



Department:	Infection Prevention and Control Department		
Document:	Multidisciplinary Policy and Procedure (MPP)		
Title:	IPC Guidelines for Ambulatory Care (Out Patient Department)		
Applies To:	Health Care Workers		
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1. PURPOSE:

- 1.1 To establish infection control principles adapted for the outpatient care services to minimize infection risks to patients, healthcare personnel, and family members. This policy addresses infection prevention and control in ambulatory care settings except ambulatory surgery, dialysis, and oncology centers.

2. DEFINITONS:

- 2.1 Ambulatory care is defined as any care provided in a setting where individuals do not remain overnight (e.g., hospital and non-hospital clinics, ambulatory, physician offices, urgent care centers, oncology clinics, and ambulatory surgery clinics).

3. POLICY:

- 3.1 Standard Precautions are the key approach to preventing healthcare-associated infections (HAIs) and improving patient safety in all ambulatory care settings.
- 3.2 At least one healthcare personnel should be educated and trained in infection prevention practices and accountable to maintain safe, effective policies and procedures in the ambulatory care setting.
- 3.3 To apply consistent infection prevention principles, designate an Infection Preventionist (IP), develop formal policies and procedures, implement comprehensive educational program for all healthcare workers.
- 3.4 Provide a physical environment that is conducive to preventing infections and with sufficient equipment and supplies.

4. PROCEDURE:

- 4.1 Implement respiratory hygiene stations including barrier masks, disposable tissues, waterless hand sanitizers, and cough etiquette instruction at entrances to the ambulatory care facility and place strategically throughout the facility based on size and need.
 - 4.1.1 Post signs at entrances with instructions to patients with symptoms or respiratory infection to:
 - 4.1.1.1 Cover their mouths/noses when coughing or sneezing. Use and dispose tissues
 - 4.1.1.2 Perform hand hygiene after hands have been in contact with respiratory secretions.
 - 4.1.1.3 Provide tissues and no-touch receptacles for disposal
 - 4.1.1.4 Provide resources for performing proper hand hygiene, hand hygiene observations and feedback
 - 4.1.1.5 Offer mask to coughing patients and other symptomatic persons upon entry to the facility
 - 4.1.1.6 Provide proper spacing between patients in the waiting area and ensure rapid triaging of patients with respiratory illness in order to limit transmission of respiratory pathogens in the waiting area. If available, facilities shall provide separate waiting areas for patients with respiratory illness.

4.2 Specific syndromes involving diagnostic uncertainty (i.e. diarrhea, productive cough, febrile respiratory illness, or febrile rash) are routinely encountered in the ambulatory settings. Facility should develop and implement systems for early detection and management of potentially infectious patients at initial points of entry to the facility. The following recommendations should be considered for patients who may be contagious:

- 4.2.1 Screen patients at the time the office visit is scheduled.
- 4.2.2 Place a barrier mask on patients who exhibit signs of respiratory illness. Ensure that patients understand respiratory hygiene
- 4.2.3 Quickly triage patients out of common waiting areas and into a private examination room.
- 4.2.4 Close the door of the examining room and limit access to the patient by visitors and staff members who are not immune to the suspected disease
- 4.2.5 Triage patients who exhibit signs and symptoms of respiratory illness into a negative pressure room if available or use a portable HEPA filter if available

4.3 Adhere to basic infection prevention standards such as:

- 4.3.1 Observe Standard precautions regardless of the setting or the suspected or confirmed infectious status of the patient.
- 4.3.2 Perform hand hygiene using the five moments as per World Health Organization standards specific to out patient settings.
- 4.3.3 Use personal protective equipment (PPE) and make it accessible to health care workers throughout the facility
- 4.3.4 Follow safe injection practices:
 - 4.3.4.1 Use aseptic technique when preparing and administering injectable medications.
 - 4.3.4.2 Cleanse the access diaphragms of medication vials with 70% alcohol before inserting a device into the vial.
 - 4.3.4.3 Never administer medications from the same syringe to multiple patients, even if the needle is changed.
 - 4.3.4.4 Never reuse a syringe to enter a medication vial or solution
 - 4.3.4.5 Do not administer medications from single-dose vials, ampoules, or bags or bottles of intravenous solution to more than one patient
 - 4.3.4.6 Do not use fluid infusion or admistration sets (i.e., intravenous tubing) for more than one patient.
 - 4.3.4.7 Dispose used syringes and needles at the point of use in a sharp container that is closable, puncture-resistant, and leak-proof.

4.4 Observe safe handling of potentially contaminated environmental surfaces and contaminated Noncritical equipment. General guidelines include:

- 4.4.1 Cleaning and disinfection of environmental surfaces. Prioritize those surfaces in close proximity to patients and those that are frequently touched.
- 4.4.2 Select hospital-approved detergents/disinfectants for use in healthcare and follow manufacturer's recommendations for use (i.e., amount, dilution, contact time, safe use, and disposal).
- 4.4.3 Clean the frequently touched surfaces of offices, office equipment and examination rooms daily and/or at the end of each shift or when visibly soiled.
- 4.4.4 Cover the examination table with disposable paper or linen that is changed between patients. More thorough cleaning and disinfection should be done if contamination with any type body fluids or non-organic material is visible.
- 4.4.5 Clean floors in the waiting area and examination rooms at least daily and/or at the end of each shift or whenever visibly soiled.
- 4.4.6 Clean and disinfect the healthcare worker's restrooms at least daily and/or at the end of each shift or whenever visibly soiled.
- 4.4.7 Clean and disinfect patients restrooms at least daily and/or at the end of each shift or whenever visibly soiled.
- 4.4.8 Supply a diaper changing area with disposable paper, disinfectant wipes, and instructions for wiping after each use. Clean and disinfect routinely at least once daily and/or at the end of each shift and whenever visibly soiled.

- 4.4.9 Clean and disinfect stethoscope tubing and diaphragm after each use with a hospital approved disinfectant.
- 4.4.10 Clean and disinfect noncritical reusable equipment that is visibly soiled and before reuse.
- 4.4.11 Dispose contaminated sharp items immediately at "point-of-use" puncture-resistant sharp containers.
- 4.4.12 Place blood pressure cuffs on intact skin to prevent the risk of transmission of infectious agents
- 4.4.13 Use disposable plastic sleeves for reusable electronic thermometers. Clean the thermometer body and disinfect regularly (at least daily) and whenever soiled
- 4.5 Management of multi-drug resistant organisms (MDROs)
 - 4.5.1 Use Standard Precautions for patients known to be infected or colonized with target MDROs, making sure that gloves and gowns are used for contact with uncontrolled secretions, pressure ulcers, draining wounds, stool incontinence, and ostomy tubes and bags.
 - 4.5.2 Develop an antibiotic stewardship program to educate physicians on the proper use of antibiotics.
- 4.6 Education
 - 4.6.1 The IP assigned in the ambulatory care should coordinate with the Nursing Educators and Patient Educators and emphasize the importance of ongoing education in maintaining effective and up-to-date infection prevention practices. Topics include hand hygiene, respiratory hygiene, MDROs, cleaning, disinfection and sterilization, waste management procedures, and infection prevention Practices (i.e., patient preparation before invasive procedures or line access, appropriate barrier use, and aseptic technique).
- 4.7 Occupational health
 - 4.7.1 HCWs are frequently exposed to persons with communicable diseases. Additionally, HCWs can pose a risk to patients and other office staff if they have a communicable disease. Refer to EHC policies that would include detailed criteria for exclusion from work, screening for TB, exposure to blood and body fluids protocol and vaccinations of HCWs. Construction, renovation, and water damage

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 This policy applies to OPD staff.

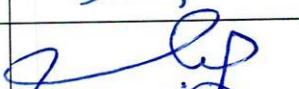
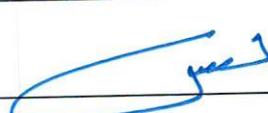
7. APPENDICES:

- 7.1 N/A

8. REFERENCES:

- 8.1 The GCC infection prevention and control manual 3 rd edition.2018
- 8.2 Association for Professionals in Infection Control (APIC) and Epidemiology, Inc. (2014). Chapter 48: Ambulatory Care. In APIC Text of Infection Control and Epidemiology (4th ed.).

9. APPROVALS:

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