

for facilities, educators, and time for ongoing in-service and other education for nursing staff in ICU. The hospital must ensure that nurses are qualified to provide nursing care for ICU patients through training and competency assessment at least on the procedures mentioned in substandard ICU 9.1.1 through 9.1.16. There is documentation of training and competencies assessment in staff file.

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**ICU.10 The adult intensive care unit has adequate equipment and supplies.**

ICU.10.1 There are isolation rooms with at least one negative pressure room.

ICU.10.2 The following equipment are available:

ICU.10.2.1 Ventilators.

ICU.10.2.2 Suction apparatus.

ICU.10.2.3 Airway sets.

ICU.10.2.4 Crash cart that includes defibrillator and all emergency supplies and medications.

ICU.10.2.5 ECG monitor, pulse oximetry and vital signs monitoring devices.

ICU.10.2.6 Automated blood pressure monitoring machine.

ICU.10.2.7 Intravenous infusion and blood transfusion pumps.

ICU.10.2.8 Portable monitoring equipment for patient transfer.

ICU.10.3 The availability and functionality of all tools and equipment are checked daily.

ICU.10.4 Equipment are cleaned and disinfected daily and as needed.

ICU.10.5 Laboratory and imaging services are available to meet the needs of patients receiving intensive care.

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**Standard Intent:**

Risks in clinical care processes are significantly reduced when appropriate and well-functioning equipment is used to provide the planned services. Adequate supplies and medications are also available and appropriate for planned use and emergent situations (substandard ICU.10.2.1 through ICU.10.2.8). Each organization understands the required or recommended equipment, supplies, laboratory and imaging services as well as the medications necessary to provide the planned services to its patient population. The equipment should have a process of daily checking to ensure availability and adequate functionality and should be disinfected regularly after and before use.

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**ICU.11 Policies and procedures are available to guide the work in the adult intensive care unit.**

ICU.11.1 There are policies and procedures for medical and nursing initial assessment and re-assessment requirements, including time frames for completion of initial assessments and frequency of re-assessments.

ICU.11.2 There are policies and procedures for monitoring of patient circulation, respiration, and oxygenation.

ICU.11.3 There are evidence-based criteria for intubation, weaning off ventilator and extubating.

ICU.11.4 There are policies and procedures for handover procedure between staff in between shifts and at discharge to a lower acuity of care.

ICU.11.5 There are policies and procedures for infection control practices including isolation.

ICU.11.6 There are policies and procedures for dealing with ethical issues (e.g., No Code policy, end of life issues and organ donation).

ICU.11.7 Policies are collaboratively developed by the appropriate staff.

**Standard Intent:**

Policies and procedures are important tools for staff to understand the population served and services, and to respond in a thorough, competent, and uniform manner. Policies and procedures must be tailored to the particular ICU population to be appropriate and effective in reducing the related risk. Substandard ICU.11.2 through ICU.11.6 constitute the essential required policies.

**ICU.12 The adult intensive care unit has a process for detection and notification of potential deceased organ donors.**

ICU.12.1 The intensive care unit establishes an effective communication and works collaboratively with the Saudi Center for Organ Transplantation (SCOT).

ICU.12.2 The intensive care unit uses criteria to identify, notify, document, and manage potential donors based on the registry of organ donation and transplantation in Saudi Arabia.

ICU.12.3 The intensive care unit reports all cases of potential deceased Donors after Brain Death (DBD) to SCOT on a timely manner.

ICU.12.4 The intensive care unit reports all cases of potential deceased Donors after Circulatory Death (DCD) to SCOT on a timely manner.

ICU.12.5 The hospital establishes and uses criteria that support the effectiveness of the donation process (e.g., patient factors, time since perfusion of the tissue stopped, maintenance of viability by appropriate care of the body between death and donation).

**Standard Intent:**

In ICU many patients who suffer from irreversible total damage to the brain stem, usually as a result of conditions such as road traffic accidents, cerebral hemorrhage, cerebral anoxia or primary brain tumors, organization should recognize the major contribution of organ transplantation for the good of human health and relief of human suffering, therefore staff within the Intensive Care Unit are responsible for identifying potentially deceased donor patients with clear process of communication and notification of other parties in the community involved in the organ transplant.

**ICU.13 Infection control standards are strictly implemented and supervised in the adult intensive care unit.**

ICU.13.1 The intensive care unit environment is maintained clean and neat at all times.