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| <input type="checkbox"/> ADMINISTRATE POLICY & PROCEDURE (APP) | | <input type="checkbox"/> INSTITUTIONAL POLICY & PROCEDURE (IPP) | |
| | | <input type="checkbox"/> INTERDEPARTMENTAL | <input type="checkbox"/> INTERNAL |
| TITLE | | POLICY NUMBER/V# | |
| Standard Precautions | | MMC – LAB – 01 (01) | |
| INITIATED DATE | EFFECTIVE DATE | REVISED DATE | |
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| N/A | | 06 | |
| APPLIES TO | | RESPONSIBILITY | |
| All laboratory staff | | All medical staff that has direct patient contact | |

1. Policy

- 1.1. Standard Precautions are to be followed by all employees for all patients within and entering the Medical Complex. Standard Precautions are designed to reduce the risk of transmission of microorganisms and to protect patients, visitors and employees.

2. Purpose

- 2.1. To provide guidelines on the basic infection control practices to prevent the transmission of infectious agents during patient-healthcare worker daily interactions.

3. Definition

3.1 Standard precautions are:

- 3.1.1 The basic requirements for infection prevention and control strategies such as; strict hand washing to reduce the spread of microorganisms.



3.1.1 Adherence to aseptic techniques and appropriate use of Personal Protective Equipment (PPE).

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

3.1.3 Designed to be used for the care and safety of all patients regardless of their diagnosis or presumed infection status and for the safety of all personnel and visitors.

3.2 Affected department

3.2.1 All patient care units

4 Procedures

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.

The WHO's 5 moments for HH:

1. before patient contact
2. before aseptic tasks
3. after body fluid exposure risk
4. after patient contact
5. after contact with patient surroundings/environment

Refer to policy *Hand Hygiene*

4.2 Personal Protective Equipment (PPE)

PPE is used to create a barrier between HCWs and patients, substances, or surfaces.

Use appropriate PPEs (gloves/gowns/plastic aprons/mask, face shield) to prevent skin and mucous membrane exposures.



4.2.1 Gloves

- 4.2.1.1 Wear gloves whenever contact with blood and body substances, contaminated items and surfaces is likely.
- 4.2.1.2 Wear and change gloves between tasks/procedures on the same patient.
- 4.2.1.3 Remove gloves promptly after use and before touching clean items and environmental surfaces.
- 4.2.1.4 Wash hands immediately after gloves are removed.
- 4.2.1.5 Use non-sterile gloves for examinations and other clean procedures, and use sterile gloves for sterile procedures.
- 4.2.1.6 Gloves are not to be worn after leaving patient room/ procedure area.

4.2.2 Gowns/Plastic Aprons

- 4.2.2.1 Wear a gown/plastic apron to protect skin and clothing during procedures that may generate splashes or aerosolization of body substances and cause soiling of clothes.
- 4.2.2.2 Securely tie tabs/ties to keep the gown/plastic apron in place while performing patient care activities in the patient room/ procedure area.
- 4.2.2.3 Remove the gown/plastic apron by untying tabs/ties and folding it away from you in an inside- out manner. Roll it in a ball-like manner and discard.
- 4.2.2.4 Change the gown/plastic apron for each patient and/or procedure.
- 4.2.2.5 Gloves/aprons are not to be worn after leaving patient room/ procedure area.

4.2.3 Mask (surgical or N95)

- 4.2.3.1 Wear a surgical mask (with protective eye/face wear) if splashing or aerosolization of blood or body fluids is expected.
- 4.2.3.2 Change mask between patients and sooner if mask becomes wet, moist or torn.
- 4.2.3.3 Wear an N95 mask when indicated to enter an airborne isolation room, and remove it only when outside of the room.
- 4.2.3.4 **N95 masks are used by staff during direct care of patients on airborne precautions and are available on all units likely to admit patients on airborne precautions.**

4.2.4 Protective eye/ face wear

- 4.2.4.1 Wear protective eye/face wear if required for combined protection from eye/face contamination by aerosolized body substances.
- 4.2.4.2 Wash and disinfect visibly soiled reusable face shields or protective eyewear, after soiling and prior to reuse.



4.3 Handling/disposal of contaminated items

4.3.1 Needles / sharps

- 4.3.1.1 Dispose of used sharp items in 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 surfaces.
- 4.3.1.3 Do not recap or manipulate needles using both hands because this increases the risk of injury. If recapping or manipulation of 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 sharp containers when 3/4 full and label.

4.4 Linen

- 4.4.1 Linen should be handled/ transported in a manner so as to prevent skin/ mucous membrane exposure and contamination of clothing or transferring microorganisms to other patients/ environment.
- 4.4.2 Place linen in an impermeable designated bag and close the bag securely.
- 4.4.3 Wrap wet linen in another piece of linen to avoid soaking of bag.
- 4.4.4 *Refer to Policy in Laundry*

4.5 Medical Waste

- 4.5.1 Place biomedical waste in yellow bags or appropriate container.
- 4.5.2 Securely tie/close bags/containers and remove for appropriate disposal.
- 4.5.3 ***Refer to Waste Management policy for details.***

4.6 Patient Care Equipment

- 4.6.1 Handle used patient care equipment in a manner that prevents skin and mucous membrane exposures, contamination of clothing and transfer of microorganisms to other patients and the environment.
- 4.6.2 Commonly used equipment must be clean and disinfected between patients.



4.6.3 Do not reuse disposable equipment.

4.6.4 Ensure reusable autoclavable equipment is properly transported in leak proof container to CSSD for reprocessing before using on another patient.

4.7 Laboratory Specimens

4.7.1 Handle all specimens with gloves.

4.7.2 Place laboratory specimens in designated, appropriately sealed containers.

4.7.3 Label containers with appropriate patient data.

4.7.4 Transfer to the laboratory in an upright position and as promptly as possible.

4.7.5 Ensure that the requisition has the complete information (i.e., specification site is critical for lab analysis and clinical interpretation).

4.8 Cleaning of room

4.8.1 Should be daily and after patient discharge

4.8.2 Require cleaning as per housekeeping policies.

4.9 Patient Placement

Place patients who pose a risk of transmission to others (e.g., uncontained secretions, excretions or wound drainage or infants with suspected viral respiratory tract or gastrointestinal tract infections) in a single-patient room when available.

4.10 Cough Etiquette

4.10.1 Cover nose and mouth with a tissue when coughing or sneezing.

4.10.2 Disposed of the used tissue in the nearest waste receptacle.

4.10.3 Clean hands with soap and water or antiseptic solution, or an alcohol-based hand rub after touching respiratory secretions or handling contaminated objects

5 Responsibilities:

5.1 The policy applies to all staff that has direct patient contact.

**6 Reference:**

- 6.1 Association for Professionals in Infection Control (APIC) and Epidemiology, Inc. (2009). Chapter 18: Isolation Precautions. In *APIC Text of infection control and epidemiology* (3rd ed.)
- 6.2 Center for Disease Control and Prevention (CDC). Guidelines for environmental infection control in healthcare facilities. Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC). *MMWR* 2003;52(RR10);1-42
- 6.3 CDC. Cluster of severe acute respiratory syndrome (SARS) among protected healthcare workers-Toronto, Canada, April 2003. *Morbidity Mortality Weekly Report (MMWR)* 2003;52(19):433-6
- 6.4 HICPAC/CDC Guidelines for isolation precautions: preventing transmission of infectious agents in healthcare setting, 2007
- 6.5 GCC Infection Prevention And Control Manual 2nd Edition

9. APPROVALS & REVIEWS

| APPROVALS & REVIEWS: | | | |
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