

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.

ICU.13.2 Infection control standards are strictly applied in the intensive care unit (e.g., hand hygiene and use of personal protective equipment).

ICU.13.3 Intensive care unit staff members adopt and implement care bundle for prevention of epidemiologically significant healthcare associated infections.

Standard Intent:

Patients and staff in ICU are at risk of infection, the goal of infection prevention and control program in ICU is to identify and to reduce the risks of acquiring and transmitting infections among patients, staff, health care professionals, contract workers, volunteers, students, and visitors. Infection risk is minimized with proper cleaning, disinfection, and sterilization processes, in ICU setting all infection control standards and guidelines must be implemented and monitored to reduce the risk of infection.
