



# CBAHI

المركز السعودي لاعتماد المنشآت الصحية  
Saudi Central Board for Accreditation  
of Healthcare Institutions

- OR.11.2.4 Special patient positioning requirements.
  - OR.11.2.5 Nutritional instructions.
  - OR.11.2.6 When to start mobilization.
  - OR.11.2.7 Special referrals (e.g. physical therapy, respiratory therapy)
  - OR.11.2.8 A new order for all required medications.
  - OR.11.2.9 Any other post-operative care needed including required follow up.
- OR.11.3 The post-operative plan of care is available in the patient's medical record before discharge from recovery.
- OR.11.4 Each patient is assessed after surgery and reassessed at intervals appropriate to the patient's condition.
- OR.11.5 Medical, nursing, and other care plans are documented in the patient's medical record.

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**Standard Intent:**

A postoperative plan should be written by the surgeon immediately after the surgery and before discharging the patient from the recovery unit. The plan should include the elements of the substandard OR.11.2.1 through OR.11.2.9. Patients' reassessment after surgery by all disciplines should follow the standards of practice, in line with the postoperative plan written by the surgeon

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**OR.12 Adequate pain relief is provided for patients after surgery.**

- OR.12.1 Pain is assessed by the most responsible physician or his designee after surgery.
- OR.12.2 Pain medications are adjusted according to the patients' response.

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**Standard Intent:**

Pain assessment/ reassessment should be implemented post-surgery and the MRP or assistance surgeon should be notified in order to prescribe pain killer and adjust dose according to the findings.

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**OR.13 The hospital has appropriate measures against fires in the operating room.**

- OR.13.1 The operating room has a fire safety plan.
- OR.13.2 The operating room staff are aware of the fire triangle: ignition sources, oxidizers, and fuels.
- OR.13.3 The operating room staff are trained on the identification and location of medical gases, ventilation and electrical systems and controls, as well as when, where and how to shut off these systems.
- OR.13.4 There are proper methods for rescue and escape.
- OR.13.5 Staff participate in fire drills.
- OR.13.6 There are fire-fighting equipment.
- OR.13.7 Anesthesia staff determine the safe concentration of oxygen for open delivery during facial surgery.

OR.13.8 Patients are not draped until all flammable preps have dried.

OR.13.9 When performing electro-surgery, electro-cautery or laser surgery, electro-surgical instruments are placed in a holster or another location off the patient when not in active use and lasers are placed in standby when not in active use.

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**Standard Intent:**

Operative room has special work environment as most of the patient in under anesthesia, connected to mechanical ventilator which prevents fast evacuation of them in case of fire adding to that all the rooms have medical gas connection. Operative room should have special fire safety plan and all staff are trained based on this plan which ensure that they know how to act in case of fire for closing of medical gas valves' evacuating patient and rescue any victim. The staff should be trained to deal with electrical surgical instrument used inside operative room.

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**OR.14 Infection prevention and control standards are strictly implemented and supervised in the operating room.**

OR.14.1 The operating room environment is maintained clean at all times.

OR.14.2 The use of storage cabinets in operating rooms is minimized.

OR.14.3 There is a policy for traffic control in the operating room.

OR.14.4 The operating room is maintained at positive pressure with respect to corridors.

OR.14.5 Records of pressure monitoring should be available in the operating rooms.

OR.14.6 More than (15) air changes per hour are maintained in the operating rooms.

OR.14.7 Air is introduced near the ceiling and exhausted near the floor.

OR.14.8 All re-circulated or fresh air should be filtered through High-Efficiency Particulate Air (HEPA) filters that are maintained and frequently replaced as per the manufacturer recommendation.

OR.14.9 Only operating room scrub clothing is allowed inside the restricted areas of the operating room.

OR.14.10 Scrubbing sinks are available at the entry of the operating room.

OR.14.11 Standard precautions are strictly implemented in the operating room with special emphasis on hand hygiene and the appropriate use of gloves, gowns, masks, and other barriers.

OR.14.12 There are clear procedures for cleansing and disinfecting operating rooms by housekeeping after surgical procedures.

OR.14.13 There are clear procedures for cleaning and disinfecting anesthesia machines after each case and toward the end of working hours by anesthesia technicians.

OR.14.14 The storage area of the operating room is well maintained with respect to the infection prevention and control standards.

OR.14.15 The waste management maintains safety of patients and healthcare workers.