



HEALTH HOLDING

HAFER ALBATIN HEALTH  
CLUSTER  
MATERNITY AND  
CHILDREN HOSPITAL

<b>Department:</b>	Infection Prevention and Control Department		
<b>Document:</b>	Multidisciplinary Policy and Procedure (MPP)		
<b>Title:</b>	IPC Guidelines for Emergency Room (Pediatrics and OBS-GYNE)		
<b>Applies To:</b>	Nurses and Technician		
<b>Preparation Date:</b>	December 05, 2024	<b>Index No:</b>	IPC-MPP-077
<b>Approval Date:</b>	December 26, 2024	<b>Version :</b>	2
<b>Effective Date:</b>	January 26, 2025	<b>Replacement No.:</b>	IPC-DPP-077(1)
<b>Review Date:</b>	January 26, 2028	<b>No. of Pages:</b>	10

## 1. PURPOSE:

- 1.1 To provide guidelines for prevention and control of infection in Emergency Room which is considered a high risk area because patients may present with acute illness or trauma necessitating immediate life support measures where infection control measures may receive a lower priority until the crisis is resolved and/or the patient is stabilized.

## 2. DEFINITONS:

- 2.1 The Emergency Room is a specialized area which provides immediate treatment for patients with life threatening conditions such as trauma or acute illness. It may also serve as the primary care center for some patients who don't have a private and who frequently present with minor complaints (urgent care).
- 2.2 Emergency Services are at the front line of medical care, having high risk of exposure to patients with known or unknown infectious diseases. Emerging pathogens and antimicrobial-resistant strains are major problems facing all healthcare providers.

## 3. POLICY:

- 3.1 Strict implementation of infection control procedures including hand hygiene, wearing personal protective equipment (PPE) to prevent the transmission of infection during patient care, practicing aseptic technique, isolation precautions & environmental measures etc. would play a significant role in ensuring patient & staff safety.
- 3.2 Healthcare Personnel (HCP) receive orientation and training on Basic Infection Control Skills from IC department maximum within 1 months of joining work & a BICSL card is issued which is renewed every 2 years.
- 3.3 PPE is indicated to be used based on risk assessment as part of standard precautions & Transmission based precautions.
- 3.4 All isolation precautions must be used together with Standard Precautions.
- 3.5 HCW are responsible for cleaning and disinfecting of all patient care equipment and surfaces.

## 4. PROCEDURE:

- 4.1 Hand Hygiene
- 4.1.1 Availability of hand hygiene supply (Alcohol based hand sanitizers, antiseptic soaps, paper towels etc.) in all patient care areas, nursing stations and other appropriate places is crucial for effective implementation of hand hygiene program.
- 4.1.2 Health care professionals (HCP) demonstrate appropriate technique for hand rubbing and hand washing.
- 4.1.2.1 Five moments of hand hygiene: before touching a patient, before clean/aseptic procedures, after body fluid exposure risk, after touching a patient, after touching patient's surroundings.

- 4.1.2.2 Hand wash with water and soap: When hands are visibly soiled, potential exposure to spore forming organism (*Clostridium difficile*, *Bacillus anthracis*), before eating and after using a restroom etc
- 4.2 IC Team must provide and ensure availability of visual alerts at appropriate places; besides each hand rub dispenser, hand washing sink etc would serve as quick reminders for staff hence incorporating the culture of best practices.
  - 4.2.1 WHO 5 moments for hand hygiene at (nursing stations, procedure rooms etc
  - 4.2.2 How to hand wash poster beside each hand washing sink
  - 4.2.3 How to handrub poster beside each hand hygiene dispenser
- 4.3 Sufficient and appropriate PPE are easily accessible and available in adequate amount, types and sizes with proper qualities.
  - 4.3.1 IC Team must follow up to ensure availability of required PPE items within the units. Unit staff must follow the supply chain rules to ensure sufficient stock is available at all times in coordination with infection control department.
  - 4.3.2 PPE must be available at the point of use. Sometimes PPE is available in stock room but not in the PPE trolley / shelves e.g. eye goggles, N-95 masks etc which will interfere with effective use of PPE as per requirement.
  - 4.3.3 Respirators types and sizes in health care workers' BICSL cards are compatible with available respirators.
    - 4.3.3.1 N-95 mask must always be worn according to the fit test ID provided after qualifying the fit test for specific size, brand and type of N-95 mask. .
  - 4.3.4 Powered air-Purifying Respirator (PAPR) is accessible for HCW who failed in fit testing when dealing with patients under airborne isolation precautions.
    - 4.3.4.1 Bearded staff must only use powered air-purifying respirator (PAPR) while dealing with patients under airborne infection isolation rooms.
    - 4.3.4.2 HCWs must also receive training on how to don the respirator and safely handle after use.
  - 4.3.5 All isolation precautions must be used together with Standard Precautions
    - 4.3.5.1 Contact: Appropriate PPE – Gown & Gloves
    - 4.3.5.2 Droplet: Appropriate PPE - Surgical mask, Gloves, and Gown
    - 4.3.5.3 Airborne: N95 mask / respirator before entering the room.
- 4.4 Receiving patients into open or connecting areas, e.g. E.R may be used to diagnosed and/or treat a number of patients in the same time frame.
  - 4.4.1 Multiple exposures of susceptible (patients and personnel) to infectious agents may occur.
  - 4.4.2 Teach triage personnel signs or symptoms that could indicate the presence of a communicable illness (i.e. fever and rash).
  - 4.4.3 Employ Barrier techniques such as hand washing, gloves, gowns and or masks, personal respirators shall be adhered to.
  - 4.4.4 Admit to regular patient unit or discharge patient as soon as possible.
  - 4.4.5 Maintain current immunizations among emergency room personnel (e.g Hepatitis B, Meningococcal disease).
  - 4.4.6 Performance of Emergency Procedures. The following shall be taken into consideration as risk factors for infections.
    - 4.4.6.1 Sterile equipment and supplies for invasive procedures may be contaminated during emergency procedure.
    - 4.4.6.2 Minor surgery may be performed in a less than ideal setting
    - 4.4.6.3 Sterile equipment set up and on stand by for emergency use may become a reservoir for microorganisms.
    - 4.4.6.4 Replace emergency placed intravenous devices and lines as soon as medically possible
    - 4.4.6.5 Increased numbers of patients using the area results in need for an increased frequency of environmental cleaning.
      - 4.4.6.5.1 Clean examination tables between patients.

- 4.4.6.5.2 Remove soiled linen and waste frequently.
- 4.5 Early Identification of Respiratory Hazards
  - 4.5.1 Patients with respiratory illness pose a significant risk of cross infection within the healthcare facilities if appropriate infection control measures are not followed
    - 4.5.1.1 Respiratory Hazard Evaluation
    - 4.5.1.2 Early Identification of Patients with Acute Infectious Respiratory Illnesses illness i.e. Respiratory Triage, Respiratory Pathway, early recognition and Source Control of Patients with Acute Infectious Respiratory Illnesses
    - 4.5.1.3 Early Recognition and Source Control of Patients with Acute Infectious Respiratory Illnesses
    - 4.5.1.4 Transportation of Suspected/Confirmed Infectious Respiratory Illnesses Cases
    - 4.5.1.5 Collecting & Handling of Respiratory Specimens
  - 4.5.2 Availability of designated triage area in the following units: (Should be the first area to be reached by ER patients before they get in contact with staff or other patients.)
    - 4.5.2.1 Respiratory Triage:
      - 4.5.2.1.1 It is a simple screening method for the early detection of patients with respiratory symptoms. It must be available at the entry point of the healthcare facility (i.e. emergency room entrance, dialysis unit entrance) for effective capturing & early identification of all individuals passing through the entrance with ARI symptoms.
      - 4.5.2.1.2 It is a triaging scoring system applied to alert healthcare workers in an emergency (ED) and hemodialysis units for the possibility of occurrence of respiratory infections with a particular pathway for those patients.
      - 4.5.2.1.3 It should be the first area to be reached by any patients coming to the ER
    - 4.5.2.2 Respiratory Clinic:
      - 4.5.2.2.1 Patients with respiratory symptoms should be screened in the respiratory clinic (i.e., as part of the respiratory pathway) according to the respiratory triage process
      - 4.5.2.2.2 After the clinical assessment, the physician must decide whether the patient meets the case definition for any particular disease.
      - 4.5.2.2.3 Accordingly, the patient will be directed to an Airborne Infection Isolation Room (AIIR) so that a respiratory specimen can be performed.
      - 4.5.2.2.4 If an AIIR is not available, a single room with a portable HEPA filter should be used. -Portable chest X-rays must be available for chest imaging and to minimize the transfer of patients around the hospital
    - 4.5.2.3 Respiratory Waiting Area:
      - 4.5.2.3.1 The waiting area for the respiratory pathway should be a well-ventilated separate area that is only used for suspected infectious respiratory cases.
      - 4.5.2.3.2 The respiratory waiting area should be kept free of excessive equipment or furniture. - Should be equipped with chairs that are easy to clean and fix, with a safe social distance of 1.2 m between chairs.
      - 4.5.2.3.3 Educational materials (posters and screens) about respiratory hygiene and cough etiquette must be available, together with hand hygiene supplies, tissues, and ordinary waste receptacles.
      - 4.5.2.3.4 Updated written case definition reminders in the Emergency Department Case definition posters, personal cards etc.)

- 4.5.2.3.5 Emergency Department physicians & other relevant staff regarding updated case definition of respiratory illnesses e.g MERS- CoV & COVID-19.
- 4.6 Flowchart is available in Emergency and for early detection & management of respiratory illness patients
- 4.6.1 Flowchart should clearly describe respiratory pathways from the initial checkpoint at ER entrance to the final destination.
- 4.6.2 Flowchart must be available & posted in ER & HDU for respiratory illnesses & all staff must be very well oriented about the protocols / steps to be followed based on hospital flowchart.
- 4.6.3 Respiratory triage nurse deals with patients with acute respiratory symptoms. (Instruction should include perform hand hygiene & wear surgical mask)
- 4.6.4 Alcohol-based hand sanitizer, surgical masks are available at the respiratory triage desk
- 4.6.5 Respiratory triage nurse directs the patients to the dedicated respiratory waiting area.
- 4.6.6 Dedicated respiratory waiting area for respiratory illness patients, The distance between chairs in the waiting area. (Spatial separation of at least 1.2 meter between patients).
- 4.6.7 Alcohol-based hand sanitizer, paper towels, education material on cough etiquette /respiratory hygiene & hand hygiene. is posted.
- 4.6.8 Staff at the visual triage station about the instructions to be given to the patients with symptoms of respiratory illness and their companions. (Identified ARI patients should be asked to perform hand hygiene and wear a surgical mask.)
- 4.6.9 Staff assigned instruct the next patient destination if the score is 4 & above and how she will manage the situation if she/he faces 2 or more patients at the same time. (Patient A will be directed to respiratory clinic & remaining patients will wait in dedicated waiting area for respiratory illness 'patients)
- 4.7 All healthcare facilities should identify and trace all health care workers who had protected (proper use of PPE) or unprotected (without wearing PPE or PPE used improperly) exposure to patients with respiratory like MERS-CoV & Tuberculosis infection.
- 4.7.1 Healthcare workers shall be assessed daily for 14 days post exposure for the development of symptoms through the activation of log.
- 4.7.2 Log with line listing of all contacts exposed to confirmed respiratory illness (e.g: TB or MERS-CoV) cases with record of signs & symptoms for the duration of 14 days. Sample of log sheet is attached below.
- 4.7.3 Staff about the post exposure management & follow up to a confirmed-to-confirmed respiratory illness (e.g: TB or MERS-CoV) cases. Isolation room's logs that record HCWs who had exposed to mentioned diseases
- 4.7.4 Annual report of the employee health clinic that includes exposure incidents to MERS-CoV, open pulmonary TB, chicken pox, measles, mumps and rubella
- 4.8 Aerosol-Generating Procedure (AGP)
- 4.8.1 Any medical procedure that can induce the production of aerosols of various sizes, including small (< 5 microns) Particles. AGPs includes bronchoscopy, sputum induction, intubation and extubation, cardiopulmonary resuscitation, open suctioning of airways, Ambu bagging, nebulization therapy, high frequency oscillation ventilation and Bilevel Positive Airway Pressure ventilation – BiPAP
- 4.8.2 HCWs must perform aerosol generating procedures (AGPs) on any suspected or confirmed respiratory illnesses cases in a negative pressure room or single room with a portable highefficiency particulate air (HEPA) filter machine (if the negative pressure room is not available) and by using proper PPE (e.g., N95 fitted mask, eye protection, gloves, and gown).
- 4.8.3 Proper maintenance of all portable HEPA filter machines and all HEPA filters are changed on a regular basis and according to the manufacturer's recommendations.
- 4.9 Aseptic Technique
- 4.9.1 The patient's skin is disinfected with an appropriate antiseptic before injection or cannulation.

- 4.9.2 There is no need to replace peripheral catheters more frequently than every 72–96 hours to reduce risk of infection and phlebitis in adults.
- 4.9.3 Preparation and dilution of medication is only done by ready-made sterile water ampoule.
- 4.9.4 Large IV solution bottle should NOT be used for preparation & dilution of medications even for the same patient (even if labelled with patient's name & date & time of the first use)
- 4.9.5 No reuse of single use items. These devices are packaged and marked as "single use" or have the international sign for single use items.
- 4.9.6 Needles and syringes including vacutainer holders are used for only one patient.
- 4.9.7 Single dose medication vials, ampoules and bottles of intravenous solution are used for only one patient.
- 4.9.8 All patient care supplies are brought to patient area when needed with no excess. Any remaining items after patient discharge are considered contaminated even in their wrapping.
- 4.9.9 Sterile equipment and solutions are assembled immediately prior to use
- 4.9.10 Sterile to sterile rule is applied during any aseptic procedure.
- 4.9.11 Separate clean area is available for preparing medications.
  - 4.9.11.1 Controlled ventilation with monitor for recording the temperature and humidity  
(temperature ranges from 22 °C to 24 °C / relative humidity up to 70%)
  - 4.9.11.2 At least, one hand washing sink that is equipped with hot & cold water / plain and antimicrobial soap / towels
  - 4.9.11.3 At least, one alcohol based hand rub dispenser.
  - 4.9.11.4 If no physically separated room, a specified area away from patient care areas must be dedicated for preparation of medications.
- 4.9.12 If multidose medication is used for more than one patient, the dose should be prepared and the vial should be kept in a separate medication area and it must not enter the immediate patient treatment area.
- 4.9.13 Multidose medication vials (MDVs) are accessed with a new needle and a new syringe, even when obtaining additional doses for the same patient.
- 4.9.14 Cartridge devices (e.g. insulin pens) are used only for single patient.
- 4.9.15 The rubber self-sealed cap on a medication vial is disinfected with alcohol prior to piercing.
- 4.9.16 IV solution bottles are only accessed through the selfsealed rubber cap.
- 4.9.17 IV sets that are used to administer blood, blood products, lipid emulsions, or dextrose/amino acid TPN solutions are replaced within 24 hours of initiating the infusion.
- 4.9.18 Only sterile fluids are used in nebulizers, humidifiers, or any aerosol generator and changed between patients and every 24 hours for the same patient unless the manufacturer of ready-made sterile solutions specifies different dates.
  - 4.9.18.1 Only ready-made single-use bottles of sterile solutions are used to fill nebulizers, humidifiers, and any aerosol generating system (Use of prefilled humidifiers with sterile solutions is preferable).
- 4.9.19 Maximum sterile barrier precautions is applied during any interventional procedure, including cap, mask, sterile gown, sterile gloves, and sterile full-body drape.
- 4.9.20 Traffic should be kept minimum once the sterile field has been established
- 4.10 Isolation Precautions
  - 4.10.1 Isolation signs used to indicate categories of isolation precautions are available in the unit & used appropriately.  
Isolation signs must be : 1) Clear and visible for HCWs and visitors 2) Bilingual (in Arabic & English). 3) Color coded and compatible with diagnosis (Examples: contact: green, airborne: blue, and droplet: pink or red)
  - 4.10.2 Appropriate isolation transportation cards / signs are available in the department & used while transporting patients under transmissionbased precautions to other department as needed.
  - 4.10.3 Transport Isolation signs must be : 1) Clear and visible for HCWs and visitors 2)

- Bilingual (in Arabic & English). 3) Color coded and compatible with diagnosis (Examples: contact: green, airborne: blue, and droplet: pink or red) and selecting low traffic time & route.
- 4.10.4 Log book for exposure is available for any potentially harmful infectious exposures as per exposure policies and procedures (e.g. MERS-CoV).
  - 4.10.5 Single use or dedicated non-critical patient care equipment (e.g., stethoscope, pressure cuff, etc.) are used for the isolation room.
  - 4.10.6 Limits movement of patients on isolation Precautions outside of their room except for medically necessary purposes
  - 4.10.7 If transfer of patient under isolation is required, the receiving unit or facility is informed about the required isolation precautions and availability of appropriate PPE is ensured.
  - 4.10.8 While transferring patients under droplet/airborne isolation precaution, patient should wear a surgical mask and follow respiratory hygiene and cough etiquette.
  - 4.10.9 Contact isolation precautions are initiated for patients infected or colonized with multidrugresistant organisms. Skin lesions and infected or colonized areas of patient's body should be contained and covered.
  - 4.10.10 For transport patient under contact isolation precautions: • Contain and cover all skin lesions and infected or colonized areas of the patient's body with clean bandages and clean linens.
  - 4.10.11 Visitors should be strictly limited for airborne isolation cases. Exemptions may be considered on a case to case basis only for few minutes after having permission from nursing station and after receiving proper instructions before entering into an isolation room and within compliance with the required PPE.
- 4.11 Airborne Infection Isolation Rooms (AIIRs)
- 4.11.1 Air exhausted from bathroom must be exhausted 100% outside through HEPA filter.
  - 4.11.2 HEPA filter is changed on regular basis and according to manufacturer's recommendations.
  - 4.11.3 There is monitor for continuous monitoring of pressure difference at negative pressure room having audio visual alarming system when the ventilation system failed.
  - 4.11.4 Isolation Room is maintained at negative pressure (-2.5 pascal or more) with respect to corridors.
  - 4.11.5 Isolation Room is maintained with >12 air changes per hour.
  - 4.11.6 Records for routine monitoring of pressure gradients (daily if a patient is isolated inside, weekly when not in use and monthly by biomedical department).
  - 4.11.7 Any aerosol generating procedure (AGP) should be done in negative pressure room or single room with portable HEPA filter using appropriate PPE (N95 mask, eye protection, gloves & gown) with possible minimal number of staff.
  - 4.11.8 Hand washing facilities and supplies (sinks / plain and antimicrobial soap / paper towels, Alcohol - based hand rub dispensers) are available & easily accessible.
  - 4.11.9 Trolley that contains the proper PPEs is available.
- 4.12 Housekeeping & Unit Environment. Environmental cleaning principles includes following:
- 4.12.1 Probability of contamination: Heavily contaminated surfaces and items require more frequent and thorough environmental cleaning than moderately & lightly or non-contaminated surfaces and items.
  - 4.12.2 Vulnerability of patients to infection: Surfaces and items in care areas containing vulnerable patients (e.g., immunosuppressed) require more frequent and rigorous environmental cleaning than surface and item areas with less vulnerable patients.
  - 4.12.3 Potential for exposure to pathogens: High-touch surfaces (e.g., bed rails, IV Poles, door knobs etc.) require more frequent and rigorous environmental cleaning than low-touch surfaces (e.g., walls). Appropriate cleaning and disinfecting environmental surfaces is fundamental in reducing their potential contribution to the incidence of healthcare-associated infections.

- 4.12.3.1 Adequate MOH approved disinfectants are available in the department. Ensure disinfectant is MOH approved & appropriate for the area / surface to be disinfected.
- 4.12.4 All work locations where employees may come into contact with blood or other potentially infectious material must have blood spill kits available to safely and effectively clean up any spills. See Policy for spill kit.
- 4.12.5 Scheduling of cleaning and disinfection activities and subsequent documentation in cleaning logs /checklists is extremely important to ensure effective implementation & to have the documented evidence of regular cleaning process. Head nurse must ensure cleaning process is done & documented appropriately as per schedule.
  - 4.12.5.1 Each unit must have the schedule for cleaning and disinfection activities.
  - 4.12.5.2 Schedule must include the frequency, the used disinfectant and the responsible staff. Roles must be specified with clear instructions.
    - 4.12.5.2.1 Nursing staff for medical equipment
    - 4.12.5.2.2 Housekeeper for other environmental surfaces (Floors, walls, ceiling, toilets etc)
    - 4.12.5.2.3 Radiology technicians for portable X-ray
    - 4.12.5.2.4 Respiratory therapist for respiratory therapy equipment. etc.
- 4.12.6 Terminal cleaning is done properly using checklist including responsible worker, housekeeping surfaces, used agents, methods & environmental surfaces intended to be cleaned.
- 4.12.7 Terminal cleaning after discontinuation of isolation is supervised by the incharge nurse, and in case of outbreak by infection control practitioner.
- 4.12.8 High touch surfaces should be disinfected more frequently (e.g., light switches, door knobs, tap water handles).
- 4.12.9 Floors are cleaned or disinfected using double/ or triple bucket technique or scrubbing machines.
- 4.12.10 Cleaning activities and tools are used to ensure a minimal turbulence and aerosolization of dust. Turbulence: (violent or unsteady movement of air or water) . Aerosolization of dust particles (Aerosols are fine solid particles or liquid droplets which remain suspended in air for certain period pf time e.g dust, fog ,mist etc)
- 4.12.11 The mop and solution must be changed frequently (e.g., every third patient room or hourly) and after being used to clean any potentially infectious materials.
- 4.12.12 Housekeepers are well trained on hand hygiene, proper use of PPE, methods of cleaning & proper & safe mixing of chemicals.  
Environmental surfaces are clean and free from soil and dust.
- 4.12.13 Designated / labelled room for clean and dirty utility equipment/materials. Rooms must be dedicated only for its usage.
- 4.12.14 Environmental cleaning and disinfection equipment (i.e. mops and buckets) dedicated for isolation room only and never being used for another area.
- 4.12.15 Bedside or privacy curtains are considered high touch items. Curtains should be changed and cleaned on a routine schedule and whenever visibly soiled.
- 4.12.16 Infection control must develop a schedule for pest control in different units. Schedule must include frequency of pesticide spraying, date & time of spraying.
- 4.13 Disinfection of Patient Care Equipment
  - 4.13.1 All invasive procedures involve contact between a medical device or surgical instrument and a patient's sterile tissue or mucous membranes. A major risk of all such procedures is the introduction of pathogenic microbes that could lead to infection. Failure to properly disinfect or sterilize reusable medical equipment carries a risk associated with breach of the host barriers.
  - 4.13.2 The level of disinfection or sterilization is dependent on the intended use of the object:
    - 4.13.2.1 Critical items such as surgical instruments, which contact sterile tissue) requires sterilization.

- 4.13.2.2 Semi critical items such as endoscopes, which contact mucous membranes) requires high-level disinfection
- 4.13.2.3 Non critical items such as stethoscopes, which contact only intact skin) require low-level disinfection. Reusable items non-critical devices must be disinfected before leaving the patients zone. e.g stethoscope. BP cuffs etc
- 4.13.3 All reusable critical and semi-critical items must be sent to CSSD.
- 4.13.4 Adequate supply of disinfectants is available. List of available antiseptics, disinfectants and detergent/disinfectants' with related documents which are essential for safe and effective use (Material Safety Data Sheet (MSDS) – preparation & dilution – usage and contact time – precautions and required PPE)
- 4.13.5 Establish and maintain a cleaning schedule for emergency equipment including defibrillator, suction and oxygen and other resuscitation equipment.
- 4.13.6 O2 Face Masks are disposable
- 4.13.7 Humidifiers must kept sterile (EO gas sterilization) and dry and filled with sterile water only before use.
- 4.13.8 Suction bottles (emptied) and Suction catheters are disposable.
- 4.13.9 Sterile water is used for flushing catheter and tubing.
- 4.13.10 All dressing packs and equipment used (non-disposable) must be sent to Central Sterilization Supply Department for sterilization.
- 4.13.11 Disinfection and cleaning of patient care equipment and surfaces is the sole responsibility of clinical staff as it requires more careful and meticulous cleaning. (Nurses, doctors, Respiratory Therapists (RTs), X ray technicians etc
- 4.13.12 Housekeeping staff must not be allowed to handle any patient care equipment.
- 4.13.13 High-touch surfaces are defined as surfaces, often in patient care areas, that are frequently touched by healthcare workers and patients (e.g., bedrails, overbed table, IV pole, door knobs, medication carts etc). Frequency of high touch surfaces Disinfection:
  - 4.13.13.1 Before and after (i.e., between) every procedure and twice daily and as needed
  - 4.13.13.2 At discharge / transfer (terminal cleaning)
- 4.14 Waste Management
  - 4.14.1 All types of waste containers are available in sufficient number and placed in easily accessible sites.
  - 4.14.2.3 Sharp items (e.g., needles, scalpel blades, broken metal instruments and burs) are placed in an appropriate puncture resistant and leakproof sharps container.
  - 4.14.4 Used needles are not manipulated or recapped and are promptly disposed into sharp containers
  - 4.14.5 No infectious medical waste or sharps are observed outside specific containers.
  - 4.14.6 Waste are properly segregated (no medical waste inside the regular waste container or regular waste in yellow medical waste container)
  - 4.14.7 Medical waste bags and sharp boxes are not over filled (i.e. 3/4 filled)
- 4.15 Storage of Patient Care Supplies
  - 4.15.1 Medical departmental stores are clean, & dry with adequate capacity and away from any form of contamination and direct sun light.
  - 4.15.2 Medical store area has controlled ventilation with adjusted temperature and humidity (temperature ranges from 22-24 degree Celsius and relative humidity up to 70%).
  - 4.15.3 Storage shelves are 40 cm from the ceiling, 20 cm from the floor, and 5 cm from the outside wall.
  - 4.15.4 Storage shelves made from easily cleanable material (e.g., fenestrated stainless steel, Aluminium or hard plastic)
  - 4.15.5 Sterile and clean items completely separated from personal items & foods and drinks.
  - 4.15.6 Rotate supplies on a first-in-first-out basis so as to avoid the use of expired items.
  - 4.15.7 Items not kept in original cardboard shipping boxes.
- 4.16 Training & education

- 4.16.1 Education is the most important domain of infection control program to ensure and sustain the competencies of healthcare workers (HCWs) in infection control practices by limiting the chances of infectious disease transmission among HCWs, patients, sitters, and visitors. This can be achieved by ensuring all HCWs are properly informed, trained and provided with the required knowledge and skills on infection control best practices.
- 4.16.2 Training & education activities must be followed by assessing the competency of each healthcare personnel.
- 4.16.3 IC Team must ensure implementation of policy for orientation & education of newly hired HCWs on basics of infection control skills before they can commence work in their respective clinical areas.
- 4.16.4 Continuous education on relevant infection control policies and procedures must be conducted at least once per year.
- 4.16.5 Training will be conducted immediately without significant delay if there are new updates / new guidelines available.
- 4.17 Infection control health education to the Patients. families & Visitors.
  - 4.17.1 Bilingual infection control health education & awareness material must be designed / formulated to help in the education of the patients and visitors, e.g. Posters, Brochures, pamphlets, booklets, leaflets etc. containing information easy to understand with help of pictorial display.
  - 4.17.2 The general & specific health educational material must be posted and available in all patient care areas, waiting areas at the place easily seen and readable by families and visitors. e.g hand hygiene, cough etiquette, COVID 19 & MERS educational material, etc.
  - 4.17.3 Patients/Family members' / care givers must be aware about importance of hand hygiene, care of central line, identifying and notifying signs of inflammation etc.
  - 4.17.4 Visitors are educated on precautions to be taken while being in the surrounding of the patient, the importance of hand hygiene and the required isolation precautions etc education must be provided on how to don / doff PPE and perform hand hygiene before entering isolation room.
  - 4.17.5 Ensure strict adherence of visitors to the recommendations / instructions regarding infection prevention requirements (e.g.PPE use, hand hygiene etc).
- 4.18 Emergency Medical Services (EMS) /Ambulance Services
  - 4.18.1 Sufficient and appropriate PPE are available and readily accessible to HCPs..
  - 4.18.2 Hand hygiene supply is available.
  - 4.18.3 There is a disinfection activity log including all items for disinfection in the ambulance.
  - 4.18.4 Disinfection of all surfaces is done after each use.
  - 4.18.5 There is at least one spill kit available in the ambulance.
- 4.19 Emergency Preparedness & Response to the Emerging or Reemerging Infectious Diseases
  - 4.19.1 Active surveillance is implemented for monitoring HCWs with signs & symptoms of suspected current infectious disease.
  - 4.19.2 All HCWs must receive continuous job specific training on the current national infectious disease.

## **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 Emergency room staff shall adhere to these guidelines for the prevention and control of infections among patients and employees.

- 6.2 All staff working on the unit must be immunized with hepatitis B vaccine and participate in hospital employee health program.
- 6.3 Housekeeping department shall provide schedule for cleaning and disinfection of ambulance. The schedule shall include the frequency of cleaning, disinfectant used and its dilution and the person responsible about the procedure.









**7. APPENDICES:**

7.1 N/A

**8. REFERENCES:**

- 8.1 GDIPC . Infection Prevention and Control Core Components (IPCCC) . Version 3 .2023
- 8.2 GCC Infection Prevention & Control Manual 3rd Edition 2018
- 8.3 Center for Disease Control and Prevention (CDC). <https://www.cdc.gov/>

**9. APPROVALS:**

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Reviewed by:	Mr. Sabah Turayhib Al - Harbi	Director of Nursing		December 15, 2024
Reviewed by:	Mr. Abdullellah Ayed Al Mutairi	QM & PS Director		December 18, 2024
Reviewed by:	Dr. Tamer Mohamed Naguib	Medical Director		December 25, 2024
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