



جامعة جدة  
University of Jeddah  
(059)

إدارة الخدمات الطبية  
Medical Services Administration

رؤية جامعة جدة  
الجامعة السعودية الحديثة  
NEW SAUDI UNIVERSITY VISION



<b>Policy Title:</b> Standard Precautions			
<b>Department/Unite:</b> Infection Control Unit.	<b>Policy Number:</b> UOJ-MSA-IC-P/01	<b>Replaces No.:</b>	
<b>Creation Date:</b> 10/11/2022	<b>Effective Date:</b>	<b>Review Date:</b>	
<b>Revision History</b>			
<b>Subject</b>	<b>Changes made</b>	<b>Done by</b>	<b>Revision date</b>

1. **CONDITIONS:** 1.1 Laboratory, Internal Medicine, Nursing, Psychiatry, Dental, and X-Ray department
2. **PURPOSE:** 2.1 Designed to be used in dealing with patients and visitors in health facilities to reduce the spread of infection to provide a clean, healthy environment for patients, staff and visitors
3. **DEFINITIONS:** 3.1 The basic requirements for infection prevention and control strategies, such as strict hand washing to reduce spread of microorganisms  
3.2 Adherence to aseptic techniques and appropriate use of Personal Protective Equipment (PPE)  
3.3 A Method of infection prevention and control in which all human blood and body substances (blood, body fluids, secretions, non-intact skin and mucus membranes) are considered potentially infectious
4. **Related Documents:** 4.1 Hand Hygiene (UOJ-MSA-IC-P/09)  
4.3 Masking (UOJ-MSA-IC-P/19)  
4.4 Personal Protective Equipment (PPE) ( UOJ-MSA-IC-P/30)
5. **POLICY:** 5.1 It is the University of Jeddah Medical Center policy to decrease risk of infection each time they are exposed to blood/body substance and non-intact skin. Since it is possible to become infected from a single exposure, exposures must be prevented whenever possible.
6. **PROCEDURES:** 6.1 Hand hygiene: perform hand hygiene before and after treating each patient (i.e., before putting on gloves and after removing gloves), and after barehanded touching of inanimate objects likely to be contaminated by blood, and anybody fluid. Refer to hand hygiene policy.  
**6.2 Personal Protective Equipment (PPE):**  
Use appropriate PPEs (gloves/gown/plastic aprons) to prevent mucous membrane exposures. However, most routine patient care activities at bedside do not require the use of PPEs  
**6.2.1Gloves:**

6.2.1.1 Wear gloves whenever contact with blood and body substances, contaminated items and surfaces is likely

6.2.1.2 Wear and change gloves between tasks/procedures on the same patient

6.2.1.3 Remove gloves promptly after use and before touching clean items and environmental surfaces.

6.2.1.4 Wash hand immediately after removing gloves

6.2.1.5 Use unsterile gloves for examinations and other clean procedures, and use sterile gloves for sterile procedures

6.2.1.6 Gloves are not to be worn after leaving patient room/procedure area

### 6.2.2 Gowns/Plastic Aprons:

6.2.2.1 Wear gown/plastic apron to protect skin and clothing during procedures that may generate splashes or aerosolization of body substances and cause soiling of clothes

6.2.2.2 Securely tie tabs/ties to keep the gown/plastic apron in place while performing patient care activities in the patient room/procedure area.

6.2.2.3 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.

6.2.2.4 Change the gown/plastic apron for each patient and/or procedure.

6.2.2.5 Gloves/ aprons are not to be worn after leaving patient room/procedure area.

### 6.2.3 Mask:

6.2.3.1 Wear N95 mask when indicated to enter an airborne isolation room.

6.2.3.2 Wear mask in conjunction with protective eye/face wear during procedures that are likely to generate aerosolization of body substances.

6.2.3.3 Change mask between patients and sooner if mask becomes wet, moist not intact.

### 6.2.4 Protective eye/ face wear:

6.2.4.1 Wear protective eye/face wear if required for combined protection from eye/face contamination by aerosolized body substances.

6.2.4.2 Wash and disinfect visibly soiled reusable face shields or protective eyewear

after soiling prior to reuse.

#### 6.2.5 Resuscitation Devices:

6.2.5.1 Use resuscitation devices or Ambo-bags for resuscitation when indicated.

6.3 Handling/disposal of contaminated items

6.3.1 Needles/ sharps:

6.3.1.1 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.

6.3.1.2 Do not place used sharp items on any environmental surfaces.

6.3.1.3 Do not recap or manipulate needles is deemed essential, then use either a one-handed 'scoop' technique or a mechanical device designed to hold the needle sheath.

6.3.1.4 Closed sharp containers when  $\frac{3}{4}$  full and remove for incineration.

#### 6.3.2 Linen:

6.3.2.1 Linen should be handled/ transported in a manner so as to prevent skin/mucous membrane. Exposure contamination of clothing or transferring microorganisms to other patients/ environment.

6.3.2.2 Place linen in an impermeable designated bag and close the bag securely

6.3.2.3 Wrap wet linen in another piece of linen to avoid soaking of bag

#### 6.3.3 Medical Waste:

6.3.3.1 Place biomedical waste in identifiable bags or appropriate containers

6.3.3.2 Securely tie or close bags/containers and remove appropriate disposal

6.3.3.3 Refer to Infection Control Policy of Medical Waste Management for details

#### 6.3.4 Patient Care Equipment:

6.3.4.1 Handle used patient care equipment in a manner that prevent skin and mucous membrane exposures, contamination of clothing and transfer of microorganisms to other patient and the environment

6.3.4.2 Commonly used equipment must be cleaned disinfected between patients

6.3.4.3 Do not reuse disposal equipment

#### 6.4 Laboratory Specimens:

6.4.1 Handle all specimens with gloves

6.4.2 Place laboratory specimens in designated, appropriately sealed containers

6.4.3 Label containers with appropriate patient data

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

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

#### 6.5 Room Cleaning:

6.5.1 Should be daily and after patient discharge

6.5.2 Require cleaning as per housekeeping policies

#### 6.6 Patient Placement:

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

#### 6.7 Cough Etiquette

6.7.1 Cover nose and mouth with a tissue when coughing or sneezing

6.7.2 Dispose of the used tissue in the nearest waste receptacle

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

7. **RESPONSIBILITIES:** 7.1 Accountable to the infection prevention control practitioner/committee

8. **Appendix:** N/A

9. **REFERRANCES:** 9.1 Ministry of Health Manual for Infection Control



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