to the recommendations of the manufacturer for the specific time indicated.

4.2.2.2 They are dated and initialled upon opening. In general MDV's may not be kept past 28 days.

4.2.2.3 The contents of the vial are used before additional vials are opened. Such vials are examined regularly to check the expiration date and need to discard.

4.2.2.4 If the vial is suspected of being contaminated, it is discarded or if indicated clinically (a patient has received an infection from the vial), the contents may be sent for culture.

4.2.2.5 A single clean syringe is used each time a MDV is accessed to reduce the possibility of cross contamination to another patient in accordance with the one needle one syringe one time only initiative of both the NY State Department of Health and the CDC.

4.2.3 **Propofol:**

4.2.3.1 Propofol is a lipid based anesthetic which has been associated with outbreaks of infection or febrile episodes after surgical procedures usually due to *S. aureus* or *C. albicans* when this drug is not used in accordance with aseptic technique or the specified guidelines. Propofol contains EDTA, however when contaminated, supports growth of microbial organisms.

4.2.3.2 Specific Recommendations for the use of Propofol:

4.2.3.2.1 Prior to opening, the neck of the propofol vial should be swabbed with 70% isopropyl alcohol. Propofol should be drawn up from the vial into sterile syringes using aseptic technique. The rubber stoppers of the 50 ml propofol vials should be swabbed prior to use with 70% isopropyl alcohol. Gloves should be worn while preparing or administering propofol and while touching mucous membranes or potentially contaminated surfaces.

4.2.3.2.2 Propofol should only be drawn up immediately prior to use. Multiple syringes of Propofol should not be drawn up for use later in the day.

4.2.3.2.3 The propofol syringe should be labelled with the time and date that the drug vials was opened.

4.2.3.2.4 In the operating room, administration of propofol should be completed within 6 hours after the vial has been opened.

4.2.3.2.5 The drug is for single patient use only, and syringes or drug infusion lines should not be used on different patients.

4.2.3.2.6 Opened vials of the drug should not be transferred between operating rooms or different facilities.

4.2.4 **Syringes:**

4.2.4.1 Syringes that are opened but not used immediately are discarded.

4.2.4.2 Pre-prepared Syringes: Drugs and/or syringes are never stored, pre-prepared or left in the operating/procedure rooms. Only drugs which are likely to be required during an emergency may be drawn up into syringes and may include: thiopental, succinylcholine, and vasopressors. Other drugs and muscle relaxants will be immediately available in their original sealed containers.

4.2.5 **All drugs drawn up into syringes:**

4.2.5.1 Must be properly labelled.

- 4.2.5.2 Will be disposed of and replenished with fresh drug drawn into new syringes for each patient by the anesthesia attending or nurse anesthetist.
- 4.2.5.3 A "common syringe" is never used for different patients, and new syringes and drugs are prepared between contacts with different patients.
- 4.2.6 **Suction Apparatus:**
 - 4.2.6.1 The suction apparatus should be kept clean at all times. Be sure that all Tubing and suction devices are discarded and a new tubing and yankauer placed and checked after each patient use.
 - 4.2.6.2 The yankauer suction should be placed back into the plastic cover following use or stored under the head sheet. Never place an uncovered contaminated Yankauer suction under the mattress (between the mattress and the bed surface).
- 4.2.7 **Disposable Supplies**
 - 4.2.7.1 After each case, all used disposable and reusable supplies are removed from the Operating Room/Procedure Room. Needles, blades, or other sharp tip or edged materials are disposed of in sharps disposal containers. Filled containers are removed by PMG Healthcare employees.
 - 4.2.7.2 Used disposable supplies are removed and discarded after each case.
 - 4.2.7.2.1 Intravenous infusion supplies
 - 4.2.7.2.2 Suction Catheters
 - 4.2.7.2.3 Endotracheal tubes are discarded after a single patient use or contact
 - 4.2.7.2.4 Oral and nasal airways
 - 4.2.7.2.5 EKG lead pads
 - 4.2.7.2.6 Oxygen tubing
- 4.2.8 **Decontamination and cleaning of Anesthesia Equipment:**
 - 4.2.8.1 A single standard of cleanliness is applied regardless of the presence or absence of evidence of infection. Decontamination of routine reusable items Semi-critical items will be rinsed, scrubbed and washed with detergent, and then sterilized in the steam sterilizer.
 - 4.2.8.1.1 Semi Critical items including: * Reusable endotracheal tube stylets and endotracheal tube changers * Laryngoscope blades and handles * Magill forceps
 - 4.2.8.1.2 Non-critical items: Will be cleaned by anesthesia department staff in contaminated areas of the anesthesia work room. These items will be rinsed, scrubbed and washed with detergent, washed in a disinfectant detergent, and then rinsed and air dried.
 - 4.2.8.1.2.1 Reusable equipment (i.e.: B/P monitors, pulse oximeters, and EKG equipment) will be decontaminated between uses on different patients according to the category of equipment. Clean equipment will be placed in individual clean bags or labelled as clean and stored in the operating rooms and in the OR equipment supply room.
- 4.2.9 **Patient care Practices:**
 - 4.2.9.1 Anesthesia practice includes assessing the patient for signs of infection during preoperative, intraoperative, and postoperative care or consultation. If infections are discovered, the appropriate medical/surgical service will be notified in order to expedite appropriate treatment.
 - 4.2.9.2 The operating room and recovery room nurses should be notified of patients with communicable infection that require special infection control measures e.g., chicken pox, active pulmonary tuberculosis. Whenever possible, surgery is deferred until the patient is no longer in need of infection control precautions.
- 4.2.10 **Linens**
 - 4.2.10.1 Protect yourself and others when you handle or transport linen.
 - 4.2.10.1.1 All linen is considered contaminated. Handle soiled linen as little as possible.

- 4.2.10.1.2 Avoid shaking soiled linen and do not place on floor.
- 4.2.10.1.3 Place soiled linen in appropriate linen bag at site of use.
- 4.2.10.1.4 Scrubs will be worn by anesthesia in the operative area. Scrubs are to be taken home and washed and a clean set of scrubs worn each day to prevent the breeding of bacteria and pathogens. Dirty scrubs may not be stored in locker rooms, offices, or break rooms.
- 4.2.11 **Hygiene Etiquette**
 - 4.2.11.1 Always cover your mouth when coughing or sneezing. Wash hands.
 - 4.2.11.2 Wash hands before eating.
 - 4.2.11.3 Wash hands after restroom use.
 - 4.2.11.4 Wash hands before and after any direct patient care activity or procedure.
 - 4.2.11.5 Always wash hands after removing personal protective equipment.
 - 4.2.11.6 Remind patients to wash their hands.
 - 4.2.11.7 Offer a surgical mask or tissues to patients who exhibit cold or flu-like-symptoms. 8. Stay home if you are sick with fever and cough.
- 4.2.12 **Hand washing procedure:**
 - 4.2.12.1 Methods of hand hygiene involve either antibacterial soap and water or alcohol – based waterless hand rub.
 - 4.2.12.2 Hand hygiene is used to remove or kill microorganisms that colonize the hands.
 - 4.2.12.3 The World Health Organization 5 moments for hand hygiene: before touching the patient, before clean/aseptic procedures, after body fluids exposure risk, after touching the patient and after touching patient's surroundings.
- 4.2.13 **Standard Isolation Precautions**
 - 4.2.13.1 Treat all patients as though they are potentially infectious.
 - 4.2.13.2 Protective equipment includes gloves, masks, eye wear and gowns.
 - 4.2.13.3 Wear protective equipment when at risk for exposure to blood and all moist body substances, mucous membranes or non-intact skin of all patients (i.e. gloves, gown, and eye wear as needed).
 - 4.2.13.4 Wash hands after removing protective equipment. Discard protective equipment in procedure or exam room. Do not wear protective equipment around the office space.
 - 4.2.13.5 Use mouth to mask, resuscitation bags or ventilation devices for resuscitation. 6. Clean up all blood/body fluid spills promptly with an EPA registered hospital approved cleaner. 7. Wear surgical mask and protective eye wear if aerosolization or splattering is likely.
- 4.2.14 **Biohazardous Waste Disposal**
 - 4.2.14.1 Dispose of all waste contaminated with blood or body substances (excluding urine, feces, bloody linen or vomitus) in the biohazardous waste bins in our area. Bins are lined with red bags and labeled "Biohazardous".
 - 4.2.14.2 All linen is considered biohazardous. Place soiled linen in yellow linen bag – NOT in the yellow bag trash. Use gloves to remove linen from bed. Bloody urine and feces should be flushed down the toilet. 4. Sharps containers must be changed when $\frac{3}{4}$ full. It is everyone's responsibility to change the sharps container

5. MATERIALS AND EQUIPMENT:

N/A

6. RESPONSIBILITIES:

- 6.1 Nurses
- 6.2 Anesthesia Technician
- 6.3 Anesthesiologist

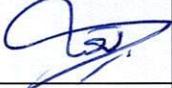
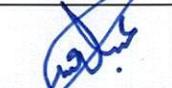
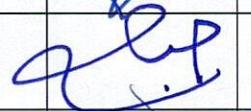
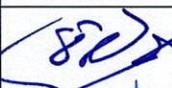
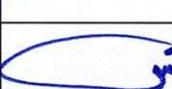
7. APPENDICES:

N/A

8. REFERENCES:

- 8.1 American Society of Anesthesiology.

9. APPROVALS:

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