staff or patients, availability of a sufficient number of appropriate sharp containers, sharp boxes are properly located and used, and sharp boxes disposal in accordance with national laws and regulation.

IPC.14 There is a system that separates patients with communicable diseases and those who are colonized or infected with epidemiologically important organisms.

IPC.14.1 There are policies and procedures that address standard and transmission-based precautions.

IPC.14.1.1 The policies and procedures address separating patients with communicable diseases and those who are colonized or infected with epidemiologically important organisms from other patients, staff, and visitors.

IPC.14.2 The transfer of patient outbound or inbound should secure the prevention of spread of Methicillin-resistant staphylococcus aureus (MRSA) or other epidemiologically significant organisms.

IPC.14.2.1 All patients for transfer outbound known to have MRSA or other epidemiologically significant organisms must be reported upon requesting the transfer with the supporting document.

IPC.14.2.2 All patients transferred to the hospital must be kept under contact transmission-based precaution unless proving otherwise.

Standard Intent:

Isolation precautions should be applied for patients with suspected or confirmed communicable diseases or epidemiologically important organisms to provide safe healthy environment for other patients, health care workers, and visitors. The hospital should have strategy for early identification of patients with possible infectious risks to others to implement the appropriate type of isolation precautions. This strategy must be guided by policies and procedures that establish the isolation procedures based on the mood of disease transmission and address individual patients with contagious infections, provide clear instructions during patient transfer either outbound or inbound. The policy must be implemented by the hospital and the staff should be fully oriented to it.

IPC.15 Facility design and available supplies support isolation practices.

IPC.15.1 There is at least one negative pressure airborne isolation room in the emergency room and one in patient care areas (one negative pressure room for every 25-30 beds in general hospitals).

IPC.15.2 The infection prevention and control team decides the need for more airborne isolation rooms depending on the volume of patients in need for airborne isolation admitted to the hospital.

IPC.15.3 The ventilation system serving airborne isolation facilities provides pressure patterns that prevent airborne pathogens from being distributed to other areas of the hospital.

IPC.15.3.1 Rooms designed for airborne isolation patients are under negative pressure.

IPC.15.3.2 Air is exhausted to the outside and is not re-circulated unless it is filtered through High-Efficiency Particulate Air (HEPA) Filter.

IPC.15.3.3 The negative pressure for the isolation room should be validated on daily basis when patient is isolated (admitted in the room). Weekly validation is done when the room has no patients. A minimum of 12 air changes per hour should be maintained by testing and documentation as per manufacturer's recommendation/hospital's policy

IPC.15.4 The entry of the isolation room is through a work area or ante-room that serves as a site for hand washing, gowning and storage of protective clothing (gloves, aprons, masks).

IPC.15.5 Toilet, shower, or tub and hand washing facilities are provided for each isolation room.

IPC.15.6 Transmission-based precaution cards (isolation signs) are consistent with the patient diagnosis and are posted in Arabic and English and indicate the type of precautions required.

IPC.15.6.1 Transmission-based precaution cards (isolation signs) are color coded for isolation of different categories (e.g., contact: green, airborne: blue, droplet: pink or red).

IPC.15.6.2 Transmission-based precaution cards (isolation signs) should contain short statements and supported with the required figures.

IPC.15.6.3 Isolation instructions must highlight the transmission-based precaution cards (isolation signs) needed while transporting the patients under transmission-based precautions to other department (e.g., radiology).

IPC.15.7 Respirator (high filtration) masks (N-95, N-99) 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.

IPC.15.8 Respirator (high filtration) masks (N95, N-99) can be reused by the same patient care giver as per the period specified by the manufacturer.

Standard Intent:

This is to ensure proper implementation of appropriate type of isolation precautions. The hospital preparedness of isolation precaution includes: the availability of negative