STANDARD OPERATING PROCEDURE

Infection Control SOP

Document no.	SOP-HLC-003
Revision	1.0
Owner	Infection Prevention Coordinator
Effective date	September 15, 2026
Review cycle	Every 12 months

1. Purpose

To prevent the spread of infectious disease between patients and staff by applying the correct precautions, personal protective equipment and cleaning at every stage of care.

2. Scope

Applies to all clinical areas where patients may require standard, contact, droplet or airborne precautions. Sterile processing and surgical asepsis are covered by separate SOPs.

Definitions

Standard precautions	Baseline infection prevention practices used for every patient regardless of diagnosis, including hand hygiene and PPE based on anticipated exposure.
Transmission-based precautions	Additional precautions, such as contact, droplet or airborne, added for patients known or suspected to have a specific infectious organism.
Donning and doffing	Putting on and taking off personal protective equipment in a sequence that avoids self-contamination.
Exposure	Contact with blood, body fluids or an infectious organism that may require follow-up evaluation.

3. Responsibilities

Clinical Staff Member	Applies the correct precautions, dons and doffs PPE correctly, and reports possible exposures immediately.
Charge Nurse	Confirms precaution signage, assigns isolation rooms and verifies PPE supply on the unit.
Infection Prevention Coordinator	Determines precaution type, investigates exposures and clusters, and updates precaution orders.
Environmental Services Technician	Cleans and disinfects isolation rooms and restocks PPE stations outside precaution rooms.

RACI matrix

Activity	Clinical Staff Member	Charge Nurse	Infection Prevention Coordinator	Environmental Services Technician
Determine and order precaution	I	C	R/A	-

Activity	Clinical Staff Member	Charge Nurse	Infection Prevention Coordinator	Environmental Services Technician
type				
Post signage and assign isolation room	I	R/A	C	I
Don and doff PPE correctly	R/A	I	I	R/A
Report and follow up on exposures	R	C	R/A	-

R = Responsible, A = Accountable, C = Consulted, I = Informed

4. Materials and PPE

Materials, tools and systems

- Precaution signage (contact, droplet, airborne)
- PPE cart outside each isolation room (gowns, gloves, masks, eye protection)
- N95 or higher respirator with fit-test records
- Alcohol-based hand rub at room entry and exit
- EHR precaution order and isolation log
- Exposure incident report form

Personal protective equipment

- Disposable gown
- Gloves
- Surgical mask or fit-tested respirator
- Eye or face protection

5. Procedure

Step	Task	Owner	Done
5.1	**Identify the required precaution type** Review the patient's diagnosis, symptoms and lab results to determine whether standard precautions are sufficient or contact, droplet or airborne precautions are needed, and enter the order in the EHR.	Infection Prevention Coordinator	☐
5.2	**Post signage and prepare the room** Post the correct precaution sign on the door, stock the PPE cart outside the room, and assign a single room or cohort area if required by the precaution type. **Checkpoint:** Signage matches the active precaution order in the EHR.	Charge Nurse	☐
5.3	**Perform hand hygiene before donning** Clean your hands with alcohol-based rub or soap and water immediately before putting on any PPE.	Clinical Staff Member	☐
5.4	**Don PPE in sequence** Put on the gown first, then the mask or respirator, then eye protection, then gloves last, pulling gloves over the gown cuffs. **Checkpoint:** All PPE is fully in place and fitted correctly before entering the room.	Clinical Staff Member	☐

Step	Task	Owner	Done
5.5	**Provide care within the room** Limit the number of items brought into the room, keep supplies dedicated to that patient where possible, and avoid touching your face or adjusting PPE with contaminated gloves.	Clinical Staff Member	☐
5.6	**Doff PPE in sequence** Remove gloves first, then perform hand hygiene, remove the gown by rolling it inward, perform hand hygiene again, then remove eye protection and the mask or respirator last, touching only the clean parts. **Warning:** Removing PPE out of sequence, or touching the outside of a contaminated item, can spread the organism to your skin or clothing.	Clinical Staff Member	☐
5.7	**Perform hand hygiene after doffing** Clean your hands immediately after removing the last piece of PPE and again after leaving the room.	Clinical Staff Member	☐
5.8	**Dispose of used PPE** Place used PPE in the designated waste container inside the room, and use a biohazard bag if required by facility policy for the precaution type.	Clinical Staff Member	☐
5.9	**Clean and disinfect the room** Clean and disinfect high-touch surfaces and equipment using a product effective against the identified organism, following the manufacturer's contact time.	Environmental Services Technician	☐
5.10	**Restock the PPE station** Check the PPE cart outside the room during rounds and restock any item that is low or missing before the next shift begins. **Checkpoint:** PPE cart is fully stocked at every shift change.	Environmental Services Technician	☐
5.11	**Report a possible exposure** If skin, eyes or mucous membranes contact blood or body fluid, or PPE fails during care, stop the task, complete the exposure incident report, and notify the supervisor immediately for follow-up. **Warning:** Do not delay exposure reporting; some follow-up treatments are time-sensitive.	Clinical Staff Member	☐
5.12	**Investigate and discontinue precautions** Review exposure reports and any cluster of cases, and discontinue a precaution order only when clinical criteria for discontinuation are met and documented.	Infection Prevention Coordinator	☐

6. Quality checks

- PPE donning and doffing sequence is observed correctly during audits.
- Precaution signage matches the active EHR order on every isolation room.
- Isolation rooms pass post-discharge terminal cleaning inspection.
- All exposure reports are followed up within the facility's required timeframe.

7. Records

- Precaution orders and discontinuation notes in the EHR
- PPE competency and respirator fit-test records
- Exposure incident reports
- Isolation room cleaning logs

8. KPIs

- Healthcare-associated infection rate
- PPE donning and doffing audit pass rate
- Time from exposure to incident report filed
- Isolation room turnaround time

9. Common mistakes

- Removing gloves and gown together without hand hygiene in between.
- Leaving precaution signage up after the order has been discontinued.
- Reusing single-use PPE items between patients to save supplies.
- Delaying exposure reporting until the end of the shift.

10. Revision history

Revision	Date	Description	Reviewed by
1.0	September 15, 2026	Initial release	Ilia Pirozhenko

Approval

Prepared by	Approved by	Date

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