



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Infection Prevention and Control Department		
Document:	Multidisciplinary Policy and Procedure (MPP)		
Title:	Standard Precautions		
Applies To:	Health care workers		
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1. PURPOSE:

- 1.1 To provide guidelines on the basic infection control practices to prevent the transmission of infectious agents within the healthcare facility between patients, healthcare workers, sitters and visitors.

2. DEFINITONS:

- 2.1 Standard Precautions- A method of infection prevention and control in which all human blood and body substances (e.g., blood, body fluids, secretions, excretions, non-intact skin and mucous membranes) are considered potentially infectious.

3. POLICY:

- 3.1 Standard Precautions is used to break the chain of infection transmission and is used in conjunction with Isolation Precautions.
- 3.2 Delivery of healthcare in all settings—e.g., acute care hospitals, long-term care facilities, ambulatory care centers, and home care—is associated with a risk for transmission of infectious agents, via other patients and healthcare workers, or in association with medical devices.
- 3.3 The basic requirement for infection prevention and control strategies such as strict hand hygiene will reduce spread of microorganisms.
- 3.4 Adherence to aseptic technique and appropriate use of Personal Protective Equipment (PPE) is highly recommended.

4. PROCEDURE:

- 4.1 Hand Hygiene (HH): Methods of HH involve either antibacterial soap and water or alcohol-based waterless hand rub. HH is used to remove or kill microorganisms that colonize the hands. See Policy 013 Hand hygiene
 - 4.1.1 The WHO's 5 moments for HH:
 - 4.1.1.1 Before patient contact
 - 4.1.1.2 Before clean/aseptic tasks
 - 4.1.1.3 After body fluid exposure risk
 - 4.1.1.4 After patient contact
 - 4.1.1.5 After contact with patient surroundings/environment
- 4.2 Personal Protective Equipment (PPE). See Policy 014 General Guidelines for PPE
 - 4.2.1 PPE is used to create a barrier between HCWs and patients, body substances, or surfaces. Use appropriate PPE (gloves/gowns/plastic aprons/eye protection) to prevent skin and mucous membrane exposure. Use one or more of these items based on the degree and risk of exposure. However, most routine patient care activities at the bedside do not require the use of PPE.
 - 4.2.1.1 Gloves

- 4.2.1.1.1 Wear gloves whenever in contact with blood, other body substances or contaminated items and surfaces and when in an isolation room.
- 4.2.1.1.2 Wear and change gloves between tasks/procedures on the same patient
- 4.2.1.1.3 Remove gloves promptly after use and before touching clean items and environmental surfaces.
- 4.2.1.1.4 Perform hand hygiene immediately after removing gloves.
- 4.2.1.1.5 Use non-sterile gloves for examinations and other clean procedures, and use sterile gloves for sterile procedures
- 4.2.1.1.6 Gloves are not to be worn after leaving the patient room or procedure area.
- 4.2.1.2 Gowns/plastic aprons
 - 4.2.1.2.1 Wear a gown/plastic apron to protect skin and clothing during procedures that may generate splashes or aerosolization of body substances and cause the soiling of clothes.
 - 4.2.1.2.2 Securely fasten the tabs/ties to keep the gown/plastic apron in place while performing patient care activities in the patient room/procedure area.
 - 4.2.1.2.3 Remove the gown/plastic apron by untying the tabs/ties and folding it away from you in an inside-out manner. Roll it into a ball and discard
 - 4.2.1.2.4 Change the gown/plastic apron for each patient and/or procedure.
 - 4.2.1.2.5 Gloves/aprons are not to be worn after leaving the patient room or procedure area.
- 4.2.1.3 Mask (surgical or N95)
 - 4.2.1.3.1 Wear a surgical mask (with protective eye/face wear) if splashing or aerosolization of blood or body fluids is expected.
 - 4.2.1.3.2 Change mask between patients and sooner if mask becomes wet, moist or torn.
 - 4.2.1.3.3 Wear an N95 mask when indicated to enter an airborne isolation room, and remove it only when outside of the room.
 - 4.2.1.3.4 Surgical mask are not to be worn after leaving the patient's room or procedure area.
 - 4.2.1.3.5 Surgical mask or N-95 mask are meant to be used as single use every after patient encounter.
- 4.2.1.4 Protective eye/face wear
 - 4.2.1.4.1 Wear protective eye/face wear if required for combined protection from eye/face contamination by aerosolized body substances.
 - 4.2.1.4.2 Wash and disinfect visibly soiled reusable face shields or protective eyewear prior to reuse, according to hospital policy.
 - 4.2.1.4.3 Protective eyewear /face wear are not to be worn after leaving the patient room or procedure area.
- 4.2.1.5 Sequence of donning and doffing of PPEs (with eyewear, e.g., goggles or face shield) before entering and leaving a patient's room:
 - 4.2.1.5.1 Don PPEs in this order: Hand hygiene, gown, surgical mask, goggles/face shield then gloves.
 - 4.2.1.5.2 Doff PPEs in this order: Gloves, hand hygiene, goggles/face shield, gown, hand hygiene, surgical mask then hand hygiene.

4.3 Handling/Disposal of Contaminated Items

4.3.1 Needles/sharps

- 4.3.1.1 Dispose used sharp items into an approved puncture-resistant container immediately after use, at the point of use, or as close to point of use, as possible.
- 4.3.1.2 Do not place used sharp items on any environmental surface.
- 4.3.1.3 Do not recap or manipulate needles using both hands because this increases the risk of injury. If

recapping or manipulating the needle is deemed essential, then use either a one-handed "scoop" technique or a mechanical device designed to hold the needle sheath.

- 4.3.1.4 Before attempting to remove needles from reusable aspirating syringes, recap them with either a one-handed "scoop" technique or a mechanical device designed to hold the needle sheath.
- 4.3.1.5 Close sharps containers when $\frac{3}{4}$ full and remove for incineration.

4.3.2 Linen

- 4.3.2.1 Handle and transport linen in a manner that will prevent skin/mucous membrane exposure and contamination of clothing or transferring microorganisms to other patients or the environment.
- 4.3.2.2 Place wet/heavily soiled linen in a designated impermeable bag and close the bag securely or wrap wet linen in another piece of linen to avoid soaking of the bag.

4.3.3 Medical waste

- 4.3.3.1 Place biomedical waste in identifiable (color-coded) bags or appropriate containers.
- 4.3.3.2 Securely tie or close bags/containers and remove for appropriate disposal.

4.3.4 Patient care equipment

- 4.3.4.1 Handle used patient care equipment in a manner that prevents skin and mucous membrane exposure, contamination of clothing and transfer of microorganisms to other patients or the environment.
- 4.3.4.2 Commonly used equipment must be clean and disinfected between patients.
- 4.3.4.3 Do not reuse single-use items.
- 4.3.4.4 Remove organic material from critical and semi-critical instruments/devices using recommended cleaning agents before transfer to CSSD for high-level disinfection or sterilization.
- 4.3.4.5 Ensure that reusable equipment is properly transported in leak-proof containers to CSSD for reprocessing before use with another patient.

4.4 Laboratory specimens

- 4.4.1 Wear gloves before obtaining laboratory specimens
- 4.4.2 Place laboratory specimens in designated containers and seal appropriately
- 4.4.3 Remove gloves and perform hand hygiene once all laboratory specimens are in the appropriate containers
- 4.4.4 Label containers with appropriate patient data.
- 4.4.5 Transfer to the laboratory in an upright position as much as possible and as promptly as possible.
- 4.4.6 Ensure no leakage of the laboratory specimens.
- 4.4.7 Ensure that the requisition has the complete information as this is critical for laboratory analysis and clinical interpretation.

4.5 Room cleaning

- 4.5.1 Rooms should be cleaned daily and after patient discharge
- 4.5.2 Cleaning is required as per housekeeping policies. Refer to Housekeeping Policy no. 103

4.6 Patient placement

- 4.6.1 Place patients who pose as risk of transmission to others (e.g., those with uncontained secretions, excretions, or wound drainage) in single-patient rooms when available. If a single room is not available, ensure contact isolation precautions are applied in a shared room.

4.7 Cough etiquette

- 4.7.1 Cover nose and mouth with a tissue when coughing or sneezing. See appendices 7.1
- 4.7.2 Dispose used tissue in the nearest waste receptacle.
- 4.7.2.1 Clean hands with soap and water or antiseptic solution or with an alcohol-based hand rub after touching respiratory secretions or handling contaminated objects.

4.8 Food and drinks at the work station

- 4.8.1 Consumption of food and drinks in clinical areas with potential for exposure to blood or other infectious material or where the potential for contamination of work surfaces exist are

prohibited. However, water bottles with protective lids, properly labeled with the employees name are allowed.

5. MATERIALS AND EQUIPMENT:

5.1 Forms and Records:

5.1.1 N/A

5.2 Materials and Equipment

5.2.1 N/A

6. RESPONSIBILITIES:

- 6.1 It is the responsibility of all health care workers to adhere to standard precautions to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources in the hospital.
- 6.2 It is the responsibility of the Infection Prevention and Control Team to supervise and monitor the compliance of this policy.

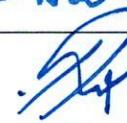
7. APPENDICES:

7.1 Cough Etiquette

8. REFERENCES:

- 8.1 GCC Manual 3rd Edition 2018. file:///C:/Users/SPawar/Downloads/The-GCC-Infection-Prevention-and-Control-Manual-3rd-Edition.pdf

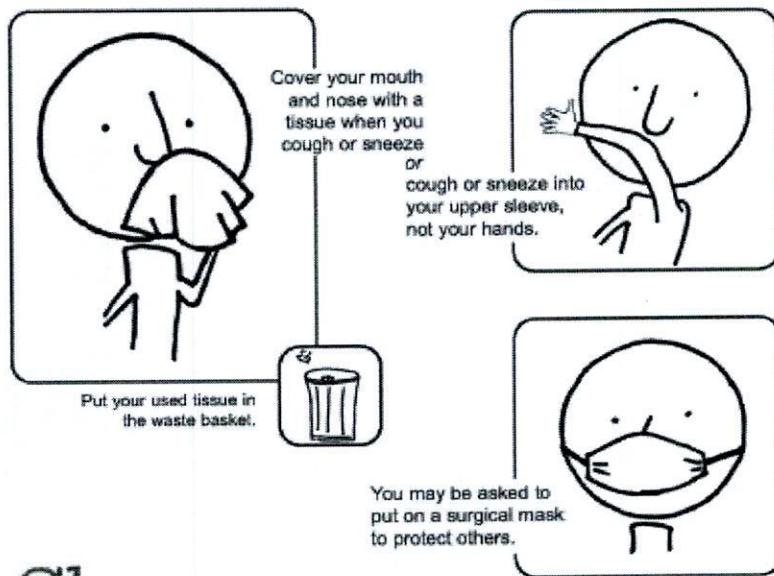
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7.1 Cough Etiquette

Stop the spread of germs that make you and others sick!

Cover your Cough



Clean your Hands

after coughing or sneezing.

