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Policy Title: COVID-19		
Department/Unite:	Policy Number:	Replaces No:
Infection Control Unit.	UOJ-MSA-IC-P/34	
Creation Date: 16/10/2022	Effective Date:	Review Date:

Revision History			
Subject	Changes made	Done by	Revision date
	313-36-kXTFBD1AS+F/Koa0+NJkN	w==-6/20/2023 2:	

5497-313-36-kXTFBD1AS+F/Koa0+NJkNw==-6/20/2023 2:43/37 PM

Page 1 of 7

Enc: التاريخ: Ref: UOJ-MSA-IC-P/34: التاريخ: 97-313-36-KXTFBD1AS+F/KooO+NIKNW==-6/20/20

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**1. CONDITIONS:** 1.1 applies to all health care workers.

2. <u>PURPOSE:</u> 2.1 To deal with suspected cases of 2019 N-ovel Corona Virus, which recently

emerged is a new virus is not yet known a lot about the characteristics and modes of transmission, and the ministry is working with the WHO and international experts to

learn more inappropriate, been developing such a policy.

**3. <u>DEFINITIONS:</u>** 3.1 2019 N-ovel Corona Virus, which recently emerged is a new virus is not yet

known a lot about the characteristic and modes of transmission, and the ministry is

working with the WHO and international experts to learn more inappropriate.

4.1 Hand Hygiene (UOJ-MSA-IC-P/09)

**Documents:** 4.2 Gloving (UOJ-MSA-IC-P/08)

549 4.3 masking (UOJ-MSA-IC-P/19) KNW==-6/20/2023 2:43:37 PM

4.4 Housekeeping (UOJ-MSA-IC-P/02)

4.5 Standard Precautions (UOJ-MSA-IC-P/01)

4.6 Airborne Isolation Precautions (UOJ-MSA-IC-P/04)

4.7 Contact Isolation Precautions (UOJ-MSA-IC-P/05)

4.8 Droplet Isolation Precautions (UOJ-MSA-IC-P/06)

4.9 Single Room use for Isolation Precautions (UOJ-MSA-IC-P/17)

4.10 Transporting Patients on Isolation Precautions (UOJ-MSA-IC-P/18)

4.11 Terminal Cleaning (UOJ-MSA-IC-P/24)

**5. POLICY:** 5.1 It is the University of Jeddah Medical Administration that Infection prevention and

control precautions should be implemented when caring for patients with suspected,

probable or confirmed Novel Corona Virus N-Cov) infection.

**6. PROCEDURES:** 6.1 Isolation precautions:

6.1.1 the security entering patient or visitor to ER passing through the visual triage

point.

Page 2 of 7







- 6.1.2 the nurse should check if N-COV triage scoring forms are available, updated, and used.
- 6.1.3 If the patients score >6 in (N-COV form) directly, the nurse should make the patient to wear facemask and perform hand hygiene.
- 6.1.4 The doctor in the respiratory disease clinic (psychological triage room) must order the admission of the patients with suspected case of N-CoV infection a single room with hepa-filter.
- 6.1.5 the doctor should Inform the infection control department and fill the Report form.
- 6.1.6 The doctor from Internal Medicine should examines the patient with the nurse and wearing PPE (N-95 mask gloves- gown).
- 6.1.7 the nurse should Put signals precautions (contact, droplet, airborne).
- 6.1.8 the Nurse Should Transfer the patient to King Abdullah Hospital.
- 6.1.9 the nurse should Instruct the patient of ways he/she can assist in maintaining appropriate precautions to prevent transmission of the infection.
- 6.1.10 the nurse should Dress the patient in a clean gown.
- 6.1.11 the nurse should Explain to the patient the need for the protective apparel he/she is required to wear.
- 6.1.12 the nurse should Put a surgical mask on the patient
- 6.1.13 the nurse should Cover the patient with a clean sheet.
- 6.1.14 the nurse should Transport the patient to the area as required.
- 6.1.15 Clean and disinfect wheelchair or stretcher with the approved disinfectant.
- 6.1.16Staff must observe Standard, Contact & Droplet Precautions at all-time Additional Precautions Air born precautions should be observed when performing aerosol-generating procedures, which may be associated with an increased risk of infection transmission, in particular, tracheal intubation, tracheotomy, non-invasive ventilation and manual ventilation before intubation.
- 6.2 Use of Personal Protective Equipment (PPE):

Page 3 of 7







- 6.2.1 In addition to Standard Precautions, all individuals, including visitors and HCWs, when in close contact (within 1 m) or upon entering the room of patients with probable or confirmed 2019 (N-CoV). infection should always:
- 6.2.1.1 Wear N95 mask.
- 6.2.1.2 Wear eye protection (i.e. goggles or a face shield).
- 6.2.1.3 Wear a clean, non-sterile, long-sleeved gown; and gloves (some procedures may require sterile gloves).
- 6.2.1.4 Perform hand hygiene before and after contact with the patient and his or her surroundings and immediately after removal of PPE.
- 6.2.2 all employee must wear a surgical mask during their stay in the hospital
- 6.2.3 Visitors must wear a surgical mask during their stay in the hospital
- 6.2.4 Health care workers must wear a surgical mask, a gown, and eye protection while interacting with visitors in a one shift.
- 6.3 Infection prevention and control precautions for aerosol-generating procedures:
- 6.3.1 Additional precautions should be observed when performing aerosol-generating procedures, which may be associated with an increased risk of infection transmission, in particular, tracheal intubation, tracheotomy, non-invasive ventilation and manual ventilation before intubation.
  - 6.3.2 Additional precautions needed when performing aerosol- generating procedures:
  - 6.3.2.1 Wear a disposable particulate respirator, i.e. N 95 or higher respirator (always check the seal when putting on a particulate respirator).
  - 6.3.2.2 Wear eye protection (i.e. goggles or a face shield);
  - 6.3.2.3. Wear a clean, non-sterile, long-sleeved gown and gloves (some of these procedures require sterile gloves)
  - 6.3.2.4 Wear an impermeable apron for some procedures with expected splashes of high fluid volumes that might penetrate the gown;

Page 4 of 7







- 6.3.2.5 Perform procedures in an adequately ventilated area; i.e. minimum of 6 to 12 air changes/hour in facilities with a mechanically ventilated room and at least 60 liters/second/patient in facilities with natural ventilation.
- 6.3.2.6 Limit the number of persons present in the room to the absolute minimum required for the patient's care and support;
- 6.3.2.7 Perform hand hygiene before and after contact with the patient and his or her surroundings and after PPE removal.
- 6.4 Patient-care equipment:
- 6.4.1 use either disposable equipment or dedicated equipment (e.g. stethoscopes, blood pressure cuffs and thermometers). If equipment needs to be shared among patients, the nurse or doctor should clean and disinfect it between each patient use.
- 6.5 Medical waste management:
- 6.5.1 Manage medical waste in accordance with routine procedures
- 6.6 Terminal Cleaning in Ambulance
- 6.6.1 Clean all nursing and medical equipment (this includes Hospital equipment out of hours), all computing equipment.
- 6.6.2 Nurses should clean every occupied bed including removal of both the head and foot ends to access hard to reach areas, all 6 sides of the mattress and the base of the bed on which the mattress lies and the cot sides.
- 6.6.3 Nurses should remove patient clothes, used Bed sheets and any things related to the patient.
- 6.6.4 Ensure that cleaning, disinfection and/or sterilization procedures are followed consistently and correctly.
- 6.6.5 Cleaning environmental surfaces with water and detergent and applying commonly used disinfectants (such as hypochlorite) is an effective and sufficient procedure.
- 6.6.6 All consumables should be disposed of including unused bed pans etc. and oxygen and suction disposables attached to respective outlets.
- 8.6.7 after care Inform the ICD staff that the cleaning has been completed.

Page 5 of 7







7. RESPONSIBILITIES 7.1 Accountable to the Infection Prevention Control Head Unit.

7.2 Nursing Supervisor.

7.3 Head of Internal Medicine Department.

7.4 Head of Laboratory Unit.

7.5 Head of Dental Unit.

7.6 Head of Pharmacy Unit.

8. Appendix: 4.1 visual triage scoring forms.

4.2 infection control Report form.

4.3 flow chart.

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

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Page 6 of 7

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Page 7 of 7

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