



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Infection Prevention and Control Department		
Document:	Multidisciplinary Policy and Procedure (MPP)		
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Applies To:	Health Care Workers		
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1. PURPOSE:

- 1.1 To describe the principles of isolation precautions (also known as expanded precautions) needed to further reduce or prevent the spread of epidemiologically significant or highly transmissible pathogens when standard precautions alone are insufficient.

2. DEFINITIONS:

- 2.1 Standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals. Standard precautions apply to blood, all body fluids (secretions and excretions except sweat regardless of whether they contain blood), non-intact skin and mucous membranes.
- 2.2 Transmission-based precaution is designed for patients documented to be or suspected to be infected or colonized with highly transmissible or epidemiologically important pathogens for which additional precautions beyond Standard Precautions are required.
 - 2.2.1 Transmission-based precautions are infection control practices that are implemented in addition to standard precautions. They are used for patients who may be infected or colonized with certain infectious agents or syndromes that can be transmitted from person to person via droplet, contact or airborne routes.
 - 2.2.2 The type of infectious disease a patient has dictates the kind of isolation precautions necessary to prevent the spread of the disease to others.
 - 2.2.3 Transmission-based precautions: based on routes of transmission, designed to be used together with the standard precautions, divided into the three subgroups of airborne, droplet, and contact precautions
- 2.3 Contact Isolation Precautions: In addition to standard precautions, Contact Isolation Precautions is intended to reduce the risk of transmission of epidemiologically important microorganisms thru direct or indirect contact with the patients or the patients' environment.
- 2.4 Droplet Isolation Precautions: In addition to standard precautions, Droplet Isolation Precautions prevents the transmission of infectious agents that are spread through close respiratory or mucous membrane contact with respiratory secretions.
- 2.5 Airborne Isolation Precautions: In addition to standard precautions, Airborne Isolation Precautions prevents the transmission of infectious agents that remain infectious over long distances when suspended in the air (e.g., measles, varicella, pulmonary tuberculosis, avian influenza, severe acute respiratory syndrome (SARS)).

3. POLICY:

- 3.1 There is a clinical hand washing facility with hands free operation inside the patient's room or in the anteroom (if available).
- 3.2 PPE and alcoholic hand rub are available outside the patient's room at the corridor or in the anteroom (if available).
- 3.3 All PPEs are doffed inside the patient's room except N95 respirator which is removed outside airborne infection isolation room (AIIR) after closure of the door of patient's room or anteroom (if

available).

3.4 Visitors receive proper instructions from assigned HCW before entering an isolation room, and they should comply with recommended isolation required precautions.

3.5 A log book is available and used for all individuals entering the rooms/cubicles of isolated patient with airborne infections (e.g. Pulmonary TB).

3.6 Non-Critical patient-care equipments are single use or dedicated to one patient or if not available and shared equipments have been used', proper cleaning & disinfection of shared equipments must be strictly followed.

3.7 The signs used to indicate categories of isolation precautions are clear and visible for HCWs and visitors, in bilingual (Arabic & English), color coded and compatible with diagnosis (e.g; contact: green, airborne: blue, and droplet: pink or red) (it is preferable to use the MOH approved isolation signs).

3.8 The receiving unit or facility is informed about the required isolation precautions and to ensure the availability of appropriate PPE.

3.9 The transfer of patient under isolation precautions is restricted to medically necessary purposes, Isolation transportation cards must be used and should be consistent with the patient diagnosis , colour coded , posted in Arabic and English, and indicating the type of precautions required for staff (it is preferable to use the MOH approved isolation transportation cards) and through less crowded traffic route.

3.10 Patients with burns larger than 25% of the total body surface area (TBSA) are kept in a single room or physically separated from other patients.

3.11 Portable chest x-ray is available for usage in an isolation room when needed.

3.12 The required number of airborne infection isolation room (AIIR) should be predicted in each hospital based on the facility' risk assessment or based on the national approved standard.

3.13 Airborne Infection Isolation Rooms (AIIRs) are under negative pressure (minimum -2.5 Pascal) with air totally exhausted to outside (100%) through High-Efficiency Particulate Air (HEPA) filters. The exhaust air ducts including that from the bathroom are independent of the building exhaust air system.

3.14 There is 100% fresh air supply (i.e. return of air is not permitted) from central AC or concealed separate unit. All components of AIIR ventilation unit (supply & exhaust) are connected to emergency power supply to maintain air pressurization in the event of power failure.

3.15 There is a fixed monitor outside the patient room in the corridor to continuously monitor the pressure difference between the patient room and corridor, with activation of audiovisual alarm when the ventilation system failed.

3.16 There is evidence of regular monitoring of negative pressure difference of AIIRs:

- 3.16.1 Daily when in use (i.e., a patient isolated inside).
- 3.16.2 Weekly when not in use (i.e., no patient isolated).
- 3.16.3 Monthly check by maintenance personals."

3.17 Air exchange of AIIR is ≥ 12 air changes per hour (≥ 12 ACH) with monthly monitoring.

3.18 AIIRs are used only for isolation of suspected or confirmed cases with airborne infectious diseases.

3.19 There is screening policy for newly admitted or transferred patients to all critical care units (e.g., ICU, Cardiac CCU, NICU...) to identify those who require isolation precautions.

4. PROCEDURE:

4.1 Isolation precautions contain two tiers: Standard Precautions and Transmission-based Precautions

- 4.1.1 STANDARD PRECAUTIONS: Apply to all patients in all situations.
- 4.1.2 TRANSMISSION-BASED PRECAUTIONS: Apply in addition to Standard Precautions to patients known or suspected of being infected or colonized with an epidemiologically important or highly transmissible pathogen
 - 4.1.2.1 Apply in addition to Standard Precautions to patients known or suspected of being infected or colonized with an epidemiologically important or highly transmissible pathogen.
 - 4.1.2.2 These precautions may be combined for diseases that have multiple routes of

transmission. When used either singularly or in combination, they are to be used in addition to Standard Precautions.

4.2 Nurses will take the following steps:

4.2.1 Initiate isolation precautions as specified and/or based on clinical assessment of the patient in consultation with the attending physician and/or Infection Preventionist (IP). (Microbiology reports may or may not support the clinical assessment).

4.2.2 Arrange for the required isolation supplies for the room. Place the appropriate isolation precautions sign on the room door and on the patient's File.

4.2.3 Give the necessary instructions to patients and visitors.

4.3 **CONTACT ISOLATION PRECAUTIONS**

4.3.1 Contact isolation precautions must be used together with Standard Precautions.

4.3.2 Contact precautions also apply when the presence of excessive wound drainage, fecal incontinence or other discharges from the body suggest an increased potential for extensive environmental contaminations and risk of transmission.

4.3.3 Patients diagnosed with the same disease can be placed in the same room (cohort), assuming that no other infection is present.

4.3.4 Contact isolation should be initiated and maintained when there is a suspected or confirmed diagnosis of an infectious disease that is transmitted by the contact route.

4.3.5 The patient should be in a single room. A neutral pressure room is indicated. If no single room is available

4.3.5.1 Put a contact isolation sign on the door and the patient's curtain. Contact isolation signage must be color coded (e.g., green) and must be available in both English and Arabic languages.

4.3.5.2 Keep the door closed.

4.3.5.3 If no single room is available cohorting same patients with similar infections may be done in consultation with the Infection Preventionist (IP).

4.3.6 All healthcare workers must wear the appropriate PPE (gown and gloves) when anticipating contact with patient or the patient's environment.

4.3.6.1 Change the gown and gloves between patients even if both patients share a room and both are under Contact Precautions.

4.3.6.2 Sequence of donning PPEs before entering the room:

4.3.6.2.1 Perform hand hygiene

4.3.6.2.2 Don gown. Gown should cover torso from neck to knees and should be secured at neck and waist.

4.3.6.2.3 Don gloves. Extend gloves over isolation gown cuffs.

4.3.6.3 Sequence of doffing PPEs before leaving the room:

4.3.6.3.1 Remove gloves

4.3.6.3.2 Remove gown. Unfasten ties, peel gown away from neck and shoulder, turn inside out, fold into a bundle and discard

4.3.6.3.3 Perform hand hygiene. Use soap and water when dealing with a patient with spore-forming bacteria (e.g., Clostridium difficile) or if hands are visibly soiled

4.3.7 Notify IPCD that the patient is in contact isolation.

4.3.8 The "5 Moments of Hand Hygiene" must be followed by all personnel entering and leaving the patient care area.

4.3.9 Explain the purpose of precautions to the patient and visitors to encourage their cooperation with hand hygiene

4.3.10 Limit patient transport outside the room to medically necessary purposes. If the patient is to be transported: Inform the destination department/facility of the patient's isolation status prior to transport. "For transport of patient under contact isolation precaution:

4.3.10.1 Contain and cover all skin lesions and infected or colonized wound if available with clean bandage/dressing.

4.3.10.2 Instruct patient to wear a clean gown, and clean linen should be used."

4.3.11 Environmental measures: Housekeepers should wear gowns and gloves before room entry

to clean the patient's room, and gowns and gloves should be discarded when leaving.

4.3.12 Discontinue isolation precautions in consultation with the IPCD.

4.3.13 All patients for transfer outbound known to have MRSA or other epidemiologically significant organisms must be reported upon requesting the transfer with the supporting document.

4.3.14 All patients transferred to the hospital must be kept under contact transmission based precaution unless proving otherwise.

4.4 DROPLET ISOLATION PRECAUTIONS

4.4.1 Droplet Isolation Precautions must be used together with Standard Precautions

4.4.2 Droplet Precautions are intended to reduce the risk of droplet transmission of infectious agents from close contact (exposure to eyes, nose and mouth) with large-particle droplets (larger than 5 μm) generated by coughing, sneezing, talking or aerosol-generating procedures.

4.4.3 Patients diagnosed with the same disease can be placed in the same room (cohorted) in consultation with Infection Preventionist (IP), assuming that no other infection is present.

4.4.4 Initiate and maintain droplet precautions when there is suspected or confirmed diagnosis of an infectious disease that is transmitted by the droplet route.

4.4.5 Use a single room. A negative air pressure room is not indicated.

4.4.5.1 Place a droplet sign on the door.

4.4.5.2 Droplet isolation signage must be color coded (e.g., orange) and must be available in both English and Arabic languages.

4.4.6 Notify the IP that the patient is placed under precautions.

4.4.7 Wear appropriate PPE (surgical mask, gloves, and gown) as needed. A surgical mask is required within three (3) feet of the patient.

4.4.7.1 Sequence of donning PPEs before entering the room:

4.4.7.1.1 Perform hand hygiene.

4.4.7.1.2 Don gown. Gown should cover torso from neck to knees and should be secure at neck and waist

4.4.7.1.3 Don surgical mask. Place surgical mask over nose, mouth and chin then fit flexible nosepiece over nose bridge and secure head with ties or elastic.

4.4.7.1.4 Don gloves. Extend gloves over isolation gown cuffs.

4.4.7.2 Sequence of doffing PPEs before leaving the room:

4.4.7.2.1 Remove gloves

4.4.7.2.2 Remove gown. Unfasten ties, peel gown away from neck and shoulder, turn it inside out, fold into a bundle and discard.

4.4.7.2.3 Perform hand hygiene.

4.4.7.2.4 Remove surgical mask.

4.4.7.2.5 Perform hand hygiene.

4.4.7.2.6 NB: if goggles/face shield are worn:

4.4.7.2.6.1 Don PPEs in this order: Hand hygiene, gown, surgical mask, goggles/face shield and gloves

4.4.7.2.6.2 Remove PPEs in this order: Gloves, hand hygiene, goggles/face shield, gown, hand hygiene, surgical mask and hand hygiene.

4.4.8 The "5 Moments of Hand Hygiene" must be followed by all personnel entering and leaving the patient care area.

4.4.9 Encourage the patient to observe basic personal hygiene (hand hygiene, care with secretions).

4.4.10 Keep the patient in the room for the duration of the infectious period if possible. Limit patient The required number of airborne infection isolation room (AIIR) should be predicted in each hospital based on the facility' risk assessment or based on the national approved standard (at least One AIIR in ED & One AIIR in Inpatients wards).to essential medical purposes (if patient is to be transported)

- 4.4.10.1 Place a surgical mask on the patient if he/she must leave the room and follow respiratory hygiene and cough etiquette.
- 4.4.10.2 Cover exposed skin lesions (if any) with clean bandages and/or clean linens."
- 4.4.10.3 Inform the destination department/facility regarding droplet precautions when the patient is being transported.
- 4.4.11 Explain the purpose of the precautions to the patient and visitors to encourage their cooperation.
- 4.4.12 Environmental Measures: Daily cleaning of the high touch surfaces with hospital-approved disinfectant is appropriate. Housekeeping staff should wear a surgical mask before entering the room.
- 4.4.13 Discontinue isolation precautions in consultation with the IP

4.5 AIRBORNE ISOLATION PRECAUTIONS

- 4.5.1 Airborne isolation precautions must be used together with Standard Precautions
- 4.5.2 "Airborne infection isolation rooms specifications' fulfill with MOH required specifications as the following:
 - 4.5.2.1 Standard isolation rooms.
 - 4.5.2.2 Windows are sealed and fixed (i.e., could not be opened).
 - 4.5.2.3 Openings in walls and ceiling are sealed and airtight.
 - 4.5.2.4 Doors are properly designed and well sealed.
- 4.5.3 Airborne isolation is used when a patient is suspected or confirmed to have any of the diseases that are spread via the airborne route.
- 4.5.4 Healthcare workers (HCWs) are expected to be immune to vaccine-preventable diseases such as measles and varicella that are transmitted via the airborne route.
- 4.5.5 Non-immune HCWs shall adhere to proper PPE for self-protection and be immunized as soon as possible
- 4.5.6 Rooms with negative air pressure system (also called airborne infectious isolation rooms (AIIRs) are vital to prevent the risk of infectious particles escaping and potential exposure/transmission of disease.
- 4.5.7 A fit-tested respirator particulate mask (N95 or higher) is required for all HCWs who will potentially care for patients in respiratory isolation. The renewal of fit testing for HCWs should follow a hospital-based policy. This will ensure the prevention of disease transmission to HCWs through the airborne route.
- 4.5.8 Initiate and maintain isolation when there is suspicion or confirmed diagnosis of an infectious disease that is transmitted by the airborne route.
- 4.5.9 Use a single room with a negative air pressure system (AIIR)
 - 4.5.9.1 Place the Airborne Isolation sign on the door. Airborne isolation signage must be color coded (e.g., blue) and must be available in both English and Arabic languages.
 - 4.5.9.2 Keep door closed at all times except when entering or leaving the room.
- 4.5.10 When a patient is on airborne isolation, HCWs must wear an N95 mask/respirator before entering the room. An N-95 is single-use and disposed after each patient encounter. In the event of a shortage, such as during an outbreak, reuse may be allowed.
 - 4.5.10.1 Sequence of donning PPEs before entering the room (preferably done in the anteroom, if available):
 - 4.5.10.1.1 Perform hand hygiene.
 - 4.5.10.1.2 Don N95 mask or respirator. Place over nose, mouth and chin then fit flexible nosepiece over nose bridge, secure on the head with ties or elastic. Perform fit check.
 - 4.5.10.2 Sequence of doffing PPEs before leaving the room:
 - 4.5.10.2.1 Perform hand hygiene.
 - 4.5.10.2.2 Outside the room, remove your N95 mask (in the anteroom if available)
 - 4.5.10.2.3 Perform hand hygiene.
 - 4.5.10.3 In case of combination of Contact and Airborne precautions with eye protection

(goggles/ace shield):

- 4.5.10.3.1 Put PPEs in this order: Hand hygiene, gown, N95 mask, goggles/face shield and gloves.
- 4.5.10.3.2 Remove PPEs in this order: Gloves, hand hygiene, goggles/face shield, gown, hand hygiene (inside the room), and remove N95 mask (outside the room) and perform hand hygiene.

- 4.5.11 Notify the IPCD that the patient is in isolation.
- 4.5.12 The "5 Moments of Hand Hygiene" must be followed by all personnel entering and leaving the patient care area.
- 4.5.13 Keep the patient in the room during the infectious period if patient is to be transported,
 - 4.5.13.1 Place a surgical mask on the patient if he/she must leave the room.
 - 4.5.13.2 Instruct patient on respiratory hygiene and cough etiquette.
 - 4.5.13.3 Cover all lesions.
 - 4.5.13.4 Limit the transport of patients to essential medical purposes.
- 4.5.14 Instruct patients on respiratory hygiene and cough etiquette.
- 4.5.15 Check with visitors and staff for their immune status to the disease and instruct them regarding the use of protective apparel and proper behavior while in the isolation room.
 - 4.5.15.1 Emphasize proper personal hygiene and hand hygiene.
- 4.5.16 Notify other departments that will be receiving the patient of his/her isolation status.
- 4.5.17 Environmental measures: Routine cleaning of high touch surfaces is standard. Housekeeping personnel should wear the N95 mask before room entry.
- 4.5.18 In settings where airborne precautions cannot be implemented immediately, do the following:
 - 4.5.18.1 Place a surgical mask on the patient
 - 4.5.18.2 Place the patient in a single room with a door. Keep the door closed.
 - 4.5.18.3 Provide N95 masks for HCWs entering the patient's room.
 - 4.5.18.4 Arrange for the patient to be transferred to an airborne isolation room and/or to be discharged as soon as possible.
 - 4.5.18.5 Discontinue isolation precautions in consultation with infection control.

5. MATERIALS AND EQUIPMENT:

5.1 Forms and Records:

- 5.1.1 Door tag: Contact, droplet, airborne precaution Signage
- 5.1.2 Transportation Tag: Contact, droplet, airborne precaution Signage

5.2 Materials and Equipment

- 5.2.1 Personal Protective Equipments
- 5.2.2 Expanded Precaution Boards: Contact, Droplet, Airborne

6. RESPONSIBILITIES:

- 6.1 Healthcare Personnel: It is the responsibility of the nurse on duty and any other personnel involved in the management of patient care to implement and adhere to infection prevention and control practices in relation to expanded precautions.
- 6.2 Infection Control Practitioner: Monitor compliance regarding infection prevention and control practices in relation to expanded precautions.

7. APPENDICES:

- 7.1 The Difference between transmission-based precautions
- 7.2 Waste disposal from isolation rooms

Appendix 7.1 The Difference between transmission-based precautions

Items	Contact	Droplet	Airborne
Indications	Used to reduce the risk of transmission of microorganisms transmitted by contact with the patient or the patient's environment. Such as vancomycin-resistant enterococci (VRE), methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), <i>Clostridium difficile</i> , etc.	Used to reduce the risk of transmission of microorganisms transmitted by large particle droplets (larger than 5 microns in size) which are generated from the source person during coughing, sneezing, or talking, and during performance of certain procedures such as suctioning and bronchoscopy and includes diseases as influenza, rubella, and mumps.	Used to prevent or reduce the transmission of microorganisms transmitted through small particle droplets (droplet nuclei) that are 5 microns or smaller in size. Includes such diseases as open tuberculosis, measles, and varicella zoster virus (Chicken Pox & disseminated varicella).
Type of room	A single room is preferred; however, patients with the	Single rooms are preferred; however, patients with the	Airborne infection isolation room (AIIR) with negative air
Items	Contact	Droplet	Airborne
	share a room (cohorting).	(cohorting). Patients must be spatially separated by at least 6 feet.	available put the patient in single room with portable HEPA filter . Restrict cohorting to special situations.
Personal protective equipment (PPE):	Wear a gown and gloves at room entry.	Wear a surgical mask on room entry. Handle items contaminated with respiratory secretions (e.g., tissues, handkerchiefs) with gloves.	Wear a fit-tested approved N95 or higher-level respirator.
Hand hygiene	Always use hand hygiene before and after the use of PPE and after touching environmental surfaces		
Patient transport:	Limit patient transport outside the room for medically necessary purposes. Inform the receiving department of the status of the patient.		
	<ul style="list-style-type: none"> Cover or contain potentially infectious body fluids before transport. Don clean PPE to handle the patient at the destination. 	If the patient must leave the room, instruct the patient to wear a surgical mask and follow respiratory hygiene and cough etiquette.	Transport personnel do not need to wear respiratory protection during transport if the patient is masked and all skin lesions are covered.
Environmental measures:	Environmental service workers should don gown and	Environmental services personnel should don a surgical	Environmental services personnel should wear an N95

Items	Contact	Droplet	Airborne
	<p>gloves before room entry to clean and disinfect the patient's room.</p> <p>Clean daily with a focus on high-touch areas, patient bathrooms, and areas close to the patient. N.B. Some viruses and spore-forming organisms are resistant to traditional disinfectants, and the use of a 1:10 dilution of bleach solution is recommended. e.g. C. difficile</p>	mask before room entry.	respirator before room entry.
Patient equipment	When possible, assign non-critical patient care equipment (e.g., stethoscope, pressure cuff, etc.) to use only in the isolation room.		
Waste management	According to patient's diagnosis (see the table below)		

Items	Contact	Droplet	Airborne
Instructions for healthcare workers and visitors:	<p>All HCWs should be instructed to:</p> <ol style="list-style-type: none"> 1. Practice hand hygiene 2. Wear ISOLATION GOWN AND GLOVES before entering the patient room. 	<p>All HCWs should be instructed to:</p> <ol style="list-style-type: none"> 1. Practice hand hygiene 2. Wear a SURGICAL MASK before entering the patient room. 	<p>All HCWs should be instructed to:</p> <ol style="list-style-type: none"> 1. Practice hand hygiene 2. Wear N95 MASK before entering the patient room.
	<p>Before leaving the patient room:</p> <ul style="list-style-type: none"> • Remove gown and gloves. • Perform hand hygiene. 	<ul style="list-style-type: none"> • Remove surgical mask. • Perform hand hygiene. 	<p>All PPE must be removed Except N95 mask.</p> <p>Perform hand hygiene.</p> <p>After exit from the patient room:</p> <p>Remove N95 mask.</p> <p>Perform Hand hygiene.</p>
Isolation signs and Transportation card	Contact isolation sign and transportation card (Green)	Droplet isolation sign and transportation card (Red)	Airborne isolation sign and transportation card (Blue)

(see Appendix 4, 5, 6, 7, 8 and 9)

Appendix 7.2 The following table shows the waste disposal from isolation rooms

Patient isolated for MDROs	All wastes should be disposed of in a black bag (general wastes); except dressings from infected or surgical wounds, and the items heavily soiled with blood or other body fluids.
Patient isolated for highly infectious diseases (confirmed and suspected) e.g., Ebola, Smallpox, Anthrax, and other diseases decided by the infection control team to be a highly infectious disease.	Manage used disposable PPE and all other patient care items as Hazardous Medical Waste and dispose in the yellow bag.
Patient isolated for suspected pulmonary TB	Manage used disposable PPE and all other patient care items as Hazardous Medical Waste and dispose of in the yellow bag.
Patient isolated for confirmed infective TB: e.g. Open pulmonary TB, Laryngeal TB, extrapulmonary draining infection	Manage used disposable PPE and all other patient care items as Hazardous Medical Waste and dispose of in the yellow a bag.
Patient isolated for confirmed noninfective TB: e.g. Non- Open pulmonary TB, Peritoneal TB with no drain, TB from non- draining infection	All wastes should be disposed of in a black bag (general wastes); except dressings from infected or surgical wounds, and the items heavily soiled with blood or other body fluids dispose in the yellow bag.
The Patient isolated for not highly infectious communicable disease e.g. H1N1, MERS CoV, , COVID- 19, and other respiratory viruses	All wastes should be disposed in black bag (general wastes); except dressings from infected or surgical wounds, and the items heavily soiled with blood or other body fluids dispose in the yellow bag.
Measles (Confirmed and suspected)	Manage used disposable PPE and other patient care items for measles patients as Hazardous Medical Waste and dispose of in the yellow bag.

Note:
All PPEs from patients isolated for infection other than what was mentioned in the above table should be disposed of in a black bag (general wastes); except those heavily (dripping) soiled with blood or other body fluids and based on the national approved medical waste regulations.





TRANSPORTATION CARD

CONTACT PRECAUTIONS

العزل اللامتصي

1 > Notify the receiving unit/ward/department (Diagnosis, Type of Isolation Precautions).



1 > إبلاغ المختبر المختلط (التشخيص - نوع العزل).

2 > Prepare the patient for transportation:

- Dress wounds with impervious dressings.
- Dress the patient in a clean gown.
- Cover patient with clean sheet.
- HCW should wear clean gloves and perform hand hygiene after taking off.



2 > يتم تهيئه المريض للنقل كما يلي:

- لفتح布 جروح المريض بضماد غير ملتصق للسوائل.
- إرتداء المريض لرداء طبي نقفي.
- لفتحية المريض بعلقة لفتحية.
- يجب على المعاشر العادي إرتداء المطاط لفتحية
- وأغساد بعد الاتصال من نقل المريض وعمارة
- لفتحية الأيدي.

3 > Staff should disinfect the patient's bed / wheeled chair using MOH approved disinfectant.



Use clean gloves

3 > يجب على المعاشر العادي تطهير السرير /
الكرسي المفدي المستخدم لنقل المريض
بعد النقل باستثناء المعاشرات المعتمدة
وزارة الصحة



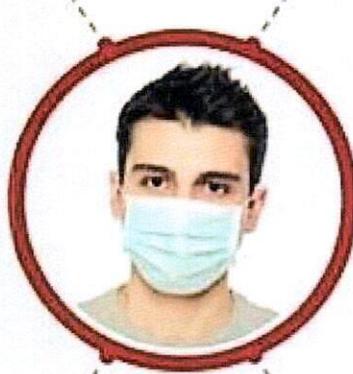
احتياطات العزل الرذاذى DROPLET PRECAUTIONS

يجب على الزوار مراجعة مكتب التمريض قبل الزيارة
VISITORS : Report to nurse's station before entering the room

All HCWs and visitors
must do the following:

before patient room or care area
entry :

- 1- Practice hand hygiene .
- 2- Wear a surgical Mask .



على جميع الممارسين
الصحيين و الزوار اتباع التالي:

قبل دخول الغرفة أو منطقة
المريض:

- 1- ممارسة نظافة الأيدي.
- 2- ارتداء الكمام الجراحي العادي.

before exit from patient room or
care area :

- 1- Surgical Mask must be
removed and discarded based
on the medical waste policy.
- 2- Practice hand hygiene .

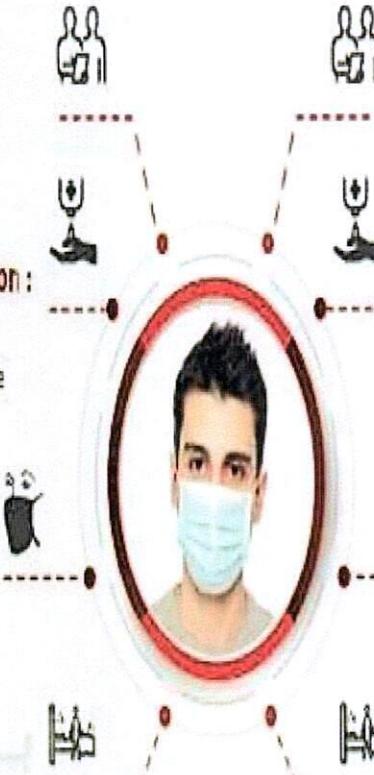
قبل الخروج من غرفة المريض أو
منطقة المريض:

- 1- يتم خلع الكمام الجراحي العادي
والنخلص منها بناء على سياسة
النفايات الطبية.
- 2- ممارسة نظافة الأيدي.

وزارة الصحة
Ministry of Health
جامعة الملك عبد الله للعلوم الصحية
جامعة الملك عبد الله للعلوم الصحية

TRANSPORTATION CARD

DROPLET PRECAUTIONS العزل الرذاذى



Use surgical or medical masks

1 Notify the receiving unit/ward/department
(Diagnosis, Type of Isolation Precautions).

1 ابلاغ المسمى المسلط (التشخيص - نوع العزل)

2 Prepare the patient for transportation :

- Patient should wear a surgical mask.
- Educate the patient about respiratory hygiene (Cough Etiquette).
- HCW should perform hand hygiene after patient transport.

2 يجب أن يتم تحضير المريض للنقل كما يلي:

- أن يستخدم المريض الكمام الجراحي العادي أثناء نقله.
- تلقيف المريض عن العلية للتنفس (آداب العزل).
- يجب على الممارس العادي ممارسة نظافة الأيدي بعد الإنصال من نقل المريض.

3 If the patient can not tolerate wearing a surgical mask, HCW should wear a surgical mask during transportation.

3 يجب على الممارس العادي استخدام الكمام الجراحي العادي أثناء عملية النقل في حالة عدم امكانية إزداء المريض للكمام الجراحي الطبي العادي.

4 Staff should disinfect the patient bed/ wheeled chair using MOH approved disinfectant.

4 يجب على الممارس العادي زنطاف السرير أو الكرسي المادرك المستخدم لنقل المريض بعد النقل باستخدام المطهرات المعتمدة في وزارة الصحة.

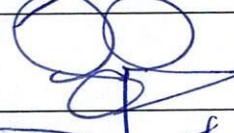




8. REFERENCES:

- 8.1 Gulf Cooperation Council- Centre for infection control.(GCC-CIC).3rd Edition 2018. <http://gdipc.org/wpcontent/uploads/2018/07/The-GCC-Infection-Prevention-and-Control-Manual-3rd-Edition.pdf>.
- 8.2 Basic Infection Control Skills License (BICSL) Manual – February 2025 Version 3.0
- 8.3 Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI) Standards 3rd Edition. 1436-2015. Effective 1 January 2016.

9. APPROVALS:

	Name	Title	Signature	Date
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Reviewed by:	Mr. Abdulellah Ayed Al Mutairi	Quality & Patient Safety Director		March 11, 2025
Reviewed by:	Dr. Thamer Naguib	Medical Director		March 13, 2025
Approved by:	Mr. Fahad Hazam Al Shammari	Hospital Director & IPC Committee Chairman		March 16, 2025